Building Towards An Autonomous Trans Healthcare

October 2018

Power Makes us Sick (PMS) is a feminist collective focusing on autonomous health care practices and networks. PMS seeks to understand the ways that our mental, physical, and social health is impacted by imbalances in and abuses of power. We can see that mobility, forced or otherwise, is an increasingly common aspect of life in the anthropocene. PMS is motivated to develop free tools of solidarity, resistance, and sabotage that respond to these conditions and are informed by a deep concern for planetary well-being.

PMS is open to collaboration, accomplices, memes, your health-related report backs, folks who want to distribute or translate our content, suggestions for clinics to visit and lots of other things too.

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More information available on our website: p-m-s.life

Dedicated to all the trans warriors, ghosts, and witches

introduction

> “Trans health is bodily autonomy. We will express our needs, and they will be met. We will change our bodies however we want. We will have universally accessible and freely available hormones & blockers, surgical procedures, and any other relevant treatments and therapies. We will end the medical gatekeeping of our bodies. We will have full, historical accountability for the abuses perpetuated against us in the name of ‘healthcare’. We will see reparations for these crimes, and the crimes committed against others in our names.”
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> —Trans Health Manifesto by Edinburgh Action for Trans Health, 2017

> “We want a revolutionary peoples’ government, where transvestites, street people, women, homosexuals, Puerto Ricans, Indians, and all oppressed people are free, and not fucked over by this government who treat us like the scum of the earth and kills us off like flies, one by one, and throws us into jail to rot. This government who spends millions of dollars to go to the moon, and lets the poor Americans starve to death.”
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> —S.T.A.R. (Street Transvestite Action Revolutionaries) Manifesto, 1970

In the 1970s S.T.A.R., “Street Transvestite Action Revolutionaries” was founded by Sylvia Rivera and Marsha P Johnson in New York City. Based on their own experience and struggle as trans femmes and sex workers, they wanted to make a space where transfemmes and lgbt sex workers could stay, rest and be safer than staying on the streets. They funded the STAR house through their sex work. When we think of trans health we go to hormones, surgeries and the necessary care that our individual bodies need as trans people. However, trans health is also about meeting all basic health needs, it is joyful conspiring community, it is having a place to sleep. In S.T.A.R.’s manifesto written in 1970 they laid out needs for trans health and how those are hinged on many liberations, and a rejection of not just the medical system as it was (and is), but a total rejection of the mechanisms of power that end up oppressing all.

It is 2018. Just as we begin to write this a trans women in Turkey, Simge Avcı, is stabbed and killed by her boyfriend on July 13, 2018. At least one transgender person is murdered worldwide every three days, according to wikipedia (though from the felt violence, this statistic feels low). Trans life is not seen as life within the system as it stands, it is targeted with violence. We are locked up in prisons. We are pathologized. We are yelled at on the street. We are underemployed. We are battling chronic physical and mental illness without having those illnesses considered valid. It is difficult for many to move beyond the

struggle of the day to day, into an aspirational fight for what comes after we have survived.

This is why any kind of access to care is seen as a victory. When surgery is covered by insurance, which should be considered a basic health need for trans people and covered without question in the first place, the community celebrates. We should celebrate. However there is an underside to these small victories. When getting a basic need met is read as an individual victory - resulting from the struggle of an individual - you can feel our collective power splintering and it tingles underneath the skin.

The transformation of successes in the health sector from collective to individual wins is part of a larger shift in struggle for liberation (ie changing the world) to recognition (in the society as it is). But (some of us) are still here; we are still queer. At some point, it became clear that it wasn't going to be so easy to wipe us out entirely, so a place had to be made in the realm of possibility for us to rest; assimilation was bartered, and those in the queer community with more privilege benefit from this transaction. At London Pride in 2018, a group called "Pride Punx" had a float, and from our understanding they used funds raised at a series of gigs and the Manchester Anarchist Bookfair afterparty. It serves to think about how that money could have been spent reimbursing the unpaid labour of the already long-established QTPOC-run queer picnic that happens on the same day, or on queer and trans autonomous infrastructure/counterculture. Notably, the group's determination to be present and 'reclaim' the radical and DIY spirit of Pride did not lead to them being able to impede the event of a group of Trans-Exclusionary Radical Feminists taking over the front of the parade by militating for cis-lesbian separatism from the LGBT movement.

The liberal fantasy that propels corporate pride is a disgrace and embarrassment to the events at Stonewall in 1969, not a tribute. We want to encourage the radical nature of joy and celebration of queerness in the face of the hetero world we are forced into, but the incorporation of pride leaves a sour taste in our mouths. The cost of having a float in NYC pride is thousands of dollars, not to mention the cost of building it. The cost of setting Stonewall on fire and parading down the street afterwards? Motherfucking free. Many of our friends of yesteryear simply would not have the funds to participate in the pride today which is held in their honor. People do not all of a sudden begin throwing bricks at the establishment en masse. This fantasy constitutes a revisionist narrative of struggle that serves the political motivations of the riot-porn-loving insurrectionist hellbent on catalyzing the next big thing. But as much as we wish it did, it just doesn't work like that. Stonewall was a community, not a riot.

According to Sylvia Rivera, transvestites were typically not allowed in The Stonewall Inn, as it was a white gay bar ('Even back then we had our racist little

clubs'). Elsewhere she clarifies: 'the queens who were allowed in basically had inside connections. I used to go there to pick up drugs to take somewhere else.' Although Rivera insists that Judy Garland's suicide and funeral had 'nothing to do with the riot', she does imply that it was an exceptional night in terms of social mixing: 'everybody was out partying. People were mourning, even me.' The commonalities that drew people together at Stonewall were much the same as brought people to the STAR house and its antecedents: 'At that time, before Stonewall, everyone always had a house full of people, people crashing because there was no room'. STAR was for the street gay people, the street homeless people and anybody that needed help at that time. Marsha and I had always sneaked people into our hotel rooms.' Exclusion from regimes of social reproduction that buttress working-class lives against the worst ravages of poverty and precarity led to new forms of collective care and new ways of providing essentials such as housing (and more: 'There was always food in the house and everyone had fun.') These forms of life were simultaneously forms of struggle, another context which is underscored by Rivera numerous times in interviews: 'I don't know how many other patrons in the bar were activists, but many of the people were involved in some struggle.' 'We were all involved in different struggles, including myself and many other transgender people'.

If you are accustomed to fighting to exist on a regular basis, and fighting to keep your friends and loved ones alive, you are already so enmeshed in and so concerned with a community self-defense that letting the brick fall on someone who is attacking you is simply not so far of a stretch. It is a perfectly logical reaction to the situation. This is why we still consider community self-defense as a central element to what an autonomous trans healthcare looks like, as the struggle to live is a priority.

Our health system which demands acceptability within society, the right papers, the right diagnosis, a clear gender marker for the doctor to "understand" our bodies, is a system which we despise and in which we will clearly fail. The so called illegibility of trans bodies from the healthcare system is a result of their lack of interest to research the health matters which concern us. What are the longterm effects of hormones? Instead of concrete answers, urban legends of cancer are passed down from doctor to doctor to patients when there is no conclusive evidence into the matter. They think it must give us cancer, because ultimately they believe we are putting the "wrong" substance into our bodies. Insurances, doctors and psychiatrists are the ones to define legible and illegible trans subjects—for example, many people are unable to access top surgery in many contexts if they are not on hormones, even if they identify as male, let alone if they identify as non-binary or otherwise. Not just is this linguistic shift happening within medical definitions, but it is also happening in the community itself, which is another detriment to our health. When you aren't legible you are

barred access to care. Within the context of western liberalism and capitalism we are put between a rock and a hard place to depend on the state to take care of us, but even when access is granted, it is failing us.

Within these powerful infrastructures of control that mitigate certain technologies which we rely on for our wellbeing, PMS wants to ask--what are the little moments, glimmers, and acts of autonomous trans healthcare already happening under current conditions of gatekeeping, surveillance and commodification that can inspire us to act? Just as we are laying this zine out to print the Trump administration claims it may move to rigidly define gender as a fixed status determined biologically by the genitalia a person is born with.

This is eugenics. This is the present violence we are living under and sometimes the bleakness of it is completely overwhelming. In these times its especially important to remember the roots, contemporary fighters and ancestral warriors who withstood equally, if not more violent moments, by taking care of one another, fighting back and living their truth without apology. And from this current vantage-point, we'd like to know specifically what are the steps, transitional models, and visions of a community-based autonomous healthcare that actively supports and centers the health and well being of transgender people?

Groups working now, such as Action for Trans Health (a network of groups in the UK) fundraise for trans members of the community in need amongst other great work (flip to an interview of two members later in this zine, as well as Action for Trans Health Edinburgh's Trans Health Manifesto). Queer land projects across the US provide respite and recovery for queer and trans folks from the violence of transphobia and heterosexism. Its the change that happens when a trans person takes lived knowledge and begins a healing practice, learning and sharing that knowledge. Or when an herbalist or alternative healing practitioner educates themselves in trans health issues so they can provide to trans patients. It is walking your friend home at night. It is building networks of known doctors and health practitioners who are "down" (and by that we mean will not deadname you, will provide access with the least amount of hoops possible, who will acknowledge that the process sucks). It is allies who will go to appointments and advocate with you.

Trans people have always been a network of health knowledge because trans healthcare has been historically and is still criminalized, incredibly under researched, and pathologized. Therefore we turn to one another. Vast hormone sharing networks on the internet exist between users, and when we medicate without supervision, because we want to or are unable to access prescriptions or a doctor, there are huge swaths of knowledge on forums which can be of use. STAR offers roots of where to start, trans healthcare is about the health of the self

within community. How are we taking care of the most vulnerable members of the community? Do they have a place to sleep? Have they eaten? Have they felt joy?

Notes:

Our knowledge and experience primarily comes from stories of access within Amerikkka, Klanada, the UK, and Germany. Here access through insurance is typically a struggle, though in all those places in different ways. If you want to skip a lot of the bullshit you have to shell out a lot of cash. We recognize that the systems of access and gatekeeping are different in different places and certainly for different folks within those places, too. If you'd like to share your story about this, or have thoughts please contact us, we're interested how other systems differ.

We are speaking to Western definitions and ideas of trans subjectivities. Colonialism, racism and imperialism disciplined and unequivocally changed the landscape of gender of humans throughout the planet. Just in the last weeks India lifted the ban on gay sex that was put in place during English colonization, just as an example of how queer life was policed through colonialism. Throughout culture/s trans people have always existed, and concepts of plurality of genders. It is important to remember this because the violent binary that dictates our access is totally constructed and socialized within Western contexts. This is not to say that other genders should be appropriated from other cultures by individuals who have no connection to that culture (no!) but that ideas of gender variance are inherent and celebrated through human history, which is something to work towards building with the broken pieces of the culture that many of us have inherited.

An Interview and Conversation with Mijke van der Drift and Nat Raha on Trans Health

PMS: Hi to both of you! First of all can you introduce yourselves individually and your work a bit?

Mijke van der Drift: Hi, so my name is Mijke. I'm a philosopher, performer, filmmaker, have done lots of activist work in various stages of my life. I work on something called 'Non-normative Ethics' where I try to articulate how we can live outside the mainstream. Nat and I have started working in 2014 together with Chryssy Hunter, and we were nicknamed by Bella Cuts, the Berlin DJ, the 'Deptford Wives' [all laugh].

Nat Raha: I didn't realise that she was the person who gave us that nickname.

Mijke: Yeah, in your kitchen in Deptford. We were there with some other friends around the table. We decided we were so unhappy with the trans liberal politics that were going so strongly at the moment that were all about inclusion, or "it gets better" articulations that we decided to work on something called Radical Transfeminism. Quite constructively, asking "What is it?", "How do we articulate a politics around this idea of not wanting to be included?", and how to shift "it gets better" as the primary focus.

Nat: I'd say also with people right? We have a lot of connections, particularly across western Europe, and that's what kind of put the zine together. We're all geographically scattered, we're not all in just one place or one location.

PMS: I think that really comes across in the work. Do you want to introduce yourself, Nat?

Nat: Sure, I'm Nat Raha. I self describe as a poet and queer trans activist. My political history comes about in 2009/2010 when I started majorly getting into writing and through that met a lot of radical leftists. Then the whole conservative government happened in the UK and we were kind of like "We're all revolutionaries now!" [laughs]. I was connected to Queer Resistance which is group in London, and then got involved with other projects and things and by 2014, we started working on the ideas for Radical Transfeminism.

PMS: Can you explain how the group working on the Transfeminism zine is organized?

Nat: I think one of the things that has been really good about it from the outset is we didn't try and organise a group specifically--its something different when it's a few individuals working together across a shared interest or shared politics and trying to build that--compared to when you have a group and the group has a

purpose. So, yeah that's one of our strategies. Focusing on personal relationships within the work.

PMS: How did y'all begin thinking through care, and specifically trans health-care?

Nat: In the conference we organized in London in 2015, a couple of activists from Brighton and a crew from Amsterdam were talking about this, and what it meant to be offering care as trans people who were often disabled or suffering rom mental distress. The last year Mijike and I really sat down and started trying to articulate these discrepancies from a trans perspective. Personally, I moved to Edinburgh in 2016. A lot of LGBT stuff here is run by NGOs, and there is not a lot of community social scene. A person who was a friend started Edinburgh Action for Trans Health. Action for Trans Health is this national organisation in the UK, primarily centred in the North West of England. There have been attempts to start a Brighton chapter by the people who were talking about care at the conference. There is a London chapter, it started last year as well. We were kind of the far outpost.

Mijke: Let me step in quickly—I'm in the London chapter. There is always this thing about the national chapter for Trans Health, but Edinburgh is thought about like the unruly sibling, its really nice actually. I think what I like about the London chapter is that its very mixed and chaotic. At the moment we are writing the London Trans Health Manifesto. There are quite some migrants involved in the group and they bring in quite a lot of different experiences than just having a UK-based experience.

Nat: Totally, there has been the base of deep politicisation of a lot of LGBT people in the UK, there is more people coming out, so there is this space where the radical queer agenda has grown. So the need to try to articulate a radical trans politics is something that needed to be worked out, because before just being trans was radical. Trans antifa was the logical development of this stuff.

Mijke: Its so interesting because in this time of Brexit, and the necessity of radical transness and antifa, there has been an enormous backlash in the last six months, where some people are really getting on the case of trans people in Britain with sustained attacks, some from quite mainstream papers. Transness became re-radicalized in the post-Brexit climate which is very racist and xenophobic of course, in which trans needs to become radical in order to stop people who were beginning to accept trans, shifting back into transphobia. You see this happening. Really with all the divisions that take place, in the emerging fascism of post-Brexit you see people splintering easily by conservative pressure.

Nat: It's about trying to fracture the left. There have been sustained attacks by the right-wing media targeting trans women and trans people of color who have

any public profile. Its frustrating because its a massive energy drain, and that's what they're trying to do. But its also just dragged everything back into this TERF conversation. They've managed to get some kind of foothold and relevance even if it's like a "we need to shut these people down" kind of relevance. The health issue around that is the collective psychic depression that kicks in, its really frustrating and its a real drain. It's also very real as well, I can talk about it as a political problem but it's also a mental health issue for people, it's not good.

PMS: Totally, it is definitely a mental health issue when looking at the situation holistically. What are some things Action for Trans Health has worked on?

Nat: Edinburgh for Trans Health started in January 2017 of last year. We started off doing some prison abolition stuff, we did a day for International Solidarity for Trans Prisoners, and we organised a pink and black bloc for one of the Trump demos—that was within the first month of us existing. I think something that some of us in a more UK radical queer and trans movement managed to do is shift some of the political debates during that, so instead of people just saying "Trump is bad", think also about our context and say, "No, Theresa May is a massive racist who built a wall in Calais. Trump is learning from what she's done." It was quite nice to begin with these loud public politics.

Mijke: I think the difference between London and Edinburgh is that in London there are so many initiatives, that there is splintering that happens because everyone is a specialist in their own thing. In Edinburgh you still have this lovely combining within one organisation and that feels like a very necessary thing to be doing at this moment.

Nat: That's definitely it. It's a very small milieu of people so that does mean we have the opportunity to bring people together more publicly. We just started meeting a couple of times every month and started building. We've done loads of fundraising. We learned that the upside of the pink pound, i.e. rich gay mainstreaming, is that if you take your buckets to pride and ask them for their money they give it to you. At the basis we've been saying "Hey, give your money to trans people in Edinburgh." We've probably raised over like two thousand pounds in a year. Some of that was sent back to the central Action for Trans Health Solidarity Fund, which is a fund you can apply to for any healthcare costs in a broad sense, and they have some money set aside for trans people of color, and trans prisoners. We put a lot of money in that pot. We sent some money to LGBT people getting out of Chechnya and we also set up a local fund for trans people in Edinburgh who need money. Another initiative the group is doing is organising consciousness raising workshops trying to gauge what NHS [National Health Service] trans healthcare in Scotland, particularly in Edinburgh, claims it should be doing and what it is actually like in practice.

PMS: How was the manifesto formulated?

Nat: The manifesto came out of a workshop we did on what we would like trans healthcare to look like, which is an ongoing thought project for us. One of the qualifications I want to make at this point is something both Mijke and I have been focusing, on which is Radical Transfeminism. The zine the manifesto is in is called “Radical Transfeminism”, and one of the questions we’ve always pushed in our thought is “what is transfeminism, and how are these two [trans + feminism] connected?” If we use those two words we constantly have to be thinking about trans through feminism and feminism through trans. The manifesto came back to some basic feminist principles of bodily autonomy. We know that you can’t just have bodily autonomy in our community because we don’t have the resources to get what we need for our bodies, so how do we increase our horizon for the possibility of bodily autonomy? That has to be an ongoing historical process. At the heart of it, we’re very aware that the people running the gender identity clinics in Scotland don’t want to depathologize, because the people that run the clinics are psychologists. I can quote one of the psychologists from a clinic, “We don’t want to be out of a job”.

Mijke: It’s interesting though, I was in Ankara, Turkey and the gender clinic there is run by a psychologist who tries to be on the side of trans people. It’s very peculiar to see that because they are very much involved in the question of how to give trans people sustained psychological care. Psychiatrists have really collaborated with trans organisations like Pink Life, which has their board heavily saturated with trans women who are also often, but not all, sex workers. However, what you see in their work, the power is not succeeded yet to the users, because it’s a functioning hospital that is run in the healthcare system. It’s quite interesting to think what information trans people have about their medication, but also in general how little power trans people have about what kind of medication they get, where they get it and the lack of agency in this entire process. Because if you have an issue with your hormones the retaliation still is often to immediately take the hormones away. For instance, I’ve been on eight different kinds of hormone cocktails in my long trans life. Any trans person that starts to go on medication starts to know a lot about medical practices at some point. You have to know, because nobody cares about side effects. Nobody cares to research longterm use. And it’s interesting to see that even with supportive psychiatrists in Ankara this was still not happening. The manifesto claims that more research about these drugs is urgent and important.

PMS: That was something that we found really specific about the manifesto, the holistic view of what’s needed — not just the ability to self-determine your gender through HRT, but the need for research about medicating for trans health and information about where drugs are coming from and how they’re produced.

Mijke: I think our own lives have been so relevant to develop these points, right? They gave me medication here against my will in the UK that was different medication than I was used to. So I got suicidal from the hormones and they didn't want to give me other hormones, eventually they did, but it was a fight. And that was at the same time that you were on hormones that were draining your energy massively, right?

Nat: Yeah we had a lot of conversations about this like three or four years ago. I knew a person who was familiar with the hormones and they suggested the fatigue and medication might be connected. If we take time to listen to our bodies, we know a lot more about what's going on with them then the people who are supposedly providing us healthcare. In terms of the manifesto there is the "We are all self-medicating" phrase. So the truth behind that is that if you don't have enough information to make decisions without informed consent and if the healthcare providers are not giving you what you want, or providing you with the forms of healthcare that you need—be that checking your drugs, or actually providing the medication you want—then it gets to a situation where we're all in charge of our own healthcare, otherwise who's gonna look after us?

Mijke: This is why it's important that the manifesto claims critical science, because we can only feel the immediate effects on our bodies, and look back at the changes from the couple years on the medication. What we can't do, and what we do not have access to, is longterm health information. We don't know longterm health problems that come from taking hormones over lifetimes, and we need to have access to working with longterm political science, and not the industries because they have their own agendas. I've had discussions with people working in pharmaceutical industries in Bangladesh, and they say that American companies just walk in and test the medication it on local populations. And we don't want that, right? So we have to be responsible about testing so we don't just take it to the global south.

Nat: Its similar to what AIDS activists were doing in the 80's and 90's, in terms of demanding to be involved in clinical trials. In the UK context there is really limited access around medication we can get prescribed on the NHS. There's a thing about injectables, so if you're taking testosterone you're not allowed to self-administer injections because testosterone is labeled as a "dangerous" substance. So on the one hand, everyone on testosterone is not able to admin their own injections, and in terms of estrogen they won't prescribe any injectable estrogens, which are the most effective, as far as I know, to take. Then there are all the all the general levels of gatekeeping around accessing surgeries which is very racist, very ableist, and very fat-phobic. None of this makes sense or goes together. So writing it was coming from the fact that we have a lot of knowledge as a community, but not a lot of resources. How do we really bring that up to speed?

This comes back to reproductive justice as well. As far as medical science understands, and feels pretty unanimous at the moment, that doctors argue that if you're on hormones for two to five years you cannot have children, and you're probably infertile. That's not true and has been disproven by people having literal kids.

Mijke: In Europe the eugenical program is clearly still very strong. We constantly see the thought and practice that better bodies need to be created, which includes sometimes chemical castrations of trans people and the strong suggestion that you should not procreate. At the same time there is the issue within our movements where people need to be called out of community to make the space "safe and clean" right? So I think its a larger problem of the conception of how bodies function and how bodies function in communities. And it all stems back to medical beliefs and practices, and doctors, especially about procreation.

Nat: I think Mijke's ideas on this are far, far advanced, I really want her to write something about it. Central Action for Trans Health, called National Action for Trans Health, has a big conference in October where two of us will do a workshop together exactly on this—on reproductive justice for trans people. Because, if you're a trans or non-binary person, I feel like we've also just been pushed out of contexts organising around reproductive justice or reproductive rights because the cis female body is seen at the heart of the conversation in most feminist spaces. I have a few friends who wanted to freeze their eggs and sperm to try to have kids in the future, people in their late 20's early 30's, and they didn't manage to do it because its so psychically difficult. Another thing we talked about, particularly as trans people of color, the bits in the manifesto of the medical establishment of testing on women of color in the UK in the 70's and how that was a serious thing that was happening. And how clear it is that racism plays in, especially when it comes to eugenics.

PMS: We have thrown around the idea of having a zine on reproductive justice and these thoughts are so inspiring for thinking through an intersectional approach to going into this topic! I have one last question—PMS as a group takes a lot of inspiration from the autonomous clinics in Greece, and the ways that those function and are organised. They've been helpful to us in thinking about how to structure models and tools which can be applied to people working collectively and in community. At the heart of the idea to create this zine on trans health, we were thinking about what would autonomous trans healthcare be, and fantasies of how it would it be functionally structured since the care needed is often so tied to the medical system. I'm curious what each of you could see autonomous trans healthcare looking, being and feeling like.

Mijke: My answer is definitely influenced by two things, one is being a philosopher so I have spent a lot of time thinking about autonomy. And the other

one is having been an activist for a... while, let's say [smiles and laughs]. This is an intergenerational panel! Anyway, I think the word autonomous is interesting. So autonomy should not necessarily be confused with DIY or Do It Together. The issue is not whether you have to do it all yourself, but whether you have agency and access to a set of practices right? There is a certain benefit to specialisation, because as people we are dependent on each other, this is out of the question. We are not isolated beings. We are intermingled, intertwined, interdependent beings. So this can also work for healthcare. This is where radical transfeminism helps us to see. I mean, you don't become radical or radically carry because you're trans, this is only if you develop a way of interacting with each other that you become radical. The same applies to healthcare. If a trans person fucks me over, It's still being fucked over, so this autonomy of healthcare doesn't need to be all trans, I'm not for a sharp cis trans divide, and not in my healthcare, but I do want to have my agency

Nat: Yeah, I think that's what I can imagine becoming a middle stage or a trans-sitional [laughs] phase. It's really hard to think about reinventing the wheel actually, and 'does the wheel need to be reinvented?' I guess, is a question that's been on my mind. But how do we facilitate the conditions for us to have access to the healthcare and treatments that we want, in a way that is not coercive, and is about facilitating our bodies? On the other hand I was also thinking about education. When we question the GIC [Gender Identity Clinic] on why they can't approve more doctors they say, "We put a job advert out and nobody replied because there aren't enough specialists", so why is it that trans people aren't in these professions ourselves? I think Mijke is also right though, its not just about having trans people in the clinics, but questioning the ethics of these clinics, if they're working for cis demands or if they're actually working for trans people. In Edinburgh we had this idea that a lot of trans healthcare could just be provided through your GP [general practitioner], with the exception of specialised stuff around surgeries. Which there is actually a model already that can enable it, the trouble is the surgeons are still based in the psychiatric process, that's the problem with the surgeons, right? There's all these weird levels of gatekeeping. The whole situation can be really traumatic. And who ends up having to deal with that trauma? In the community it all comes back to the fact that we all can't care for each other because everyone is too traumatised.

Mijke: What I see in a lot of official trans "healthcare" is the production of self-hate. In the film "Like Rats Leaving a Sinking Ship" by Vika Kirchenbauer which is available online, talks really clearly about the process of how you create self-hate in clinics, by this form of psychological pressure. I also went through the clinic in the old days where it's just granted that it's just pain and aggression for three years and then they kick you out and you have to recuperate somehow.

Nat: These are the same problems, again not reinventing the wheel, which started happening when psychiatric survivors started organising in the 70s, specifically talking about “oh, you’ve been in this situation where you were told you deserved the treatment because you’re sick,” and it create a whole construction of feeling like you’re fucked up, therefore you deserve the things that are happening. And it’s like, *NO*. I feel like that internalised transphobia and misogyny goes so far. I think what we’re trying to start doing on a practical level is contacting healthcare professionals who are willing to support the kinds of things that we need. From as basic as non-coercive people who are not shit about doing your blood work if you’re self med-ing. That’s a big project, how do we find the people that can actually help us and that we can trust? On the other hand its trying to do some of the educational training stuff, but that’s so longterm because there is basically zero information on trans healthcare. If you do a medical degree you might get one afternoon on LGBT stuff in general, and that’s just going to be about lesbian and gay issues, which is still based on a cis body. Trans health issues are so specific. In our conversation we’ve just been talking about the provisions of trans specific health resources and reproduction, and it’s so vast, like the interaction of hormones and other medical conditions. We did have a meeting at Action for Trans Health on this issue of what my comrades were calling “an epidemic” in the number of trans people, in particular trans women, who have developed chronic pain since starting HRT or in a longterm, the 5 to 10 year period, of being on HRT. Again, these are issues that keep emerging. It helps because we have to think of our group’s practice of meeting, and accessibility within that. Also its a political thing, if you’re fighting your own health battles how much capacity do you have to do this wider work? Watching the drain becomes part of the struggle as well. However, the manifesto’s gotten a really good response, because we’re a quite insular community. I don’t even think a lot of people in the group have seen how far the manifesto’s gone and that there are a lot of people thinking through it. If anything, if the group’s impact is that in the longterm, that’s great.

PMS: Thanks so much to both of you. PMS is excited to continue following your work.

Trans Health Manifesto

By Edinburgh Chapter of Action for Trans Health, 2017

Introduction

Following the centuries-long repression of trans lives at the hands of the state, the next stage in the UK government's war of bureaucratic attrition is the recent publication of an NHS consultation that fails in every possible capacity, and a survey that gathers less data than we've already presented them. We call upon everyone fighting for the health of trans people to boycott this consultation and the survey, and reject its procedures and results in full. We encourage hostile participation in the form of direct submissions of demands that don't react to the questions posed or restrict themselves to the scope imposed by the government.

We wholly reject the NHS's attempt to codify the abuse, torment and traumatisation of trans people under the guise of 'healthcare'. We demand accountability for the historic and present abuse of power that the NHS as encouraged glorified psychiatrists to carry out. You do not own our bodies, you cannot control our lives, and you will not prevent our needs being met. We will not tolerate compromise.

The following living document is our vision for trans futures.

We do not consider that our work will ever be complete, there will always be greater things on the horizon. As such, this manifesto is not final, but an open draft which will evolve as we do. This is our call to action. We will fight anyone who stands in the way of universal liberation. This is war, and we will win.

Trans Health Manifesto

Trans health is bodily autonomy. We will express our needs, and they will be met. We will change our bodies however we want. We will have universally accessible and freely available hormones and blockers, surgical procedures, and any other relevant treatments and therapies. We will end the medical gatekeeping of our bodies. We will have full, historical accountability for the abuses perpetuated against us in the name of 'healthcare'. We will see reparations for these crimes, and the crimes committed against others in our names.

We are not too ill, too disabled, too anxious, too depressed, too psychotic, too Mad, too foreign, too young, too old, too fat, too thin, too poor, or too queer to make decisions about our bodies and our futures. We are all self-medicating. Our agency will be recognised. We each labour far harder for the health of ourselves and those around us than any doctor ever has, and we will continue to build supportive communities on principles of mutual aid.

We deny the separation of bodies, minds, and selves—a violence against any part of us is a violence against all of us. We believe that the epidemic of chronic conditions in our communities is a consequence of the war of attrition waged against us over centuries. We do not exist in isolation, and it is essential to our healthcare that we are all healing together, healing each other, and healing our world. We will heal the damage of borders and states, government and authority, capitalism and imperialism.

We recognise that the history of trans medicine is a history of colonial and fascist abuse. We see the history of eugenicist experimentation from Nazi concentration camps, to the colonial implementation of the West's regime of the gender binary, to virginity tests for South Asian and other Women of Colour in the UK in the 1970s; from the sterilisation and birth control trials forced on the women of Puerto Rico, to the thousands of Black and brown people who have died in NHS psychiatric wards; from the denial of the reproductive rights of disabled people, to the denial of access to abortions to people in the North of Ireland and the Republic of Ireland, past and present. We see the continued manifestation of eugenicist medicine in the denial of our bodily autonomy as trans people today: from coercive surgeries on intersex infants, to forced sterilisation in parts of europe, policing of and misinformation regarding our sexual reproduction, to gatekeeping of surgeries and medicines.

Our fight for bodily autonomy cannot be separated from our fight for reproductive justice. The demand to do what we want with our bodies is necessarily a demand for free and accessible abortions, for the decriminalisation of sex work, and for universal self-determination. We fight for an end to borders, prisons and police. We recognise that we do not exist independently of our environment, and so our fight for self-determination and health is a fight for climate justice, too. We are not separate from our environment, health is unattainable while the water is poisoned and the land is scorched.

There will be no clinics, and no authorities. We will conduct our own research, and experiment with our own bodies. We will heal and grow together. We will accumulate knowledge and share it freely and accessibly. We demand nothing less than the total abolition of the clinic, of psychiatry, and of the medical-industrial complex. We demand an end to capitalist and colonialist "medicine".

We demand hormones and blockers are made available over-the-counter and by free prescription upon request. We need free, universal access to safe hormones and blockers at any age, the opportunity to decide our own doses, and universally accessible information on the safety and efficacy of different regimens. We are already taking hormones in this way, so this demand is simply that the danger of doing so is effectively mitigated.

We demand that all therapies that can be are made available at drop-ins, with self-referral for any therapy or procedure for which drop-in is unsuitable.

We demand anonymous blood tests, both postal and at drop-in endocrinology clinics, where we can seek the advice of a consultant if we wish.

We demand the freedom to alter our bodies without justification. We demand an end to all surgical prerequisites—nobody should have to prove life experience, health or have to be taking hormones in order to exercise bodily autonomy. We demand that these surgeries can be highly customized to meet our individual and unique needs. We demand the right to multiple surgeries, including reversal of previous surgeries if desired, so that we do not have to fear regret. We demand the free and timely provision of genital surgeries, additive and reductive chest surgeries, hysterectomies and orchiectomies, tracheal and vocal surgeries, facial surgeries, lipoplasty, contouring and microdermabrasion, surgical hair removal and transplantation, and any other possible procedure to meet our needs as we express them.

We demand resources for hair removal anywhere on our bodies, and the option of local anesthetic during these procedures.

We demand voice coaching that does not coerce us to alter our voices in ways we do not express a need for, but respects our accents and our right to express ourselves however we desire.

We demand access to counselling and any other therapies we choose.

We demand the revocation of medical licenses from all gender clinic doctors and nurses, past and present.

We demand the power to hold abusers of medical and administrative power accountable for historical and present injustices.

We demand medical training to enable us to safely carry out medical procedures and research for each other, for anyone of us who wants to learn. We will enhance our collective knowledge, so that the means to understand our bodies is universally accessible. We demand to improve the quality of medications we take and procedures we undergo, to reduce negative side-effects in the long term, and to highlight our own experience and understanding of their effects on our bodies.

We demand research centres and libraries of knowledge, autonomously and horizontally organised by and for trans people, in which research subjects are equal participants in deciding the experiments conducted and the manner in which those experiments are carried out. We demand full funding for any research or projects undertaken by these collectives.

We demand mandatory education, written and taught entirely by trans people, at all educational stages, from nursery to adulthood. Trans kids have a need to understand themselves, in the context of their own bodies, lives and experiences. We must repair the damage done by section 28, the legacy of which is still causing harm to today's children.

We demand material reparations for historical abuses against trans people, and for all people hurt by eugenicist medical practices and policies.

We demand an end to birth certificates and to legal gender. Gender records should be anonymised, and only ever recorded as part of equalities monitoring. Neither government, nor any institution, has any justification for keeping a register of trans people. Birth certificates are not just a violence against trans people, they are a material to the state's oppression of "undocumented" immigrants and asylum seekers.

We demand good quality, accessible and safe homes for all; and demand adequate resources to trans and marginalised people to establish communes and housing co-operatives to schemes and projects.

We demand that trans people are immediately freed from police, military and government contracts without repercussions. We reject the system of blackmail that corporations and governments engage in, whereby trans people who can work are "rewarded" with slightly less mistreatment in exchange for the exploitation of our labour. We will not allow pinkwashing of the violence of capitalism, imperialism and the state.

We demand amnesty, recourse to public funds and indefinite right to remain for all trans, lesbian, gay and bisexual immigrants and asylum seekers. No one is illegal.

We demand immediate release and pardon for all trans prisoners.

Are you tired of…

Having to explain to doctors that you're *trans enough?*

Overpriced online pharmacies *always* being out of stock

Doctors telling you you're too *crazy?*

That you're *not crazy enough?* That you *don't even exist?*

Or, just not having the access to the *hormones that you deserve?*

Well, we might have a solution!

Introducing K.A.T. Pharmacy

Cheap ass (at cost) hormones synthesized by actual trans people, tested on trans people, and distributed to you without asking bullshit questions!

We support the self-identification of gender in all its forms.

Get in touch with K.A.T pharmacy and we'll help you sort it out.

Unfortunately, we can only offer estradiol at the moment, but we are seeking to expand to meet a variety of hormone replacement needs. We're also happy to direct you to some resources so you can feel more confident synthesizing your own!

Currently only available for distribution within the United Kingdom, but looking to expand to Europe and later, the world.

Get in touch at *killallterfspharma@protonmail.com* with questions and requests.

Dori Midnight's Tips for Pre-Op Holistic Support

Most people have a lot of anxiety about surgery. Creating a plan a month before can really help both emotionally and physically. Having a surgery team is especially helpful- friends and family willing to help with food and daily tasks, bring entertainment over, etc. The following is a suggested protocol for surgery in general.

Pre-op

- Start herbal regime up to 1 month before surgery
- Stop most herbs 2-3 days before surgery to insure no interactions with drugs (mostly to appease your physician/surgeon, since they most likely know little about herbs)
- Stop herbs and supplements with salicylates that effect platelet function (blood thinning) 1 week before through 2 days after surgery to avoid increased risk of bleeding; these include: aspirin, alcohol, vitamin E oil, Evening Primrose oil, Red Clover, Hawthorn, Garlic, Ginkgo, Feverfew, Willow, Meadowsweet, St. John's Wort (not an exhaustive list)

Nutritional Support

1. Eat a clean, simple, whole foods diet, preferably organic.
2. Avoid alcohol-at least one week prior - inhibits tissue regrowth and may cause extended bleeding
3. Increase B vitamins - helps deal with stress.
4. Antioxidants support the immune system, decrease inflammation, and speed healing. Antioxidants are found in the rainbow of fruits and vegetables with red, blue, yellow, purple, and orange pigments.
5. Vitamin C (ascorbic acid) assists the body in the production of collagen, a basic component of connective tissues that aids wound healing and bruising. It also helps the body's immune system and is thought to be the safest anti-viral. It is used intravenously during surgery in Europe. DOSE: 1000-2000mg 3-6x/day week before and week after surgery to *bowel tolerance*. Third week titrate to 500mg 3x/day. Best buffered or time-released.
6. Probiotics - important to replenish gut bacteria and flora after surgery, especially if taking antibiotics, may halt yeast infections and bowel irritability: acidophilus and bifidus, yogurt, fermented foods like sauerkraut or kimchi.

7. Hydrate - increase water intake to heal faster and aid elimination of toxins. Your doctor may ask you to keep a log of your I&O (input and output).

Preparing Emotionally for Surgery

- Support network: friends to visit and bring food
- Laughing helps you heal faster: books and movies
- Music: make a mix tape to listen to while in surgery
- Visualize your surgery going smoothly and your recovery easy every day
- Ritual to say goodbye/hello to whatever is getting removed/added: get closure with body. Write a letter, go to the ocean, have a bonfire, have a farewell party/funeral, bury something, plant a tree. Let it go, bring it in. Honor your scars.
- Breathe, meditate and relax.
- Stones for surgery: Malachite, rhodonite, obsidian, amber, clear quartz, aquamarine.
- Flower and gem essences for surgery: Five–Flower Remedy (rescue remedy) every hour. On pulse points or under the tongue.

copied from Dori's document "Holistic Health for Transgender & Gender Variant Folks" which is available online for free. Check it out for more pre and post op tips and herbal hormonal support info.

Basic Self-Defense

We've already done a lot of ranting about why we see self-defense as an integral aspect of autonomous health. We know from our own experience that training in some kind of self-defense practice helps us feel more confident when we have to be in the world. Gaining confidence and the ability to determine whether or not something is a threat or not also has the added bonus of easing some of our anxiety.

If you don't have access to a place to train, you could link up with some friends and start practicing on one another. Maybe there's a comrade who can share some skills with you and then you can keep sharing more skills with others. We're going to illustrate a basic move to give a sense of things, but we encourage you to consider some of the basics as well. If you feel threatened, addressing someone in simple and not informal language can let them know that you are serious and also let others know that the situation isn't playful or with a friend (so for example, in lots of languages you can use the formal version of 'you'). Also try to keep enough distance that someone can't strike you (but you also can't strike them either at that distance) and try to keep your face, head and ears protected.

Lots of the time people get up in your business for lots of different reasons. Here's one way to defend yourself from the particular situation where someone comes and puts their arm around you. This just happened to me last night while blowing bubbles and waiting for the bus stop. (Hot tip: apparently, bubbles are a huge threat to toxic masculinity and they also annoy the shit out of cops and fascists. But to humans, they are often really fun and it is kind of nice to make other people smile. You can probably acquire like at least ten mini things of bubbles from the dollar/euro/pound shop.) I didn't use the move, but even just knowing that I could helped me when he started freaking out over bubbles and the fact that I didn't want him to put his arm around me, especially while he told me what to do.

So, say someone comes up to you like this…

[image: two people standing side by side. The person on the left, who is labeled "unwanted arm," has placed his arm around the shoulders of the person on the right, who is labeled "you."]

Your first response might be to pull away in the opposite direction, but that's probably what they expect because they can use strength to keep you there and they are pretty much in control of you at that moment, so it is time to take back control. In this case, as with other moves that we like, you can actually use their momentum against them. In this case you could even play along a little while holding them in position till you want to do your thing. So grab onto their hand

that is gripping your shoulder with the hand that is on the same side as that shoulder (it could even seem affectionate, like you're holding onto them for support). Then with the other hand, hold their opposite shoulder, almost as if you are returning the gesture. Keep your hands there and really get a good grip.

Then, swiftly, still holding onto the wrist and the shoulder, you basically swing their arm, from holding their wrist, behind them into the small of their back with your hand. It is kind of a double motion where you are ducking underneath their arm to step behind them while also swinging their arm around. Your other arm should still be holding onto their shoulder and you can even kind of pull back on it a little bit so that their chest puffs out towards the ground (away from you).

Now you should be behind them, facing their back with one hand on their shoulder and the other hand on their wrist. From here you can simply press down on the back of their knee (or really like anywhere on their leg should work) with your foot and they should fall down to the floor pretty easily (this does not require strength, really). If you need some more force, you can also kind of lead them down to the ground at the same time with the hand on their shoulder.

Okay, so then they're on the ground so you should be able to run away or give them a couple good kicks if you like. Great work!

The part that we find kind of tricky is getting them into the position where you are behind them, but practice a few times with some friends and you should get it.

Trans Herbalism

Plants for survival, Plans for attack

by Kay Cameron

> “Think of another concept of strength. Perhaps this is the new poetry. Basically, what is social revolt if not a generalised game of illegal matching and divorcing of things.”
>
> – At Daggers Drawn with the Existent, Its Defenders and False Critics (Anon., 1998)

Our hope, in making space for the ‘illegal matching’ of herbalism and trans liberation, that neither of these traditions will be unchanged by the encounter. Or perhaps, an outcome of our inquiries will be the realisation that these things were already linked, and it is a whole load of waste attachments, the detritus of liberalism and its institutions, which must be divorced from the equation in order for meaningful connections to be found. (The persistent kernel of criminality in both contexts might be a guiding clue here, since in so many instances simply assembling and distributing herbal medicines, and simply attempting to meet our immediate care needs as trans people puts us in contact with illegal and sub-legal methods.)

Jean Weir, translator of the text from which the above quotation is taken, writes elsewhere: “Most of the materials necessary for attack are available on the shelves of the supermarkets [...] The rest, the ‘hardware’, the accomplices, the solidarity, will come forth from the reality of the struggle itself and the new paths it reveals.” We would hope not to defuse but to add to the kind of arming for social war that Weir has in mind, when we propose, firstly that plants might be among the raw materials we need, and secondly that they might be among the accomplices.

Gay Plants, a zine and ongoing research project on queer and trans herbalism and related practices, was launched last year in an attempt to gather information, resources and provocations. It invites reflection on practices of healing, living and paying attention with plants, and proposes that these might take on an urgency in the conditions that are hardening around us.

The dominant episteme now wants to recuperate us, take care of us, include us in the limitless marketplace of identities, if only we have the right citizenship, the right status, and can prove ourselves willing and able to inhabit that status, and be ready to fortify it against those who can’t or won’t. The same episteme is founded on the violent (never complete) extirpation of lived knowledges and practices from the face of the planet. It would be folly to claim to ‘know’ or

understand the knowledges/practices that are the object of this program of extermination. However we might try to note that among the ways and beings that have been killed, are being killed, again and again, some commonalities emerge albeit in unique and diverse forms across times and places. I want to draw attention to two. First, the idea that wellbeing might depend on cultivating meaningful relationships with more-than-human beings, including plants. Second, the existence of ways of being that are not mappable onto a model of binary gender, or of individual gendered or sexual ‘identity’.

I am drawn to these starting points by the work of, among others, Silvia Federici in Caliban and the Witch, and Arthur Evans in Witchcraft and the Gay Counterculture reprinted and prefaced by Feral Death Coven, both of who are drawn on by the queer nihilist publication Bædan, whose ‘Against the Gendered Nightmare’ argues that gender is domestication, and calls for the proliferation of feral queer practices against civilisation.

If we are to avoid ’romancing the transgender native’ it’s crucial that the two generalisations sketched out above are not simply mobilised to reinforce a certain stance about what is past or lost, but rather inform ongoing self-critique and practical investigation in whatever present we find ourselves in. For white trans herbalists now, it might mean thinking pragmatically about decolonisation and self-abolition on both logistical and libidinal terrains. Cultural appropriation becomes not simply ‘bad’ or wrong; but entirely self-defeating from the perspective of war against control.

As Lou Cornum points out in ‘White Magic’, recent political and aesthetic interest in witchcraft among white feminists can carry the same colonising and orientalist perspective as a directly cultural appropriative practice. For those of us who are not interpellated as witch or native, the point is not to desire to be these, but to divest from the parts of ourselves that function to destroy ways of being that are interned in these categories in the first place.

When will we have achieved this thing, ‘trans healthcare’? How will we know it is ours to claim? A collective understanding of health may be necessary but not sufficient. Even if we extend our definition of healthcare to include say, a riot, a rigorous community approach to consent, a consistent respect for a person’s chosen pronouns, how might it be that these sorely needed medicines ever operate on a level beyond the palliative? Trans herbalism offers to take us in directions that gesture beyond the individual, and beyond the human.

Taking this path, I suggest, means inhabiting neither some purist dream of autonomy from Western biomedicine nor some imagined space of ’wildness’ outside industrial modernity. It means collaborating with plants and other more-than-human participants to share and proliferate spaces and means for attack. This in turn means, of course, housing each other, defending each other, holding

each other to account... For all of the obstacles to sustaining resistant ‘communities’ that readers will be very familiar with, there is no magic pill. My humble suggestion is that herbalism, by centering the more-than-human, is an example of a practice that can help to displace residual liberal humanism and anthropocentrism that sabotage so many supposedly ‘radical’ or ‘alternative’ projects.

Notes:

The phrase “romancing the transgender native” is taken from the essay of that title, by Evan Towle and Lynn Morgan.

On self-abolition, see K Aarons, ‘No Selves To Abolish: Afropessimism, Anti-Politics and the End of the World’.

“White Magic” appeared in The New Inquiry in 2018.

Base Line Hormonism

Trans women often take two medications regularly, an estrogen boosting agent such as estradiol and an anti-androgen such as spironolactone. Access to this medication is regulated by doctors, pharmacies, insurance, access to money and transportation. Even after starting medication, trans women often lose access to hormones due to negligence, malignence and loss of employment. Pharmacies miscommunicate, endocrinologists do not prioritize trans patients, and informed consent clinics are understaffed. The medical system, especially in the US, in my experience is set up to provide precarity for all people who require medication. One method that trans women reduce the harm of this precarity is by attempting to sustain a sharing economy of hormones. Missing hormones can cause symptons similar to severe periods, and can cause life threatening dysphoria and anxiety.

In 2016 in the US, there was a major shortage of injectable estrogen, where the major manufacturer suddenly decided to stop producing it. My friend, who was on injectable estrogen, had to figure out switching to pills temporarily. She got help from other trans women to get pills while her clinic dragged their feet updating the prescription. She also got tips about the one pharmacy in Manhattan that stocked apparently house-made estrogen. This shortage is ended; however, it is not comforting to know our health is at the hands of an arbitrary executive decision.

I keep track of my pills, over time I've missed doses, had extra doses, reduced them, so that I have a backup of about a month. I gladly share estrogen with friends and strangers. Many women will do the same, because of our knowledge of precarity and desire to build some semblance of community.

'Black' market hormones which can be bought as well. In the US at least, estradiol, spironolactone and progesterone are not controlled substances, so it is relatively easy for trans women to sell excess hormones to each other. Progesterone cream can also be bought on Amazon and other major retailers and can have HRT effects. Cis women can also sell their estradiol birth control or spironolactone acne medication that they have left over. The main issue with this method is that blood tests are difficult to take to monitor hormone levels. Doctors also check liver functioning regularly due to a fear that HRT can cause liver failure. Blood tests can be arranged through persuasion or lying to doctors however.

Pickles and Bananas

Spironolactone is a commonly prescribed anti-androgen for trans women. Anti-androgens reduce the uptake of testosterone in the body, which is meant to

increase the effect of estrogen. Often estradiol and spironolactone are prescribed in tandem for HRT. Many trans women experience negative effects from spiro.

In addition to being an anti-androgen, spiro reduces the production of aldosterone in the body. Aldosterone is a hormone produced by the adrenal glands. Reducing aldosterone lowers the production of dihydrotesterone (DHT), which is the anti-androgenic effect. Another main effect of aldosterone is the managing of the kidney's balance of sodium and potassium. The kidney balances the salts in the body by managing the amount lost in urination. Reducing aldosterone causes the kidneys to release more salt and less potassium and filter salt faster. The net result is that spironolactone acts as a potassium sparing diurectic, in other words you pee more and keep potassium longer in the body.

Since most trans women don't really want their salt levels rearranged in their HRT, the side effects cause by spiro are mainly negative. Lower sodium in the body can cause low blood pressure, with things such as getting light headed easier. High potassium can also cause issues. Hyperkalemia (very high potassium) can cause tachycardia and nerve pain. These neurological issues are caused because nerves use potassium, calcium and sodium for conduction. Imbalances in these salt channels can cause various issues across the bodies. Trans women are at a higher risk for hyperkalemic attacks, which can be triggered by foods very high in potassium. Foods such as durians, potatoes, and bananas are high in potassium. Additionally, food labeled low-salt or no-salt may use potassium to make up for the taste. Some trans women may be sensitive to these foods, but it varies from person to person. Hyperkalemic attacks last based on how long it takes the kidneys to filter out the potassium, usually about 40 minutes to an hour. Trans women on spiro can have a relatively high salt (sodium) diets to counteract the low blood pressure.

There are other anti-androgens, however in my experience doctors are reluctant to prescribe it. The most commonly prescribed alternative anti-androgen is Finasteride. Finasteride is predominately prescribed for baldness caused by testosterone ('male-pattern' baldness). Finasteride is a 5a-reductase inhibitor, which acts to limit dihydrotesterone. Because it does not act on aldosterone, Finasteride does not have the same electrolyte issues associated with spironolactone. However the effects of Finasteride are not well studied when it comes to trans women's needs for HRT. The major documented side effects are mental health issues related to anxiety and depression.

All anti-androgens cause side effects related to drops in testosterone. These include loss of sexual drive, erectile dysfunction, mood swings, and fatigue. Different anti-androgens can have different effectiveness at lowering T (too much causes lots of side effects, not enough lowers desired effects). Each anti-androgen has a different approach to limiting DHT which causes unique side effects.

Unfortunately anti-androgens are not well studied, and doctors are reluctant to prescribe different anti-androgens.

Hormone Summary

for those self medicating, searching for information, gender hackers, interested allies and health practitioners

Estrogen and Androgen blocker therapy

Dosing:

- Dose varies based on desired outcome and effect
- Estrogen or Estradiol: dose is increased over time depending on values/results (base dose 1mg, max dose 8mg. Average dose 4-6 mg (oral). Check in regarding migraines, BP at visit, height/weight periodically
- Anti-androgen: Spironolactone 25mg baseline dose, max dose: 200mg. Average dose: 100-150mg. BP at visits, check in regarding urinary function and health and increase as needed to reduce spontaneous arousal (if desired outcome). Check electrolytes (specifically potassium). Other anti-androgen options include: Finasteride and Dutasteride

Risk factors:

Neurological:

- Cerebrovascular Disease - collection of diseases that impact the brain, blood supply to the brain, and blood vessels (use transdermal estradiol).
- Migraines (focal, refractory, with aura)
- Benign intracranial hypertension (needs referral to neurologist)
- Seizure disorder (consult with pharmacist to ensure no contraindication)

Hematology (blood):

- Personal history of Deep Vein Thrombosis or Pulmonary thrombosis - no oral therapy, use transdermal or intramuscular or subcutaneous
- Cigarette smoking (when over 30 years old - increases risk of clotting)
- Family history of abnormal clotting - consider prophylactic anticoagulation therapy, i.e. 80mg aspirin (with history of cardiovascular event) and use of transdermal estrogen option

Endocrine:

- Diabetes - undiagnosed or not controlled - estrogen impacts insulin action, fat distribution, and metabolism (consider transdermal option)

- Hyperlipidemia - Estrogen therapy can further increase HDL (high-density lipoprotein) thus placing individuals at risk of further worsening undiagnosed cardiovascular concerns. Using Oral estrogen increases HDL by 15%.

Cardiovascular:

- Uncontrolled hypertension - intervention with diuretic - some improvements seen when introducing androgen blocker (use spironolactone)

Liver:

- History of liver disease (i.e. Fatty Liver, Hep C, Elevated liver enzymes) - identify cause of elevated liver enzymes and treat if possible. If liver disease is advanced (cirrhosis) there’s risk of developing liver cancer.

Monitoring:

Baseline blood work includes:

- CBC
- ALT/AST (liver function)
- Creatinine/electrolytes/Urea (Kidney health/function)
- Testosterone (identify baseline to compare future levels with intervention of T-blocker)
- Fasting glucose
- LDL/HDL/Triglycerides (check lipid levels, fasting for 10 hrs prior to blood work)
- LH (luteinizing hormone)
- Recommend follow up after 4 weeks of therapy then with ever titration (4-6 weeks follow up) then 3, 6 and 12 months thereafter

Timeline of changes:

Physical Effects	**Reversibility**	**Time Course**
Softening of skin, reduced oiliness	Reversible	3-6 months onset Unknown maximum effect
Body fat distribution	Variable	3-6 months onset Max effect 2-5 years
Decreased muscle mass/strength	Reversible	3-6 months onset Max effect 1-2 years
Thinned/slowed growth of body/facial hair	Reversible	3-6 months onset Max effect 3 years

Hair loss slowed down/stopped with anti-androgen therapy	Reversible	1-3 months onset Hair loss stops after 1-2 years
Breast development	Irreversible	3-6 months onset Max effect variable
Decreased testicular volume	Variable	3-6 months onset Max effect 2-3 years
Decreased libido	Variable	1-3 months onset Max effect 1-2 years
Decreased spontaneous arousals	Variable	1-3 months onset Max effect 3-6 months
Decreased sperm production	Variable	Variable
Erectile dysfunction	Variable	Variable

Absolute risk/contraindication for Estrogen/anti-androgen use:

- Unstable ischemic cardiovascular disease
- Estrogen-dependent cancer (ie. colorectal and breast cancers)
- End stage chronic liver disease
- Inability to provide informed consent
- Hypersensitivity to one of the components of the formulation

Testosterone therapy

Dosing:

- Various forms of administration - most commonly used as a suspended formulary for injection (intramuscular or subcutaneous - into muscle or into fat respectively)
- Base line dose 25-50mg; increasing every 4 to 6 weeks based on Testosterone levels in blood (monitoring side effects)
- Suspended in sesame seed oil and cottonseed oil (important to note allergies/adverse reactions to various foods, i.e. hazelnut allergy should avoid cottonseed oil suspension of testosterone)
- Also found in the form of a gel (androgel) pill (availability varies) and patch (availability varies)

Risk factors:

Neurological

- Migraines (focal, refractory, with aura)
- Seizure disorder or androgen-sensitive epilepsy (needs to be seen by a neurologist)

Hematology (blood)

- Personal history of Deep Vein Thrombosis or Pulmonary thrombosis - no oral therapy, use transdermal or intramuscular or subcutaneous
- Polycythemia (Elevated RBCs) - Further assessment needed to rule out cancer. Identify other chronic signs and symptoms including: headaches, itching, sweating, shortness of breath, tingling or burning in hands/feet, painful swelling in joints, weakness, dizziness - need to be assessed by physician).

Endocrine

- Diabetes - undiagnosed or not controlled - Testosterone impacts fat distribution and deposits. Increased fat deposits in abdomen and around organs, which is an increased risk factor for insulin resistance thus elevating one’s risk for Type 2 Diabetes.
- Dyslipidemia - Testosterone use has been linked to a reduction of High Density lipids (HDL) and an increase in low-density lipids (LDL), thus an increase risk in adverse outcomes related to cardiovascular health (increased risk of developing atherosclerosis - plaque build-up in arteries)

Cardiovascular

- Stable ischemic cardiovascular disease - outcome of uncontrolled dyslipidemia (increased risk of atherosclerosis). Narrowing of arteries resulting in reduced oxygenation of heart tissue (also known as coronary artery disease - if untreated or undiagnosed can lead to heart attack)
- Uncontrolled hypertension - monitor blood pressure - determine if primary or secondary and treat with anti-hypertensive or other interventions (i.e. smoking cessation).

Liver

- History of liver disease (Fatty Liver, Hep C, or unknown Elevated liver enzymes) - identify cause of elevated liver enzymes and treat if possible. If liver disease is advanced (cirrhosis) there’s risk of developing liver cancer

Gynecologic

- Unexpected bleeding - potential causes of unexpected bleeding include: atrophy of tissue (variable based on duration of testosterone use), insufficient Testosterone dose/serum levels, physical trauma due to frontal

intercourse (insufficient lubricant), consideration of endometrial cancer (assess risk factors i.e. family history). May require further investigation and referral to gynecologist

Respiratory

- Chronic Respiratory disease (i.e. chronic obstructive pulmonary disease, emphysema, etc.) - may be worsened by polycythemia/erythrocytosis (increased red blood cell volume beyond recommended or normal range); requires close monitoring
- Sleep Apnea - initiate CPAP (continuous positive air pressure) to reduce periods of disrupted breathing when sleeping (undiagnosed sleep apnea places individuals at greater risk for developing chronic health concerns like: diabetes and hypertension. Recommend follow up with Sleep study. Obstructive Sleep Apnea can be developed post testosterone initiation and periodic assessment should be done.

Monitoring: Baseline blood work includes:

- CBC
- ALT/AST (liver function)
- Testosterone
- Fasting glucose
- LDL/HDL/Triglycerides (check lipid levels, fasting for 10 hrs prior to blood work)
- LH (luteinizing hormone)
- Recommend follow up after 4 weeks of therapy then with ever titration (4-6 weeks follow up) then 3, 6 and 12 months thereafter

Timeline of changes:

Physical Effects	**Reversibility**	**Time course**
Skin oiliness and acne	Reversible	3-6 months onset Unknown maximum effect
Facial/body hair growth	Irreversible	3-6 months onset Max effect 3-5 years
Deepened voice	Irreversible	3-12 months onset Max effect 1-2 years
Increased muscle mass/strength	Reversible (based on exercise/strength training)	6-12 months onset Max effect 2-5 years
Androgenic hair loss	Irreversible	over 12 months onset Max effect variable
Body fat distribution	Reversible/variable	3-6 months onset Max effect 2-5 years

Cessation of menses (bleeding)	Reversible	2-6 months onset Max effect not applicable
Clitoral engorgement	Irreversible	3-6 months onset Max effect 1-2 years
Vaginal atrophy	Reversible	3-6 months onset Max effect 1-2 years
Infertility	Variable	Variable

Absolute risk/Contraindication for Testosterone therapy:

- Pregnancy or Chest-feeding
- Active known androgen-sensitive cancer (i.e. Breast cancer)
- Unstable ischemic cardiovascular disease
- Active endometrial cancer

All information taken from practiced knowledge of a trans healthcare worker and [this Trans Primary Care Toolkit, which is no longer online].

Take a Break to Enjoy Your Amazing Beautiful Body!

Close your eyes, relax in the sun, maybe even stretch:

[image: a line drawing of a person. They are standing, bending at the waist and leaning forward, with their arms stretched out behind their back, hands together, pointing directly up. The drawing is titled “Chest Openers” and text reads “great for binder pain, anxiety, deeper breathing.” Different parts of the body are labeled with instructions. For the hands: point fingers up. For the knees: slight bend. For the back: shoulder blades come together. Text under the drawing reads “breathe into it!”]

During any chest/heart opening stretches, breathe into space that opens up. Feel your lungs expand and imagine the muscles getting a massage from the inside! An effective and relaxing stretch is also as easy as laying on the floor with arms out, making your body into a T-shape. Breathe here into the space.

Reportback: cliniQ

PMS spoke with an organizer at cliniQ, a trans and non-binary clinic in London. We were interested in their holistic approach to trans healthcare, and also their role within the NHS system, that is, being inside and outside of it. They are a place to go if you are self-medding, want counselling, free acupuncture, or just a nice place to hang on a Wednesday to meet other trans people.

What is cliniQ?

cliniQ is a Community Interest Company based at 56 Dean Street clinic in Soho, London. We are a holistic sexual health and well-being service for all trans and non-binary people, partners and friends. We are a trans-led team, who offer a safe, confidential space for those who may not feel comfortable accessing mainstream services.

Our clinic is open every Wednesday between 5pm and 8pm. As well as our weekly clinic, we facilitate Trans Health Matters, a successful series of events and conferences supported by our partner organisations. We have facilitated four Trans Health Matters conferences so far, with a fifth planned by the end of 2018.

With ring-fenced funding from Public Health England (PHE) we have published the following two resources: ‘Cruising: A Trans Guy’s Guide To The Gay Sex Scene’; ‘The Hook-Up: A Trans Woman’s Guide To The Sex Club Scene’, available for download on our website.

All our services are free to access, apart from cliniQ yoga which is free for people on low/no income, and we ask for a donation from those in work.

We have also worked in Bangkok on TransIt, a Trans Information Tool, and delivered a workshop on PrEP at The International AIDS Conference Durban 2016. We present at BASHH and BHIVA conferences on HIV and sexual health in the UK, and have worked closely with PHE on a 2 stage data collection in recording Trans Identities. We lead on a campaign for trans inclusion in HIV Prevention and lead on PrEP for trans people in the UK.

How did CliniQ start?

In 2010 our founders began meeting to discuss ideas for a trans health space. They then started talks with others at 56 Dean Street clinic and began meeting to discuss setting up a sexual health service specifically for the trans and non-binary community. More organisations including London Friend, Antidote, and Galop, joined and the ground-breaking idea developed into setting up a broader, holistic well-being clinic for the trans, non-binary and LGBTQ communities.

In January 2012, training for cliniQ team began, which encouraged staff to look at their own ideas about gender, to use the terminology, to learn about the implications of surgery or hormones on sexual health, and which gave then a grounding in the laws and issues which might affect them and trans and non-binary clients. cliniQ opened at the 56 Dean Street clinic on 15 February 2012.

How does cliniQ position itself with the UK National Health Service (NHS)? Do you have thoughts through your work at cliniQ about what would be necessary and important to create structures of autonomous trans healthcare?

cliniQ is positioned on the periphery of the NHS. We are autonomous from the NHS in that we do not receive any NHS or other government funding. However, most of our services are currently run out of the 56 Dean Street clinic building, which is a NHS facility. We therefore need to adhere to NHS policies and procedures in our work, such as NHS safeguarding procedures.We offer hormone level testing and advice, and hormone injections to clients who have a prescription. NHS policy prohibits us from prescribing hormones, or providing hormone injections to clients who do not have a prescription. I believe that if we can acquire the right to prescribe hormones in the future, that will give us and our clients greater autonomy from the NHS. Access to funding is one of our main challenges and key to developing more structures of autonomous trans healthcare.

What services do you provide?

Sexual health & clinical services: cliniQ offers a broad range of free, trans and non-binary appropriate sexual health and clinical services:

A free and confidential sexual health service, including:

- full blood screening
- Instant HIV testing
- hepatitis B testing and vaccination
- Liver function tests
- cervical smear testing for anyone with a cervix
- Contraception
- PEP (Post Exposure Prophylaxis) & PrEP (Pre Exposure Prophylaxis)
- Hormone injections (with ID and proof of prescription)
- cliniQ also offers trans specific advice on maintaining your sexual health and wellbeing

Counselling: We have a team of qualified counsellors who provide therapeutic support for both individuals and couples. Our service is as flexible and responsive to your needs and schedule as possible. Our counselling service is based at 56 Dean Street clinic on Wednesdays from 5pm to 8pm and at our therapy centre near Kings Cross where we see clients on Monday and Thursday from 2pm to 9pm. We also offer Therapeutic Group work at our Kings Cross centre.

Support and advice: As well as our counselling service, cliniQ also has a skilled team of advice workers, offering peer support around a range of issues. Our team consists of trans and LGB caseworkers, counsellors and advisers from a variety of backgrounds, who can support you on either a one-off or regular basis.

cliniQ can offer support and advice on transition issues; sex, sexual health and relationships; alcohol and substance use; discrimination and hate crime; sexual assault, and much more. We also offer a housing advice drop-in on the 1st Wednesday of every month, facilitated by a caseworker from Stonewall Housing. For those who have experienced either a hate crime, or sexual assault we are also able to provide referrals to our partner Galop.

Drop-in space: The trans communities are the heart and soul of cliniQ – Our waiting area doubles as an informal ‘drop-in’ for trans and non-binary people, their friends and partners. We have free refreshments, and you don’t need to register as a patient or access any services to use the space. Many of our clients visit our service on a weekly basis and develop friendships and other connections through accessing our space.We actively encourage people to use our drop-in as a safe space to experiment with dressing the way they want to. If you find dressing as your true self difficult, or feel unsafe in public spaces, feel free to bring clothes with you and to change in our gender-neutral bathrooms. We also have volunteers on hand who can support you in taking a short walk along Dean Street to support you in your first steps to being yourself outside of the clinic.

Our drop-in space has the following: free wi-fi, free refreshments (juice, teas, coffee, etc), gender-neutral toilets and space for dressing/changing, friendly welcoming space with supportive staff on-hand, and leaflets, magazines and community news.

cliniQ yoga is a safe, non-judgmental space for trans people, partners, friends and family to explore ways to feel more relaxed, be stronger and get fitter. There are non-gendered bathrooms available for changing.

cliniQ acupuncture: Our acupuncture service is an integral part of our holistic wellbeing services. These are just a few of the conditions listed as proven to be helped with acupuncture treatment by the World Health Organization: emotional distress, depression, anxiety, addictions, smoking cessation, digestive

disorders, IBS, weight loss, pain, headaches, and even colds and flus. Acupuncture is also used extensively in drug and alcohol cessation clinics. Most people find acupuncture very relaxing.

Resources

Hotlines:

Trans Lifeline

US: 877-565-8860 // Canada: 877-330-6366

A hotline for trans people by trans people that you can call at anytime (currently only available in the US and Canada, but you can call from Skype or Google Voice?). Started off grassroots and now employs trans people who operate the hotline. Also offers microgrants for assistance altering legal documents (passport, drivers license, immigration documents). They are there in times of crisis, but also can answer basic questions related to the experiences of trans people. (translifeline.org)

Trevor

Offers various programs, but mainly another lifeline service that serves LGBTQ people under 25 who call from the US. They also have a text and chatline as well, but they have certain hours. (thetrevorproject.org)

Trevor Lifeline—USA National 24/7 crisis intervention and suicide prevention lifeline for LGBTQ young people under 25, available at 1-866-488-7386.

TrevorChat—A free, confidential, secure instant messaging service for LGBTQ youth that provides live help from trained volunteer counselors, open daily from 3–10pm ET.

TrevorText—A free, confidential, secure service in which LGBTQ young people can text a trained Trevor counselor for support and crisis intervention, available Monday–Friday from 3–10pm ET by texting START to 678678.

Herbal/Alternative Medicine:

Breast Nexum

A transfem site not at all limited to breast growth. There are over 1,500 threads on herb-assisted transitioning with over 15,000 posts. The threads with the most carefully curated information, backed-up with research, should be easy to find. See for example: ‘Squirrel’s hoarded acorns of information (cache of research

info)’ content warning: some essentialist language throughout. (breastnexum.com)

Queering Herbalism / Herbal Freedom School

‘Brown. Queer. Herbalism.’ A QTPOC-led project covering black, indigenous, queer herbalism, with a huge amount of info and projects to follow, plus an active blog. They are connected to Herbal Freedom School, an online program which prioritizes, “a liberatory, decolonial, intersectional perspective on plant medicine that re-centers the voices of indigenous, black, brown, queer, trans and gender non-conforming folks”. (queerherbalism.blogspot.com and Herbal Freedom School)

Prism Integrative Acupuncture

This list of mostly external resources, but check out the rest of the site, including the other resources sections. The site’s own information on trans health are here, and see particularly the herbal/dietary articles:

- transfem health
- transmasc health

Inclusive Herbal Medicine

A survey of trans-inclusive herbal medicine resources and research. It was made by three cis people. They’re very apologetic about this in their statement… (inclusiveherbalmedicine.wordpress.com)

Competent Care for Transgender, GenderQueer and Non-Binary Folks: A Resource for Herbalists and other Practitioners

Curated by Vilde Chaya Fenster-Ehrlich and Larken Bunce (link)

TransNatural for Professionals class notes

by Kara Sigler, RH (AHG). Aimed at professionals/practitioners, there’s loads of information that can be used here. Includes ‘recipes for Transmasculine spectrum individuals’ by Dori Midnight. (Transnatural PDF)

DIY HRT Info:

Primary Care and Hormone information

A guide for Primary Care for Trans patients, includes information on hormones, health, possible health concerns. It is written from a decolonial perspective within so-called Canada for health practitioners, but is pretty accessible. “Trans Care BC operates on the traditional and ancestral land of many Indigenous peoples, and

we provide services to First Nations, Métis, and Inuit people who live in diverse settings and communities across BC. Trans Care BC's main office is located on the traditional and ancestral territories of the Musqueam, Squamish and Tsleil-Waututh Nations." [link no longer works]

Guide to DIY HRT

Including legal information about importing to several countries like Poland, Portugal, Russia, New Zealand, Germany, and others. (link)

List of private clinics in the UK and US.

MTF HRT Forum

Lots of great info about various 'side effects' from folks' actual experiences instead of doctors who make shit up about getting cancer, etc. among lots of other questions asked and answered. (facebook group)

Information Sharing Networks:

Trans Wellness for Practitioners (Facebook Group)

A place to ask questions and also find individuals, groups, and up-to-date projects and announcements.

Transgender Voice Tutor

Free and online materials for voice therapy to feminize the voice without surgery. The workbook is available in English and German, but the videos are all in English right now. (genderlife.com/voicetutor)

Reddit

Although there are lots of nasty things on reddit (like TERFS), it can still be a great way to tap into forums where people discuss the stuff you need and you can generally connect with folks like you all across the world.

for folks who are self-medicating: r/transDIY

for general trans health questions: r/transhealth/

trans memes to cheer you up: /r/traaaaaaannnnnnnnns/ or r/GaySoundsShitposts/

ask a question and you'll get an answer (various but often health-related): r/asktransgender/

Trans Reproductive Health:

Kori Doty: Inciting Revolution through Education and Imagination

Kori's blog covers everything from trans reproductive health from working as a health worker and as being a trans person who gave birth, to harm reduction and consent. (koridoty.com)

Non-Binary Beat: Stories of living as Trans Non-Binary Solo Parent

Blog recounting day to day stories of parenting solo as a non-binary person. (www.nonbinarybeat.com/blog)

Parenting Theybies

Parenting using they/them/their pronouns for kids from the start. Facebook group for parents raising children without assuming their gender. (Facebook group)

Cruising:

cliniQ's online cruising resources

Cruising: A trans guy's guide to the gay sex scene & The Hook-up: A trans woman's guide to the sex club scene. Two downloadable resources available online here.

Some trans-inclusive clinics that don't require insurance:

Minneapolis - Family Tree Clinic

Once upon a time, someone from the PMS crew went here and completely for free received counseling, condoms/lube/dental dams, full STD panel, AND A VIBRATOR! You don't have to provide proof of address either. (familytreeclinic.org)

Portland - Q Center

There are lots of various support groups here that folks have found useful, and they also offer referrals. (pdxqcenter.org)

Berlin - Malteser Migranten Medizin

We are told this place is queer, trans, and migrant friendly and free and that they don't require you to show your ID. They also have some medicine! But as with all of these kind of places in Berlin, it will probably get closed soon but don't worry if you're reading this in the future because another one is probably open somewhere! (malteser-berlin.de)

Berlin – TRIQ

There's a variety of services and programs that TRIQ offers for trans, intersex, and queer people in Berlin. "We offer psycho-social and legal advice, group meetings, continuing education and training, the Transgender Radio, a café, an archive, rooms for further group offers, art and cultural events and everything TrIQies want." (transinterqueer.org)

HIV/AIDS resources:

HIV Prevention and Care for Transgender People: HIV Insite, University of California SF

Huge archive of best practices for healthcare workers, discussions, papers, research summaries, first person accounts, organisation lists and so much more! A total wealth of information, we can't vouch for all of it, but a thorough grouping of info. (hivinsite.ucsf.edu)

Prison Support:

Black and Pink

"Black and Pink is an open family of LGBTQ prisoners and 'free world' allies who support each other. Our work toward the abolition of the prison industrial complex is rooted in the experience of currently and formerly incarcerated people. We are outraged by the specific violence of the prison industrial complex against LGBTQ people, and respond through advocacy, education, direct service, and organising." (www.blackandpink.org, contact members@blackandpink.org)

Tenacious

"Tenacious is a zine filled with articles, essays, poetry and art by formerly and currently incarcerated women across the US. Their works cover subjects like the (lack of) health care system, being HIV-positive inside prison, trying to get an education while in prison, sexual harassment by prison staff and general prison conditions, and giving up children for adoption." (resistancebehindbars.org)

Tranzmission Prison Project

"Tranzmission Prison Project is a volunteer run organization that works to support LGBTQQIA (Lesbian, gay, bi-sexual, transgender, queer, questioning, intersex and asexual) prisoners nationwide." Offers books, zines, information, and resources." (Tranzmission Prison Project)

Sex Workers Rights/Support:

G.L.I.T.S (Gays and Lesbians Living In a Transgender Society)

“The first issue we address is that of immediate need/crisis support for transgender sex workers, including community members from the NYC area, across the US and globally through supporting asylum seekers from our priority communities.” For housing aid, legal questions, and community. (glitsinc.org)

Legal Support:

Sylvia Rivera Law Project

“The Sylvia Rivera Law Project (SRLP) works to guarantee that all people are free to self-determine their gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence. SRLP is a collective organisation founded on the understanding that gender self-determination is inextricably intertwined with racial, social and economic justice. Therefore, we seek to increase the political voice and visibility of low-income people and people of color who are transgender, intersex, or gender non-conforming.”

Though the legal help is only accessible to folks living in New York the resource page of their website is full of useful stuff: (srlp.org/resources)

Q Law Foundation of Washington

Legal support office for the LGBTQ community in Washington. Free 30-minute legal consultations (only on civil law, not criminal) with an attorney every first and third Thursday of the month from 7-8:30.

Partner Abuse/Domestic Violence:

The Network / La Red (TNLR)

“The Network / La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, BDSM, polyamorous, and queer communities in the US.” The hotline provides confidential support, information, and referrals to LGBQ/T partner abuse survivors. Write to request information and resources for survivors of partner abuse. (tnlr.org, contact community@tnlr.org)

The NW Network

“The NW Network increases our communities’ ability to support the self-determination and safety of bisexual, transgender, lesbian and gay survivors of

abuse through education, organizing and advocacy. We work within a broad liberation movement dedicated to social and economic justice, equality and respect for all people and the creation of loving, inclusive and accountable communities." They have support groups, some basic legal advocacy, emergency counseling for survivors, among other resources. (nwnetwork.org and (206) 568-7777)

Support Groups and Supportive Environments:

The Purple House (Olympia)

The people here are pretty fucking solid. With a focus on youth and houseless people, there is support for survivors of hate/violent crimes, queers, and trans people. (pipeolympia.wordpress.com)

Q Center (Portland)

Here there's support groups for LGBTQ+ folks dealing with addiction and mental health concerns. There are also many different support groups that meet to discuss the varied needs of differing trans experiences, including groups for FTM, genderqueer, nonbinary, transfems, 'tranz guys', trans women, and other support groups. (pdxqcenter.org)

Voice training group – Berlin

A voice training group for all who want to work on vocal passing, so far mostly consisting of trans women. They meet every second and fourth Wednesday of the month and it is best if you email them first to see if there's space and also make sure you know where the meeting is going to be. Email triq@transinterqueer.org and your request will be forwarded to whoever is bottom-lining the group.

QTI mental health support group – Berlin

A super informal and friendly support group conducted mostly in English for queer, trans, and intersex people (cis men are not invited) who are suffering from mental health concerns and really just want to chat with other folks about it. Big ups to this group for helping us through some of those dark and scary Berlin moments... The group meets every Wednesday from 7-9PM at ABQueer's office at Okerstrasse 44 and you can email them at qtimentalhealth@gmail.com for any questions.

This is a growing list and not complete in any way - if we have left off important information let us know! This is a work in progress!

[images: a two-page art piece, which appears as a set of two-page spreads in the zine. The piece is two versions of the same handwritten letter. On each letter, four hands are drawn, partially covering some of the words. Different words are covered on each, so that the viewer must look at both letters to read the full text. The letter reads, "Dear Medical Industrial Complex, In lieu of your ridiculous regulations, I will be submitting a Psychic's letter in support of my gender-affirming surgery. They see my present and future's splendor much more clearly than you. XOXO BB galaxy."

art by Alex Velozo (alexvelozo.com). "These drawings came out of years of New York transgender healthcare denials for non-binary trans folks. Alex's case (AV vs. the state) recently became a precedent-setting overturn, hopefully opening more opportunities for non-binary / non-hormone trans people to gain access to gender affirming surgery. They were granted surgery by Medicaid last August. So as predicted, the psychics knew all along."

Some Things We Are Reading Right Now:

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Gay Plants Zine 1, 2017. [Link].

Latham, J.r. "Axiomatic: Constituting 'Transexuality' and Trans Sexualities in Medicine." Sexualities, 2018.

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Sharman, Zena. The Remedy: Queer and Trans Voices on Health and Health Care. Arsenal Pulp Press, 2016.

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Stryker, Susan. “My Words to Victor Frankenstein Above the Village of Chamounix: Performing Transgender Rage.” GLQ: A Journal of Lesbian and Gay Studies, Duke University Press, 1 June 1994.

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