TRANS HEALTH CARE INSIDE

A Zine About Accessing Gender Affirming Health Care in California Prisons

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INTRODUCTION

The authors of this zine are members of a statewide coalition for trans people in California prisons called TAG, or the Transgender Advocacy Group.

We are friends with people inside who have undergone gender affirming surgery and people who are pending surgeries or considering surgeries. We created this resource because we have seen some people have negative outcomes, and we have met other people who just needed better information than what the prison provided.

If you have medical needs that are not being addressed by prison health care staff, the best thing you can do is to tell staff about what you're experiencing, submit a health care services request detailing your symptoms (form 7362), and file a grievance if these issues are ignored or not properly handled (form 602).

If you're having issues, please reach out to the organizations listed in the back of this zine.

TRANS PEOPLE HAVE ALWAYS BEEN CARING FOR EACH OTHER BEHIND BARS

THIS IS A DRAWING OF MARSHA P. JOHNSON, A BLACK TRANS WOMAN WHO FOUGHT FOR GENDER LIBERATION AND SELF-DETERMINATION. SHE HAD BEEN INCARCERATED AND WAS ALWAYS ORGANIZING FOR FOLKS INSIDE.

MICAH BAZANT DREW THIS.
THEY, TOO, ARE A FREEDOM FIGHTER.

GENDER AFFIRMATIONS

Marsha P. Johnson lived her life fabulously. She dared to live out her relationship with her body, calling into reality a world she wanted for herself and for her community. That boldness came at a cost: she was jailed, routinely institutionalized, and forced to take antipsychotics. Yet she never stopped fighting for the world she wanted for herself and for her community. From the 1960s to the 1990s, she fought for gay and trans liberations. As a co-founder of S.T.A.R. (Street Transvestite Action Revolutionaries), she especially looked out for trans youth experiencing homelessness and trans people in prisons and jails.

Famously, when a judge asked her what the "P" in "Marsha P. Johnson" stands for, she snapped her fingers and said, "Pay it no mind." The judge released her from custody. Though Marsha P. Johnson died very suddenly in 1992, she left behind a rich legacy of activism, kindness, and community.

She reminds us that we shouldn't pay it any mind when others don't understand our gender. This doesn't mean that it isn't important for people to see you the way you want to and should be seen. Just know that when it does happen, it doesn't define you.

Your gender is yours, even if no one else knows about it yet.

GENDER AFFIRMATIONS, PT. 2

Whether we are women, men, nonbinary, agender, bigender, genderfluid, or any combination of genders, our gender is ours. How we feel, understand, and express our gender is up to us. Our gender expression doesn't have to be consistent or perfect.

It doesn't matter if we have to conceal our gender expression for safety or only express it when we trust those around us. It doesn't matter if we are in our gender all the time.

A big part of the trans, intersex, and gender expansive experience is about connecting with our gender through our body. Medical transition, hormones, and/or surgery are some ways to do that (but they are not the only ways). Some people are more comfortable in their body if they wear certain clothes or have a flat chest or have the genitals they want. All of these choices are valid.

It's important to know that medical or surgical transition do not "fix" everything. You're still human, and you'll have human problems after you transition. And while medical or surgical transition does not define your gender or make you more "trans," medical care might help you feel more connected to your body or gender, and it might help you feel more "you."

GENDER AFFIRMATIONS, PT. 3

The process of getting surgery isn't easy. You will likely have to explain your gender to non-transgender people who, frankly, don't get it. You will have to use terms and stereotypes, definitions and expectations they created to get the care you need. Some of these definitions or expectations may or may not align with how you feel your gender to be or how you want your body to look.

Doctors and psychiatrists (often cisgender men) have been some of the ones to define our genders for us. They have controlled our access to trans healthcare, including to hormones and surgery. They have been the ones to decide if we are "trans enough" to receive care. Not being "trans enough" and being denied access to surgery continues to be a fear for many trans people today. But medical institutions and prison doctors don't define our genders; we do.

Remember that your experience of your gender is always your own, even if you have to use medical or institutional language to help non-trans people see you.

TRANS MEDICAL CARE IN CDCR

There are many different types of genders and many different types of gender affirming care.

CDCR typically uses "gender affirming care" to refer to two types of medical care: hormones and surgeries.

Gender affirming hormone treatment (GAHT) involves taking hormones to result in physical changes, often including sex characteristics.

For instance, trans men often take testosterone to further lower their voice, to grow more facial and body hair, to have a more masculine body shape, and to have their physical appearance be more aligned with their understanding of their gender.

Gender affirming surgeries (GAS) includes a number of different medically-necessary surgeries that help trans people have the type of body they want.

For instance, trans women sometimes have vaginoplasty surgery so they can have genitals that are more aligned with their understanding of their gender.

GENDER AFFIRMING HORMONES: TYPES OF FEMINIZING MEDICINES

Gender affirming hormone treatment (GAHT) is often described as "feminizing" or "masculinizing." We discuss both in this zine.

Feminizing hormone therapy may include three different kinds of medicines: Estrogen, testosterone blockers, and progesterone.

Estrogen (pill, injection, gel or patch) causes many of the physical and emotional changes seen in transition.

Testosterone blockers are also known as anti-androgens. Spironolactone is the most commonly used anti-androgen in feminizing hormone therapy. Spironolactone works by both blocking the production of and action of testosterone.

Progesterone may be useful as a partial blocker of testosterone production in cases where other blockers can not be used or have not been effective. Generally, progesterone will be added to a regimen after hormone levels have been stabilized after the initial startup period on estrogen.

GENDER AFFIRMING HORMONES: DOSAGES FOR FEMINIZING 'MONES

Here's information about possible dosages of feminizing hormones.

Type	Starting Dose	Max Dose
Spironolactone	50-100 mg	200 mg
Cyproterone	12.5-25 mg	50 mg
Conjugated Estrogen	0.625 mg	1.25 mg
Estradiol (oral)	1-2mg	4 mg
Estradiol (patch)	0.1mg/apply patch 2x/week	0.2mg/apply patch 2x/week
Estradiol (shot)	10mg q 2/52	10mg q 1/52

Remember that everyone's body responds differently to hormones.

Many TGI people take the "lower" doses of hormones and still have hormone levels within the "standard range" and are very happy with their results!

GENDER AFFIRMING HORMONES: TIMELINE FOR FEMINIZING 'MONES

Here's information about possible timelines of physical changes of feminizing hormone therapy.

Physical Change	Onset:	*Years*: 0	1	2	3	4	5
Breast growth*	3-6 months	- - - - - - > > > > > >					
Body fat redistribution^	3-6 months	- - - - - - - > > > > > > > > > >					
Decreased muscle mass, strength^	3-6 months	- - - > > > > >					
Thinned/slowed hair growth (body, face)^	6-12 months	- - - - - - - - - > > > > > > > >					
Baldness^	1-3 months	- - - - > > > > >					
Softening of skin, decreased oiliness^	3-6 months	- - - - - - - - - - - - - - - - - > >					
Decreased libido^	1-3 months	- - - - - > > > > >					
Decreased sperm production^	variable	- - - - - - - - - - - - - - - - - - - > >					
Erectile dysfunction^	variable	- - - - - - - - - - - - - - - - - - - > >					

Legend:
Onset of change: - - - -
Expected maximum effect: > > > >
Not reversible: *
Reversible or Variable: ^

GENDER AFFIRMING HORMONES: TYPES OF MASCULINIZING MEDICINES

Masculinizing hormone therapy involves taking testosterone.

Testosterone comes in several forms.

Injections are usually best given weekly to maintain even levels of testosterone in the blood. Studies have shown that using a smaller needle and injection by the subcutaneous, or under the skin, approach, is just as effective as the intramuscular approach, which involves a larger needle injecting deeper into the muscle.

In addition to injections, there are gel and patches that can be applied to the skin daily. The gel is applied to skin and once dry, you can swim, shower, and have contact with others. The patch also allows swimming, showering, exercise, and contact with others.

All of these forms work equally well when the dosing is adjusted to achieve the desired hormone levels, and the decision about which form to use should be based mostly on your preference.

GENDER AFFIRMING HORMONES: DOSAGES FOR MASCULINIZING 'MONES

Here's a chart describing possible dosages of masculinizing hormones.

Type	Starting Dose	Max Dose
Testosterone enanthate	50 mg q week or 100 mg 2 weeks	100 mg q week or 100 mg 2 weeks
Testosterone cyponiate	50 mg q week or 100 mg 2 weeks	100 mg q week or 100 mg 2 weeks
Testosterone Patch	2.5-5 mg	5-10 mg
Testosterone Gel	2.5-5 mg (2-4 pumps)	5-10 mg (4-8 pumps)
Testosterone Gel (transdermal, axillary)	1.5-3mg (1-2 pumps)	3-4.5 mg (2-3 pumps)

Remember that everyone's body responds differently to hormones.

Some TGI people remain on lower doses of hormones and still have hormone levels within the "standard range" and are very happy with their results!

GENDER AFFIRMING HORMONES: TIMELINE FOR MASCULINIZING 'MONES

Here's information about possible timelines of physical changes of masculinizing hormone therapy.

Physical Change	Onset:	*Years*: 0	1	2	3	4	5
Deepened voice*	3-12 months	- - - > > > > >					
Body fat redistribution^	3-6 months	- - - - - - - > > > > > > > > > >					
Increased muscle mass, strength^	6-12 months	- - - - > > > > > > > > > > > >					
Increased hair growth (body, face)*	3-6 months	- - - - - - - - - - - > > > > > > > >					
Male Patterned Baldness*	variable	- - - - - - - - - - - - - > > > > >					
Skin oiliness, acne^	1-6 months	- - - - > > > >					
Decreased / stopped periods^	2-6 months	- - >					
Increased clitoral size*	3-6 months	- - - > > > > > >					
Infertility*	variable	- - - - - - - - - - - - - - - - - - - > >					

Legend:
Onset of change: - - - -
Expected maximum effect: > > > >
Not reversible: *
Reversible or Variable: ^

HORMONE MONITORING & TESTS

For those on feminizing (estrogen) hormones, here are recommended blood levels:

- Serum testosterone: safe range is 30-100 ng/dl.
- Serum estradiol(estrogen): safe range is less than 200 pg/ml.
- Prolactin – safe range is less than 25 ng/mL.
    - *This will increase when starting hormones, but will increase less if on spironolactone. High prolactin can result in some milk production in breast tissue.*
- If taking spironolactone: Potassium: safe levels are 3.6-5.2 mmol/L.

For those on masculinizing hormones, here are recommended blood levels:

- Serum testosterone: safe range is between 300-1000 ng/dl.
    - *Your levels are highest 24-48 hours after you inject. If this is too high it can cause irritability, bloating, pelvic cramps, or a return of menstruation.*
- Hematocrit: safe range 41%-50% (0.41 – 0.50 L/L).
    - *If this level is too high it can cause headaches, fatigue, and can increase the risk of blood clots, heart attack, and stroke.*

HORMONE MONITORING & TESTS, PT. 2

When should you get labs done?

- If injecting, it's best to get labs drawn a day or two before your next injection.
- Taking pills? 6-12 hours after your last dose.
    - For patches and gels, it's not as precise, but it is recommended to get them drawn at least a few days after your latest patch application.

Doctors sometimes have reasons to test at certain points between shots. Your tests do not need to be perfectly between shots/patches/injections to be useful, and it is important to get your levels tested regularly.

What happens if you miss doses (1, 5 or 10)?

- A few missed doses shouldn't have any negative physical effect. You may experience more emotional sensitivity.
- If you have been taking hormones for a while, you may experience menopause symptoms if stopping feminizing hormones, or may start experiencing menstruating if stopping masculinizing hormones

What happens if your doctor lowers your dose?

- You may see some physical changes slow down, but in general, lower doses will still result in physical changes.
- You should report any symptoms or issues to your doctors immediately.

LONG-TERM HEALTH ON HORMONES

While hormones are generally very safe, you should still watch out for general health issues.

CHOLESTEROL

- Cholesterol – Testosterone can lead to an increase in bad cholesterol (LDL) and a decrease in good cholesterol (HDL) which can increase risk for blood clots, heart attack, and stroke.

TRIGLYCERIDES

- Triglycerides – Taking hormones can lead to increases in triglyceride levels which can increase the risk of heart disease and stroke.

BLOOD PRESSURE

- Blood pressure – Testosterone can increase blood pressure, and estrogen can decrease blood pressure. Increased blood pressure can raise heart disease and stroke risk, and decreased blood pressure can increase risk for damage to the heart, brain, and other organs from not getting enough blood to those areas. High blood pressure–like high triglycerides–and cholesterol–is very treatable, but starting treatment as soon as needed is better.

LONG-TERM HEALTH ON HORMONES, PT. 2

Other health conditions / tests to notice and, if desired, get help and support for:

WEIGHT CHANGES

- Weight gain: Though weight gain alone is not an indicator of health for an individual, those who start gender-affirming GAHT may experience weight gain, which can lead to changes in existing health conditions.

BONE HEALTH

- Osteoporosis (weakening of the bones) – There are lots of factors that can lead to osteoporosis, but a few studies have started to look at early osteoporosis experiences for those currently taking estrogen and also those who used puberty blockers as youth. If you are over 50, an early osteoporosis screening can help reduce your risk of bone fractures.

PROSTATE CANCER

- Prostate cancer for trans women and non-binary people – If you have a prostate, you should consider prostate cancer screenings if you are over the age of 55.

LONG-TERM HEALTH ON HORMONES, PT. 3

Other health conditions / tests to consider:

CHEST / BREAST CANCERS

- Chest cancer for transmen and non- binary people – If you're 40 years or older, or have average risk for chest cancer, you should consider a mammogram every 2 years. This applies even if you've had top surgery, since most top surgeries retain some chest tissue shape the chest, differing from mastectomies. In such cases, you may be able to get an ultrasound or MRI instead.
- Breast cancer for trans women and non-binary people: If you are over 40 and have been on estrogen for a few years, it may be appropriate to start getting mammograms every 2 years. If you have had breast implants, be sure to tell the technician that you have implants when the mammogram is taking place (this can change the way the results are read).

LONG-TERM HEALTH ON HORMONES, PT. 4

Other health conditions / tests to consider:

CERVICAL CANCER

- Cervical cancer for trans men and non-binary people – If you have a cervix (including if you have had a partial hysterectomy), you should consider cervical cancer screenings every five years starting at age 25. This could be through a provider-collected swab, or a self-swab and use of an estrogen cream can help to reduce discomfort and accuracy of the test.

FRONT HOLE DRYNESS

- Front hole (vaginal) atrophy – Though there is not a screening for front hole atrophy, those who are on Testosterone can experience drying and collapsing of the tissue. Collapse can be painful, and drying of the tissue can lead to greater risk for bacterial vaginosis, pain before, during or after front hole sex, and pain or difficulty with urination. However, pain isn't always attributed to atrophy, some experience vulvovaginal or pelvic pain. Use of an estrogen cream, moisturizer, and lubrication (during sex) can help to prevent this pain.

HOW TO REQUEST HORMONES IN CALIFORNIA PRISONS

Here are the basic steps for requesting and getting evaluated for gender affirming hormones in CDCR:

1. Request gender affirming hormone treatment from any medical staff. You should probably submit the request in writing (form 7362).
2. Meet with your PCP to discuss your request.
3. Meet with mental health staff to get assessed for gender dysphoria.
    a. If MH confirms gender dysphoria diagnosis, MH staff refers you to PCP for education and medical evaluation.
4. Meet with PCP to discuss medical history, including any conditions that might conflict with hormone therapy. Your PCP should also provide education and information about hormones with you.
5. Take baseline labs.
6. Meet with PCP to discuss labs, benefits and risks, and, if approved, sign "Informed Consent form" and begin hormones.

This process is detailed in CCHCS's Transgender Care Guide, which should be available from your PCP or in the Law Library.

DIAGNOSIS PROCESS IN CALIFORNIA PRISONS

To access both hormones and surgeries, CDCR will evaluate you for gender dysphoria. Many trans people oppose having *any* diagnosis, as gender variance is not a condition, disability, nor disease. However, due to how healthcare billing functions in the United States, diagnoses and access to medical care are intertwined.

Here are the diagnostic criteria for gender dysphoria:

- Marked incongruence between one's experienced/expressed gender and their assigned gender, lasting at least 6 months, as manifested by at least two of the following:
  - A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
  - A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender
  - A strong desire for the primary and/or secondary sex characteristics of the other gender
  - A strong desire to be some other gender
  - A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender)
  - A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender)
- The individual must also demonstrate clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Sources: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V); CCHCS Transgender Care Guide.

TYPES OF GENDER AFFIRMING SURGERIES

Gender affirming surgeries include many different types of procedures. Generally, people in CDCR are requesting a few types.

Trans men/masculine people are requesting:

- Top surgery (removing breast tissue to create masculine chest)
- Bottom surgeries (can include creating a penis and testicles, enlarging clitoris to make a penis, removing uterus/ovaries, removing vagina)

Trans women/feminine people are requesting:

- Vaginoplasty (can include creating external labia/vulva, creating internal vaginal canal)
- Breast augmentation (implanting silicone into breast to enhance size)
- Facial feminization surgery (can include reducing brow or jaw line, removing or adding fat to face, changing facial contour)
- Body contouring (removing or adding fat to various body parts)
- Hair removal

If you want more info, please write to the organizations listed at the back and request more information about these surgeries.

HOW TO REQUEST GENDER AFFIRMING SURGERIES IN CALIFORNIA PRISON

Here are the basic steps for requesting and getting evaluated for gender affirming surgeries in CDCR:

1. Request surgery (or surgeries) from any medical staff. You should probably submit the request in writing (form 7362 in CDCR).
2. Meet with your provider to discuss your request.
3. Meet with mental health staff to:
    a. get assessed for gender dysphoria, if not already assessed in CDCR; and
    b. be interviewed by a psychologist for a forensic evaluation.
4. Provider sends your request to the statewide committee, the Gender Affirming Surgery Review Committee.
5. The Committee either approves or denies each request.
6. Your PCP or MH provider will share their decision.
7. If approved, your local care team will start to schedule consultation with surgeons.
8. If denied, you will be told why the committee denied you. You can then reapply for GAS review one year from the date of the denial.

This process is detailed in CCHCS's Transgender Care Guide and in CCHCS's HCDOM, 1.2.16: Gender Affirming Surgery Review Committee. Both of these documents should be available from your PCP or in the Law Library.

SURGERY REQUEST PROCESS: LOCAL PRISON EVALUATION

To get gender-affirming care in prison, you must first request it from a medical staff member. You can do this by asking any clinician or medical staff person or by writing a request. Submitting a Health Care Services Request Form (form 7362) stating that you want gender affirming surgery is a good way to do this.

Within 30 days, medical staff should schedule a visit with your PCP to discuss your request. If you have not already been assessed for gender dysphoria, your provider will schedule a mental health consultation.

Your PCP will prepare a Request for Services ("RFS"), which will include the following information:

- general medical history and any possible contraindications,
- any positive drug screenings and any self-reported drug use in the past year,
- how often you refuse medical care, mental health care, outside specialty appointments, and other refusals, and
- whether you follow your doctor's instructions and care plans.

A mental health provider will conduct a mental health evaluation, including a "forensic" evaluation. Once all of this information is gathered (should be within 90 days of your visit with your provider, but can be longer), your provider will submit the request to the Gender Affirming Surgery Review Committee (GASRC).

SURGERY REQUEST PROCESS: MENTAL HEALTH EVALUATION

When seeking gender-affirming surgery, here are some of the questions that a mental health provider will likely ask:

- What part or parts of your body do you find most difficult to accept?
- What kinds of thoughts do you have around this problem?
- In a perfect world, how would you like these body parts to be?
- Do you avoid any activities, people, or places because of your body?
- How do you cope with your body not being the way you want it right now?
- Have you decided to start hormone therapy?
    - If yes, explain why you wanted to initiate hormone therapy and talk about your experience on it.
- Why are you requesting GAS at this time?
- What are the desired physical outcomes?
- How do you think you will look and feel following surgery?
- What type of institution (i.e., male or female) would you like to be housed in post-GAS?
- How would you cope if you experienced physical complications or dissatisfaction after the GAS?
- What is your plan for GAS post-surgical recovery?
- How do you shower in your current institution?

SURGERY REQUEST PROCESS: MENTAL HEALTH EVALUATION, PT. 2

When seeking gender-affirming surgery, here are some of the questions you may be asked:

- If on hormone therapy, describe your thoughts about how your body and facial structure have changed since hormone therapy was started.
- Have the changes hormone therapy has made to your body met your expectations? Why or why not?
- Describe what you would like to see in the future, as it relates to your body, facial structure and physical changes?
- If dissatisfied with the changes, how does it impact (i.e., Do you avoid activities,? Does it impact your life, etc.)?
- People's experience of gender dysphoria often includes thoughts that can be consuming, ruminative, or intrusive, and may interfere with attention, concentration, learning, task completion, and mood regulation. This is titled, "Gender Dysphoria Noise." Do you experience this? Please identify the things you think about or worry about, that may impact your ability to focus, concentrate, complete tasks, or attend to other matters.

SURGERY REQUEST PROCESS: MENTAL HEALTH EVALUATION, PT. 3

You may also be asked surgery-specific questions.

If you are seeking breast augmentation, you may be asked:

- Describe your thoughts/feelings about your breast development. Are you satisfied with the changes?
- Since being on hormones, have you noticed or experienced any changes in your facial structure? If yes, what are the changes and how do they impact your mood or lived experience? If no, what changes would you like to see?

If you are seeking facial feminization, you may be asked:

- Have you noticed or experienced any changes in your facial structure?
    - If yes, what are the changes and how do they impact your mood or lived experience?
    - If no, what changes would you like to see?
- Describe what you would like to see in the future, as it relates to your body, facial structure and physical changes?

If you are seeking body masculinization or feminization, you may be asked:

- Describe your thoughts/feelings about your body changes on hormones. Are you satisfied with the changes? Why or why not?
- Describe what you would like to see in the future, as it relates to your body, facial structure and physical changes?

SURGERY REQUEST PROCESS: HQ COMMITTEE DECISIONS

The Gender Affirming Surgery Review Committee (GASRC) is a statewide committee that evaluates every request for gender affirming surgery. The committee will either approve or deny your request for each type of surgery requested. GASRC must share its decisions in writing with you.

Members of the GASRC include:

- medical staff (physicians and other providers),
- mental health staff (psychologists and psychiatrists), and
- some custody staff (Warden or designee).

If the GASRC approves a request for surgery, your PCP will schedule an appointment to discuss the decision and subsequent steps.

If the GASRC denies a request for surgery, your mental health clinician will schedule an appointment to discuss the decision within 14 days of GASRC's decision. The clinician will provide the decision and rationale to you during this appointment.

You may appeal GASRC's denial by submitting a 602-HC. It is important to submit this within 30 days of the denial and to exhaust your grievance.

You may also submit a new request one year after GASRC issued its denial.

SURGERY REQUEST PROCESS: COMMITTEE DECISION CRITERIA

To determine whether to approve or deny requests for surgery, the GASRC evaluates:

- Whether the patient has been diagnosed with gender dysphoria and the diagnosis has been confirmed by a CDCR mental health provider.
    - GASRC will check to ensure that the diagnosis is supported with appropriate documentation and clinical justification as set forth by CCHCS policies and care guides.
- Whether there are any known contraindications to surgery or other medical conditions that may impact surgical recovery, and whether medical or co-existing mental health conditions have been fully assessed and have been well-controlled for an appropriate amount of time relevant to the patient on a case-by-case basis.
- What level of distress the patient demonstrates.
    - The GASRC shall review all relevant documents and determine whether the patient's GD symptoms are primarily due to the conditions of confinement, mental illness, or any other factor. The GASRC shall consider whether there are available treatments other than GAS that are likely to improve or alleviate the patient's symptoms.
- Whether there is evidence of any external coercion or predation, and the desire for GAS is freely given by the patient.

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SURGERY REQUEST PROCESS: COMMITTEE DECISION CRITERIA, PT. 2

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- Whether the patient understands that appropriate housing placement will be reviewed on a case-by-case basis by CCHCS/CDCR staff.
    - If applicable, the patient has been provided with necessary and relevant information to enable them to understand that their environment may be evaluated after GAS and any new environment may be unfamiliar and pose significant adaptive challenges.
- Whether evidence exists that suggests the patient does not have the ability to successfully and safely transfer, and adjust medically and psychologically to their environment postoperatively.
- If applicable to the GAS requested, whether the patient received 12 continuous months of medically supervised hormone therapy appropriate to their gender goals and whether the patient's hormone levels meet the minimum requirements for the requested procedure.
    - Unless the patient has a medical contraindication, is unable or does not desire to take hormones, or the gender embodiment goals do not include hormone levels at a specific minimum threshold/range.
- Any other information available, which may be relevant to the discussion or determination.

SURGERY REQUEST PROCESS: DENIALS

The committee considers whether you attend or refuse medical appointments. If you consistently refuse to go to off-site specialty appointments, to take drug tests or to participate in mental health programming, the committee may deny you based on those factors.

The committee also considers how long you've been on hormones and whether those hormones are within the "standard" range. If you have only been on hormones for a few months or if you're on a low dose of hormones, the committee may deny you depending on the type of surgery you're requesting.

The committee also reviews your provided reasons for wanting the surgery. If you're getting surgery only to move to another prison, the committee may deny you. If you don't explain why the surgery you requested is related to your feelings about your body or your gender, the committee may deny you.

In prisons and in the free world, trans people often deal with intense scrutiny and questioning about our gender. We know you, not medical staff, are the expert of your own experience, and we know that this process is not affirming. Just remember that fighting for yourself is worth it.

TIPS ON GETTING APPROVED

You should attend every medical or mental health visit you can. If you have to refuse treatment, be sure to specify why on the refusal log. If you refuse treatment because you need accommodations to get to off-site treatment, tell you provider and file an 1824 requesting the accommodation.

When you are interviewed for gender affirming care, you may want to be extra kind and considerate to your interviewer. They note whether they perceive you as rude or dismissive in their interview notes.

During the mental health evaluation, you should be very detailed about the impact that not having surgery is having on you. This is not the time to say "Everything is okay" or "I make it work." Think of these interviews as your chance to make your case that you must get this surgery.

Consider what answers you have to these questions:

- What do I want my body to look like?
- What do I want my scars to look like?
- What are my goals for now and later in life?
- How do I hope to feel after surgery?
- What is a good result? What outcome do I not want?
- What do I want to be able to do post-surgery?
- What support do I need to have a successful surgery, and how can I take steps to get that support?

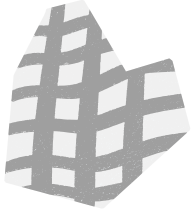
TIPS ON GETTING APPROVED, PT. 2

If you've used substances in the past, we encourage you to get the help you need to minimize your use prior to surgery. Draw on your support systems -- friends, family, lovers, and you. You can do this.

Many surgeons require multiple drug screens prior to surgery and will cancel surgery if you test positive for substances. This is not even CDCR making the decisions; this is the outside surgeons.

If you've been denied in the past, ask your provider for the committee's specific reasons. Even if you don't believe these reasons are true, it's important to address the issues the committee raised by changing how you engage with your medical care plan. Come up with a plan with your provider to make sure you're able to get approved in the future.

Lastly, you should try to avoid using threatening or suicidal language in your conversations about your medical care. This will weigh against you getting care. For instance, in your mental health evaluation, if you tell the provider, "Unless
you approve me for this surgery right now, I will go back
to my cell and hurt me (or someone else)" that will negatively impact your review. If you emphasize that you will hurt yourself or someone else if you don't get surgery, that will also potentially negatively impact your request.



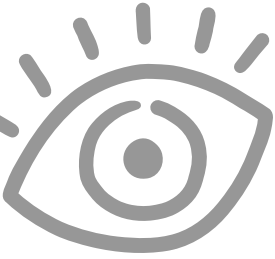
SELF ADVOCACY TOOLS

It takes courage to stand up for yourself, and we know that staff and policies make self-advocacy inside very difficult. But you still deserve adequate care, and we support you in whatever steps you take to get care.

In non-urgent situations, you might:

1. File a health care services request form (form 7362) for any medical need.
2. Submit a grievance (form 602) if your medical care is denied or delayed.
3. Exhaust your grievance and appeal it until you receive a response from Headquarters / the final level.
4. Reach out to legal orgs and advocacy orgs for support.
5. Work with other TGI people inside to get the care you all deserve.
6. Ask questions to your providers, surgeons, and your care team.

In an emergency, tell staff as soon as you can; keep telling them until you get the help you need. If you need to go "man down," do that.



RESOURCES

To make this zine, we relied on the following resources:

- CCHCS HCDOM, 1.2.16: Gender Affirming Surgery Review Committee (2023)
- CCHCS HCDOM, 4.1.7: Gender Dysphoria Management (2023)
- CCHCS: Transgender Care Guide (2023)
- Prison Law Office, Common Issues Transgender People Face in California Prisons (Apr. 2023)
- Prison Law Office, The California Prison and Parole Law Handbook (2019), available for free on CDCR-issued tablets.
- UCSF, Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2024)
- World Professional Association for Transgender Health (WPATH), Standards of Care, Version 8 (2022)
- National Harm Reduction Coalition & ARC Gender Justice, Navigating Access to Gender Affirming Hormone Therapy (2024)
- Rainbow Health Ontario & Sherbourne Health Centre, Guidelines and Protocols For Hormone Therapy and Primary Health Care for Trans Clients (print: 2016, website: 2024)

CONTACT INFORMATION

Here's contact information for some of the organizations in TAG:

California Coalition for Women Prisoners advocates for all TGI people inside. You do not have to be a woman to write to them. Their address is:
CCWP - Bay Area Chapter
4400 Market Street
Oakland, CA 94608

The Prison Law Office is class counsel for *Plata*, a class action case including anyone in CDCR who has serious medical needs, including gender affirming care. Their address is:
Prison Law Office,
General Delivery,
San Quentin, CA 94964

TGI Justice Project is a Black trans-led org that advocates for all TGI people, especially Black and Indigenous folks. Their number is (415) 829-7285. Their mailing address is:
TGI Justice Project
131 Franklin Street
San Francisco, CA 94102

Transgender Law Center is an Indigenous-led org that advocates for racial and gender justice. Their number is (510) 380-8229 (collect). Their address is:
TLC
P.O. Box 70976
Oakland, CA 94612

DEE FARMER

While incarcerated, Ms. Farmer represented herself and took her case all the way up to the Supreme Court. Her case, *Farmer v. Brennan*, marked the first time the Supreme Court heard a case involving a trans person. The Supreme Court recognized the unique violence and hardship that incarcerated trans people, especially trans women, face.

NOTES

YOU DESERVE TO LIVE AS YOURSELF

This is a photo of Marsha P. Johnson protesting in front of Bellevue Hospital, a psychiatric hospital in New York City.

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"Before there were grants or agencies or nonprofits, we had to make own houses for gurls with no money. We made it work. You have to listen to what people need and go from there. . . Most of my gurls are just trying to survive. They don't necessarily need classes and shit – sometimes they just need to spend a few days away from the rut they're in and think about how they're going to get out of it. And then they need to go back and fight like hell." - Miss Major