TRANS HEALTHCARE

Leo Sherman



THESIS: Using directed storytelling, I have charted the medical and social journeys of several transgender individuals in the New York, Bay Area, and Toronto area in order to educate transgender youth on intercommunal struggles, and to bring possible insight to people not belonging to our community.

Process:



I was thrilled because coming from San Francisco I appr from other backgrounds. I returned to San Francisco di school and the education was not nearly as good as Massachusetts. I started city College of San Francisco and was there. I became pregnant with your mother when I wa week after she was born, carrying your mother with me to very supportive. I continued on to San Francisco State psychology. I was able to find free childcare for your mothe State was very low at the time. How's that? Do you need

Although women in the past have not been revered for the unsurprising that they are 48% more likely to have comp

even more so that all of the women that i spoke to at least

specific as she could in describ How far back do you want me up knowing that getting a colle went to college to become a te pursue her opera career inste she received a Masters in so-

The first woman that I spoke

State and later a paralegal cer valued. In my mother's genera

college.

- Transgender Related Care and Services_0.pdf regs.health.ny.gov
 FAQ: California's Ban on Transgender Exclusions in Health Insurance | Transgender Law ... transgenderlawcenter.org
- wp 8 critical facts about the state of transgender America The Washington Post www.washingtonpost.com
- https://www.washingtonpost.com/news/wonk/wp/2015/01/22/the-state-of-transgend... www.washingtonpost.com
- How-Many-Adults-Identify-as-Transgender-in-the-United-States.pdf williamsinstitute.law.ucla.edu
- thttps://www.nytimes.com/2016/07/01/health/transgender-population.html?_r=0 www.nytimes.com



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Antonia C. Novello, M.D., M.P.H., Dr. P.H. Commissioner Dennis P. Whalen
Executive Deputy Commissioner

TO: ALL NEW YORK STATE PHARMACIES

JAMES GIGLIO, DIRECTOR, BUREAU OF NARCOTIC ENFORCEMENT

DATE: November, 20

FROM:

SUBJECT: CONTROLLED SUBSTANCE AND OFFICIAL PRESCRIPTION PROGRAM UPDATE

Practitioner Confidential Notification Program

In an important new public health initiative, the Bureau will begin providing practitioners with a confidential drug utilization profile report (DUR) when an analysis of prescription data reveals that their patient has obtained controlled substances from five or more practitioners over a 30-day period. Public Health Law Section 3397(4) requires a person too bottains a prescription for a controlled substance from multiple practitioners to disclose this fact to each practitioner. The DUR will also include information on accessing drug rehabilitation treatment, should the practitioner deem it necessary for the patient.

The Official Prescription Program and Electronic Prescribing

The Bureau has received inquiries regarding the impact of the expanded Official Prescription Program on bettoning prescribing. It is important for planmassists to note that the new Public Health Law made no changes to the requirements for electronic prescribing. Under requirement established by the New York State Board of Pharmacy, prescriptions for non-controlled substances may continue to be electronically transmitted to the pharmacy, either.

from the practitioner's computer to the pharmacy's fax; or
 from the practitioner's computer to the pharmacy's computer.

Both transmissions are considered under the parameters of electronic prescribing, therefore an official prescription is <u>not</u> utilized and a serial number is <u>not</u> needed. It is also <u>important to note that electronic</u> prescribing of controlled substances is not yet permissible.

Scheduling of Anabolic Steroids

Anabolic steroids, including testosterone, are classified as Schedule II controlled anbistances in New York State. Prescriptions for schedule II controlled substances may not be refilled. Anabolic steroids are federally classified as Schedule III controlled substances. Manufacturers are required by the DEA to identify controlled substances on their container labels by denoting them as C.H. C.H., C.W., and C.V. However, these identifiers indicate only federal scheduling, ago /New York State scheduling.

The controlled substance law and regulations may be viewed in their entirety online at: <u>www.wa.wealth.or.ior.</u> Planmacists with questions about official prescriptions or controlled substances may contact the Bureau of Narcotic Enforcement at (866) 811-7957 or online at: narcotic@health.state.ny.us.





Depending on your provider, state, and what kind of coverage you qualify for, surgeries to do with transition related needs may be considered cosmetic, recently I became aware, as I ventured through trans masculine and 'ftm' top surgery forums and online pages, that the reattachment of the nipple, or nipple grafting was considered cosmetic and therefore could potentially cost the patient thousands more on top of the chest reconstruction to receive. When talking to him he also told me of his difficulties regarding this matter, saying,

California up-to-date with the latest medical expertise and will provide countless transgender Californians with increased access to medically necessary health care."

Because of this, my transition on that coast has gone quite smooth, at least after I turned eighteen and my medical rights became my own responsibility and not that of my parent(s). This alleviation of stress regarding coverage is something not all people in position are afforded, speaking to someone I found out that their experience differed vastly from mine, especially considering that their transition took place along several different states on the east coast including New York and Georgia. He told me "...like the insurance company that claims it's one thing but they can't be thorough enough in their policies because they have no concept of the needs of this population."⁷



As I said in My previous presentation my goal is to educate others and inspire change as well as expand my own understanding of the trans community.

Navigating healthcare systems as a gender non conforming individual can be taxing and dangerous, both physically and mentally. Hopefully when more people have a better understanding of what it's like to navigate through systems that aren't built for people under those particular circumstances better community can be created and support systems improved.

How do race, class, location and identity tie into access when navigating the medical world?



How might we understand how t/gnc navigate healthcare

Using directed storytelling the medical and social journeys of several transgender individuals in the New York area are explored in order to educate youth on our intercommunal struggles and bring

possible insight to people not belonging to our community. different perspective on these issues and can provide insight into the different levels of access that trans people are afforded

adress

each story comes from a

to not bridge the gap between cis and trans

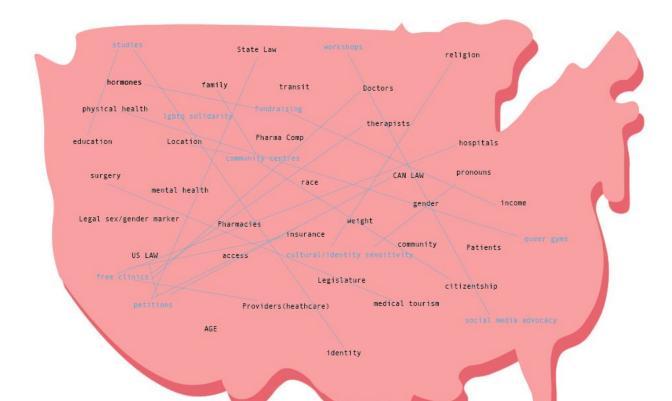
but to provide spaces

for these issues to be



whether that be dependent on race, class, etc. or seemingly unimportant (circumstance reliant)

> or atleast create a headspace for people who had not considered these to be realities



https://www.health.ny.gov/professionals/narcotic/

https://www.wikiart.org/en/fernando-botero/madonna-with-child