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Rights in Transition: Covert Medical Discrimination & The Effects of Trans Bill 2019

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Abstract

In 2014, India passed the NALSA judgment, acclaimed for recognizing transgender people's right to self-identify. In the years since, India has presented multiple renditions of a Transgender Persons (Protections of Rights) Bill, each receiving pushback from the trans community due to its disregard of their voices in its creation. The bill leaves out, and therefore upholds, many of the most pertinent issues the community is facing. In addition, it retracts the right to self-identify, instead empowering a district magistrate to act as a gatekeeper, checking if people have medically transitioned. This paper shares some of the voices the bill leaves out. With detailed focus on each aspect of the medical transition process, it highlights the way gaps in care act as covert discrimination. Following stories of medical and legal transition from a diverse group of interview participants, this paper shares visions of what true protection would look like.

Introduction

On Wednesday November 20, International Trans Day of Remembrance, around fifty LGBTQ+ community members and allies gathered at Bangalore's Sir Puttanna Chetty Town Hall. Two flags draped across the pillars at the front of the building– one rainbow; one blue, pink and white, representative of the transgender community. After lighting candles, community

members huddled around to listen to each other's stories. Near the front of the crowd, a 19-year-old non-binary activist stood holding a neon green sign with "TRANS BILL DOES NOT PROTECT US" written on it in all capital letters.[1] At the same time, over a thousand miles away in Delhi, the Rajya Sabha had just sat down to discuss the Transgender Persons (Protection of Rights) Bill 2019, which, contrary to its name's assertion does not protect but rather infringes on transgender people's rights.

This bill does not stand alone though, it is part of the same story of progress that is uncritical of medical facilities labeled "trans-friendly," and quickly considers parents "accepting" for not kicking their children out. The 2019 Trans Bill gatekeeps and overmedicalizes trans identity, contradicting the 2014 NALSA judgement on self-identification by empowering a district magistrate to issue certificates.[23] While doing so, it simultaneously leaves out and therefore upholds the medical discrimination the transgender communities faces. This paper takes a critical look at transgender health care, focusing on each aspect of medical transition while contextualizing it in legal, social, and economic realities.

Methods

The fieldworker stayed in Bangalore for a month, researching transgender people's experiences of medical transition. During this time, they went to events regarding the LGBTQ+ community. Through connections made at these events they met many of their interviewees. Their advisor, Dr. Akkai Padmashali, also introduced them to doctors at two different hospitals as well as one additional interviewee. Interviews were based off of two sets of questions, one for doctors and one for community members. Interview questions were adapted depending on the role of the doctor or identity of the community member. While using a semi-structured format questions may have been added, changed, or left out in each interview, a copy of the original

questions can be found in the first section of the appendix. Verbal consent was received from each interview participant.

There is a diverse community of transgender people in India. Thus, the fieldworker tried to use a representative pool of interview participants. The participants in this paper range from age 19-38 and include members who identify as nonbinary, trans men, trans women not in the Hijra community, and women who are part of the Hijra or Aravani community. In addition, participants were at various stages of medically transitioning: one had not yet begun transition, three were on hormones awaiting top and/or bottom surgery, one had gone through surgery but not started hormones, two were nearing their final surgeries, and one had completed her medical transition. Interview participants also varied in their parents' reactions to them coming out, from financially supporting all surgeries to refusing to interact with their children or grandchildren anymore. The patients attended a variety of medical facilities in Bangalore–both private and government hospitals–and some had even gone out of state to procure quicker or more advanced services. Though their diverse experiences and identities effected their interactions with medical professionals, common themes arose at each site of transition.

While this research was physically located in Bangalore, it was temporally located in the weeks approaching the passing of Trans Bill 2019. Research began just before Rajya Sabha started discussion on the bill and ended soon after the president signed it in. The fieldworker identifies this moment as the verge of state sanctioned discrimination and infringement on the health and human rights of transgender people, yet with the name Transgender Persons (Protection of Rights) Bill somehow slapped across it. Throughout this paper, the fieldworker uses the bill's claims of protection as a framework for understanding current health and human rights issues. In the fieldworker's perspective, orienting research towards activism within the

community not only gives a more representative account of the current situation, but also ensures at least a base level of reciprocity in the relationship between fieldworker and interview participants, an essential part of ethical research.

The Transition Process

At both hospitals the fieldworker visited in Bangalore–a private hospital and medical college, and a government hospital–the health professionals attributed their strong transgender patient presence to referrals. According to a study of about 80 patients at the private hospital, their demographic breakdown was (in their terminology) about half female-to-male (FTM) and half male-to-female (MTF).[4] Though the government hospital did not have as precise data, the senior head of plastic surgery asserted that more FTM than MTF seek services there. Again, much of his reasoning for this had to do with awareness due to referrals.[5] Though some of the interviewees attended the private hospital the fieldworker visited, none attended the public hospital they visited. Still, many interviewees explained choosing their hospital based on suggestions from friends. In fact, both trans men interviewed, who visited hospitals in Delhi, Bangalore, and Mumbai, chose them based on suggestions from a group chat of trans men throughout India.[6][7]

Though the sentiment of recommendations that keep trans folks coming back sounds wholly positive, the subtext of this is that there is minimal advertisement of services specific to or even inclusive of trans needs. Even the private hospital which had a committee with representatives from each department trans patients interact with did not mention this on their website. In fact, though their website appears new and up to date it does not include any mention of trans health on the endocrinology or plastic surgery pages. The closest they get to mentioning it is their description of, “dedicated clinics dealing with men’s & women’s health issues, safe

clinics which can help deal with sensitive issues of men & women which may have a grave impact on their psychological as well as social wellbeing," which could be read as an attempt to talk around the word transgender.[8]

In interviews, the same well known 19-year-old nonbinary activist mentioned in the introduction said they only knew of a few places in the country that did sex reassignment surgery (SRS). In addition, in Bangalore, they mentioned only knowing the private hospital, not any government hospitals.[9] At the same time that there are options for transgender people to receive care, they are in the shadows. These options are a repurposing of existing services, barely catered for the unique needs of transgender patients. In this section, the fieldworker will describe accounts of transgender people at each stage of medical transition–from receiving their gender dysphoria certificate from a psychologist or psychiatrist, to visiting the endocrinologist, and for some to the surgery room. At each stage they will assess the gaps between the current services and actual quality care competent with diverse gender populations. It is important to keep in mind that the medical sphere is not wholly separate from the rest of life, therefore after reading these accounts the fieldworker will contextualize them in some of the most prevalent related issues: relations with parents, legal protection, and cost as a barrier.

From "just a phase" to conversion therapy

On the journey of medical transition, mental health professionals are the first gatekeeper. While two interviewees had positive experiences with doctors comfortable with World Professional Association for Transgender Health (WPATH) standards, another became frustrated as his psychiatrist tried to wait out his "phase." In order to wholly understand the harm of mental health professional's assertion of a "phase," the fieldworker contextualizes these interviews

within a history of conversions therapy that has left parents turning to psychologists and psychiatrists hopeful that their gatekeeping will be powerful enough to convert their children.

When one interviewee, a 20-year-old trans man now nearing his last steps in legal and medical transition, first went to a psychiatrist in Bangalore she told him it was "just a phase." In fact, he recalls her calling in his parents to tell them he could "change no problem, just wait, it's just a phase." So, his parents waited, and he was on house arrest for one year. After a year of depression and alcoholism, when his parents finally allowed him to see the psychiatrist again, she told him it would take another year to get a certificate. While he acknowledged that "WPATH rules says… there should be consultation like three months, four months, that's actually good," he knew that waiting a year was going to be too long for him–especially after he felt she already coerced him into wasting a year of his life.[10]

While in his meetings with the psychiatrist she had assured him that though it was a long process "it's going to happen, I'll give you the certificate," in meetings with his parents her use of the word "phase" began to verge on ideals of actually changing him. He explained that in consultation with his parents he found out she would say "he will change, he will get over it, we'll drag this so eventually he will be tired of this and he will get over this." Sick of the delays, he followed the suggestion of a friend in a support group and decided to go all the way to Delhi to see another psychiatrist. When he left he recalled telling his family "I'm going to Delhi, if anyone wants to accompany me you can." At the brink of adulthood, he was no longer legally under his parents' control, but was still very reliant on them. As it ended up, his grandfather accompanied him to Delhi, and his parents gave their support over the phone to his new psychiatrist as he rushed the documents. Though he was able to get his first certificate expedited

and begin hormones faster, he recalls that "for top surgery and all I went through every process…what I didn't went through the first for hormonal therapy." [11]

In this case, while he was eventually able to collect the psychiatrist's gender dysphoria certificate, he had to travel outside his state and use suggestions not widely known, but instead revealed in a WhatsApp group of trans man from throughout the country. Through these support networks, he was successful, but not without the circumstances of a yearlong wait. The relationship between his psychiatrist and parents is not uncommon as well. One doctor interviewed who had over ten years of experience with transgender patients in Delhi and Bangalore explained that parents will often bring their children to doctors hoping they will tell the kids not to transition.[12] With psychiatrists as the first gatekeeper to medical transition, it is natural that they would encounter this. It is also not surprising that in this instance the psychiatrist was on the side of discouraging transition and encouraging "phase" rhetoric as there is a legitimate history of mental health professionals doing conversion therapy.

In one interview, a 23-year-old trans woman who has not yet been able to begin her medical transition spoke about her experience with conversion therapy in her youth. Now in university studying physics, chemistry, and math, she recounts how she grew up with a "tremendous respect for science" and therefore "considered that people who were trained in science wouldn't do something bad to you." She explains that maybe this was why at around seven years old she openly told her therapist "I do not think I am a boy." Though she had not been ashamed of this when she told him, her doctor soon made her feel so, telling her it was the "illness inside [her] head talking" but that he could help her get better.[13]

It took her a while to understand what he was doing, after all "I was a little kid, I mean how am I supposed to know… if they didn't tell me what they're doing." When she finally did

come to understand she says she "had already started hating [herself] quite a bit." She recalled him using common arguments such as "if you're assigned male at birth," "I mean it's basic biology," and "if you're having something else you're completely delusional." In total she was in conversion therapy for about three to four months with two sessions. In order to get out she lied to him, acting as if she was "getting better as according to their definition of getting better." Still to this date this experience colors each of her visits to mental health institutions. In her own words: "this experience like made me… build an aversion towards like psychiatrists and psychologists … it made me fear an entire group of healthcare provider and… made me like stop taking help for my mental health issues for a long while, for a really long while[14]"

In fact, it was only through attending a queer support group in Bangalore this year that she felt comfortable coming out to a mental health professional again. She says, "I joined this support group… it sort of like gave me a bit of more, a bit more confidence I guess. And I sort of like did like a fingers crossed kind of thing and told my therapist 'hey there's this thing that I want to tell you, I do not think that I am a boy.' So, I told her that I've been feeling like this... for my entire life."[15] While her therapist did not know much about transgender mental health at the time, she was "surprisingly friendly, and really affirming." Luckily, her therapist was able to find resources to help her better understand the care her patient needed. Some resources mentioned were the WPATH protocol as well as papers related to mental health care for people who are trans and autistic. After this, her therapist became an advocate for her patient; the next time the interviewee was hospitalized she was given the option to stay in the woman's ward.[16] So, while many mental health professionals are learning on the job, WPATH protocols and additional research can provide enough support for them become competent in working with transgender patients.

At age 8 when she came out to her therapist he tried to treat her with conversion therapy. At age 23, when she came out again her therapist read up on WPATH protocols and specialized research on transgender people who are also autistic. When the 20-year-old trans man mentioned earlier went to his psychiatrist in Bangalore for a gender dysphoria certificate, the process was delayed as the psychiatrist tried to wait out is "phase." But when he went to Delhi, his new psychiatrist was able to expedite the process. In both of these cases, the professional's reaction and competence was totally unpredictable. An additional part of the process where the patient is forced to rely completely on the opinion of their psychologist or psychiatrist is the documentation of their certificate.

The 19-year-old nonbinary person interviewed had a great relationship with their psychologist and psychiatrist. Unlike their endocrinologist, their mental health professionals understood that gender does not have to be binary. Thus, when they received their gender certificate, it had their correct pronouns on it. But, they explained this was only because their therapist was "nice." As there is no consensus on whether certificates should use the patients dead name and wrong pronouns or their chosen name and preferred pronoun, they recalled having friends who we're not as lucky. Instead, patients rely entirely upon their therapist, never know which certificate they will get until they get it and can only hope that they will receive the correct one.[17]

Seeing trans patients

While WPATH guidelines necessitate that mental health professionals have "cultural competence" working with transgender and gender-nonconforming people, there is no analogous suggestion for doctors working more directly with the body of the patient.[18] Thus, at the endocrinologist they first experience what it is like to receive treatment originally intended for

other medical conditions. Though only one interviewee experienced a complete denial of treatment after an endocrinologist he described as a "crazy guy" claimed that he couldn't treat someone without a blood anomaly, more generally at the endocrinologist trans people encounter what it is like to have a doctor who cannot fathom all dimensions of their treatment's effects. [19] This unawareness is at the root of endocrinologists' misgendering of patients and misconceptions of gender as a binary. At its most extreme, their understanding of gender as binary can lead patients to lie to their endocrinologists, afraid they will not receive treatment otherwise.

While the 19-year-old nonbinary interviewee mentioned in the previous section had a positive experience with their psychiatrist and psychologist their experience was completely different with their endocrinologist, even though they are part of same staff. In fact, the private hospital they attend even has committees to connect the different medical professionals caring to trans patients. Still, over time they have discovered their endocrinologist has a much narrower understanding of gender than either their psychologist or psychiatrist. When they first met their endocrinologist–a head of the department there–they had no issues as she followed pre-treatment protocols. Soon though, she started pushing them to get surgery. When they said they were not interested she said, "that's so odd, I've never heard of that." In addition, throughout their sessions she started calling them by she pronouns, "even though I'm there to transition" they pointed out! Nurses at the private hospital also continue to call them "ma'am." Speaking about their frustration with this they said, "I wonder why don't they use their brains... how are you doing that? I feel like it's because I don't look like a man yet and once the testosterone starts showing physical changes and voice starts changing maybe they'll start calling me with the correct terminology."[20] Even transgender patients who identified within the binary came across

this issue. The 38-year-old trans woman interviewed actually seemed bemused by the fact that her endocrinologist misgendered her. In her interview she told the fieldworker:

> So I have to tell you this interesting thing about my endocrinologist. Since I started transitioning, I started taking the hormones and my endocrinologist misgendered me. Can you believe that? Yeah! Can you believe that? It's like, you're like changing my body with your treatment and you don't have the background or the knowledge to like really understand *why* I am doing this? You're misgendering me? Um, I don't quite get that, because you're supposed to know more than the others! Why are you calling me a he? You are supposed to call me a she.[21]

The misgendering of patients by endocrinologists suggests that they have minimal competence of working with transgender patients. Instead of considering the purpose of their treatment– to assist patients on their journeys of gender transition– they're simply administering hormones.

After receiving three shots of testosterone–one every 21 days–the 19-year-old nonbinary interviewee returned back to their endocrinologist. This time she pushed even more for surgery saying, "you need to see a plastic surgeon, go talk and see how much it costs." Fed up with their endocrinologist bothering them, they said "alright, I'll think about it." Soon after, they went to their psychiatrist to get another certificate for some legal papers they were changing. While there, they confided in their psychiatrist about the situation. He responded by telling them they do not have to listen to the endocrinologist about the surgeries and should go at their own pace. He said, "[she] probably doesn't know about the concept of… gender being fluid or nonbinary she is probably just thinking in the binary perspective… where you need to get all your surgeries done."[22] And of course, that was exactly what she was doing.

In addition to her attempts to enforce binary understandings of gender on her nonbinary patient, she pushed stereotypes about sexuality that often come in tandem. They recall their endocrinologist saying, "you're not transgender if you don't like the opposite gender." Though they are pansexual, they had not come out to their endocrinologist yet. Assuming they only liked boys, she said "you need to start liking girls now." When they questioned her logic, saying "but there are gay men also right?' she responded, "yeah but gay men don't have gender change." Though they heard that their endocrinologist is "supposed to be a really good and experienced doctor with the trans community," based on experiences like this they said they "don't see that."[23]

In fact, the degree to which their endocrinologist sees everything in a binary has led them to lie to her. Though the 19-year-old nonbinary interviewee says they understand that hospitals mostly see trans men and trans women not nonbinary people, they believe there are other people out there like them who may not want any or all surgeries. But some doctors are not willing to consider this. In their words:

> they just don't want to get out of that headspace where they're like 'no I know, I am a doctor, I know what's right, you are not a doctor, so you can't say what is right or wrong.' They don't respect self-identification and they want to force their views on you. And you can't even debate that because then if you do that you are risking losing your chance to transition fully. So, I am scared that if I say something she will completely revoke my transition, she won't prescribe me any more hormones.[24]

Due to fear of losing access to the hormones which greatly reduce their gender dysphoria, they cannot be fully truthful to their doctor. They cannot tell her they go by they/them pronouns (instead expecting her to use just he/him) or that they do not identify fully as male or female

because they think then she will ask why they are transitioning. Instead, each time they go to their endocrinologist they dress hyper masculine as they have seen if they wear anything remotely feminine she will start doubting their "authenticity." Because of her inability to see them in their true gender expression, they have settled for living a double life. As they explain it, "in her eyes I am a trans man. I'll let it be that way. Yeah. I'll live my true life outside of the hospital, I will put on a disguise and go there."[25]

During the fieldworker's visit to the same hospital, a professor of endocrinology discussed the reactions she has noticed as the field adjusts its practice to care for transgender patients. She explained that though there are some endocrinologists that "don't want to touch it" out of pure homophobia, many others give more inconspicuous reasons. For example, some doctors are not comfortable giving the treatment, while others fear being "branded" by doing them or getting stuck in any legal hassles. In fact, she even told one story of an anonymous doctor who did not want their name published in an article written about someone celebrating their transition, because they did not want to be associated with it and thus branded as a transgender endocrinologist.[26] At the same time that transgender patients are longing for trans friendly medical professionals, some endocrinologists are afraid to even admit they give care for trans patients. Thus, trans people rely on connections and recommendations of what facility to go to. On top of all this, as is seen in this story even the recommended hospitals can employ (or even have department heads) who are not competent with the diversity of transgender and gender nonconforming identities.

The fieldworker was first introduced to the model of joint psychiatrist/psychologist, endocrinologist, and surgeon teams during their meeting with two members of private hospital's endocrinology department. Though it wasn't mentioned until the end of the meeting, there was

one more member of this committees' approach, though they weren't on staff at the same hospital. As the fieldworker and endocrinologists got up from their meeting, the endocrinologist turned back to the fieldworker abruptly, and informed them of something they had forgot to mention up to this point–that they also introduce patients to the option of freezing their eggs or sperm and refer them to another hospital with this service.[27] Though this was exposed in a fleeting afterthought, their patient's account of this recommendation had much more to unpack.

When asked about if they wanted to freeze their eggs, the 19-year-old nonbinary interviewee responded flabbergasted:

> my psychologist asked me if I want to freeze my eggs and I'm only 19, and I don't know if I want to freeze them or not, and it costs a lot of money… It's very expensive to freeze your eggs and I don't have that kind of money to do it now, and I'm just afraid that if I don't do it in time I'll never be able to do it. And people aren't really being helpful by offering actual advice… It would help if I spoke to someone who specializes in that and tells me the process. I don't know how they do it, I don't know how much it costs, I don't know where they do it. …nobody told me what it is, they have just told me 'do you want to freeze your eggs?'[28]

Making this decision of lifetime reproductive impact, alone, at age 19 is one particularly painful snapshot of the way transgender patients are on their own throughout the process of medical transition, despite teams with intentions of supporting them. In the article "The Right to (Trans) Parent: A Reproductive Justice Approach to Reproductive Rights, Fertility, and Family-Building Issues Facing Transgender People," Laura Nixon explains how "for many years it was expected—stated or unstated—that transgender people forfeit their ability to reproduce in exchange for gatekeeping professionals to approve their requests for certain medical treatments

to transition."[29] Thus, it is not enough for professionals who do not have expertise on the issues to give a simple suggestion and then consider their committee comprehensive, as it follows in a lineage of trans reproductive rights being treated nonchalantly.

In addition, it is essential to acknowledge that the following quote was said within the context of if they wanted to have a hysterectomy or not, despite the fact that WPATH guidelines suggests making this decision *before* beginning hormone therapy as it may limit fertility. So, not only was the patient making this decision alone, they were doing so *after* the recommended timeline. Though WPATH does insinuate that stopping testosterone briefly "might allow the ovaries to recover enough to release eggs" based on the fieldworker's conversation, unless something drastically changes it seems unlikely that they will come to this decision given the lack of advisement presently.[30] This means that without an intentional decision this person will likely become infertile while under the care of their hospital's transgender committee. This is particularly unsettling when compared against the way endocrinologists described the importance of trans people delaying their treatment in order to test for any comorbidities. Defending themselves against patients' frustrations of the way testing periods for side effects push back treatment and may cost more, the endocrinologists explained how this is a general best practice that is essential for trans people's health.[31] Yet, at the same time, they have not built any legitimate support structures for trans reproductive justice–perhaps because it, unlike testing, may be more unique to the treatment path of trans patients.

Same surgeries, different bodies

At the surgeon, the dissonance between their psychiatrist's gender dysphoria certificate and the physicality of trans patient's treatment reaches new consequence. In order to ameliorate dysphoria, trans people weigh the risks of losing their sex drive, bladder control and ability to

urinate without a catheter and bag. While there is a history of traditional SRS within in the Hijra community, even people within this community have turned to medical professionals for what are considered safer options.[32] Like with psychiatrists and endocrinologists, trans patients often attempt to find surgeons through recommendations. The bar for what is considered experienced in this case is disturbingly low though. Hence, even recommended doctors may end up using trans bodies to gain experience.

Interviewees were at various stages of surgery and each was in search of different treatments. The 38-year-old trans woman was still a few months away from her bottom surgery and after hearing "horror stories" about the pain, loss of bladder control, and ability to enjoy sex, she was nervous. While she felt lucky that the hormones had made her comfortable enough with her upper body that she didn't want top surgery, she was grappling with the effects of bottom surgery on her sexuality. Speaking about it she said, "I have so much dysphoria that I really want to get it done and yet I'm a really sexual person like in the sense, I feel like I'm a sensuous girl in a sense, like I don't want to lose that part of me, and I'm just dealing with that right now."[33] The 19-year-old nonbinary interviewee, who was unsure about bottom surgery, said they always knew they would want top surgery but after hearing from transmen about nipple necrosis, they were nervous about getting it done in India. Instead they said they would rather wait 5 to 6 years until they have enough money to go internationally for the surgery.[34] So, what are these horror stories that leave young trans people in fear, deciding to wait years until they can go out of the country for surgery? And what are the risks of bodily harm that come when trans people surrender their bodies to surgeons? Relying heavily on stories from two trans men, this section will delve into the covert debilitation that may come along with surgeries that trans people are assumed to want regardless of their risks. These two stories expose the depth to which surgeries

can be life altering, and thus how people opting in may even consider them to be a version of putting their lives on the line.

The 20-year-old trans man interviewed chose a surgeon outside of Bangalore. Though he already went to the private hospital mentioned throughout this paper for hormones he chose this hospital based on a friend's recommendation. He explained that "it is better to go to a surgeon who is experienced with it. He had done two surgeries before me, so I chose him." It is important to note here how a doctor who has only done two of this type of surgery before is still considered experienced. His friend had described the doctor as "trans friendly," and so he decided to ask the him about this. The surgeon explained that though he "wasn't friendly like that before" after he learned about trans people he "wanted to help them." Curious about how he defined trans friendly, the fieldworker inquired if the surgeon used the correct pronouns for him throughout the process. He responded that when his voice was pre-transition the doctor was "confused" but brushed this off as "normal," explaining that by the end of his surgeries he did use the correct pronouns. Though his top surgery in 2008 was "easy" for him, he described bottom surgery as "hell!" For his MLD phalloplasty in May 2019 he had to get an epidural. Afterwards he was in the hospital for 10 days and recalled having difficulty walking for about a month. When asked what he was most nervous about before surgery he dismissed the question, instead explaining that he wasn't nervous, just happy. He said "I'll try- *even* if I die I won't mind! I wanted to try. I wanted to try this. If it succeeds, okay, if it doesn't, I'll be. But it succeeded, I'm happy with who I am." [35]

While his phalloplasty and hysterectomy were successful, his urethroplasty failed. Though he originally brushed over this failure, opting to gush about his exciting upcoming surgeries (scrotoplasty and penile implant) instead, when questioned more he detailed a

frustrating process once again guided by suggestions from others in the trans community. During his surgery he was given three sutures without anesthesia, yet afterwards the skin did not bind so the doctors were unable to create a passage. Though they offered to try again under anesthesia, he decided against it saying he didn't "want to take [the] risk." While he is now fine passing urine, if the connection was made but the urethroplasty failed again he might have to use a catheter and urine bag. In fact, he even described his luck that the connection was not made in his surgery. Reflecting on stories from others in the community who did have this issue he said about his situation, "everything is okay, the connection was not made, that's where I was lucky."[36] How low are the standards of surgery that a surgery that fails (but does not leave the patient unable to pass urine indefinitely) is considered lucky?

Another interviewee, a 30-year-old trans man was not so lucky. One of the first members in the previously mentioned support group of trans men throughout India, he watched as the community went from just a few people to over 250. Now, he confided in the fieldworker, he stays in the group of "veterans," trans men who started transition more than three years back. He explained that within the group they have a list of doctors and hospitals who do surgeries along with the experiences of different trans men. In May of 2016, a friend of his who started the group got his top surgery done at a hospital about 40 km outside of Bangalore. Since his friend liked the surgery a few months later he decided to meet with the same surgeon. With the support of his company, he opted to get his top surgery done in January 2017. Then, in September 2017 he went back for his phalloplasty. He chose to have a MLD flap phalloplasty. This was "kind of [the] second phalloplasty that the doctor did and apart for some mistakes that he did it went quite well." The problem was that after the doctor took the flap he did not close the wound properly– putting on bandage instead of stitching it "because he had to get on to some other surgery." So,

being on blood thinning medication and with the area behind his shoulder where the flap was taken from only bandaged up, the interviewee started losing blood. In addition, since he could not move he did not know he was losing blood until he started to smell it. His brother, who was waiting alongside him, picked him up and saw that he was lying in a pool of blood. They called the doctors immediately, and it was a good thing they did because soon he had lost consciousness. They took him into surgery immediately, stitched him up, and gave him blood. This was not even the only complication though. After this, there was a small skin decay which he had to get covered up by another skin graft taken from this thigh a few months later.[37]

As his experiences with this doctor had been relatively good so far in his opinion, he decided to go back to him in December 2018 for hysterectomy, oophorectomy, and urethroplasty. At this point the doctor was working at a new hospital, so he went there. While his hysterectomy and oophorectomy went well, the insertion of a catheter after lengthening of his urethra post vaginectomy led to a year of continuing pain and surgery. After the urethroplasty doctors leave a catheter in situ until the wounds are healed on top of it, and later remove it. After six weeks on the catheter he began to get bladder spasms and an infection. When he went back to the doctors they removed it and let him know that he had a fistula and urethral stricture.[38] Complications involving the formation of fistulae are actually rather common. While numbers range widely, studies suggest that between 22%-75% of RFF phalloplasty lead to fistulae. Though same medical journal indicated that strictures often occur in suture lines, his was a urethral stricture, meaning that rather than leaving the tip urine would pass through the stricture.[39] Due to this complication, his surgeon asked him to continue using the catheter. Though he did not know until much later, when the urologist there inserted the catheter he did so incorrectly. He describes how “they did not insert it properly, they inserted it somewhere else…

the tip of the catheter it should be inside the urinary bladder, instead of that they just punctured the skin and inserted it through a hole in the skin inside, and they kept it like that so the urine was not draining." In pain, he called the doctor to remove it, but when they repeated the catheterization they continued to make mistakes. Even after a cystoscopy they sent him home, still not telling him the truth about his condition. He returned after four weeks as instructed but they sent him back again. It went on like this for another two months until he finally got so fed up he demanded to know "why I am being on catheter?" Still they did not reveal the answer to him, they just removed the catheter again and asked him to go home. [40]

But without the catheter he was unable to pass urine, instead he could just feel water getting collected in the penile area, so he went back and informed the doctor. At that time, they finally explained the mistake they had made two months back. Again, they took him into surgery. This time when he woke up he couldn't move his leg because they had cut open his thigh and taken a muscular flap from it to cover the opening they had made inside. Then they catheterized him and sent him home once again. After five weeks they removed the catheter and then the same urologist who had made the mistake before tried to catheterize him again. Though he punctured the stitches he lied to his patients face saying "everything is fine, you go home, everything is going to be okay." But the interviewee knew everything was not fine, because when he tried to pass urine, only blood came out. Again, he was taken into operation, they did a cystoscopy, put the catheter back in, and told him to come back later. Five weeks later when they removed it he still could not pass urine. Again, he went into the operation theater for a cystoscopy. This time he recalls they began to reveal they didn't know what they were doing. They said: "okay just be on catheter for some time we'll plan next steps later." Finally losing trust in this doctor he went to a more experienced urologist in Mumbai. After months of being

kept in the dark, he was finally able to see what was going on in his body; the urologist showed him a video revealing that when the vaginectomy was done it had not been done properly, so the hole from when the urethra was punctured was leading urine to collect in the vaginal opening.[41]

Hoping to fix this once and for all he saved up money for surgery with the doctor in Mumbai. When he went back six months after surgery to have his catheter removed he had a few tests done which came back with even more bad news. Even though the repair had been done, the passage which the doctor had created was tightening, so his urine flow was decreasing day by day. The doctor decided to leave in a suprapubic catheter (SPC) just in case, as he wasn't sure how this tightening would continue. After describing this experience to the fieldworker, he paused and revealed that this horror story was still going on. He said:

> so I am travelling today night back to Mumbai for I think maybe they will have to do surgery again because now what is happening is the urine flow has completely stopped and the passage opening it's getting closed sort of. So, every time I am just inserting a small feeding tube through the urethra to keep that open, like every time I have to break open the wound, it keeps closing. So, like I'm not sure I'll just ask the doctor to do something permanent, so that I don't have to be on catheter. [42]

At this point, he has been on a catheter for a year and gone into surgery at least thirteen times. Though he was originally hoping to have every surgery completed, now he suggested that he would opt for a perineal urethroplasty–which would basically reverse the surgeries he's had done–rather than go back into another failed surgery. He recalled that in the last week he had to be in a wheelchair some days due to pain and he had stayed up the night before thinking "just one more day."[43]

His year of surgeries has had a grave impact on his mental health as well. In the same tone that he described looking for a "permanent" surgery to act as closure for the pain he experienced in the past year, he described thinking about killing himself as another form of "closure" for what he has been through. When asked if he had anyone to talk with, he only described warning other trans men of what he's been through and said he has not been going to his therapist because he doesn't know what to say when she asks how he feels. While he said people suggested that he should sue the doctor, he does not have the energy to do this and does not think it will bring him any happiness.

Though he first described choosing his surgeon with experience in mind, reflecting on it he says:

> that doctor he had attempted urethroplasty once and he did not do a complete urethroplasty … as in let's just say he did not do it at all. So mine was kind of like first experiment for him and one of the things that that doctor told which I found very irritating was that after doing the surgery four, five times here, after doing all this research *on me,* he again told like, 'we cannot leave you like this, if your urethroplasty is not successful I'll not get any more patients.' That was what he was worried about. Like he wanted more patients for him to do urethroplasty he did not bother what is happening to me, that was very irritating.

While the doctor continued to disregard his pain and devalue his bodily autonomy, he insisted the interviewee come back to him for surgery, hoping to be considered an experienced surgeon by the end of it. In addition, though the urologist's own mistakes brought him back into surgery time and time again the doctors still insisted he pay for every service. In fact, the assumption of payment regardless of the low quality of care was so entrenched that when the fieldworker asked

the interviewee about it he laughed and remarked “they never stopped charging, I mean they made me stay there but they never stopped charging for that. They still expected me to pay.” [44] Thus, doctor’s “experience” with trans patients cannot be taken at its face value as it may in fact be experimentation on trans bodies. While the first trans man repeated his doctor’s innocent story of realizing trans people need help too, it was clear to the second trans man interviewed that his doctor had the money in mind, not his patient’s mental or physical health.

Doctors at both hospitals the fieldworker visited explained that they did not need any extra training to do surgery on transgender patients, citing how it was the same work they had been doing for years.[4546] At the same time though, transgender interviewees experiences appeared to be unique from those of people visiting the surgeon for other conditions. When asked what he wished people knew about his experience, the 30 year-old-trans man said:

> I was not expecting them to do research on me… when I opted for surgery I wasn’t expecting to be a guinea pig for these people. When things go wrong in our case they don’t really consider it as things going wrong… like let’s say a cis person had a surgery and something went wrong, I’m sure they would have treated it differently, I mean for them everything is like ‘they did not have an option.’ They are not understanding that we are doing this because we do not have an option.[47]

While experts in plastic surgery recommend placement of a SPC as an initial step in treatment of a urinary fistula or stricture before reoperation, he did not get one until he went to Mumbai for surgery after he had already been operated on many times. Even more relevant, professional research articles suggest that “preoperative discussion with the patient regarding the clinical findings, as well as the operative plans and patient expectations, is of utmost importance.”[48]

These conversations are meant to happen before reoperation, but he wasn't informed about his condition for months on end. Trans people deserve to go into a surgery that has the same odds at being successful as anyone else–not a surgery in which they're inconspicuously being made to be a guinea pig. Furthermore, in the case where something goes wrong they deserve the same treatment and information any other patient would get. While WPATH references that "surgeons should have specialized competence in genital reconstructive techniques," when there are minimal options around trans patients may mistakenly become guinea pigs to doctors looking to become competent in these surgeries by practicing on their bodies.[49]

Reinforcing Systems

There is no way to discuss trans health in a vacuum. As the last sections have hopefully made clear, the journey through surgery is not straight forward or easy, yet often in law it is reduced down to this. In fact, this is exactly what the Trans Bill does, reducing transgender experience to a reassignment surgery that someone may not want, that may not be financially accessible, that may include delays, and may even lead to painful surgical failures. Working to counteract medical professionals' and lawmakers' habit of simplifying trans identity to only the part they interact with/hold control over, the fieldworker has intentionally decided to bring up related aspects of health. Family, work, finances, community, education, state identification– these were the aspects of life through which the interviewees shared their stories, and thus it is also out of respect to them for opening up their most vulnerable concerns that these sections are essential to this paper.

Parents "acceptance"

The majority of people interviewed referenced the commonness of trans youth being kicked out. One senior resident with his DM in endocrinology described how within his research

he's found that 80% of trans patients don't have social support. Many of these patients have been kicked out of their houses not simply because of the beliefs of their nuclear families but also due to the public effects of their gender variance. His explanation of parents telling their trans children to leave them so that they do not cause problems for the rest of the family–for example the marriage of another child–therefore resembles Gee Imaan Semmalar's analysis of gender as a "public concept." [50] In fact, the guru-chela (mother-daughter) relationship in Hijra community can be sourced back to instances where young trans women facing "intense familial and public violence in childhood leave their homes and live in hijra houses after choosing their gurus and being accepted by them as chelas." [51] One 25-year-old interviewee who has a guru in the Hijra community also reaffirmed this, explaining the way her guru guided and taught her about the norms of the culture. She also described how her relationship to her guru and grandmother figure functioned like a larger family.[52]

Despite the commonness of trans children being kicked out, none of the fieldworker's interviewees had been formally kicked out, still the fieldworker found that even cases of parent's "acceptance" were worthy of some critique. It is important to acknowledge that though the parental reactions discussed below are in no means *the same* as being kicked out, discussing the ways "acceptance" of transgender people may be conditional–existing in the abstract or international and dependent on intense suffering of their child– is also relevant to the history of *unacceptance* of parents, not simply to a misleading progressive image of acceptance. Thus, this section analyzes the way that even parents acceptance of transgender people generally can mask discomfort with their own child's identity.

When the 23-year-old trans woman interviewed saw her mother, a law professor, writing an article about trans rights, she became hopeful that if she ever wanted to come out she would

be accepting. Three years later when she came out, her mother was not nearly as accepting as she had hoped. Though she recalled her saying "she'll accept me for who I am," that acceptance was immediately followed with the addendum that she won't help her at all financially or help her in "dealing with family." Since then she has decided not to come out to any other family members and has not yet found a financially viable way to begin to her medical transition. Reflecting on her mother's "acceptance," brought up emotions for the interviewee, bringing her to tears as she wrestled with the contradiction. She said, "when someone writes something like that you would imagine that that person is going to be supportive if you like came out to them... I *thought* she'd be like a little more supportive. She misgenders me *a lot*... Like she keeps calling me her son instead of her daughter, even when we speak in private. So that's the least you could do, right?" While she understands that her mother will not use her correct pronoun with her family–because she is not out to them yet, and because her mother said she would not support her with this–she doesn't understand how her mother can claim to "accept" her and not even do the bare minimum of using her correct pronouns in private or asking her about her chosen name.[53]

Another interviewee described how his parent's acceptance nearly came a year too late. Before transition, in the year his doctor had suggested to his parents that they wait out his "phase," he was depressed, in house arrest, and an alcoholic "to hide all [his] pain." As his parents watched him wallow away, they became more and more concerned. Eventually they realized that "if I keep on drinking… I would eventually ruin my health… so they said, 'okay we understand you, we couldn't change you, we understand you.' So that was actually happy, happiest part of my life that my family supported me." In this quote, he explains how his parents came to accept and support him. He even goes on to say that "now they are very happy that I am looking good as a boy… They are saying 'I have a boy' now!"[54] While it is exciting to see the

change in his parent's judgement–from being on the side of a psychiatrist denying him treatment to paying for every surgery–it is painful to see the cost it came at. As his parents could not comprehend the importance of transition to him they instead became alerted by alcoholism and depression, conditions that they did understand the grave impacts of. To fully put this story into perspective imagine this scenario if his parents had not changed their minds, it would certainly not be one of acceptance and support. Thus, it begs the question, what is the extent to which queer people must suffer for a chance at acceptance or support?

A 37-year-old woman who is part of the Aravani community described how her family's acceptance came only after transition, once she had found a stable job. When she came out to her parents at 21, they tried to arrange a marriage for her thinking if she was married to a "real girl" she would change. Luckily after her short meeting with the bride the wedding was called off. After this, her parents also put her on house arrest. She became so depressed she thought about killing herself. She describes putting her head through a rope, about to attempt suicide, before making the life changing decision to not hide from her true identity anymore. Then she ran away. While she worked in sex work for a period of time, through connections within an NGO she eventually got a job hosting a radio show sharing stories of sex workers. After this she became an artist and now works for a nonprofit that creates mural art to give more awareness and sensitization to the trans community in India. Now that her parents have heard about her successes, they've become accepting of her. While her parents weren't there to support her when she was struggling most–instead trying to change her and police her–now that she has work they considered legitimate her mother can be heard lecturing other people on how important it is to accept your trans children. [55]

Even in cases where transgender people no longer live with or directly rely on their parents, the cut of familial ties can be mourned. A 38-year-old trans women described how her mother and her partner's mother shunned their family. Even though her extended family attended Pride marches internationally, local stereotypes of the Hijra community drove them to transphobic misconceptions. While she spoke fondly of her kids and even introduced the fieldworker to them, her mother and her partner's mother seemed to think that she would abandon her family to start begging and doing sex work, to "leave all of us behind and go join that culture." Instead, it was clear to the fieldworker that her queerness was an accepted and prevalent part of the children's lives. When the fieldworker visited the children's school to pick them up, the interviewee introduced them to other kids at the school and told them about how after one of her kid's classmates had questioned her they had worked together to create box to collect questions on "pride march" and "being queer."[56] While the two mother figures may have attempted to veil their transphobia in concern for the children their mistreatment of their own grandchildren quickly refutes this. The interviewee explained that they now refuse to let other cousins interact with her kids "because they might get ideas." So, while still viewing pride parades in other parts of the world as a "big big party" to attend, the two women refused to touch their children or grandchildren and made sure to keep them detatched from the rest of the family.

Legal "protection"

The Saturday after Transgender Day of Remembrance was Pride; three days later and the Rajya Sabha still had not decided if they were going to send the Trans Bill into a select committee for adjustment or not. Throughout the country, people put aside their rainbow and marched in black, protesting the Trans Bill amongst other fights. While some carried signs that simply said, "Stop Trans Bill 2019" or "Scrap Transgender Person Rights Bill 2019" other signs

highlighted main issues with the bill, such as yellow signs that read “Do not criminalize Hijra Family.” Hijra family is a key part of Indian transgender history and has served as a home for young people facing transphobia for years. In this instance, the government’s attempt to assure a transgender person’s right to live with their family overlooks parent’s transphobia as the core issue and instead criminalizes other living situations.[57]

As if this is not bad enough, the contradictions that follow only further prove that this bill was never intended to actually protect transgender people. The same bill which polices traditional transgender kinship gives a “free pass” to perpetrators of sexual violence against transgender people. [58] For no apparent reason, the bill only gives a two year sentence for sexual assault of transgender people rather than simply giving parity with existing laws of a seven year sentence. Even further, the same statement which asserts transgender people’s rights to reside in a household with their family, clarifies that “where any parent or a member of his immediate family is unable to take care of a transgender, the competent court shall by an order direct such person to be placed in rehabilitation centre.” This is one of the most obvious instances of overmedicalization of transgender identity in the entire bill. What is even more harmful though is at the same time that rehab centers are being encouraged as a solution for transgender youth with homophobic families, the bill includes no condemnation of generations of conversion therapy.[59] Regardless of how these examples instantiate the bill’s real motive–to wield state and medical control over transgender people–it is still astounding that a bill claiming to protect transgender people could pass without any legislation against conversion therapy.

This is just the beginning of the issues with the trans bill. The most legally sound critique is that it goes against the 2014 NALSA judgement’s claims of self-identification. While this argument is likely what is going to lead the way for reversal of the bill, it is important to

acknowledge that even the NALSA judgement was not unproblematic. Semmalar explains how it "uses transphobic language, pathologizing us, and is so confused and confusing it is difficult to say whether it even represents inclusion or a clever exclusion of us from the mainstream." The main example he points to is that the judgment not only uses the word "eunuch" but also uses it interchangeably with "hijra." Finally, Semmalar explains his frustration that people were quick to celebrate NALSA's passing, without even engaging with the communities it most directly effects. In his perspective, "if they were true allies of trans people, before celebrating uncritically shouldn't they have at least translated or summarized the 130-page judgment into local languages accessible to our hijra sisters and held meetings to discuss its implications?"[60]

These truths about NALSA cannot be left out, and yet it would be misleading to think that things were not different with this as the only national law "protecting" trans rights. Before the Trans Bill was passed, the 19-year-old nonbinary interviewee had begun working on their legal transition and was nearing completion. The day Rajya Sabha passed the bill though, they changed their mind. In one post online, they wrote: "also a little update on my gender change on documents. With the chaos that is the Trans Bill 2019, I've decided to halt the process for now. I don't want to get stuck midway and struggle to find a way out. Since none of my documents have been changed as of now, and even the gazette letter hasn't been published, I feel the best would be to wait it out." [61] While a 25-year-old trans woman who had already finished her surgeries said her legal transition would be much easier given the revisions made to the 2018 bill, she acknowledged that this was only the case for people who had already undergone SRS. [62] Echoing both these sentiments, the 20-year-old trans man interviewed described his relief that he had already finished his legal transition process and gone through SRS he said, "I got it changed

according to NALSA judgment, but I don't know what the people will do who are pre-transition."[63]

It is also worth noting that within the Indian legal context, legislation set up for Aadhar cards does not extend to other identification. In fact, one interviewee described how they believe "you don't *need* all these documents, they just want to make you run around to exercise their authority." [64] Depending on what ID a person is trying to get they may need a letter from either their psychiatrist or psychologist. In addition, before the case Jeeva M. v. State of Karnataka there was no infrastructure for students to get their gender marker changed for documents while in school.[65] While this landmark case gave a hopeful prospect of an easier path for young trans students to follow, it's unclear how this process will be affected once the regulations on Aadhar cards have been tightened based on the 2019 bill.

The cost of transition

The costs of transition–both medical and legal–begins in a psychiatrist's office. While they knew a government hospital would cost less, one interviewee chose a private hospital, explaining that though it is more expensive this is a "once in a lifetime experience" and therefore worth the extra money.[66] While the price of care begins at the psychiatrists, it reaches its height at the surgeons. The private hospital the fieldworker visited said that complete bottom surgery for a MTF patient could cost between 3.5-5 lakh, though they also had an option to get surgery done in their teaching hospital for a lower cost of about 35-50 thousand rupees.[67] It is relevant to note that these costs–like the hospital services–were not be publicly displayed. This means that transgender patients may not be able to easily compare costs between hospitals or even check how what they are paying compares to what surgeons are charging other patients.

At the government hospital that the fieldworker visited, the senior head of plastic surgery assured them that the cost is so much less that money is not an issue for any trans people visiting there. In addition, he explained that because it is a government hospital they are able to adjust the fee and even make treatment free if a patient ever needs. [68] While none of the interviewees had attended this hospital before, when asked about free care they seemed baffled. One interviewee responded: "free health care?! They didn't actually do that. Maybe its lesser at government hospitals… it's not actually free, it's never actually free." [69] Surgeries at the government hospitals do cost less, though there is a range in cost depending on the procedure, while some may cost around 15-20 thousand rupees, when implants have to be bought this can go up to 45 thousand rupees.[70]

Though the trans bill requires surgery for legal recognition, it does not provide any financial support for this. In the past while older versions of the bill were being revised one woman interviewed said she waited to have surgery, hoping that a version would come out providing free SRS. When this version of the bill never came, she ended up turning to NGO for assistance.[71] Without any intervention by the bill all parts of medical transition–hormone reversal therapy (HRT) and surgery–continue to be considered cosmetic services. While many doctors work close enough with the patient to understand that these treatments are mandatory, the legal and financial support is still not there. One urologist at the private hospital told a story about a transman who became severely depressed every time he menstruated. He explained how seeing patients like this made him realize that "this is not cosmetic anymore, they need this."[72] At the same hospital, one endocrinologist explained how crucial it is to shift the categorization of medical transition from cosmetic to mandatory in order to make health care more affordable. From her perspective it is essential because someone may have a side effect due to HRT that

needs treatment and without this shift it likely would not be covered by insurance. For example, if someone had a stroke as a reaction to hormones since their original treatment (HRT) was not covered the insurance will not cover costs for the stroke either.[73]

Even in rare cases where people do have health insurance that covers transition related costs, they can go above what is covered. The trans man who had to go into surgery thirteen times had coverage from his business. In fact, he said that he thought his business may have been the first in India to provide that coverage. His insurance covers up to three lakhs a year, but in his last year of surgery not only were the first three lakhs exceeded, but the top off of three more lakhs were also exceeded, leaving him to pay around three more lakhs out of pocket. Luckily, he has a job where he was able to make this money. Still, he had to wait six months after seeing the doctor in Mumbai before he could make up the money for the surgery.[74] It is important to contextualize that not only are trans people expected to have access to enough financial stability to take on the cost of surgery, but they are expected to do so as a people who are still discriminated against in the workplace. Many interviewees referenced the discrimination they've faced trying to find a job, and one interviewee even spoke about being fired after using the woman's washroom at work when she was still early on in hormones and unable to pass in her office.[75] While the trans bill gives toothless anti-discrimination statements, trans people still struggle to be hired and can be fired from work. As one interviewee said in response to people's judgement of trans community members who beg and do sex work, "if they ask, 'why are they asking me for money?' it's because you are not giving them jobs." [76]

Limitations

The fieldworker's research is by no means complete. They were only in Bangalore for a month. In addition, they did not have as much interaction with their host organization Ondede,

and advisor, Dr. Akkai Padmashali, as they had hoped. While their interview participants had different comfort levels speaking English, all interviews were conducted in English. Thus, the pool of perspectives was limited. Any further research should make sure to include these voices that were left out. In addition, they only spoke to doctors at two hospitals. While luckily interviewees did attend one of the hospitals–and therefore they were able to compare patients' and doctors' perspectives–for any future research the fieldworker recommends doing case studies where each one of the interview participants doctors could be interviewed.

Conclusion

The day after Rajya Sabha passed the Trans Bill, over 200 trans people and allies gathered at a busy intersection in Bangalore. People carried hand painted posters and shouted different chants against the bill. At one point, a trans woman at the front of the crowd set a copy of the bill on fire and everyone cheered. The bill had practically passed, all that was waiting was the president's signature. To the onlookers it may have appeared that the bill was a juggernaut, headed towards the president's office with no way to send it off course, yet the trans community wasn't ready to give up; instead, they continued to shout "stop trans bill!" By the end of the next week, the president would sign the bill into law. It is impossible not to feel disappointed seeing how easily the bill passed without any alterations all while the trans community fought tooth and nail to have their voices heard. Many of the fieldworker's interviewees, especially the younger ones facing the bill right in their face, took it upon themselves to stand up for their community by leading or joining protests and sharing their stories online. In addition, year-round they took part in online and in person support groups and one interviewee even started a collective of trans academics.[77]

Despite the lack of legal and medical protection, there are spaces of queer support–many are online, but some are in person. These spaces fill in the gaps of the environment that are unsupportive, for as one interviewee described, transition is defined by "the environment that you're in" and if it "allow[s] you to transition peacefully or not." While many work spaces are not supportive, interview participants who were able to find accepting work gleamed while telling the fieldworker how they used their preferred name (even when it wasn't their legal name yet) or were flexible, letting them work from the hospital after surgery.[7879] There are even glimpses of hope with medical professionals learning from and centering trans voices: hospitals that are collaborating with NGOs to lead workshops, medical colleges who bring in past trans patients to talk about their journey, and therapists who first introduced their patients to the concept of gender dysphoria. [808182]

Still, the divide between comprehensive transgender care and what is currently being provided has not yet been bridged. When the interviewee who proposed the supportive environmental model was asked if the hospitals they visited and doctors they met with provided a peaceful or difficult environment they responded cautiously, "I mean you know why *my* doctor makes it difficult, with all the misgendering and all of that but I feel like if they took it a little more seriously and protected the patient rather than defending others against them it would be way better, like if they actually cared about the person that they're helping transition rather than just seeing it as a job they're doing."[83] The interviewee spoke slowly, trying to articulate in words what was missing. Their answer was not a repeated slogan, but a genuine request for quality–not simply repurposed–care.

While the DSM-5 attempts to destigmatize transgender identity, switching from gender identity disorder into gender dysphoria, the trans bill's requirement of surgery over self-

identification re-medicalizes trans bodies. Following the DSM's lead WPATH guidelines repeat that gender dysphoria is not a mental illness, yet the path to any medical transition begins in a psychiatrist or psychologist's office.[84] Though they hand out certificates instead of diagnosis, once trans people are sent to an endocrinologist or surgeon they are not only being treated as a patient, but with treatments not originally intended for their purposes. As one interviewee described her complicated experience with hormones, "end of the day visible physical features we require, it's not the medications" [85]

There are many issues with the Trans Bill 2019, and as always while they come from different domains of life they get tangled up in each other. This paper is an account of the areas in which trans people are desperate for support and protection. Outside of the hospital they search for acceptance from families that often are not ready to support them. They struggle to find jobs that will not discriminate against them so that they can make enough money for the medical procedures they want. Once they make it into the hospital protection means honoring their bodies, rather than disadvantaging them to medical professionals with the power to push back their certificates, give out certificates with dead names and incorrect pronouns, push nonbinary people back into gendered boxes, and experiment surgeries on trans bodies. And yet, within the time that these stories were being collected, a bill was passed that goes against each of these calls for protection. Under the guise of a right to stay with family, it criminalizes queer kinship structures. After faking a statement on self-identification, it then requires medical transition, without any financial support and despite its reality being rife with discrimination

Surgeries should not be brushed off as *just the same* when they are not, and doctors working with transgender individuals should be required to do cultural competency trainings to understand the diversity of the people they are working with. Prioritizing education–both

medical and cultural–is a baseline requirement to protect trans people throughout their treatment. It is the first step to ensuring a future where trans people are valued, protected, and supported, in law and practice. In this future young trans people would not become infertile without counseling and informed consent. In this world young trans nonbinary people would not have to lie to medical professionals to receive care. In this world trans people would not fall into suicidal ideation after thirteen failed surgeries. This is a future where transgender people are not subdued into inconspicuous medical discrimination. While these recommendations are strict, the work they do should be expansive, supporting a variety of trans people as they follow their unique pathways of transition. As Sylvia Karpagam says in her critique of the Trans Bill, "power to determine gender should lie with the individual concerned. All systems should be in place to support this process rather than take over decision making."[86] After all, medical and legal categorizations of transgender people can only be useful when they provide access to care. When that care becomes gatekept, financially inaccessible, questionably unsafe, and state mandated, it begs the question what service (or disservice) is this doing to trans people?

Glossary

Identities

Aravani: Aravani is another term for Hijras used mainly in South India in Tamil Nadu.

Hijra: The Hijra community is a cultural group of people who identify either as woman, not men, in-between men and woman, or neither a man or woman. People in this group could have been born with ambiguous genitalia and/or assigned male at birth. They have their own kinship structure as well as other traditions and rituals.

Nonbinary: A nonbinary person does not identify within the gender binary of male and female. They may identify somewhere in between or as a completely different gender. Their gender identity may also be fluid, varying at different points in time.

Transgender: A transgender person is someone who does not identify with the gender they were assigned at birth.

Trans man: A trans man is someone who was assigned female at birth but identifies as a man.

Trans woman: A trans woman is someone who was assigned male at birth but identifies as a woman.

Medical Terms

Bottom surgery: This is a catch all phrase for any surgeries on the lower half of the body. For a trans man undergoing medical transition this can include vaginectomy, metoidioplasty, phalloplasty, scrotoplasty, hysterectomy, oophorectomy, and penile implant. For a trans woman this could include orchiectomy and vaginoplasty.

Catheter: A catheter is a tubular device passed into the bladder to drain urine. There are multiple types of catheters including indwelling urethral or suprapubic catheters, external catheters, and short-term catheters.

Cystoscopy: This is a procedure for a doctor to examine the lining of their patient's bladder as well as their urethra.

Female to Male (FTM): While the fieldworker has opted not refer to interviewees using this term, some medical professionals in the paper use it to describe someone who was assigned female at birth but who identifies as male and is currently undergoing transition.

Fistula: An abnormal passage leading from an abscess, hollow organ, or part of the body surface.[87]

Gender dysphoria: WPATH defines gender dysphoria as "discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics)"[88]

Hormone Reversal Therapy (HRT): A term that refers to the treatment of trans patients with hormones to support the development of desired secondary sex characteristics.

Hysterectomy: This is a surgery to remove the uterus.

Male to Female (MTF): While the fieldworker has opted not refer to interviewees using this term, some medical professionals in the paper use it to describe someone who was assigned male at birth but who identifies as female and is currently undergoing transition.

Nipple Necrosis: This is the breakdown of tissue used to reconstruct the nipple after top surgery.

Oophorectomy: This is the surgical removal of an ovary, or in the case of trans men both ovaries.

Phalloplasty: A phalloplasty is the construction of a penis. It also includes the use of a flap from the patient's body. Possible flap types are radial forearm free flap (RFF), musculocutaneous latissimus dorsi flap (MLD), and anterolateral thigh flap (ALT).

Scrotoplasty: A scrotoplasty for trans men is performed to transform their external genitalia into an approximation of a scrotum.

Sex Reassignment Surgery (SRS): A term used to describe to any medical procedures a trans person may undergo during their medical transition. These can include facial feminization or masculinization surgeries, tracheal shave and voice feminization surgery for trans women, top surgery, and bottom surgery.

Stricture: A stricture is an abnormal narrowing of a bodily passage.[89]

Top surgery: This is a catch all phrase for any surgeries on the upper half of the body. For a trans man undergoing medical transition this would mean double mastectomy, and for a trans woman this would mean breast augmentation.

Vaginectomy: This a surgery to remove all parts of the vagina.

Appendix I- Interview Questions

For Doctors:

1) What is your name?
2) What is your degree and current position?
3) Was trans health mentioned at all in your education? When?
4) Have you ever had any trainings on cultural competency for working with trans patients?
5) How have you seen trans health and human rights change in the last few years?
6) How much do your services cost? Are there any discounts for people who cannot afford it?
7) Are you connected to other medical providers (psychologists, endocrinologists, surgeons, doctors at egg and sperm freezing facilities) who may be involved in the medical transition process?
8) How is your practice different than other facilities?
9) What is the demographic breakdown of your patients generally? (economic/gender/age)
10) What is one way you think your field can improve its treatment of transgender patients?

For trans people:

1) What is your name?
2) How old are you?
3) How do you identify and what pronouns do you use?
4) What stage of SRS are you in?
5) What hospital do you go to (government/private) and why did you pick it?
6) How much does it cost?
7) How do doctors refer to you?
8) Have you legally transitioned? How was the process?
9) What do you see as the biggest barriers to quality care for trans people?
10) How well educated do you find psychologists/endocrinologists/surgeons are on transgender issues? Compared to general practitioners?

Appendix II- Images from the field

Figure 1: Activist mentioned throughout the paper, holding the poster described in the introduction at the Trans Remembrance Day event in Bangalore.

Figure 2: A box for questions of kid's attending the same school as one interviewee's children.

Figure 3: Posters made by the young activist interviewed for the protest after Rajya Sabha passed the bill.

Figure 4: Trans woman burning a copy of the Trans Bill 2019 at a protest in Bangalore.[90] *(see footnote for credit)*

Figure 5: Online post referenced in the paper as one interviewee's public update on legal transition.

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[1] See appendix figure 1.
[2] Supreme Court of India, *National Legal Services Authority (NALSA) Vs. Union of India.* Writ petition (civil) No. 604 of 2013. Delhi, India: 2014. https://translaw.clpr.org.in/wp-content.uploads/2018/09/Nalsa.pdf
[3] Lok Sabha, *The Transgender Persons (Protection of Rights) Bill 2019*. Bill No. 169 of 2019, Delhi, India: 2019. https://www.prsindia.org/sites/default/files/bill_files/The%20Transgender%20Persons%0%28Protection%20of%20Rights%29%20Bill%2C%202019%20Bill%20Text.pdf
[4] Interview with private hospital endocrinologists, Nov 13, 2019.
[5] Interview with government hospital plastic surgeon, Nov 18, 2019.
[6] Interview with 20-year-old trans man, Nov 23, 2019.
[7] Interview with 30-year-old trans man, Nov 30, 2019.
[8] "Endocrinology" Ramaiah Memorial Hospital. Accessed December 9, 2019. https://www.msrmh.com/specialities/super-specialities/endocrinology
[9] Interview with 19-year-old nonbinary person, Nov 19, 2019.
[10] Interview with 20-year-old trans man.
[11] Interview with 20-year-old trans man.
[12] Interview with private hospital endocrinologists.
[13] Interview with 23-year-old trans woman, Nov 22, 2019.
[14] Interview with 23-year-old trans woman.
[15] Interview with 23-year-old trans woman.
[16] Interview with 23-year-old trans woman.
[17] Interview with 19-year-old nonbinary person.
[18] The World Professional Association for Transgender Health (WPATH). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People.* International Journal of Transgenderism, 2012.
[19] Interview with 30-year-old trans man.
[20] Interview with 19-year-old nonbinary person.
[21] Interview with 38-year-old trans woman, Nov 22, 2019.
[22] Interview with 19-year-old nonbinary person.

[23] Interview with 19-year-old nonbinary person.
[24] Interview with 19-year-old nonbinary person.
[25] Interview with 19-year-old nonbinary person.
[26] Interview with private hospital endocrinologists.
[27] Interview with private hospital endocrinologists.
[28] Interview with 19-year-old nonbinary person.
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[30] WPATH, *Standards of Care.*
[31] Interview with private hospital endocrinologists.
[32] Interview with 37-year-old woman, December 6, 2019.
[33] Interview with 38-year-old trans woman, Nov 22, 2019.
[34] Interview with 19-year-old nonbinary person.
[35] Interview with 20-year-old trans man.
[36] Interview with 20-year-old trans man.
[37] Interview with 30-year-old trans man.
[38] Interview with 30-year-old trans man.
[39] Dmitry Nikolavsky, Michael Hughes, and Lee C. Zhao, "Urologic Complications After Phalloplasty or Metoidioplasty." *Clinics in Plastic Surgery*, 45 (2018). 425-435. https://doi.org/10.1016/j.cps.2018.03.013
[40] Interview with 30-year-old trans man.
[41] Interview with 30-year-old trans man.
[42] Interview with 30-year-old trans man.
[43] Interview with 30-year-old trans man.
[44] Interview with 30-year-old trans man.
[45] Interview with private hospital urologist, November 13, 2019.
[46] Interview with government hospital plastic surgeon.
[47] Interview with 30-year-old trans man.
[48] Nikolavsky, "Urologic Complications," 428.
[49] WPATH, *Standards of Care.*
[50] Interview with private hospital endocrinologists.
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[52] Interview with two 25-year-old trans women, December 7, 2019.
[53] Interview with 23-year-old trans woman.
[54] Interview with 20-year-old trans man.
[55] Interview with 37-year-old woman.
[56] See appendix figure 2.
[57] Lok Sabha, *Trans Bill 2019.*
[58] Interview with 30-year-old trans man.
[59] Lok Sabha, *Trans Bill 2019.*
[60] Semmalar, "Unpacking Solidarity," 290.
[61] See appendix figure 5.
[62] Interview with two 25-year-old trans women.
[63] Interview with 20-year-old trans man.
[64] Interview with 19-year-old nonbinary person.
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[66] Interview with 19-year-old nonbinary person.
[67] Interview with private hospital urologist.
[68] Interview with government hospital plastic surgeon.
[69] Interview with 20-year-old trans man.
[70] Interview with government hospital plastic surgeon.
[71] Interview with 37-year-old woman.
[72] Interview with private hospital urologist.

[73] Interview with private hospital endocrinologists.
[74] Interview with 30-year-old trans man.
[75] Interview with 38-year-old trans woman.
[76] Interview with 19-year-old nonbinary person.
[77] Interview with 23-year-old trans woman.
[78] Interview with two 25-year-old trans women.
[79] Interview with 30-year-old trans man.
[80] Interview with government hospital surgeon.
[81] Interview with government hospital psychiatrist, Nov 18, 2019.
[82] Interview with 38-year-old trans woman.
[83] Interview with 19-year-old nonbinary person.
[84] WPATH, *Standards of Care.*
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