



'Becoming Our Authentic Selves:' Obstacles to Gender-Affirming Health Care

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!**, where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar**.

This time on Code WACK! At least 20 legislative bills targeting **transgender medical care** were pre-filed in at least nine states for 2023, according to [The Hill](#). And last year, more than two dozen states sought to enact measures to ban or severely restrict access to gender-affirming healthcare for **transgender youth**.

To find out about the challenges transgender individuals face when seeking such treatments, we recently spoke to **Jeffrey Rodriguez**, the director of the **Los Angeles LGBT Center's** Community Health Programs. He's worked at the center for the past 12 years, largely in sexual health and education.

Welcome back to Code WACK! Jeffrey.

[\(01:08\)](#):

Rodriguez: Thank you, Brenda.

(00:45):

Q: So what are the unique challenges that transgender individuals face when seeking gender affirming care?

(00:52):

Rodriguez: It's a lot. When I say it's a lot, I mean, it's a lot because there's not enough. There isn't enough people to do that type of health care. So that specific health care for our trans program, there is a waiting list to get in. I mean, it's not too bad. I believe it's about two months, but two months can be a lifetime for someone, you know, especially when they are going through this process. You know, it's interesting. I was at the Trans Wellness Center working one day and I picked up the phone there and I received a call from a young person in Texas who was asking me a lot of questions. They were in high school, but they were already making their plan to leave Texas to come to L.A. to start their transition because they knew they wouldn't be able to do it in Texas.

(01:33):

You know, (they) talked about finding a job that would pay for it. What kind of company would give them health insurance that would, you know, help them get their care and different things like that. And what's interesting enough, that conversation really made me realize how much information I know, but also that this person, this probably 17, 18-year-old person, they had one more year of high school and they were going to make a plan to do this and it just was like, it was just so amazing to me, like all because of health care. Think about that, just trying to become their authentic selves, knowing they wouldn't be able to do this in Texas.

(02:11):

Q: What's going on in Texas? Are there not enough physicians to do this kind of care?

(02:16):

Rodriguez: There's a lot of anti-trans laws right now for the younger generation and so they know they're going to be met with biases from providers and different people. So, you know, that's the thing. One of the biggest things, when you talk about transcare is there's a lot of bias. Providers will not offer. I mean, it's LGBT also, but for trans specifically, right now, there's a lot of bias where people won't service trans people, let alone give them the care that they're asking for. So when they're talking about the transitioning process and the medical procedures and different things like that, if you're not a trans-specific provider, you're not going to do that or do a referral out even. From my experience, you have to find someone who's experienced in working with the trans population.

(03:01):

Q: Got it. What about health insurance? How does it respond? Does Medi-Cal cover gender affirming surgeries? And what about corporate health insurance?

(03:10):

Rodriguez: Medi-Cal does, yeah. Medi-Cal does. And in California, I believe most insurance most, but there could be some pushback, like I know Kaiser does. So if you have Kaiser insurance that does, and then some of the bigger insurance carriers, some of them do in California. Now, I'm not sure people are aware that you can have Anthem Blue Cross in California, but then you can have Anthem Blue Cross in Texas and that doesn't mean you're going to get the same health care <laugh>. So that's my experience that sometimes different states authorize different things from the health, you know, depending on, you know, and also where you work. So that's the thing. So if you have health care through your job, this was one thing I was thinking about before this interview today, was it really also is if you have health care through your job, your employer has a say in this because they can advocate.

(04:01):

"We are an LGBT-specific organization, or we're an organization that wants to buy into your healthcare system and we need to ensure that you're going to take care of our employees. They can say that." They can advocate. So that way, when you, they don't need to know what you're using your health insurance (for), but they can say like, look, we're gonna pay for this package and we're gonna do this, but we need to ensure that you're gonna pay, you're gonna service our employees. And that means we have LGBT-specific employees. And what does that look like? You know, and the reason I thought about this and that story from this young person in Texas was that when they were talking about finding a job, I said, 'Starbucks. I know a lot of people that work for Starbucks and a lot of people that went through their transition with Starbucks as a company and as a company that supports that with insurance, if you work there...their insurance will cover it.'

(04:57):

And I think about where we are, here at the Center, most of us have Kaiser, but a lot of us we're LGBT like the reality is our center is working with Kaiser, knowing that they're paying for our health insurance and we have to go there. They have to be culturally competent. Right? So I was thinking about this. Employers have a big part of this too, you know, understanding like what is important for us, not just to buy this and give this to clients and that's, if obviously your company is that forward thinking, Most companies, a lot of companies, I know that don't like to offer insurance cuz how expensive it is. But if you're a big company and you're looking to employee and have good, you know, just understanding like you wanna, you're that forward thinking of a company that understanding you have that power too, to ensure that you're, you know, you're contracting with this insurance company and you're paying them a lot of money that they're servicing your employees correctly, you know, in a manner of speaking.

(06:01):

Q: Yeah. That's a really good point. If someone has Kaiser and they want to be seen by the (Los Angeles) LGBT Center, can you see them?

(06:09):

Rodriguez: No, because Kaiser is their own insurance and provider so they're what they call a closed entity. But I will say Kaiser here in Hollywood does a really good job with servicing our community because I mean, I go there <laugh> so yeah.

(06:25):

Q: If someone is uninsured and they want gender affirming surgery, what are their options? Sign up for Medi-Cal?

(06:32):

Rodriguez: Yeah. For us it's Medi-Cal or looking at other payer sources. Is there something else out there that could cover that? Is it a Kaiser? Is it, you know, getting them linked to some other type of insurance that we know that will cover? You know, we can look at insurance coverage and different things, but I feel like most California-based bigger insurance companies do that. Again, I don't work on the billing side of that, but I haven't seen too much trouble.

(07:01):

Q: Uh-huh. Is that fairly new? Like in the last decade or so?

(07:05):

Rodriguez: Oh, absolutely. In the last couple years. Yeah. I mean, I think that's where some of the policy change makers and different things and how we cover again, or how companies and insurance companies are covering different things and again, in different states too. I believe I'm not a hundred percent sure what that difference is or why that difference is, but I do believe there is a difference based on your state.

(07:29):

Q: I've heard that some transgender individuals or other LGBTQ individuals leave the country to have gender affirming surgeries. Have you heard about that?

(07:39):

Rodriguez: Yes, I have heard that and just because we're so close to Mexico, we get a lot of people that have gone to Mexico in years past. I don't know of too much of that happening now. I would say, you know, probably 5, 6, 7 years ago prior, I think you would hear more of

a lot of stories about going to some other places, you know, going to Mexico or going to Canada or different places like that to get gender-affirming surgery.

(08:06):

Q: Is that because of the cost or because they don't have insurance?

(08:09):

Rodriguez: The cost. Yeah.

(08:11):

Q: Uh-huh. So that's a good thing that that's happening less because I imagine it's not always safe.

(08:16):

Rodriguez: Yes, absolutely.

(08:17):

Q: Uh-huh. What other trends are you aware of when it comes to transgender individuals accessing the health care that they need?

(08:25):

Rodriguez: From what I've seen, I feel like it's still the trends - as far as what the need is - is still culturally competent, you know, non-binary and trans male and female getting the culturally competent health care that they need. It's still a real big need. It's still really a big need and so yeah, that's the biggest trend, it's still something that I think because there's, I mean, which is, there's this good thing where people I think are feeling more comfortable and being able to, want to start that, you know, that life, you know, and change and decision, or to really, you know, do it and then finding someone who's able to, you know, finding the providers that are capable of helping them through that process. I mean, at the Trans Wellness Center, when I'm there, like the example for that Texas call, we get calls from all over the country and we see people come from all over the country to LA to start that process and looking for ... culturally competent care. And if that is happening and you know, people are coming from Texas or, you know, Mississippi, or, you know, Louisiana or different things like that, that's because they don't have that and so that need is still really there. So then what happens, you know, we are trying to help all these people and so that again helps we're now wanting to and needing to help everyone that's coming through our doors.

(09:53):

Q: So that leads me to our next question about funding. Do you believe there's adequate funding to meet the needs of the populations you serve?

(10:01):

Rodriguez: No. No. Cuz we are talking about health care <laugh>. It's not enough, It's just never enough and so, you know, people can get on Medi-Cal and emergency care and LA Care and different things like that and that's great where there's not a lot of cost to them, but you know, let's be honest what they pay us to do that is not a lot either. We're an FQHC [Federally Qualified Health Center] and so we have our own pharmacy and we know we still rely on donations and different things. We're an LGBT center and we do a lot of different other things and so, you know, giving ample care to someone isn't, you know, isn't sometimes just mental health or medical. It's you know, it's helping find housing, it's helping to find food disparities and different things like that so it's all encompassing. So there's a big need and obviously in L.A. there's a huge need. We have a huge homeless population that's in need and so when we service that community. We know there's a lot more need there. So yeah. Unfortunately not enough.

(11:01):

Q: Wow. What solutions or reforms would you say are needed to address these issues?

(11:08):

Rodriguez: I think looking at what I mean, looking at what is funding, how we're paying out, you know, FQHC agencies, how we're looking at the intersections of all the other needs, you know, that of a patient, especially the homeless population and I know I, there's a couple of different things out there that understanding that if someone's homeless, they're going to have a lot of healthcare needs and there's got to be better solutions than what we're than what we're getting. Yeah.

(11:37):

Q: Wow. So what percentage of your clientele would you say is homeless?

(11:40):

Rodriguez: I'm going to say it's going to be really hard to tell because when you're homeless, there's a lot of shame sometimes involved and so they may give an address. They may give their old address. Some people will say that they're homeless. Some people will say that they're couch surfing when they're really homeless. You know, I could say 10%, but I think it's going to be more than that. I think it's really, truly going to be more than that because I know there's people that will put an address down and then they'll say, 'well, I'm not really living there. I'm couch surfing.' And I'm like, 'okay, no problem, whatever, whatever you need, you know, just as long as I get a phone number in case I need to get

ahold of you.' But you know, there's a lot of, there's a lot of shame in that, you know, and being homeless.

(12:20):

And then when you come in to get medical care and different things like that, it's sometimes they just don't want to put that down. Sometimes you see it. I mean, people write homeless and in certain parts of LA you know, certain parts of the city, like in West Hollywood, if you write down you're homeless, we will ask like, 'what part of the city or what part of West Hollywood are you homeless in? Like what part?' Because there's funding for agencies that are helping the homeless populations to get services, you know, like the city of West Hollywood will give us money because we're helping the homeless population. So, you know, we ask certain things like that, but also it's just good to know, like, you know, where this is happening, like where this is really going (on.) Like I said, it's really hard to dictate because of what people tell us.

(13:03):

Q: Wow. And we know the homeless situation seems to be getting more and more dire. I'm wondering if you have any transgender physicians or medical staff?

(13:12):

Rodriguez: I don't believe I have a physician, but I know we have medical staff.

(13:15):

Q: Thank you, Jeffrey. I wanted to ask you if there's anything else you'd like us to know?

(13:19):

Rodriguez: No, I don't think so. I feel like I covered a lot. <Laugh> Well, first of all, like I said, thank you for having this platform. I think to focus in on LGBT+ community is well needed. It's very well needed and I think understanding that when we say health care for all, it really needs to mean for all and understanding that there is a difference in that for all. Understanding, you know, race, you know, how we identify, how you and providers and understanding what their patient is really going through and taking the time and culturally taking the time to understand where people and not just providers, like again, from the beginning to the end, that every person that touches the patient, understanding, you know, the road to get to that one appointment can be very long.

(14:10):

Right, and it's all about customer service.

(14:13):

Rodriguez: It's all about customer service. <Laugh>

([14:18](#)):

Thank you so much Jeffrey for your time today.

([14:20](#)):

Rodriguez: Thank you, Brenda.

(5-second stinger)

([14:27](#)):

Thank you. Jeffrey Rodriguez of the Los Angeles LGBT Center. Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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