

Free HRT On  
Demand  
WITHOUT  
APOLOGY



We can engage in this play not because of some magic of modern medicine, but because our bodies are made to trans!! If estradiol levels are high enough our endocrine systems will restrict T production, regardless of testes. If a body has more testosterone than it can use, it will convert it back into estrogen and progesterone. Our endocrine systems are designed to transition across and through life, which is why HRT works in the first place!

This is also why we strongly discourage girls from using blockers. Spironolactone and T blockers in general have gnarly side effects, and the doctors will take you off them eventually anyway without any reason other than you complaining about side effects or just time passing. Estradiol has almost no direct side effects if you don't have a uterus, (it does correlate slightly with a higher risk of uterine cancer, which, not a problem for us!!) Liver problems are from the bad old days of horsepiss derived e and while breast cancer risk is increased by more breast tissue, it does not correlate to levels of estradiol in the system.

The only reason you go on blockers is because doctors chronically prescribe too little estrogen out of a first principle of "do no harm" that does not apply to trans people. They learn about HRT purely from the perspective of cis bodies!

There can be detrimental symptoms to energy/mood/fatigue if t goes too low or e too high, but this can happen just as easily with spiro or monotherapy! Meanwhile Spiro has LOADS of other well known well documented side effects that produce risk for No Reason.

In short, there is no reason for doctors, pharmacies and the state legislators that regulate them to have any involvement in your transition beyond what you want them to do. Hormones should be free and available on every street corner: the demand that they be OTC or in vending machines is an acceptable compromise (they should be 100% free, not even costing a nominal amount, but OTC is a good start.) Anything more restrictive than that is just transphobia masquerading as care.

If you are thinking about it at all, you can transition, you deserve to transition, and you are trans enough. It should be a joyful and beautiful process of discovery, desire and change. Any one who makes it otherwise, regardless of intentions, gender identity or number of medical degrees, is ultimately working to reenforce their own power and the structure of this world at the expense of your body, your life, your joy. We can help each other transition without those people and we are getting better at it every day.

True trans liberation will only be achieved when such gatekeeping becomes unimaginable, when transition itself is embraced as the communal process of abolition and transformation it always already has been.

Transness has no biomarker: it cannot be measured in the blood, or observed with genetic sequencing, nor can any endocrine system measurements tell you if someone is trans. Just like there is no gay gene, neither brain scans nor physical exams reveal transness.

What this means is that transness is a form of self- knowledge and desire. Full stop. While some medicines assist with the process transition is fundamentally not a psychological or medical question.

Therefore someone wanting HRT is proof they “need” it, deserve it, and should have it. There is literally no other measurement required. If someone has access to HRT and anyone asks for it, any response other than “here you go”, no matter how well-intentioned, is ultimately medicalized gatekeeping and transphobia.

Doctors, even the best intentioned and most allied, have been trained extensively (and hazed through years of med school) to believe that their involvement is a prerequisite for safety: that anyone handling medicinal practice on their own is at best a harmless quack and at worst a danger to themselves and others. They HATE the fact that they can’t control transition, that transition falls outside this medical logic of control and safety. So situations like HRT-care, alongside things like chronic pain, rare or unknown diseases, long covid, etc that lack biomarkers and controlled medical interventions, can often lead to an aggressive rejection of patient knowledge, experience and even identity on the part of practitioners. To say nothing of the added ableism, fatphobia and transphobia that is the baseline in this world.

But what about hormone level checks? Surely you need level checks!! Thats why doctors make you come in every few months! Lol, LMAO, even.

Level checks can be done anywhere testing is available (eg LabCorp, etc) and a hormone panel can be ordered by anyone. But the “normal” ranges provided by medical guidelines already removed the top 10 and bottom 10% of PERFECTLY HEALTHY levels when they were first created. If that sounds like eugenics to you, well, yup. “Normal” hormone levels have about the scientific accuracy and validity as BMI, which is to say, none.

That said, comparing levels with your own personal history can offer evidence and information to balance against how you are feeling in transition (for example, not enough reduction in dysphoria reflected in high T levels; exhaustion/lack of libido by no T at all etc) so they can be helpful to monitor! But that’s just on an individual basis as extra information, not as a comparative measure against a baseline of normal. And it is much less important and relevant information than how we are feeling in our bodies.

Every body is different and folks should have enough information, and enough hormones to play with and experiment, to find out how much they need to feel good!

