**Tuck:** Shopping for sex toys can sometimes feel overwhelming or dysphoric, but [ShopEnby.com](shopenby.com) aims to create a better experience for the queer, trans, and gender nonconforming community. As a Black and trans-owned sex toy company, the cuties at [ShopEnby.com](file:///C%3A%5CUsers%5Cjelg9%5CDownloads%5Cshopenby.com) are sensualists with a mission. Two percent of all proceeds are donated to organizations focused on improving the lives of queer and trans people of color, and what’s more, [ShopEnby.com](file:///C%3A%5CUsers%5Cjelg9%5CDownloads%5Cshopenby.com) is a carbon negative company, so every sale funds renewable energy and forest conservation projects. Visit [ShopEnby.com](file:///C%3A%5CUsers%5Cjelg9%5CDownloads%5Cshopenby.com), that is s-h-o-p-e-n-b-y-dot-com, and use the code “Gender Reveal” at checkout to get 10% off, and bring more pleasure and affirmation to your life.

[*Gender Reveal* theme music starts]

**Tuck**: Welcome to *Gender Reveal*, a podcast where we hopefully get a little bit closer to understanding what the *hell* gender is. I’m your host and resident gender detective, Tuck Woodstock.

[*Gender Reveal* theme music ends]

**Tuck**: Hey everyone, I hope you’re all hanging in there. Welcome back to Cis Day of Visibility: an idea that was funny at the time. Today on the show we are talking to nurse practitioner and HRT provider, Lola Pellegrino. And I want to explain a little bit, because I can imagine that some people will be like, “Why didn’t you invite a trans healthcare provider onto the show?” That’s a good question! I have tried to book trans healthcare providers in the past, I will continue to work on that for the future, but honestly, this interview was originally booked just because I was trying to find someone I could do like, a very trolly, Ziwe [Fumudoh]-type interview for Cis Day of Visibility, and Lola was very up for that. So we tried that, and at some point I was like, actually this is a weird energy, and what I would love is if instead we just try you providing useful information about medical transition to thousands of trans people. Not to say that it’s official medical advice, I’m sure I’m supposed to say it is not official medical advice. Anyway, in this episode we talk about renaming and redefining women’s health, and then we spend a lot of time talking about HRT.

**Lola:** There is not a single medication that has been approved specifically for gender HRT use. So, we’re just like taking a bunch of medications from other places and repurposing them.

**Tuck:** There is nothing graphic in here *at all*, but if you are very very sensitive to the concept of medical things or human bodies, you might want to skip this one. We do talk about shots and also like, weird goo.

**Lola:** We’re all full of goo, man! That’s just the way it rolls.

**Tuck:** But before we get to that, I just want to let you know something very exciting. Which is that we are putting together a few live shows right now! Of course, if COVID lets places exist. TBD. Maybe none of this will happen, but maybe it will happen. And if you want to be the first to find out when tickets go on sale, the best thing to do is to subscribe to our newsletter, which is available for $1/month at [Patreon.com/Gender](http://patreon.com/gender). Or you can follow us on [Twitter](https://twitter.com/gendereveal) or [Instagram](https://www.instagram.com/gendereveal/) at @Gendereveal. We do a cute little thing on Instagram every week where we ask folks for their favorite parts of that week’s show, and then we share them in our stories. It’s very wholesome, and we get to do that whether or not COVID shuts down places, so please check that out if you like nice things. Anyway, we’ve got a TheyMail message for you today. This message is from Niko Blank Works, who says:

“Looking for a queer tarot deck about power, community, and transformation? The Dimlit Tarot is a 78-card deck steeped in the aesthetic, designed by a queer and trans artist. The Kickstarter is running now to fund its first and probably only printing, and with luck there will be community copies available after the campaign. Go to [Bit.ly/Dimlit-Tarot](bit.ly/dimlit-tarot) for more information.”

[*Gender Reveal* theme music starts]

**Tuck:** Lola Pellegrino is a Brooklyn-based nurse practitioner. She was a staff writer at *Rookie Magazine* (RIP), and a frequent contributor to *The Hairpin* (RIP). She is @DamnSorrow everywhere.

[*Gender Reveal* theme music ends]

**Tuck**: The way we always start the show is by asking, in terms of gender, how do you describe yourself?

**Lola**: Um, I am a cis woman.

**Tuck:** I’ve been talking to cis people for this little Cis Day of Visibility project, and most cis people when I ask, “How do you know your gender?”, they’re like, “I don’t know, nobody asked me to think about it, I never interrogated it, this is the first time I’ve ever been asked.” But I feel like you, professionally and personally, are around a lot of trans people. Perhaps even to the extent that sometimes you are in the minority in the room by being a trans—cis person rather, see, lost track. So I feel like maybe you have actually had to interrogate your gender a little bit more. And so I’m curious what that has looked like for you.

**Lola:** Yeah, I do HRT for a living, so I’m a provider, so I do think about it pretty much constantly. And this is difficult because I’m trying not to privilege testosterone over estrogen, but let’s put it this way: most people who take T will at least, at the very least, say that their body no longer hurts, and they feel amazing. [Laughs] So you can only hear that the first thousand times without just being like, what if I just, that sounds fun, that sounds pretty good, and that would be the option available to me, so. But then the reason why I don’t is because I don’t want to not be cis, I have never had that desire in my life.

**Tuck:** Wait, so are you saying that “I don’t want to do it because I love to be a woman and would like to remain so forever until I die,” or are you saying “sounds like being trans is bad and I would like to not do it”? [Laughs]

**Lola:** No, no, no. I just want to be a woman, I just don’t want to masculinize in any way, shape, or form. Critical reason is: I don’t want to do it because it doesn’t sound good to me.

**Tuck:** You mentioned that you, a cissexual, are working in HRT for a living. Can you talk about how you got interested in that and why that feels both important and appropriate for you?

**Lola:** In medicine, often when people come into the clinic, it is not the greatest day of their life. It’s often pretty fucking depressing, or something bad has happened, and it is an honor and a privilege to be there for those appointments. But when you do an intake for HRT, most of the time, even if the person is scared or has hesitations or anxiety, which, who wouldn’t? It’s very cool to be in the room while somebody takes their power, and assisting in people doing cool bodily autonomy stuff is just, that’s like, my unifying principal of medical practice. So it was always fun and like a happy thing, and you don’t get to see that that often.

**Tuck:** In some places, some of the type of work that you do, not necessarily HRT, would fall into the realm of women’s health. And we had a guest recently, Tish Rico, who just gave birth, and was talking about how they felt uncomfortable going to a women’s health center when they were a pregnant trans person. So I’m wondering to what extent there’s a conversation going on in your field around renaming things that are called women’s health centers, or reframing what we think of as women’s health, because it kinda doesn’t mean anything at this point.

**Lola:** Um, I want to pull those two things apart and hold them in both of my hands. So, we have the redefining what a woman’s health might be, and also who might fit into that category. Everybody in the field who’s anybody is freaking out about it, which is exactly the way that it should be. I know that right now, I’m not a midwife, but midwives literally means with women, so that’s been an ongoing, high-level, on state and national midwifery boards of nursing, about whether or not they can see people with penises or whether they should. And it’s been on the precipice of being fought in court. And there are people who are advocating for it, and then there are people who are like, “Woman means one thing, we’re trained to do one thing. Why don’t you leave women alone?” Which, I mean, come the fuck on. But those people have only been trained to see people with vaginas.

No, I’m hoping for a breakthrough in renaming these stupid fucking health centers. [Laughs] Like, here, let’s just take the word “woman,” and let’s just think of a whole bunch of people sitting in that waiting room. So a women’s health department, you might have a transmasculine person, who’s like, “Fuck this.” You might have a transfeminine person who’s like, “I feel good about this.” You might have a cis woman who feels good about it. You might have a nonbinary person—happy Nonbinary Visibility Day, by the way—who like... it’s very, very tough to make everybody feel okay, but I feel it’s an extremely worthy project and I’m glad people are working on it, because people shouldn’t feel like shit when they go to the doctor. Just one woman’s opinion.

**Tuck:** At least not in any extra ways. I mean, if you’re going to the doctor, maybe you feel like shit already and you don’t want to do additional shit-feeling.

**Lola:** Right.

**Tuck:** So, I have a bunch of questions about trans healthcare and HRT, and the first one is so silly, but I think really, really common: if I’m anyone who has to inject myself with anything and there is a tiny air bubble and I inject it into my body, what are the chances of me just dying of that air bubble?

**Lola:** Um, none.

**Tuck:** Great.

**Lola:** I have seen studies where somebody would have to inject basically the equivalent of 5 of those syringes of pure air directly into your veins in order to cause, what the fear is, which is an air embolism. Also, I saw a study recently, now that everybody is being vaccinated, they’re talking about vaccine technique, where in a few countries, some of the time, they’re like, oh yeah, we always airlock vaccines, where we inject the vaccine with a little bit of air in it to make sure it stays in.

**Tuck:** Wow, amazing!

**Lola:** So somewhere in the world there’s a bunch of nurses who are doing that and it’s actually fine, because it doesn’t matter.

**Tuck:** Amazing. Well, speaking of locking it in, both my roommate and I have accidentally done shots with the wrong gauge needle cause we weren’t paying attention, and some weird juice came out of it, and when this happened I was like, “Are the hormones leaking back out of my body?” And you said, “No, it’s body goo.” And I’m haunted now, but in like a good way, it’s a good haunting. What’s going on with that?

**Lola:** We’re all full of goo, man! That’s just the way it rolls. We’re saline, blood, serum, like stuff that’s in our skin, we are just full of juice.

**Tuck:** But if I fell and cut myself, I feel like it would be blood coming out. But there’s also goo that you can access in a different way?

**Lola:** Absolutely. When you inject, you are displacing a little bit of that goo, which makes sense, you’re putting something in, and then something is going to come back out at you. So usually when people are getting a lot of goo coming to say hi, it just means that they are doing something where the velocity of what they’re injecting is a little higher than usual. So, for instance, using a bigger needle than you used to. Or pushing too fast. But it’s ok, it just might freak you out when it comes back to say hi. But it’s not wasting your medication.

**Tuck:** So you don’t have to worry that you didn’t inject the right amount?

**Lola:** No.

**Tuck:** Ok, so last question in the shot arena: what should I know about the depth or angle of doing shots, is there some way that I could fuck that up egregiously and destroy myself?

**Lola:** It’s pretty hard to fuck yourself up with a shot of the size that people give themselves for HRT, which is almost never, *really* almost never over a milliliter at a time, for estrogen or testosterone. It’s just not a lot of fluid to mess you up. And then in terms of technique, with like, shallow shots or deeper shots, most people are going to be doing sub-q at this point regardless of who they are, and the issue with sub-q is actually not going deep enough. Which is actually what most people, when they have an issue where they have bruising, or the area is like itchy or hot, or they have a little bump afterwards, that’s usually from not going deep *enough*, not going too deep. So if you’re hesitant because you’re afraid of fucking up your shot, your hesitation might be the only thing that is fucking up your shot. But even if you do fuck it up, your body is fine.

**Tuck:** So the other day, I as I discussed on the show, I had to prove that I was a boy—am I? Who knows?—to a random doctor. And one of the things she asked is if testosterone had made me angry or irritable, and I was like, “No, that’s not a thing,” and then just kept going. If someone is on testosterone what do you feel like are maybe the actual side effects versus like, the mythical side effects?

**Lola:** Um, hulking out is a myth. I mean some people experience it, but it is not a thing that when I sit down with people, it’s like, “First of all, you’re gonna be angry, you’re gonna punch things, you got to be prepared, get a rage cage,” like, that’s not really the jam. What I tell people is that T is very activating. It gives you more energy, but it also gives the evil parts of your brain more energy to, um, make you anxious, or it can increase anxiety, people can start panicking, and it can make you more irritable. Just think about whatever that dial is in your brain going all the way up. And there’s ways to mitigate that, there’s ways to help it out, and it doesn’t happen to everybody, but that is stuff that I do see. And that makes sense, because it’s part of an overall effect, versus just randomly, people are going to have a complete personality change.

**Tuck:** I was getting my blood drawn, and my blood was getting drawn to check my T levels, and I had to pick a sex on the thing. And I was like, “I literally don’t know, can you... What does this mean? Are you using this to determine what my correct hormone ranges should be? Like what does this mean?” And especially when we think about, there are trans people whose bodies are very, very different than when they were born, not just in that they are no longer a baby, but because they have like, truly transsexualized, and at what point in the transsexual journey do you get to change the sex marker when you’re at the doctor, you know? Like I’m very confused by this.

**Lola:** I love that you asked this question because I am happy to communicate that top to bottom nobody has any fucking idea what your laboratory gender is. There is no crossover point that is agreed upon at which somebody is now their target lab gender. Like, is it somebody on T for 1 year, 5 years, 10 years? Is it somebody who’s had bottom surgery in which they don’t have testicles or ovaries afterwards? We kinda like, freestyle it for the person, but that question, I wish there was an easy answer, but you can get a bunch of people who study endocrinology drunk, and we’ll all fight about it, and hearts will be broken, and nobody will come out the winner.

**Tuck:** Ok, maybe actually last HRT question, maybe not. Is microdosing a thing that has a set definition within the medical community?

**Lola:** No. Danny Lavery—I mean this has been talked about a lot—but most recently, Danny, in his newsletter, talked about it. Microdosing, if you’re going to take a purely medical definition, means giving yourself a dose that is less than it would take to give therapeutic effects. AKA, it’s not even supposed to work at all. So that as a concept basically does not exist in medicine in any clinical way. It is like a buzzword. If I’m going to be super generous about it, I’m gonna say, which is true, that it is a term that is out there, and people hear it, and it answers a need about feeling like they want to be in control of the pace of their changes, or they maybe have some certain fears about certain aspects of the changes that they don’t want, and they would like to work with that in a closer way, or maybe they don’t want that many changes. That’s what, people hear microdosing and then know is possible, which is very cool.

It also can bum me out on the other side of the table, when people use that term because there’s parts that they’re deeply afraid of, or are ashamed of, and so like, sort of the internalized transphobia can come out. So, it’s not like, “No, you’re not allowed to microdose,” or, “That’s not what you want.” Like, that’s not what I would ever say to that person. I would just be like, “I hear you, that you want to do it this way. Let’s talk about those things that you’re afraid of, that are barriers, that are fears that you’re having, and make that better, and we’ll take them away.” And then you may still want the same thing, that’s fine, but also you may have a new idea about what might be possible for you.

**Tuck:** Totally, and I think what you’re saying about fear is really real, if you’re in control. Because I’m thinking about a lot of people that I know who started out on a low dose or what some would call a microdose, and then just kept upping their amount the more comfortable they felt with that. So I think that also is like, it’s definitely cool to present as an option, “Hey, did you know that you don’t have to take like 17 syringes of T or nothing? You actually can just take the amount that you want.” And speaking of which, I was talking to Mal Blum the other day—I think this got cut from the episode—but we were talking about how we both had stopped and started and stopped and started a bunch, in just the first year or two, as we were sort of gaining our footing. Do you think there is anything dicey about stopping and starting HRT multiple times?

**Lola:** Clinically, no. So it’s not going to hurt your body to stop. As long as a person hasn’t had any surgeries that would change whether or not their body produced sex steroids. Because if you go off HRT after having one of those surgeries, it can cause issues with your bones and stuff. But with that out of the way, a person who hasn’t had any surgery at all, wants to go off for a while, no, clinically, it’s totally fine. The one thing would be, things like periods can come back, or you’ll have rebound bottom activity, and that can be shitty. That’s like, one of the main reasons why people do it. So just like, with the caveat that you should take your dysphoria seriously, and dysphoria can really come back really quick. Medically, other than that, no, not really.

**Tuck:** So the other week I was recording the segment about cis women in the Olympics being kicked out of the Olympics for having naturally high testosterone. And when I was doing that, I found that the treatment prescribed to lower those women’s testosterone levels was to perhaps go on hormonal birth control. And I was on hormonal birth control—which I put myself on, my fault—for almost 10 years. And I was like, did I do HRT to myself? So what is the difference between me going on testosterone-based HRT, and me putting myself on birth control pills for 8 years?

**Lola:** Mmm! Um, kind of, like if we’re really gonna free our minds, none. Also HRT as a term, I think is the most easily recognizable term, but like, I’m sure you’ve heard it, but gender-affirming hormone therapy, gender care, like there’s many, many probably more accurate and better—cross-sex hormone therapy, which is a little [unsure noise]. These are all terms, but most people will just understand HRT. So, you have HRT as like this commonly understood thing, but HRT is originally from menopausal cis women getting estrogen to help with “the change,” right? And there’s no difference, it’s hormone replacement therapy just like anything else. And, there’s other kinds of hormone replacement therapy that people get for genetic disorders. It could just be one big old, everybody gets hormone replacement therapy, including people who go on birth control that has hormones in it. I mean, why the fuck not? Everybody’s got the sex steroids, right, in the absence of like, a variation. We’ve got progesterone, you’ve got testosterone, and there’s estrogen. So all you’re doing is changing the dials. And that’s what you do with... whatchamacallit, the pill! You do that with the pill, too, so.

**Tuck:** So much of what we use for trans medicine was invented for cis people, right?

**Lola:** Yes. There is not a single medication that has been approved specifically for gender HRT use. Everything is off-label, everything. [Laughs] So we’re just like, taking a bunch of medications from other places and repurposing them.

**Tuck:** Is there anything else I haven’t mentioned that you feel like is a common concern or common misconception when you’re talking to folks about HRT that we should address?

**Lola:** I would just want everybody to groove as they desire. You can get your prescription, and you can go home, and you can look at it, and you can start it in a month, or you can start in 2 months. Or you can be on it for three months and just stop. I mean it’s, even though it can feel, especially since there are so many fucked-up barriers in terms of waitlists and a million really shitty things about medical care, especially for this, it can feel really momentous to finally get there, that it doesn’t mean it’s out of your control and you have to do everything from then on. And I think that reminding people of that... and I mean, do your research, and it is your body and don’t let anybody else tell you differently.

**Tuck:** Testosterone is a controlled substance. Is that why every time I try to call in my prescription to the pharmacy it takes them several weeks to fill it? Or... why can I never get testosterone?

**Lola:** Oh my fucking god. [Laughs] That is why. Let me just give you an idea of what it’s like on our end. If I’m prescribing you estrogen, you’ve been on estrogen for a year, everything’s chill. Or, you know, whatever, you’re just on a stable dose of estrogen, let’s take the time off. I send out a 90-day supply, 3 refills, AKA a full year, 365, right? Cool, see you next year, feels good. Same appointment for someone on testosterone, I will have to write them a prescription pretty much every single fucking month and send it out anew. I’m just gonna take New York because it’s different in every state. There are states where if you want to prescribe somebody testosterone, it requires an in-person appointment, which is fucking bananas and I have no idea how they practice. But, in New York, where I work, we have the ability to put something called Code F on our prescriptions, which is basically a mysterious letter that means you can give this person more than, like, a very small supply.

So we put Code F on fucking everything, because this is like, a chronic medication that people should be on every day, and the pharmacists ignore us. And sometimes they’re willing to dispense three months at a time, insurance will only pay for one month at a time. So I could write, you know, there are big vials and small vials, I can write for a big, fat vial and the best we can do is find every once in a while a pharmacist will actually dispense it. Controlled prescriptions are really intense, and you need extra licensing for them, and yet I cannot tell you how many pharmacists just go ahead and dispense whatever the fuck they want. Even though I’ve written for like, let’s say I’ve written for 5 ml, they’ll just dispense 1. And then people have to continuously call us for refills, and it sucks! It just sucks fucking up and down, I wish they would change it, because it makes a huge difference in my ability to care for people. And people run out of their T all the time, even though we are all working as hard as we possibly can.

**Tuck:** Well, speaking of things that are different state to state, and also things that suck.... An interesting thing that you brought to my attention recently is that rates of people assigned female at birth who have bottom surgery are so low at this moment in time that the many states, it was 11 last time I looked, that require bottom surgery in order to change your gender marker on legal documents, are essentially gate-keeping people assigned female at birth from ever changing their documents, because it is so difficult to get surgery. Do you have anything to add onto that, or did I just sort of say the whole thing?

**Lola:** You just kinda said the whole thing. I think something I can add onto your situation report is that there are also states where they’re like, “Yeah, you gotta get the surgery,” and then people will be, “Okay, what surgery?”, and they’re like “IDK.” And literally we’re like, “What, top surgery? A lot of people get top surgery, that’s a gender affirming surgery, is that enough?” And the states will be like, “We don’t know,” and there’s nothing anywhere about it. We went through this personally with a couple patients trying to change their birth certificates in places that were not New York. And I actually do not know the outcome of it, because it just goes back and forth forever, honestly.

**Tuck:** The way we always end the show is by asking, in your ideal world, as a famously cisgender person, what would the ideal future of gender be like?

**Lola:** I think if everyone was trans, that would be really beautiful.

**Tuck:** [Laughs] Except you. Everyone except you.

**Lola:** Oh, I’m dead. I’m completely dead by this point. [Tuck laughs] I can’t survive.

**Tuck:** Okay, try again.

**Lola:** What? A real answer?

**Tuck:** You have to give a real answer.

**Lola:** Fuck me.

**Tuck:** You can’t get out of it.

**Lola:** What if I was like, “That... that is my real answer.” [Laughs] What, in the future.... I think it would just be like, it would be fun. It would be cool, and fun, and like, people would never have to feel shitty about their bodies, and you would be able to take it in anyway that you like, and change it as much as you liked. I think that would be cool. And it would be the fun, I hate to use the a-word, “affirming,” but it would be the fun parts, like how you style yourself, and how you feel, and then everybody would be cool with one another and groove with it. It would be really cool, and hopefully we’re on our way there. I’m still gonna be dead though. [Tuck laughs]

[*Gender Reveal* theme music starts]

**Tuck**: That’s gonna do it for today’s show. If you learned something or feel like this could be useful to someone else, please share this episode with folks in your community. If you are new here, please subscribe and go back and check out some of our episodes with actual trans people. You can find Lola on Twitter @damnsorrow and at [LolaPellegrino.com](lolapellegrino.com). We are on [Twitter](https://twitter.com/gendereveal) and [Instagram](https://www.instagram.com/gendereveal/) at @Gendereveal and at [GenderPodcast.com](genderpodcast.com), where you’ll find transcripts of the show, starter packs for new listeners, and other fun stuff. If you support this show for as little as $1 on [Patreon.com/Gender](file:///C%3A%5CUsers%5Cjelg9%5CDesktop%5Cpatreon.com%5Cgender), you will also be signing up for our weekly newsletter and other fun perks. Also this episode comes out on August 2nd, which means that our merch store is probably a little in flux because it resets every month, but hey, take a peek at [Bit.ly/GenderMerch](file:///C%3A%5CUsers%5Cjelg9%5CDesktop%5Cbit.ly%5Cgendermerch) and we just might have brand new August designs there for you.

This episode was produced and edited by me, Tuck Woodstock, and by Julia Llinas Goodman. Our logo is by Ira M. Leigh and our theme song is by Breakmaster Cylinder. We’ll be back real soon with more feelings about gender.

[*Gender Reveal* theme music ends]

**Tuck:** All right, is there anything else that we haven’t talked about yet that you’re like, we should talk about this, while we’re here, talking about trans healthcare?

**Lola:** You know that I stand to pee? People don’t know that, I don’t talk about that much anymore. [Tuck laughs] 100% of the time, since time immemorial. I actually, my three dude roommates at Wesleyan senior year didn’t believe me, so I showed all three of them at the same time. And they still bring it up. And they’re all cool guys, but I’m like, I could not fucking believe I did that. This is basically the first 30 seconds of porn. [Laughs]

**Tuck:** I love how cisgender you truly are.