# Thesis in a Zine

"Community is the only reliable thing we have": Trans-Disabled Advocacy in Healthcare Systems

By Elijah Foran

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## Land acknowledgement

I would like to acknowledge that this research took place on the traditional, ancestral, and unceded territory of the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations. This land has been a place of learning, care, and community for thousands of years. I am grateful for the opportunity to live, work, and learn on these lands.

Colonialism is not just historical; it is ongoing. As an uninvited guest and white settler, it is my responsibility to be mindful of my current involvement in these structures, including what it means to undertake this project.

Gender and disability exist in the context of colonialism. Colonial systems have imposed rigid gender norms and a deficit-based understanding of disability. This continues to influence the ways our society and institutions, including healthcare, are structured.

As you read through this zine, I invite you to reflect on the land you are on, how colonialism influences your understandings of gender and disability, and how these forces continue to shape our healthcare systems today.

## About this zine

Hi there! This zine is a summary of my master's thesis.

Since my thesis is over 100 pages, the goal of this zine is to share the findings with the community in a more accessible way. I want this research to be actionable and available to all.

## Information about the study

This study explored how transgender people with invisible disabilities (trans-disabled people) navigate the healthcare system and advocate for their care in Canada. Through interviews and collaboration with trans-disabled community leaders, this study aimed to

better understand their experiences, the barriers they encounter, and the ways advocacy can help improve healthcare access and outcomes for this community.

## The research team

My name is Eli Foran, and I'm a trans-disabled Master of Arts student in Interdisciplinary Studies at UBC. This project was guided by my fantastic supervisors: Dr. Hannah Kia, an Associate Professor in the UBC School of Social Work, and Dr. Drew Clark, an Assistant Professor in UBC's School of Nursing.

## Participant Collaborators

I centered collaboration and ongoing engagement with trans-disabled community leaders throughout the research process. In addition to a one-on-one interview, participants were invited to review and provide feedback on their transcripts, my early findings, and this zine!

To my participants,

I am so grateful for your trust, honesty, and openness! Your willingness to share, reflect, and contribute has been invaluable. Thank you for everything you are doing to shape our communities, our world and its health systems. I hope I have done your stories justice.

With immense appreciation,

Eli

# Key terms in this study

**Healthcare (noun)**

**r**efers to the different ways people care for their health. This can include both western medicine and other wellness practices. However, when I say **healthcare systems**, I am primarily talking about conventional western medical systems.

**Transgender (adjective)**

refers to someone whose gender identity is different from the sex they were assumed to be at birth. This includes people who are nonbinary, gender nonconforming, or have other identities under the transgender umbrella. It is recognized that not everyone who fits this definition calls themselves transgender.

**Disability (noun)**

refers to a broad term that includes many kinds of challenges and states of being, like physical, mental, sensory, or learning differences. This study used the social model of disability which recognizes that people are often disabled more by unfair systems and barriers in society than by their own conditions. This project focused on invisible disabilities, including conditions like chronic pain or autism that others might not notice right away.

**Community Leader (noun)**

In line with disability justice, the definition of community leader was very flexible. Anyone who saw themselves as a leader was included. Some people had formal roles, like organizing events or leading support groups, while others showed leadership in more informal ways by sharing resources, supporting friends, or speaking out online.

# Quick background

**Both transgender and disabled people often experience unfair treatment and challenges while trying to access healthcare.**

Transgender patients may not get the care they need, may be treated unfairly, and sometimes need to educate their providers about what it means to be transgender just to get proper treatment. [1,2]

Disabled patients may deal with healthcare that is difficult or impossible to access and/or face negative attitudes. Not surprisingly, they also often have worse health than people without disabilities due to oppression. [3,4]

People with invisible disabilities, like chronic pain or mental health issues, can be faced with the need to 'prove' that they are really disabled in order to be taken seriously by medical practitioners. [5]

**When someone is both transgender and disabled, accessing healthcare can be even more difficult because they deal with compounding challenges.**

# Question?

How do trans-disabled community leaders understand the role of advocacy and use it to navigate healthcare settings?

# Participants

I interviewed 15 trans-disabled community leaders about their experiences navigating healthcare systems and advocating for care. The following section outlines the demographics represented in this work.

**Gender Identity**

Trans Man/Masc: 27%

Trans Woman/Fem: 20%

Nonbinary: 53%

**Race & Ethnicity**

White: 33%

People of Colour/Mixed: 40%

Indigenous/Mixed: 27%

**Leadership**

Formal Roles: 27%

Informal Roles: 40%

Mixed: 33%

The list below reflects the invisible disabilities represented in the study; some participants also had visible disabilities that shaped their care, but these are not listed as they were not the primary focus of the study.

- ADHD
- Anxiety
- Autism
- Blindness
- Complex PTSD (C-PTSD)
- Depression
- Eating disorders
- Ehlers-Danlos Syndrome (EDS)
- Endometriosis
- Fibromyalgia
- Chronic pain

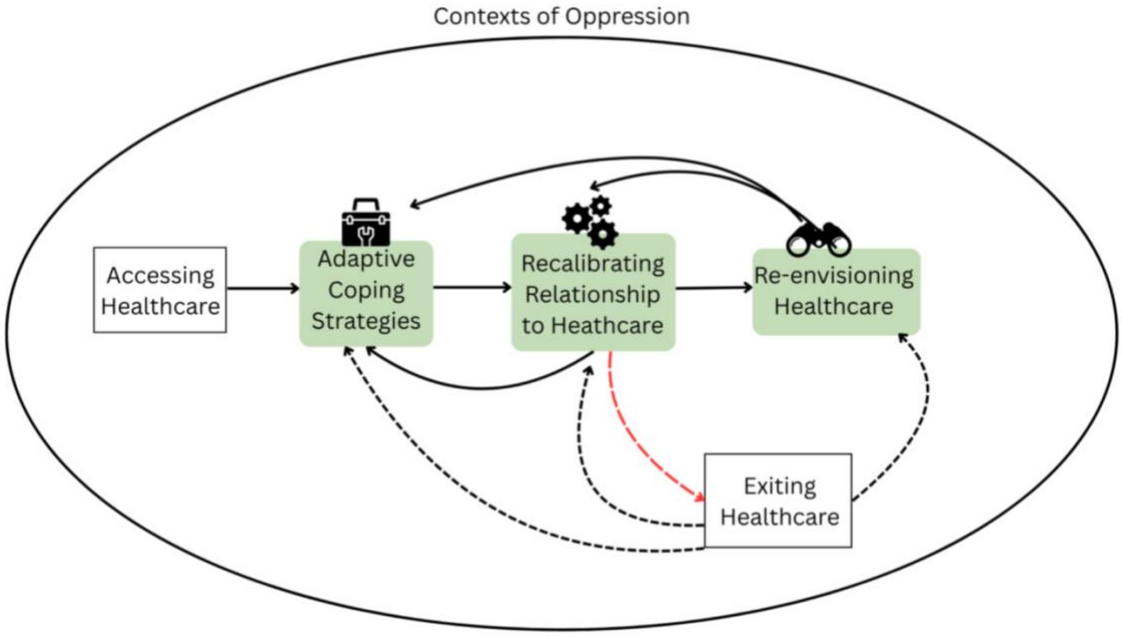
- Irritable Bowel Syndrome (IBS)
- Long COVID
- Mast Cell Activation Syndrome (MCAS)
- Myalgic Encephalomyelitis / Chronic Fatigue Syndrome (ME/CFS)
- Obsessive-Compulsive Disorder (OCD)
- Opioid use disorder
- Polycystic Ovary Syndrome (PCOS)
- Post-Lyme disease complications
- Postural Orthostatic Tachycardia Syndrome (POTS)
- Traumatic Brain Injuries (TBI)

Additional perspectives that were represented included individuals living in rural areas, people who use drugs, sex workers, refugees, unhoused individuals, people experiencing poverty, and those accessing provincial disability benefits.

## Highlights of findings

Many participants were treated unfairly in the healthcare system. They often had to fight to be taken seriously and even had to teach their medical practitioners about their identities or health conditions. Since the healthcare system often didn't meet their needs, trans-disabled people used various strategies and advocacy approaches to navigate the system.

Figure 1. Navigating care: An iterative journey of trans-disabled health advocacy



This graphic shows how participants experienced the healthcare system over time. For trans-disabled people, efforts to access healthcare always happens in a world where they face oppression and unfair treatment. This is shown by the outer circle in the graphic.

Different kinds of oppression don't happen one at a time or in isolation, they often overlap and affect people's lives in connected ways.

> "it's misogyny, it's racism, it's transphobia, it's classism, it's all of the above. It's impossible to look at me and separate my experiences into categories because they all inform one another."
>
> (Cypress)

## Adaptive Coping Strategies

At first, participants had to come up with coping strategies or with ways to deal with the problems they faced in the healthcare system. These problems were caused both by how the system is built and by different kinds of discrimination.

Some participants chose very carefully when and what to share about their identities, especially in situations where they might not feel safe.

> "I really try not to out myself unless I know that the environment is safe for me. Sometimes I don't even mention that I'm on testosterone when they ask about medications."
>
> (Arlo)

Participants spoke about teaching doctors or healthcare providers to help them understand their identities or care needs better.

> "I always end up having a rather thick booklet to bring into the doctor with all of the relevant studies which has been extremely helpful."
>
> (Anonymous)

Connecting with others who understand what they are going through and support each other was really important.

> "I love connecting with other trans-disabled folks. When you trade horror stories with someone, it makes you feel better in this weird way."
>
> (Anonymous)

## Recalibrating Relationship to Care

As they continued to access care and face challenges, many spoke about reaching a breaking point. They began to rethink how they get and use care. Some took breaks from care, tried different healing methods, or changed how they looked after themselves based on what they had been through and what they could handle.

Some participants chose to protect their energy and emotional wellbeing by deciding when to speak up and when to let things go.

> “To some extent, I have to pick my battles to minimize harm. If it's just like a one-time appointment that I need to get done, I’ll just deal with being misgendered if it doesn't feel like it's worth my energy.”
>
> (Casey)

After being hurt or ignored by the system, some people took a break from trying to get care so they could focus on their well-being.

> "At one point, my provider had just invalidated me so much, I was like: is this real? Is this worth fighting for? Do I have it in me to fight more? I did have to take a couple years off [of seeking care] just to focus on myself.”
>
> (Cypress)

From this stage, some people went back to create additional coping strategies. Others stopped using formal healthcare temporarily, or permanently.

## Re-envisioning Healthcare

Some started imagining new ways of doing healthcare altogether. Re-imagining healthcare often involved becoming leaders or working towards big changes in the system. Participants talked about what re-imagined healthcare might look like.

Some mentioned that when healthcare providers share similar identities or experiences with their patients, it can help build trust and make care feel safer and more comfortable.

> “One of the things that has been like an absolute savior for me is my counselor who [is] also queer and trans and is part of the recovery community. I've never felt such a safe space because of the fact that they are in the same community as me and they understand me.”
>
> (Arlo)

Participants appreciated when providers were honest about what they didn't know and showed a real effort to learn and help.

> "it's important for [providers] to be able to say, you know what? I don't have that answer right now, I'm really sorry. I want to help you find that answer and I'm not going to stop until we do."
>
> (Aliothe)

Even though re-envisioning care is shown as the last phase, it doesn't mean the journey is over. Participants spoke about how they continue to adjust, learn, and use coping strategies to have their healthcare needs met. Figure 1 shows that the path to care isn't a straight line. It takes flexibility, creativity, strength and ongoing learning to get care and to make the system better for others too.

## Advice for community

During the interviews, participants were asked to share advice for others in their community who are trying to get the care they need. Here are the words of wisdom they offered.

> "Do your research and lean on your community. There's a lot of us out there that are just ready to share knowledge, you know?" (Reed)

> "Don't be afraid to leave healthcare professionals if they're being shitty to you. There's always more out there and then if you're having a bad experience, just leave. Don't be afraid to do that and don't be afraid to report them." (Arlo)

> "Know your rights. I think that is the practical advice for advocating for yourself and keeping yourself safe while you do." (Casey)

> "It's really easy to get stuck in yourself. It's easy to think of all the ways that you can't do things and the ways that you can't connect with people and that you have nothing to offer and I get it… But even if it's on a small level, you're still making community, you're still building connections…You're still worthy and valid and have skills that are important to community, just show up. You'll figure it out." (Cypress)

"Requesting some kind of consultation [before committing to a care provider] has been super helpful for me. So, I would recommend that to people when possible." (Casey)

"Do some pod mapping. Start a neighborhood pod. You know, learn about mutual aid. I'm biased, of course, because that's helped me get through this year." (Cole)

"Just a reminder that there are really great practitioners and people out there. Sometimes it might just be a matter of looking for them and it's not gonna all resolve everything, but it could give you hope. Especially when it feels like things are hopeless, it is very important to have things to hold on to." (Aliothe)

## Conclusion

Trans-disabled people have long navigated unfair healthcare systems and will continue to do so.

Community is helpful and powerful. Trans-disabled communities advocate and support each other and help each other get care. This support is very important, but we also have to remember that it should not take the place of real change in healthcare systems.

Even though big changes are needed, smaller changes can also make a big difference. Healthcare workers and others can help by making thoughtful choices that treat trans-disabled people with respect, kindness and dignity. As adrienne maree brown said, "what we practice at the small scale sets the pattern for the whole system". In other words, small actions, like listening and standing up for others, can help lead to bigger changes over time.

Real change will only happen when trans-disabled people are included in creating better systems. Their voices and ideas can help build a healthcare system that truly cares for everyone. Trans-disabled people need to be considered as whole, valuable human beings. This matters not just in healthcare, but in building a kinder and fairer world for everyone.

## References

1. Vermeir E, Jackson LA, Marshall EG. Barriers to primary and emergency healthcare for trans adults. Culture, Health & Sexuality. 2017;20(2):232-246. doi:10.1080/13691058.2017.1338757

2. Kattari SK, Bakko M, Hecht HK, Kinney MK. Intersecting Experiences of Healthcare Denials Among Transgender and Nonbinary Patients. American Journal of Preventive Medicine. 2020;58(4):506-513. doi:10.1016/j.amepre.2019.11.014
3. Hartley C, Penlington C. 'I Will Fight for People to Not Have the Experience I've Had': A Thematic Analysis of the Experiences and Perspectives of Chronic Pain Lived Experience Advocates. Qual Health Res. 2023;33(11):995-1004. doi:10.1177/10497323231188639
4. McClintock HF, Kurichi JE, Barg FK, et al. Health care access and quality for persons with disability: Patient and provider recommendations. Disability and Health Journal. 2018;11(3):382-389. doi:10.1016/j.dhjo.2017.12.010
5. Kattari SK, Olzman M, Hanna MD. "You Look Fine!": Ableist Experiences by People With Invisible Disabilities. Affilia. 2018;33(4):477-492. doi:10.1177/0886109918778073
6. Brown AM. Emergent Strategy: Shaping Change, Changing Worlds. AK Press; 2017.

## Artist Credit

A huge thank you to KJ Forman for contributing many of the beautiful illustrations throughout this zine!

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