



Click here for Hurricane Idalia updates including information from SCEMD and the National Weather Service.

How South Carolina's abortion law sounds to transgender men

South Carolina Public Radio | By [Scott Morgan](#)

Published August 29, 2023 at 5:40 AM EDT



Scott Morgan / SC Public Radio

For gender-expansive people in general, and for transgender men in particular, South Carolina’s ban on [most abortions after six weeks](#) raises scary questions. Chief among those is one Matthew Ward asks: Who is in charge of our bodies?

“Who gets to decide what we can and cannot do?” asks Ward, a transgender man in his mid-20s. “This sort of legislation is trying to take bodily autonomy away from people, and being trans sort of relies on bodily autonomy. It’s part of the same problem.”

Ward’s concern for the broader LGBTQIA+ community is more broadly shared *within* the



Amaryllis Counseling in Greenville, says she's recently had several conversations with gender-expansive people about what the abortion ban means for bodily autonomy. The consensus, she says, is that a state Legislature made mostly of cisgender men and a state Supreme Court made up *entirely* of cisgender men are using a moralistic argument as a mechanism "to control another individual's body and what they do or don't have the rights to do with their bodies."

Cynthia Gordon, a nonbinary therapist for the LGBTQIA+ community who works with Sirricchio, says homogeneity of thought and experience among policymakers is problematic.

"As long as we have ... one experience of people who are making pretty much all the rules and the guidelines of how we are living our lives and the things we have access to," Gordon says, "we're going to find ourselves in a lot of trouble."

Homogeneity is only one concern. For trans-supportive doctors like Kristl Tomlin, an OB/GYN in Columbia who specializes in transgender and nonbinary care, the fact that no members of the South Carolina House, Senate, or Supreme Court are physicians is especially upsetting.

"I was watching every day that the House and the Senate were debating all this abortion stuff," Tomlin says. "I remember watching a senator on the floor listing out conditions that could be considered exemptions to an abortion bill in South Carolina. He couldn't even pronounce them."

Tomlin says that only about 15% of her trans patients actively want children of their own someday. But those who do are now having to figure out how they might want to navigate the costs of being transgender, especially if a pregnancy arises.

If decisions start factoring in surgeries, [it won't be cheap](#). Gender-confirming surgeries (plural) can easily run past \$100,000, and with limited, if any, help from insurance. Individual component surgeries such as breast/chest surgery (top surgery) might be considered cosmetic and might [cost \\$10,000](#) or more. Genital reconstructive surgery (bottom surgery) can be twice that.

And for transgender men, assigned female at birth, hysterectomy is often desired, but



This sort of legislation is trying to take bodily autonomy away from people, and being trans sort of relies on bodily autonomy. It's part of the same problem.

Matthew Ward, trans man

Ezra Moore is a trans man who wants to complete his transition. Moore's partner is a trans woman. Both are capable of making a pregnancy – a fact that, in light of the new abortion law, has propelled the couple to have serious talks about various medical procedures, from hysterectomy to vasectomy to fertility planning.

“Having to delay transitioning, go on additional estrogen, having the eggs harvested, having them frozen, and then needing to find a surrogate within a time frame,” Moore says. “All of those costs are my transition.”

And remember, insurance won't necessarily help.

“Every doctor is going to complain about insurance every time you talk to them,” says Tomlin. But when it comes to transgender care, she says insurance companies hold outsized sway on what procedures a person can or cannot have covered.

“I'll have transmasculine individuals coming in requesting a gender affirming hysterectomy, and I can do it,” she says (meaning that she is physically capable of performing the surgery, not that she is being cleared by insurance providers).

“I may have the supporting letters that I need from [the patient's] mental health providers who have cared for them,” she says, “[but] the insurance company will have various restrictions that have, in many cases, prevented me from providing a surgery that my patient has requested that I think is appropriate [and that] their mental health provider thinks is appropriate.”

Tomlin has one patient whose insurance company “said they had to be in therapy for a



Many gender-nonconforming people do have at least one, though. Sirricchio says being transgender is often rough on emotional health – not the least reason being that families and social groups don't accept a person identifying and living as someone who doesn't match what they expect.

"[If someone is] misgendered in public for any kind of reason," she says, "it absolutely is a horrific experience in terms of dysphoria."

Sirricchio says South Carolina's strict abortion law effectively drives trans men to have to satisfy someone else's idea of what a person they consider a woman is supposed to be.

"This law, by design, says you would have to fulfill whatever your duty is as a woman to carry this child to term," Sirricchio says.

For a trans-masculine person, carrying a pregnancy means having to stop any hormone therapies, such as testosterone.

Moore worries about what a shift away from hormone replacement therapy (HRT) might do to a fetus.

"I've been on testosterone for over a year. It takes a while for that to get out of your system," Moore says. "My body's not been doing all of the stuff that it's supposed to do to create the perfect environment for an embryo to grow."

Moore says he and his partner have been forced to reckon with the abortion law already, at least in terms of having to think through what they want in the way of family. Moore says he does want children, he just doesn't "want to get pregnant and carry one myself."

He says the idea of trying to get pregnant or having a baby right now "would just tank my mental health. I'd have to stop transitioning [in order to] go through all of those biological changes of being pregnant and giving birth to a baby and then trying to restart that process afterward."

That could be as much as two years off HRT; two years of going through "one of the most female experiences that can be imagined."

Tags

SC News

SC News

SCETV App

abortion

transgender



South Carolina Public Radio News ...

BBC World Service



Scott Morgan

Scott Morgan is the Upstate multimedia reporter for South Carolina Public Radio, based in Rock Hill. He cut his teeth as a newspaper reporter and editor in New Jersey before finding a home in public radio in Texas. Scott joined South Carolina Public Radio in March of 2019. His work has appeared in numerous national and regional publications as well as on NPR and MSNBC. He's won numerous state, regional, and national awards for his work including a national Edward R. Murrow.

[See stories by Scott Morgan](#)

Judge finds Rudy Giuliani liable for defamation of two Georgia election workers

1985 sci-fi comedy 'Back to the Future' and its famous DeLorean are now on Broadway

2/3 of Americans approve of unions – slightly down from last year, but still high

Central Texans struggle with what's likely to be its hottest summer on record

Stay Connected



© 2023 South Carolina Public Radio

Direct Streaming Links



South Carolina Public Radio News ...
BBC World Service

[FCC Public Files](#)

[Facebook](#)

[Twitter](#)

[About SC Public Radio](#)

[Contact SC Public Radio](#)

[Corporate Support and Sponsorship](#)

[SC Public Radio Staff](#)

[Privacy Policy](#)

[Sign up for our newsletter](#)

