


A collage of various items including a rainbow, a guitar, a clock, a camera, a flower, a card, and a small car, with the text "TIME BOMB" overlaid in large, stylized letters. The background is a mix of these items, creating a busy and colorful scene. The text "TIME BOMB" is written in a bold, white, sans-serif font with a thick black outline. The word "TIME" is on the top line, and "BOMB" is on the bottom line. A small, stylized explosion graphic is positioned between the two words, centered under the letter 'M'. The collage includes a rainbow on the left, a guitar in the top center, a clock in the top right, a camera in the middle right, a flower in the bottom center, a card in the bottom right, and a small car in the bottom right. The overall aesthetic is playful and creative.



TABLE OF CONTENTS



In My Dream (Poem)	1
City - Beach Photographs	3
THOUGHTS FROM A COVID-CAUTIOUS BUTCH	5
COVID CAUTIOUS AFFIRMATIONS	7
<i>Amelia's poems</i>	<i>11</i>
A Blanket	13
I SPY	14
WORKPLACE DISCRIMINATION	15
MI CULTURA	19
INTERVIEW	21
Time Bomb Playlist	23
Time Bomb Bookshelf	24
Guilt	25
Diary entry 4/2025	27
Gender-Affirming Care in 2025	29
NO SIGNAL	33
In Conversation With Elliot Cumming	35
<i>Lyra</i>	<i>37</i>
A Silent Violence: American Sex Education	41
PLAN FRANCISCO	43
I SPY: Behind the Scenes	45
MEET THE AUTHORS	47
Works Cited	49



I had too much to dream last night,
And when I woke from slumbering
The world was getting worse,
And I went back to sleep, to dream and dream again.

In my dream I was on a paper boat going out to sea,
The captain whispered to me, *we're going down*,
But the radio was scrambled,
And when I called for help nobody came.

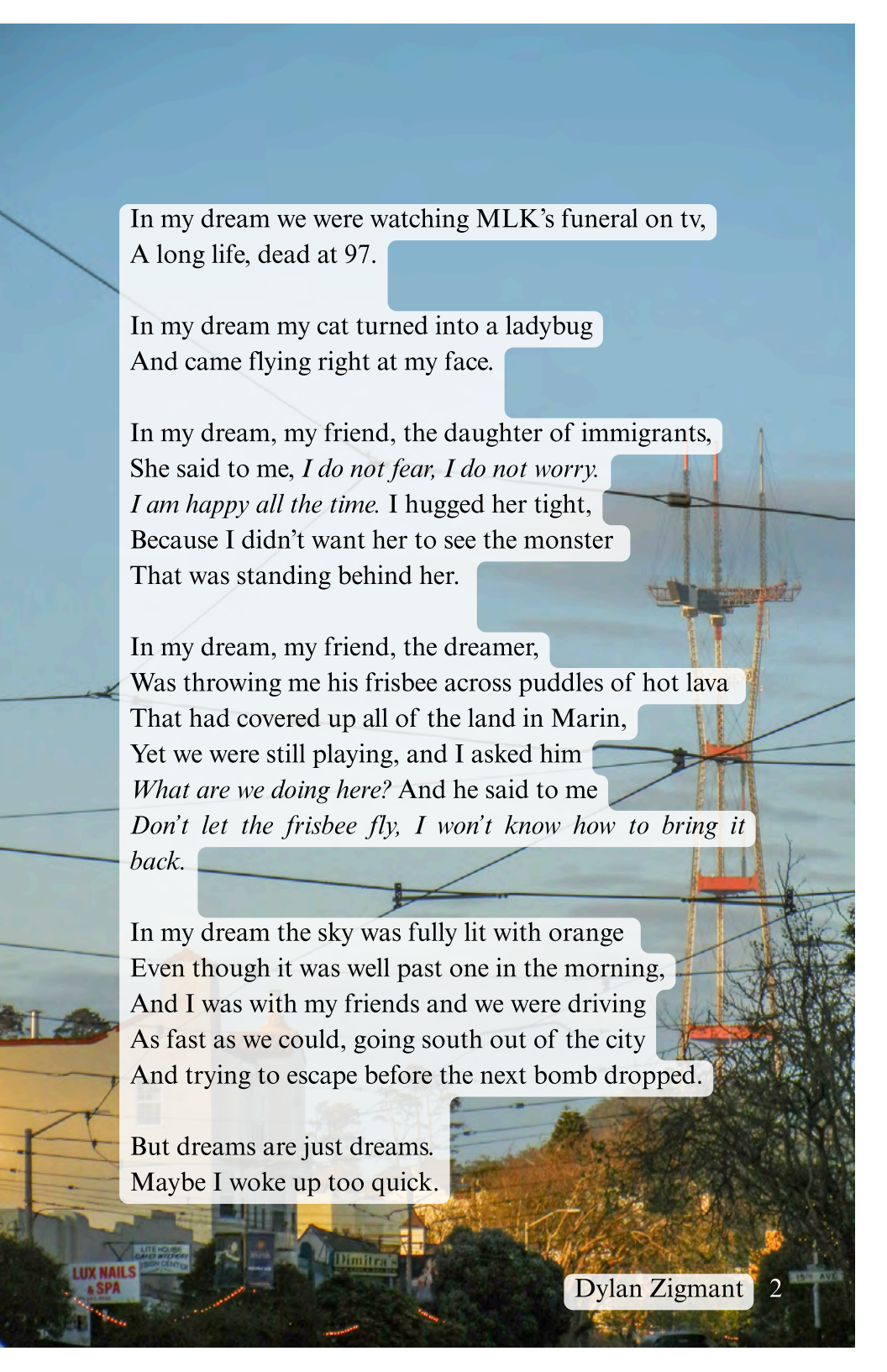
In my dream my friend and I were eating oranges
And throwing the peels into the sky,
Where they began to float up
Into the clouds, searching for freedom.

In my dream it was me and Abraham Lincoln
And he said, *hold onto my hat, I don't want it bloodied*,
Then I was behind him, watching him get shot.

In my dream I was young again,
In the wrong bathroom with no shirt on,
Trying to stay hidden between the stalls.

In my dream I lived in a country where our rights
Were enshrined in the book of law,
And they were safe inside the big book,
All huddled up to sleep undisturbed
Until the soft light of morning
Shone through the drafty windows.

In my dream everyone on earth got along real well
And we all sat in a big circle, harmonizing,
Singing about Coca-Cola.



In my dream we were watching MLK's funeral on tv,
A long life, dead at 97.

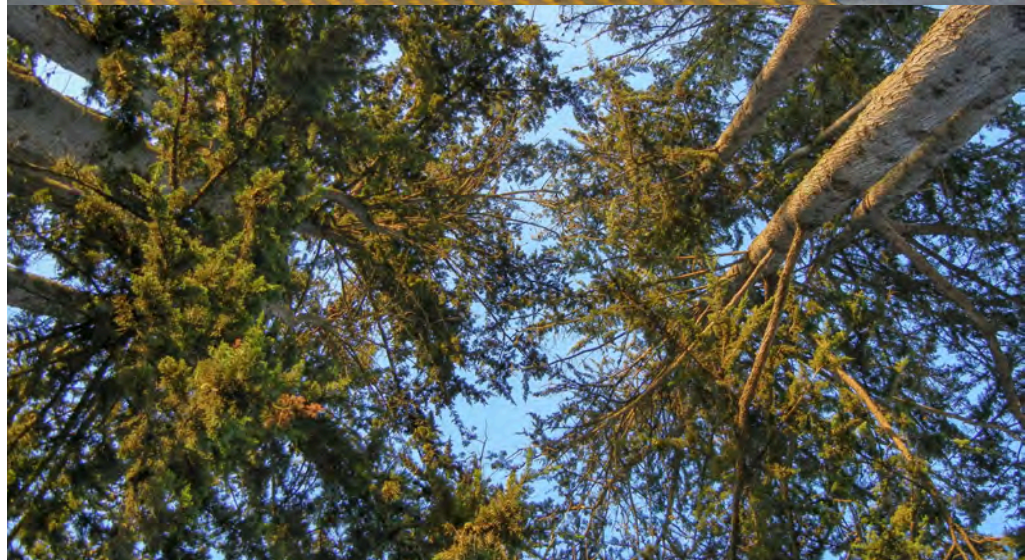
In my dream my cat turned into a ladybug
And came flying right at my face.

In my dream, my friend, the daughter of immigrants,
She said to me, *I do not fear, I do not worry.*
I am happy all the time. I hugged her tight,
Because I didn't want her to see the monster
That was standing behind her.

In my dream, my friend, the dreamer,
Was throwing me his frisbee across puddles of hot lava
That had covered up all of the land in Marin,
Yet we were still playing, and I asked him
What are we doing here? And he said to me
Don't let the frisbee fly, I won't know how to bring it
back.

In my dream the sky was fully lit with orange
Even though it was well past one in the morning,
And I was with my friends and we were driving
As fast as we could, going south out of the city
And trying to escape before the next bomb dropped.

But dreams are just dreams.
Maybe I woke up too quick.





THOUGHTS FROM A

COVID
CAUTIOUS

BUTCH

Edited by
Liza Mamedov-Turchinsky

AMELIA
AUFULDISH

As the COVID-19 pandemic rages on, disabled, chronically ill and COVID-cautious individuals are left in the dust. The goal of “going back to normal” for most in American society is valued more than lives lost and disabilities gained.

People in the COVID-cautious community often express the feeling of two different worlds existing in parallel. The limited access to public health education and COVID-19 means that most individuals live out their lives unmasked, unaware of the damage that even mild COVID infections have on our bodies (Ewing et al., 2024). I often catch myself looking into cafe windows, wishing I could unmask inside to sip tea and chat with friends. Those who are doing just that feel a world away, unable to reach. It feels isolating and devastating. Over this past year, I’ve stopped trying to convince people to mask. It’s exhausting trying to combat misinformation, trying to convince

5 people that my life matters, and that their health is in danger. I never felt as isolated and alone as I

do now years into the pandemic, as the world moves on.

Due to misinformation early in the pandemic, many people still aren’t aware that COVID-19 is airborne. Aerosol particles linger in the air for multiple hours, so even if the people sharing the room with you aren’t sick, there could be COVID in the air from people who have since left (Fears et al., 2020). People are often unaware that they have been exposed to the virus—not realizing that breathing the air in an empty room without a high-quality mask can infect them.

The Basics of Transmission and Infection

Aerosol particles are smaller than the droplets we produce when we sneeze. People emit aerosol particles just by breathing, and emit even more when they speak. How long air particles are infectious in a space depends on how long an infectious person has been in a room, whether or not the person spoke during that time, how big the space itself is, and if there is any ventilation. One study reports that COVID stays infectious in the air for 16 hours (Fears et al., 2020). Opening windows and using air purifiers helps clean the air. However, as stated in *Indoor Air: An International Journal for Indoor Environment and Health*, “Other measures, such as ventilation or mobile air purifiers, do not obviate the need to wear masks during the

pandemic; rather, they serve to provide an additional layer of protection against indirect infections” (McLeod et al., 2022, para. 6).

COVID spreads year-round; it isn't seasonal (Centers, 2025). And summer flus are a relatively novel and previously abnormal phenomenon. I suspect the increased prevalence of viral illness is a result of repeated COVID infections causing immune system dysfunction on a wide scale. Have you noticed you get sick more often lately?

COVID's interactions with the immune system makes people susceptible to future COVID infections and other viruses (Ewing et al., 2024) The yearly vaccine targets only the currently circulating variant at the time of the vaccine's development, but as the virus continues to mutate, last year's vaccine will no longer protect you from this year's variants. The likelihood of COVID mutating increases the more people get infected, which is why there have been countless variants over the past five years. This is why it is important to stay up to date on your boosters, while keeping in mind that precautions like masking and air flow are what prevent transmission.

A COVID viral infection impacts nearly every organ and system of the body: the heart, protein in blood, brain, lungs, kidneys, intestines, skin, eyes, ears, endocrine system, endothelium system, vascular system, nervous system, and the immune system (Ewing et al., 2024). The virus evades your immune system by suppressing the alarms that alert a virus is present. When your immune cells do start to react, the virus infects and reprograms them to prevent them from being recognizable as infected. It stops those cells from teaching other parts of the immune system what the infected cells look like.

(Chilunda et al., 2021) T cells, which fight the virus, become fatigued and aged, which results in your immune system becoming less effective after infection (Pedroso et al., 2024). With every infection, more damage to your system is done (Dremel, 2023).

Every COVID infection increases the likelihood of developing long COVID (Soares et al., 2024). In 2022, a report from the US Government Accountability Office found that Long COVID has disabled between 7-23 million people in the US. The report highlighted a statistic showing that 10-30% of people who have had COVID report Long COVID symptoms (GAO, 2022). There are many symptoms of Long COVID, and they can range from person to person. The symptoms often include “fatigue, cognitive impairment (or ‘brain fog’), muscle or joint pain, shortness of breath, heart palpitations, sleep difficulties, and mood changes.” (Office, 2022, Para. 7)

Why does COVID cause these long-term symptoms? “For some, COVID-19 may cause the body to produce an antibody that mimics SARS-CoV-2 and triggers an autoimmune response in which the immune system attacks its own antibodies. For others, SARS-CoV-2 virus may persist in the body and cause symptoms. Another possible cause is organ damage from COVID-19. Research also suggests that microclots may form in blood vessels, blocking blood flow and causing tissue damage. And COVID-19 may disrupt the immune system and reactivate other previously contracted viruses, such as Epstein-Barr.” (GAO, 2022, para. 6).

Social Inequalities

A common narrative claims that COVID is only a threat for high risk people. However, COVID is dangerous for everyone—regardless of their age or health. Long COVID significantly impacts daily 6

functioning, daily life, mental health, work capacity, with lower socioeconomic class compounding these negative effects (Geranios et al., 2022). Many people can't afford to take sick time off, isolate themselves from sick family members in their home, or work remotely. As with other invisible disabilities, people who are sick may not appear to be disabled.

Pre-existing systems of power—including systemic racism, class, and poverty—have resulted in COVID impacting Black, Indigenous, and People of Color (BIPOC) disproportionately (Miller, 2021)(Geranios et al., 2022). The virus spreads rapidly through imprisoned populations (Sugie et al., 2023) and elder care facilities (Su et al., 2021) due to malpractice, lack of government provided resources, and the inability to social distance (Appleman, 2021)(Sugie et al., 2023).

Popular rhetoric early in the pandemic exposed underlying eugenic philosophies—belief systems that devalue certain lives based on disability or other characteristics. Public discourse frequently framed the mass death of disabled, imprisoned, and elderly people as inevitable and acceptable sacrifices for broader society's well being.

In August of 2023, the former director of the National Institute of Allergy and Infectious Diseases, Dr. Anthony Fauci said, "Even though you'll find the vulnerable will fall by the wayside, they'll get infected, they'll get hospitalized, and some will die. It's not going to be this tsunami of cases that we've seen." (BBC, 2023, 1:30) The normalization of the death of vulnerable people is unacceptable.

To those advocating universal infection to achieve herd immunity: what about people who will die from COVID? A pandemic

7 response that accepts preventable deaths among vulnerable populations

cannot be considered ethically viable.

COVID death rates have been higher among BIPOC communities, specifically young Black and Latiné people (Luck et al., 2023) and disabled people (Weaver, 2023)(Geranios et al., 2022). During the first years of the pandemic, "essential workers"—disproportionately from marginalized communities—were praised for keeping our society running, but not given adequate hazard pay or personal protective equipment, like masks. Their health was essentially sacrificed by our government to maintain economic functioning.

Popular rhetoric early in the pandemic exposed underlying eugenic philosophies—belief systems that devalue certain lives based on disability or other characteristics. Public discourse frequently framed the mass death of disabled, imprisoned, and elderly people as inevitable and acceptable sacrifices for broader society's well being.

The prioritization of able-bodied and white people in medical care exemplifies eugenic philosophies in the healthcare system. When hospitals were overrun, especially at the beginning of the pandemic, doctors had to decide which patients would get care over others due to limited staff, ICU beds, and medical equipment. Some state policies prioritized able-bodied patients over others, even going so far as to confiscating patients' personal ventilators to give them to patients they deemed "more worthy" of life-saving care due to having a higher relative quality of life compared to a disabled person (Whyte, 2022).

Society should never normalize preventable deaths. Since the beginning of 2025, approximately 770 people have died weekly from COVID-19 (Centers, 2025). However, official death counts significantly undercount COVID's impact due to its

long-term physiological effects.

Deaths from conditions like heart attack after COVID are not classified as "COVID-related," despite research showing that COVID increases heart attack risk exponentially (Agrawal, 2024). Dr. Ziyad Al-Aly, chief of research and development at the Veterans Affairs St. Louis Healthcare System, conducted a study to see long-term cardiovascular impacts after COVID infection. He found that people "hospitalized for Covid-19 were almost four times as likely to have a heart attack or stroke or die over the following three years as those who did not have an infection" (Agrawal, 2024, para. 10). Even with underreported COVID infection deaths, COVID is still the fourth leading cause of death in the US (Centers, 2024).

The lack of reliable and current COVID rates of infection, hospitalization, and death data helps to obfuscate government responsibility to mitigate the ongoing health crisis. The CDC and the US government claim the pandemic is over and no longer a threat, so that people will continue participating in American consumer capitalism. Our leaders value money over lives.

Call to Action

I'm masking to keep myself safe because society won't. I have had my heart broken so many times by those who choose not to take the COVID-19 pandemic seriously. I have questioned my sanity, as others have questioned mine. I'm thought of as paranoid, a germaphobe. And I am! I'm terrified of getting another COVID infection. I have multiple chronic illnesses that make daily life hard. Crohn's disease, inflammatory arthritis associated with IBD, endometriosis, chronic fatigue syndrome, migraines, and fibromyalgia.

Do I want to add long COVID to the list? No! Even a cold and/or flu infection hits me hard. Adding new symptoms to my current ones makes existing in my body unbearable.

So, how can you protect yourself and your community? Masking! Wearing a well-fitting, high-quality mask, such as a N95, KN95, or KF94, which protects you and the people around you. I recommend trying on different styles and brands of these masks to find one with the best fit and comfort. Wear it in indoor public spaces and crowded outdoor spaces. Assume people who don't mask could be sick, and mask around them to keep yourself and the people you do unmask around safe. Follow disabled and COVID-cautious creators on social media to learn more tips on masking and community care. Masking more also helps normalize masking in our communities, protecting highly visible people from being singled out for harassment and criminalization. Keep in mind that not taking COVID precautions isn't just an individual choice, because it puts the people around you and your larger community in danger. You have been intentionally misled by public officials. It has become up to the public to educate themselves, by starting their own organizations like the People's CDC. What you choose to do with this information is up to you. Remember, it is never too late to start masking again! People in the COVID-cautious community are excited to welcome new maskers!

◆ RESOURCES ◆

WANT TO FIND OUT MORE?

Long Covid Justice Organization

World Health Network

Maskbloc.org

The People's CDC

The Sick Times

Still Here: A Podcast From The Sick Times



COVID
CAUTIOUS

affirm

Amelia Aufuldish

I do not consent to be infected by you.



By masking, I reduce the spread of illness, which keeps hospital beds open. I'm not complicit in the ongoing pandemic that has disabled and killed millions of people globally.

By masking, I'm stating that we deserve access to public space. We will not be shut away for the comfort of non-disabled people. There is a long history of disabled people being denied access to public space in the US, so there is weight when people say to "just stay home."

I will not normalize the amount of people who are dying from COVID. I will not normalize the amount of people who have long COVID.

inations



I keep the people around me safe, whether they are my friends or family, or a stranger passing by.

I mask in public spaces to make those spaces accessible to people who have long COVID, are immunocompromised, people who will die if they get sick, and those who will soon be disabled by COVID.

My mask reminds others that the pandemic is still here, that people are dying and becoming disabled by a preventable illness.

To survive the AIDS epidemic just to be killed by COVID is a tragedy. I'm masking to keep my elders safe. To say enough lives have been lost.

I panic when I find yellow leaves on my plants
They can't tell me what's wrong
I worry about them

My body only has symptoms but doesn't tell me why
I panic when I notice worsening health like the sign of
yellow leaves — something is wrong

Will this be the start of a new chronic illness?
Will I ever recover enough to heal from the last flare?
Before the next one starts?
Are these constant waves of sickness my life?

Too much water or too little, not enough light or too
little. I hate myself for yellow leaves
I do want things for my life...

Then I trim the dying leaves off and try again
I'm getting more tired each time a leaf falls

if I was malleable

I would cut the lumps off my chest

shape my hips narrow and fill in the gaps in my waist

I would build up my hands and wipe off my face

I would dig deep scratches into my skin and rub them smooth again

just to feel pain and being healed

I imagine performing my own top surgery

scooping the fat and cutting the excess skin

what it would feel like to stitch the skin together again

to not feel them constantly against my chest, stomach and arms,

making me scream in my head and my throat choke

to be free to be naked and not feel like I'm drag

when I look down while changing or see in the mirror after showering, standing there,

a woman's body

late april heat makes me sweat and my head fog

I want to sit at the edge of my bed with my chest bare

to do dishes

look at flowers in my moms garden

with just a pair of boxers on

A Blanket: Coping with Mental Illness

Lealah Alvarez-Davis

Pre-colonial Philippines was rooted in animism, a religion different from the colonial Catholicism of the present day Philippines. Animism is the belief of souls and their presence in living and inanimate creatures. In my interpretation of it, the essence of a soul means that there is more to life than just living until death, instead, your existence precedes death.

A majority of my mental health journey reflects the seven stages of grief in a roller coaster of ups and downs that never seems to slow down or ever veer off course. Those downs result in a determination to rewire my brain, an action that does not take into account the importance of my soul. Bathala, the overseeing God, appointed many deities for the support of their people. Diyan or Dian Masalanta is the goddess of love, and though she is not necessarily in charge of childbirth as many goddesses and gods are necessary for the act, she represents the people in love, conception, and wisdom. So for my soul to have the substructure of many goddesses and gods behind me, I am as important as the next person, despite my illnesses. A cure for my mental illnesses outright goes against the process of my soul's very existence. If Diyan Masalanta and Bathala brought my soul to existence, gave me this body and brain, then who am I to say that they are wrong?

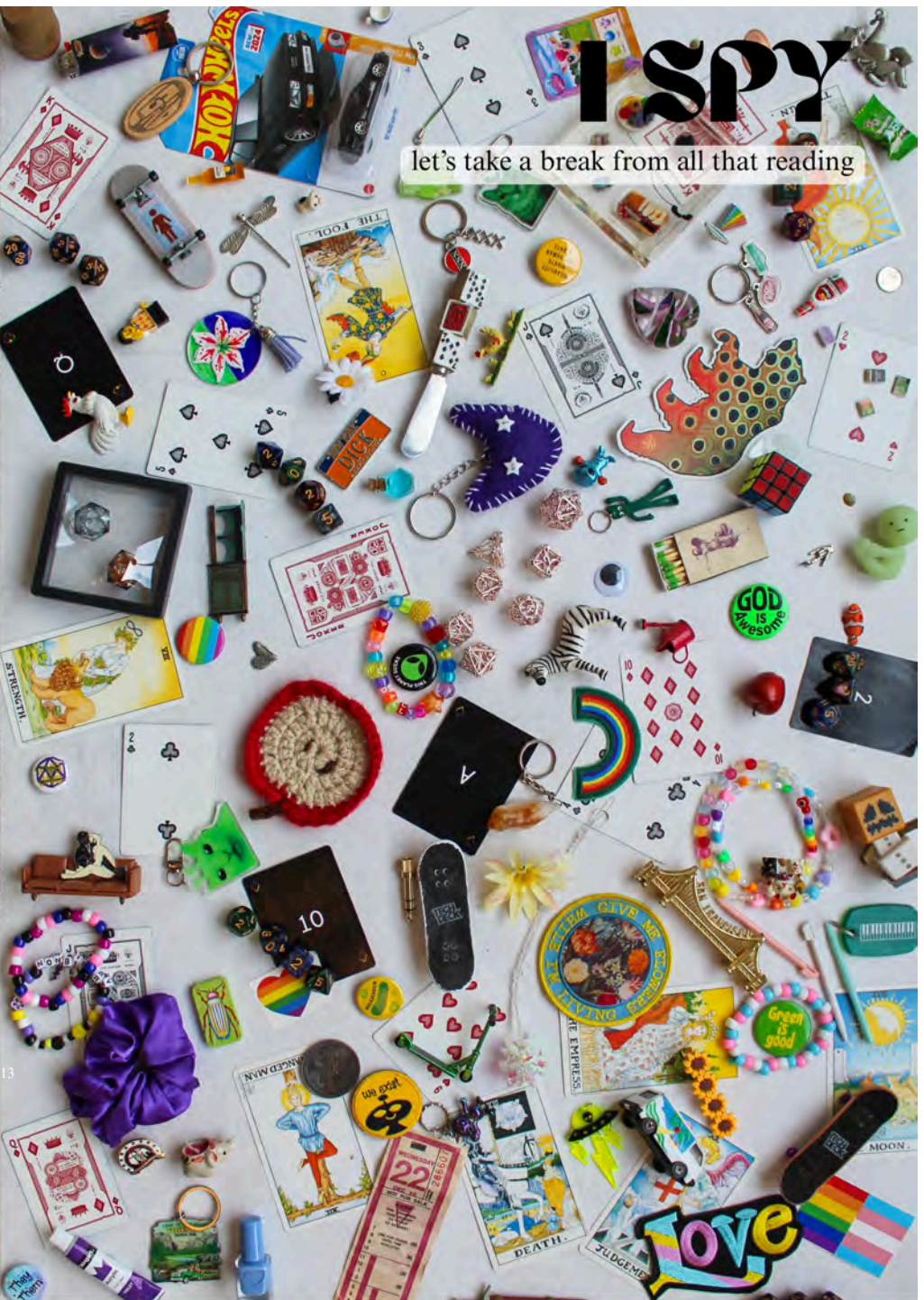
Now, for someone who is not religious, I still find peace in the thought that my ancestors would believe my soul as necessary to the world. If my life was configured to fit what my idea of perfection and simplicity is, to not have to live with crippling anxiety and debilitating depression, perhaps I would have never even existed in the first place. And those ancestors who believe this to be true see my body and soul for its beauty in my creation alone.

It doesn't take a higher power to find the importance of life, many atheists and agnostics live their lives happily knowing or thinking that there is no God. But my Filipino history is rooted in religion, which I can't just ignore, especially when every turn makes me question the meaning of it all.

So, maybe it is all bullshit. Maybe the comfort I find in Bathala and my soul is just a blanket for me to hide and escape under. But that blanket is warm and soft, and it is woven by every Filipino that brought me here. If that blanket has survived to comfort my bloodline since pre-colonization, then it will hold me until I join them one day and I can ask them myself.

let's take a break from all that reading

let's take a break from all that reading



I spy a fool, a bus ticket, some polish, and a chicken, the year in dice, five little green men, an apple, and a dick pin. A box of matches, a UFO, a Rubik's cube, a LEGO.

A zebra, a sword, a watering can, a keyboard. A bug, two bottles, a king, a car without throttle.

WORKPLACE DISCRIMINATION: A HIDDEN CRISIS FOR UNDOCUMENTED AND DOCUMENTED WORKERS

BY ELLIE DIAZ CORRALES

Workplace discrimination continues to plague workers across the United States and around the world. Although laws are in place to prevent it, these regulations are often too weak or poorly enforced to make a real difference, especially for undocumented workers. These individuals, already vulnerable due to their immigration status, face heightened levels of abuse, inequality, and fear in the workplace. Despite being integral to many industries, undocumented workers are frequently exploited, underpaid, and denied basic rights. Meanwhile, institutions that are supposed to protect workers' rights often fall short, leaving many without hope or justice.

Discrimination can take many forms: verbal harassment, unequal pay, denial of promotions, and unsafe working conditions. While both documented and undocumented workers may face such challenges, undocumented workers suffer from an added layer of fear. Many are hesitant to speak out against unfair treatment because doing so could lead to retaliation, job loss, or even deportation. Employers may use immigration status as a control tool, threatening to report workers to Immigration and Customs Enforcement (ICE) if they complain or try to organize. This tactic creates an atmosphere of silence and powerlessness (Lee, 2018).

Even though federal laws like the Immigration Reform and Control Act (IRCA) of 1986 prohibit discrimination based on national origin or citizenship status, in practice, these protections often fall short. Undocumented workers, in particular, are not fully shielded by these laws. IRCA also prohibits employers from knowingly hiring undocumented workers, which creates a paradox: workers have the right to be protected from discrimination, but they can be penalized or removed for simply being present. This contradiction allows employers to exploit undocumented workers with little fear of legal consequences (Wishnie, 2003).

Documented workers also face discrimination, but they have greater access to resources and legal protections. They can file complaints without fearing deportation, and many institutions encourage them to speak up. For example, the University of Washington (n.d.) encourages documented employees to report bias incidents through formal channels without the fear of retaliation. In contrast, undocumented workers may not even know where to turn. Language barriers, lack of legal knowledge, and cultural isolation make it even harder for them to seek justice (Gleeson, 2010).

The consequences of workplace discrimination go far beyond the job itself. The mental and physical toll it takes on workers is significant. Constant stress, fear, and mistreatment can lead to serious health problems. According to psychologist Dr. David Williams (n.d.), discrimination is strongly linked to poorer general health and an increased risk of cardiovascular disease.

Discrimination can also cause mental health conditions like anxiety, depression, PTSD, and chronic stress.

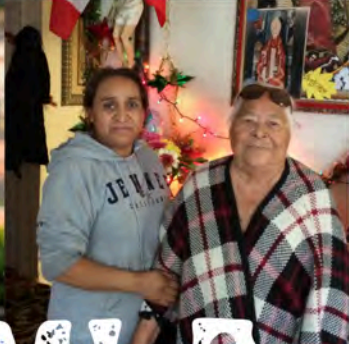
Coping with the stress of discrimination, some individuals may turn to unhealthy behaviors. A 2014 UCLA study found that discrimination was linked to increased alcohol use among Latinas and increased drug use among Latino men (Gee, as cited in UCLA, n.d.). These coping mechanisms often stem from trauma, and they highlight just how deep the effects of workplace discrimination can run. Sleep problems, isolation, and low self-esteem are also common outcomes, further worsening the emotional impact on workers and their families.

Institutions meant to help, such as the Equal Employment Opportunity Commission (EEOC), often fail to live up to their mission. The EEOC was created under the Civil Rights Act of 1964 to protect workers from discrimination. However, it is chronically underfunded and overwhelmed. Many people who file complaints report that their cases are not properly investigated or are simply ignored. Former EEOC attorney John Hendrickson noted that too many legitimate cases fall through the cracks, and many regional offices are ineffective (Luscombe, 2019). When institutions don't function as intended, it sends a message that discrimination is tolerable and even excusable.

This lack of accountability creates a cycle in which discrimination goes unchecked, especially for undocumented workers. If employers know that the law is rarely enforced and that their workers are too afraid to speak out, there is little to stop them from continuing abusive practices. As a result, workers live in fear, their health deteriorates, and their trust in the system erodes. It is a crisis that doesn't make headlines but affects countless lives every day.

To break this cycle, systemic changes are needed. Laws must be strengthened, enforcement must improve, and institutions like the EEOC must be given the tools and oversight to do their jobs effectively. Additionally, undocumented workers need better access to legal resources and support networks that can help them understand and exercise their rights. Education campaigns, community outreach, and legal aid can empower vulnerable workers and help close the gap in protections between documented and undocumented employees.

Everyone, regardless of citizenship status, deserves a safe, fair, and respectful workplace. Discrimination is not just a violation of individual rights; it's a public health issue and a moral failure. When our systems allow certain people to be treated as disposable, it undermines the dignity of all workers. Until our policies reflect that truth and our institutions are equipped to enforce it, workplace discrimination will continue to harm lives, families, and communities.





BY ELLIE DIAZ CORRELES 20

INTERVIEW BY ELLIE DIAZ CORRALES



IRMA CORRALES SILVA

INTERVIEWEE: IRMA CORRALES SILVA (MI MAMA) INTERVIEWER: ELLIE DIAZ CORRALES

Ellie: Thank you so much for taking time out of your day to do this interview.
(Muchísimas gracias por apartar tiempo para esta entrevista.)

Irma: No need to thank me, hija.

(Mija, no me des las gracias. Yo estoy haciendo esta entrevista por ti.)

Ellie: To start, I wanted to ask you how you feel about Trump's anti-immigrant policies and the recent mass deportations.

(Okay, quiero empezar por preguntarte cómo te sientes sobre las políticas que son antiinmigrantes y las recientes deportaciones.)

Irma: I don't agree with any policy that he has introduced, especially the anti-immigrant ones. These policies have only caused innocent people to be taken from their children and families and to be treated worse than animals. They've created fear among millions of immigrants across the U.S. Families are now living in constant panic, teaching their children what to do in case ICE comes for them.

(No estoy de acuerdo con ninguna de sus políticas, especialmente las antiinmigrantes. Estas políticas solo han provocado que personas inocentes sean separadas de sus hijos y familias, y tratadas peor que animales. Han generado temor en millones de inmigrantes en todo Estados Unidos. Han hecho que las familias vivan en pánico, enseñándoles a sus hijos qué hacer si llega ICE.)

Ellie: I agree with you. Even as a Mexican-American with the privilege of being a citizen, I've felt that fear ever since Trump took office. Not only fear for what could happen to my family and me, but also for the millions of immigrants living in the U.S.

(Estoy de acuerdo contigo. Incluso como mexicana-estadounidense con el privilegio de ser ciudadana, siento ese miedo desde que Trump asumió el cargo. No solo por miedo a lo que podría pasarnos a mi familia y a mí, sino también por los millones de inmigrantes que viven en Estados Unidos.)

Irma: Even before Trump came back into office, the fear of being deported was always in the back of my mind just like it is for so many others. I didn't leave my country because I wanted to, but because I was searching for better opportunities I knew I would never find back home, especially with all the violence that never seems to end. I left everything behind my family, my friends. I walked through the desert on foot, carrying only a water bottle and a small bag. I still remember how painful that journey was, but it was worth it. It gave my children better opportunities, and that's what truly mattered.

(Incluso antes de que Trump volviera a la presidencia, el miedo a ser deportada siempre me rondaba la cabeza, como a muchos otros. No me fui de mi país por gusto, sino para buscar mejores oportunidades que sabía que nunca encontraría allá, especialmente con la violencia que nunca parece terminar. Dejé atrás todo: mi familia, mis amigos. Caminé por el desierto a pie con solo una botella de agua y una bolsa pequeña. Recuerdo lo dolorosa que fue esa caminata, pero valió la pena. Les dio mejores oportunidades a mis hijos, que es lo que realmente importaba.)

Ellie: You sacrificed so much for me and my sisters. You left your home country just to give us a better life something I will always be grateful for. I know you wouldn't have left Mexico if you didn't have to. It's unbelievable that you can give the U.S. your blood, sweat, and tears, and yet still be treated like an outsider sometimes even worse than an animal. They'll call you a criminal or a drug dealer, even though that's not who you are and never will be. You're just like any other woman: a hard-working mother willing to give up everything for her children someone who fights, strives, and achieves any goal in her path.

(Sacrificaste tanto por mí y mis hermanas. Dejaste tu país solo para darnos una vida mejor, algo por lo que siempre estaré agradecida. Sé que no te habrías ido de México si no hubieras tenido que hacerlo. Es increíble que puedas dar a Estados Unidos tu sangre, sudor y lágrimas y aún así te traten como extranjera, a veces peor que a un animal. Te llamarán criminal o narcotraficante cuando eso no es lo que eres ni lo que serás jamás. Eres como cualquier otra mujer: una madre trabajadora que lo da todo por sus hijos, que lucha, se esfuerza y logra cualquier meta que se proponga.)

Here is our mixtape of
local bands and/or

MOVE
WITH
LOVE
KATHY
HEIDEMAN



marginalized musicians we
think are cool!

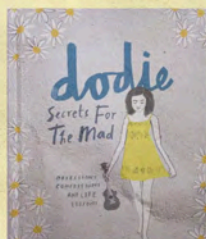


Time Bomb Bookshelf



"WE BOTH LAUGHED IN PLEASURE"

LOU SULLIVAN



"SECRETS FOR THE MAD"

DODIE



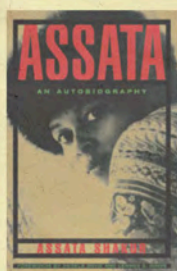
"HIJAB BUTCH BLUES"

LAMYA H



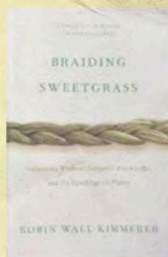
"THE SPACE BETWEEN WORLDS"

MICAHIAH JOHNSON



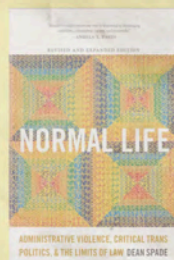
"ASSATA"

ASSATA SHAKUR



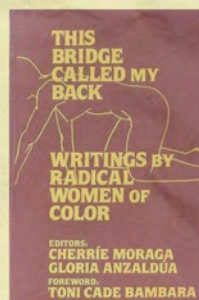
"BRAIDING SWEETGRASS"

ROBIN WALL KIMMERER



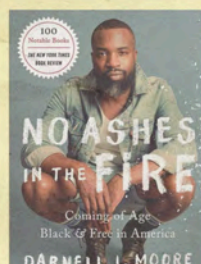
"NORMAL LIFE"

DEAN SPADE



"THIS BRIDGE CALLED MY BACK"

GLORIA ANZALDUA



"NO ASHES IN THE FIRE"

DARNELL L. MOORE

Guilt

When I was in middle school, I would have anxiety attacks during my lunch period almost everyday. I would go up to the nurses office and tell them I was feeling nauseous. The school obviously did not want some strange 12 year old girl throwing up in school for whatever reason, so I would call my mom and she would pick me up before 7th period. She was a stay at home mom, raising my older sister and I along with two toddlers. And though her days were busy, she would come pick me up anyway and we would go pick up food all together. I didn't know what it was at the time, no one told me, but my mom knew, there was no way she didn't. A Filipino immigrant woman with a hard childhood and the weight of her family on her shoulders, never diagnosed but could name the symptoms of anxiety and depression she felt everyday, no wonder she would pick me up within 10 minutes of my calls. Even now, almost 10 years older, that nausea still occurs, and every time, I wish I could call my mom to come pick me up.

I was diagnosed with an anxiety disorder around 13 years old and suffer from a depressive disorder along with symptoms of derealization and suicidal thoughts. My brain is wired to be fearful of socializing and to stew in my own suffering in the comfort of my room. Alone. The loneliness comes in waves, and I never stray from excusing it with words of hatred towards other people or any possible way to get people to leave me alone. Then comes the anger and the jealousy. I feel a bitterness towards the people who can socialize, those who aren't afraid of leaving the comfort of their room because outside of that wooden door are possible scenarios that they can rationalize that I can't prepare for.

I have thus dedicated a majority of my academic career to writing essays about Filipino and Filipino American mental health: the lack of diagnosis, the stigmatization, the possible ways to cure it. It comes to a point of personal necessity to answer the question "why does my brain work like this?" But again, I feel alone in my mental health journey.

The 2015 Global School-based Student Health survey states that in the year prior to the survey, "11.6% of students aged 13–17 years had seriously considered attempting suicide" in the Philippines (WHO, 22). Another study showed that depressive symptoms were more likely to be among Asian American women with academic challenges (Zou). For LGBTQ+ Filipino Americans, "respondents experienced the highest rates of significant depression (92.0%) [and] anxiety (93.8%)" (Alibudbud).

Not only do I see myself in these statistics, but my family as well. Now including the state of the U.S. government under the Trump administration and economic recession we are slipping into, my dream of moving away and my unremitting hatred for my mental health grows. The disappearance of transgender history, deportation of "illegal" people (who are actually just people working and paying taxes like everyone else), the tariffs without the infrastructure for re-shoring manufacturing, more abortion rights being taken away state by state, increase of AI which needs water and power to cool down and fuel those large computers which affects the climate crisis, the firing of workers just to then replace them with that AI that has none of the qualifications that those employees fill. When I talk about it with my friends, it becomes easy to say that we hate this country and what we, as U.S. citizens, stand for globally.

But then I imagine my family. When my grandparents and mother moved to the U.S. in the 90s, my grandparents were hoping for a better future for their children and future grandchildren. My mother and her six siblings were petitioned to immigrate by my grandpa's sister who was already living in the U.S. prior to their immigration when my mother was just 18. For her, my family enticed her with cuter clothes and the sweetest apples in the States. Before the move, my grandpa Roland was a police officer and soldier for the Armed Forces of the Philippines in Camp Aguinaldo, Quezon City. After, he became a graveyard shift janitor for Auburn Greens, California. I imagine my grandpa, I imagine my 18 year old mother and my titas and titos who came here with a dream. That simple and hopeful American Dream that brings prosperity and joy.

My family's history itches at the back of my brain constantly like a reminder of all that I am ungrateful for. How pitiful am I wishing to escape? All of me that my ancestors are disgusted of, disgust me too. And the guilt eats at me. The guilt for wishing to leave, for wanting an escape from my mind, my body, and my country. I have begun to hate the country that my family chose, not for what it was but as it stands now. I wish it wasn't so. I wish I could be content with what I have been given, and maybe it is the same Filipino blood in me that brought my family here in the first place, but I want more. The ungratefulness and greed brings me to a point of heavy discontentment to the point that I stay out of spite for a system that sought to originally protect us and now threatens deportation. My family chose this country for many reasons, one being the opportunities that are given in the country like the United States, not my made-up notion that this land is a dreamscape from the Philippines.

As a undergraduate student and future graduate student, my only "solution" to this escapism is to make what I have been given into the best that I can muster. There isn't a solution to the feeling though. There never really is an answer to guilt, you just feel it. I don't know where the future is going; not something I can predict, nor can anyone. As for my mental health, there isn't a cure, not even a pill can really help what I feel. But, I find solace in the fact that I can make the change in the world that I want to see one day. The very reason my family immigrated here in the first place. And maybe, I will begin to understand the vision my family saw.



Diary entry 4/2025: self-proclaimed “feminist” benefits from pretty privilege


Maria Rubio Ruiz

Some days I feel like I’m stuck somewhere between The Second Sex and a Sephora haul. I’ve read bell hooks, highlighted Angela Davis like I was preparing for a revolution, and can define the male gaze while citing three sources. And yet, here I am, wondering if lip filler might fix my personality.

I’m a “modern” woman in a modern world. I post photo dumps and doom scroll between Zoom meetings. I get into places for free, invited to tables I didn’t build, handed drinks I didn’t ask for, and yeah, sometimes...I like it.

But I also know what keeps this all alive.

I benefit from the patriarchy while also fearing and critiquing it. Modern feminism, or pop culture feminism, is shaped by men. It’s soft, aesthetic, marketable. It flatters privilege. It excludes. “This is girlhood” for the price of a \$39 lipgloss. I know that the beauty standard is increasingly unattainable, and yet I still chase it. Surrounded by amazing women who ChatGPT “how to text back my Hinge date”. Men who call themselves feminists because they liked Barbie.



I'm constantly trying to reconcile the life I lead with the politics I believe in. And I know that the privileges I benefit from aren't available to all women, and excludes many trans, nonbinary, and gender-expansive people. That's what makes this all feel even more conflicting. Am I a bad woman? A toxic feminist? Am I a victim of patriarchy and women-targeted capitalism if I actively participate in it?

This new marketed version of "feminism" is performative and expensive. It flatters privilege. It rewards beauty standards. Aesthetic, exclusionary, and often shaped by the very systems it claims to resist. The beautiful, the thin, the hyperfeminine, the socially connected, we're allowed in, but we're not safe. Mr. Current Toxic President is stripping away our rights. Trans healthcare is under attack. Roe feels like a distant memory. Meanwhile, I'm three episodes deep into a docuseries about why the internet hates Hailey Bieber.

I care deeply. But awareness doesn't cancel out the pressure or justify my participation. Benefitting from pretty privilege is a double-edged sword that will eventually decapitate me... after a free dinner. I'm in an identity crisis, exhausted, and still stuck somewhere between wanting to be on the "guest list" and not wanting to be sexualized. Anyway. Lip gloss is in my purse. Hinge is downloaded. Pilates booked for the morning. Uber's waiting downstairs.

Gender-Affirming Care in 2025

Levi Allen



Amanda Magaña, *Drawing up Testosterone*, September 2023.

As of May 2025, the United States has experienced a significant rise in legislative actions targeting transgender individuals, with gender-affirming healthcare being one of the most heavily targeted areas. In 2018, only two bills addressing trans healthcare were introduced, while 189 were introduced in 2024. As of May 7, 2025, 169 bills targeting transgender healthcare have already been introduced. This surge is part of a broader trend in anti-trans legislation, which most frequently targets other areas like education, sports, and bathroom access. In 2024, the United States saw its fifth consecutive record-breaking year for such bills, with 691 introduced across 43 states. By May 7, 2025, 876 anti-trans bills have been introduced across 49 states ("2025 Anti-Trans Bills").

A significant federal action impacting access to gender-affirming healthcare is Executive Order 14187, titled "Protecting

Children from Chemical and Surgical Mutilation," issued by President Trump on January 28, 2025. This order restricts access to gender-affirming healthcare for individuals under 19 by mandating that agencies repeal and amend policies based on World Professional Association for Transgender Health standards of care. Additionally, it directs the Secretary of Health and Human Services (HHS) to review best practices for minors seeking gender-affirming healthcare and "increase the quality of data to guide practices" in this area. This has concerning implications, as the current HHS Secretary is Robert F. Kennedy Jr., who has consistently opposed widely accepted standards of care regarding gender-affirming healthcare for adolescents despite the evidence showing that restricting such care leads to increased rates of depression, anxiety, and suicidality in transgender and gender-expansive adolescents ("Gender-Affirming

Care"). Furthermore, this order instructs federal agencies to ensure that institutions receiving federal research or education grants cease providing gender-affirming care and leverages federal programs like Medicare and Medicaid, as well as legal provisions such as Section 1557 of the Affordable Care Act, to limit access. The order removes Biden-era protections and promotes whistleblower protections for those who take action to ensure compliance with this order. It also encourages those whose "healthy body parts have been damaged by medical professionals practicing chemical and surgical mutilation" to take legal action against their healthcare providers (United States, 8773), blatantly ignoring the fact that patients must give informed consent before receiving gender-affirming healthcare. Lastly, this executive order goes as far as to equate gender-affirming care for minors with female genital mutilation and suggests the application of the Parental Kidnapping Prevention Act to "end child-abusive practices by so-called sanctuary States that facilitate stripping custody from parents who support the healthy development of their own children" (United States, 8773).

Other egregious examples of anti-trans bills introduced this legislative session include Maryland House Bill 1399, West Virginia House Resolution 6, and California Assembly Bill 844. Maryland HB 1399 calls for healthcare practitioners who "prescribe, dispense, or administer cross-sex hormones" to minors to be guilty of a felony and subject to life imprisonment upon conviction (Maryland General Assembly). Additionally, West Virginia HR 6 directs that the West Virginia House of Delegates formally recognize "transgenderism" as a mental disorder and assert that there are only two biological sexes, under the belief that this has been the case "since the beginning of human history as described in the Bible" (West Virginia State

Legislature). Lastly, California AB 844 is particularly relevant and concerning for transgender students at SFSU. If passed, it would require that participation in athletic programs and activities, and use of facilities such as bathrooms, locker rooms, showers, overnight accommodations, and student housing, be based upon a student's sex in all California postsecondary institutions. In this bill, "sex" is defined as male or female, "as determined by anatomy and genetics at the time of birth" (California State Legislature).

Evidently, this period marks a pivotal moment in the history of transgender rights in the United States, but this moment is not only being defined by escalating legislative restrictions. Instead, this moment is also being marked by the ingenuity of the transgender community, alongside the methods for resistance and survival that have been passed down by our transgender elders. As such, while access to gender-affirming healthcare becomes increasingly limited through legal means, alternative and unregulated pathways to accessing care are becoming more prevalent.



While all trans people do not seek or are unable to access gender-affirming healthcare for reasons other than legislative barriers, having access to this care is still vital for the safety and well-being of many trans folks. In response to these barriers, some trans people have turned to DIY and community-based methods of accessing hormone therapy. In the current political landscape, the continued and growing importance of trans mutual aid networks, which have

(Pang, Kenneth C, et al.). Furthermore, while there have been major strides in the development of realistic and functional prosthetics for transmasculine individuals, many continue to use affordable DIY alternatives. For example, in 1996, "Trans Fag Rag" described a method for creating a realistic-looking bulge under clothing: filling an unlubricated condom with hair gel and wearing it in a jock strap or tight-fitting underwear—a technique still in use today



Amanda Magaña, *Injecting Testosterone*, September 2023.

been thriving for decades, is particularly relevant. Today, these networks include individuals sharing resources, guidance, and supplies to help each other access gender-affirming hormone therapy without government oversight and often at little to no cost. Methods of this include sourcing hormones online, using shared knowledge for dosage and administration, and organizing discreet exchanges to distribute medications.

In cases where one might not have access to these community support and mutual aid networks, other methods of non-medical gender affirmation are equally as important and, similarly, have been used for decades. For example, topical minoxidil has been available over the counter since 1997 and has been recognized, in some cases, as an effective method for transmasculine facial hair growth without testosterone therapy

("Packing"). Because this method for making DIY prostheses is not particularly durable, others opt for even simpler solutions, like rolling up socks to create a bulge and securing them with a jock strap or safety pins to avoid shifting.

Chest binding is also an important method of gender-affirmation for transmasculine people, and there is a range of DIY and for-purchase options that have been used across generations. While elastic bandages and adhesive tape have been used both historically and contemporarily, these methods pose serious health risks, and professionally made binders are by far the safest and most effective option. Still, not everyone can access or afford store-bought binders, but there are safer alternatives to the aforementioned DIY methods. Kinesiology tape, for instance, is a more accessible option that functions similarly to tapes

made specifically for chest-binding, like TransTape. Compression sports bras are another long-standing method for chest-binding, which can be worn underneath spandex elastic undershirts for an added flattening effect, a technique documented as far back as 1985 (Sullivan).

Much like transmasculine individuals, transfeminine people have continually developed creative approaches to gender affirmation. For example, while professionally made tucking underwear is widely available online, it can be cost-prohibitive or inaccessible for other reasons, like not having a safe mailing address. In such circumstances, some commonly used alternatives are layering two pairs of underwear or wearing compression garments like shapewear, bicycle shorts, or absorbent menstrual underwear. Some even recommend wearing tight elastic shorts, like bicycle shorts, and wearing shapewear briefs over top of them. While some people do use tape, this method carries risks. If tape is used, it's crucial to choose medical-grade tape that is meant for skin, such as kinesiology tape or tape that is specifically made for tucking.

In addition to tucking, some transfeminine individuals may use breast forms or padding to affirm their genders, and there are several inexpensive and widely used methods for making them. Some common and inexpensive methods include inserting paper, rolled-up socks, or extra bra cups into a padded or push-up bra to create a fuller look. Others recommend putting rice into socks or pantyhose to create breast forms that naturally mold into the shape of the bra. Similarly, some prefer to fill balloons or condoms with water and wear them in a bra. To avoid water leakage while using this method, adding in absorbent materials like those used in diapers and menstrual pads is recommended. For individuals with more chest tissue,

layering push-up bras can amplify existing volume.

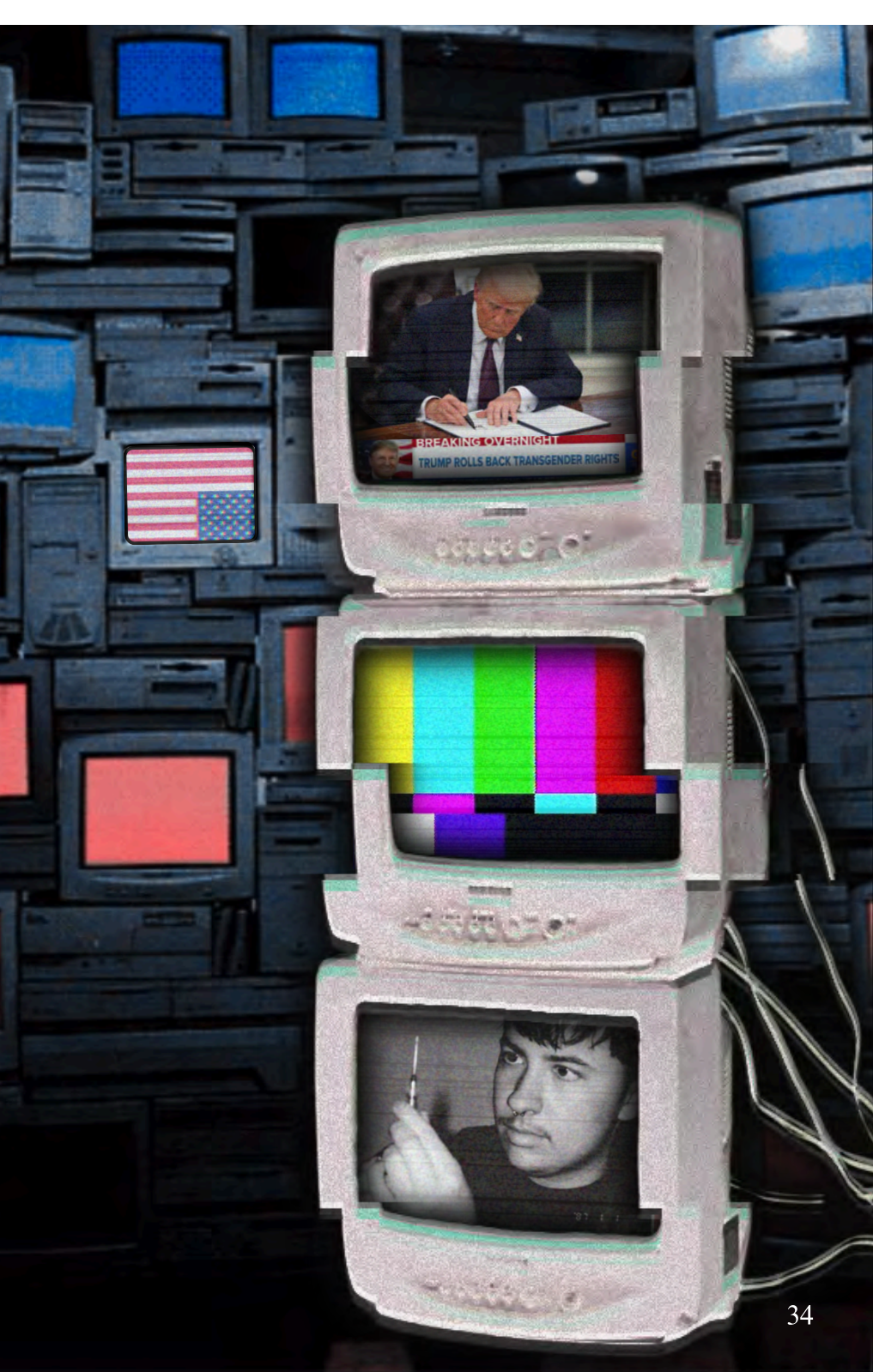
While many trans people rely on DIY approaches to gender affirmation out of necessity, others opt to purchase gender-affirming products when they have the means. This isn't a new phenomenon, as trans people have been buying items like packers ("FTM Newsletter #20") and breast forms (Tri-Ess Society for the Second Self) via mail order for decades.

However, barriers to buying gender-affirming products online still exist, especially for transgender youth without access to credit or debit cards. In this instance, those who have cash can buy a prepaid Visa gift card, which can then be used on most online retail sites. For added privacy, some may choose to have their orders shipped to a trusted friend or family member's address. It is also worth noting that many companies that sell gender-affirming products package—and sometimes even market—their items discreetly.

For detailed instructions on how to make and safely use the DIY methods listed, as well as information on where you can buy or access gender-affirming products for free, scan the QR code below. Here, you can also find information on accessing trans-specific healthcare, housing, food programs, legal assistance, community spaces, and more, in San Francisco.







I met Elliot last year. We've gotten more time together than ever with divinely aligned schedules, including a shared 3 hour gap in between classes. This has resulted in a standing chipotle date, lots of hot gos in the library, and unlocking more of his lore each week. Ive known Elliot as absurdly funny, and with time have become privy to his magnanimous nature and astute takes on culture, friends, relationships, family, and every other topic we've managed to cover in those three hours every week.

GD: DO YOU WANT TO TALK A LITTLE BIT ABOUT YOUR PERSPECTIVE, WHERE YOU'RE FROM?

GD: WHAT WAS YOUR JOURNEY LIKE UP UNTIL THIS POINT WITH UNDERSTANDING AND NURTURING YOUR GENDER IDENTITY?

GD: SO YOU WERE COOKING FROM THE WOMB...

GD: WHEN DID YOU TRANSITION?

35

GD: WAS YOUR SEXUALITY DEVELOPING SIMULTANEOUSLY?

EC: AT ONE POINT THIS GIRL PULLED ME ASIDE AND WAS LIKE, YOU'RE GAY, RIGHT? I WAS LIKE, YES. IN MY HEAD I WAS STILL FIGURING OUT MY GENDER STUFF, SO I JUST PUT THAT ON THE BACK BURNER. DESPITE, LIKE, WHEN I WAS A KID, I WOULD WATCH TYLER OAKLEY AND TROY SIVAN AND WISH I COULD BE A GAY MAN. EVENTUALLY I MOVED TO TORONTO, THE DRINKING AGE IS 19 SO I STARTED GOING OUT TO GAY BARS AND MEETING OTHER GAY PEOPLE. BUT IT ALWAYS FELT LIKE MY TRANSNESS WAS LIKE THE ELEPHANT IN THE ROOM. IT FELT MORE LIKE A HOT COMMODITY.

GD: DID THIS CULTURE INFLUENCE YOUR MOVE TO SF?

EC: ABSOLUTELY. I MADE A COUPLE OF FRIENDS ONLINE, AND ONE OF THEM LIVED IN SAN FRANCISCO. IT WAS REALLY BEING IN THE CASTRO THAT I WOULD LOOK AROUND AND BE LIKE, THIS IS WHERE I NEED TO BE. FOR THE FIRST TIME, THE WHOLE NEIGHBORHOOD IS GAY, INSTEAD OF IN TORONTO, IT'S A SMALL STRIP OF A STREET THAT HAS ALL THE GAY BARS. IT FELT LIKE A PLACE WHERE I COULD EXIST SO MUCH EASIER THAN IT FELT A LOT LIGHTER. SO I MOVED OUT HERE.

EC: I GOT REALLY IMMERSSED INTO SAN FRANCISCO GAY CULTURE, AND STARTED EXPLORING ALL OF THIS NEW STUFF, BECAUSE IT NO LONGER FELT LIKE I WAS EXISTING IN GAY SPACES AS A TRANS MAN. IT FELT LIKE I WAS EXISTING IN GAY SPACES AS A GAY MAN, AND I COULD EXPLORE MY SEXUALITY AUTHENTICALLY. I MADE FRIENDS AND WENT OUT TO LEATHER BARS WITH THEM, EXPLORING SUBCULTURE, EXPLORING KINK, AND JUST SEEING, LIKE, WHAT AM I INTO? I HAD FIGURED OUT THE BASE IDENTITIES, SO I WAS LIKE, LET ME EXPLORE, LET ME HAVE FUN.

GD: IT FEELS LIKE SF IS WHERE YOU HAD THE COMMUNITY AND SUPPORT TO SELF-ACTUALIZE

EC: YEAH, THERE WAS SUCH A DIFFERENCE. IT FELT LIKE PEOPLE WERE TALKING TO ME BECAUSE THEY FOUND ME ATTRACTIVE, THEY FOUND ME FUNNY, AND NOT JUST THAT THEY FOUND ME TRANS. I HAD MUCH MORE IN CONTROL, I WASN'T JUST TAKING ANY ATTENTION THAT WOULD COME TO ME. I WAS LOOKING FOR PEOPLE THAT I THOUGHT WERE ATTRACTIVE, AND THAT WERE AUTHENTICALLY ATTRACTED TO ME AS WELL, NOTHING TO DO WITH MY BODY PARTS.

GD: ARE THERE PALPABLE DIFFERENCES FROM WHEN YOU FIRST MOVED HERE?

EC: YEAH, I THINK THERE IS A PERSISTENT TENSION THAT LOOMS IN THE AIR AND LIKE, I'M STRESSED WITH THE HEALTH AND HUMAN SERVICES DEPARTMENT WANTING TO LIMIT TRANS CARE ACCESS/CUT HIV SERVICES. I GET MY TRANS CARE AT A FREE HIV TESTING CLINIC CALLED STRUT IN CASTRO. SO I'M WORRIED LIKE, WHERE DO I GET TRANS CARE NOW? THANKFULLY THEY ARE OPEN AS OF NOW, BUT IT FEELS MORE UNSTABLE AS FAR AS HEALTHCARE GOES, THAN IT DID IN CANADA.

GD: TRANS-CARE WAS ACCESSIBLE IN CANADA?

EC: A THREE MONTH SUPPLY OF TESTOSTERONE IN CANADA IS LIKE 25 BUCKS. HERE A THREE MONTH SUPPLY OF TESTOSTERONE GENERALLY RUNS ME \$140 AFTER INSURANCE. SO THAT'S A BIG INCREASE AND THAT IS IF MY INSURANCE COVERS THAT. I'VE HAD ISSUES WITH INSURANCE BEFORE, WHERE THEY DENIED COVERAGE FOR MY TESTOSTERONE AND I HAD TO PAY WITH COUPONS, BECAUSE OUT OF POCKET, IT CAN BE \$1000. IT'S A MAJOR EXPENSE, BUT IT'S ALSO SOMETHING THAT, LIKE, I CAN'T GO WITHOUT.

GD: WHAT ARE SOME WAYS YOU'RE CARING FOR YOU AND YOURS RIGHT NOW?

EC: I'VE BEEN GOING TO THERAPY EVERY WEEK FOR ALMOST FIVE YEARS, AND THAT'S BEEN REALLY HELPFUL FOR ME TO NOT FALL APART. IT'S ALSO BEEN REALLY HELPFUL LIVING WITH LIKE MINDED INDIVIDUALS, AND TO HAVE EMOTIONAL SUPPORT FROM FRIENDS. MY MOM IS ALSO A HUGE SUPPORT FROM FAR AWAY. I'LL TEXT HER, I'LL CALL HER, AND BE LIKE, THIS IS HAPPENING, AND THIS IS REALLY SCARY, AND SHE'LL REMIND ME THAT SHE WILL DO WHATEVER SHE CAN TO KEEP ME HERE AS LONG AS SHE CAN. AND SO IT FEELS BIG TO HAVE ALL OF THESE SUPPORTS THAT ARE LIKE, YOU NEED TO BE HERE. I'VE HAD A LOT OF PEOPLE TELL ME THAT THEY'VE NEVER SEEN ME HAPPIER THAN WHEN I'M HERE.

by
*Ryann
Haskins*









A Silent Violence: American Sex Education

WITHIN THE AMERICAN PUBLIC SCHOOL SYSTEM, THERE ARE NO FEDERAL SEX EDUCATION CURRICULA OR STANDARDS. OUR SEX ED IS BUILT ON A FOUNDATION OF HOMOPHOBIA, TRANSPHOBIA, AND ABSTINENCE. IT IS A SILENT VIOLENCE, ESSENTIALLY PUTTING ALL AMERICAN STUDENTS IN A PLACE OF DANGER. A CIS MAN AND CIS WOMAN TEACHING A CLASSROOM OF CHILDREN WITHIN VARIOUS IDENTITIES ABOUT CIS HETERONORMATIVE SEX, EMPHASIZING AND HIGHLIGHTING HOW SEX IS SIMPLY FOR PROCREATION AND NOT OUR OWN PLEASURE SHOULD NOT BE THE REALITY OF SEX EDUCATION. THE NEED FOR INCLUSIVITY WITHIN SEXUAL EDUCATION IS CRUCIAL IN ORDER TO PROTECT ALL IDENTITIES AND ENSURE SAFETY IN OUR CHILDREN.

THE LACK OF INCLUSIVITY WITHIN SEXUAL EDUCATION TAUGHT TO AMERICAN YOUTH LEAVES OUT MANY OPPRESSED COMMUNITIES AND HOW THEY HAVE SEX - ALL STUDENTS OF ANY GENDER OR SEXUALITY SHOULD LEARN ABOUT BODIES AND SEX THAT THEY CAN RELATE TO AND SEE THEMSELVES IN.

STRETCHING ACROSS AMERICA AS A WHOLE, LET US ADJUST OUR FOCUS ONTO THE BONES THAT SEX EDUCATION GROWS ITS SKIN ON. THE BONES ARE WEAK, INACCURATE, AND LACK A FUNCTIONAL AMOUNT OF VITAMINS FOR A HEALTHY BODY TO MOVE THROUGH THE WORLD. THE BACKWARDS TRUTH IS THAT LESS THAN HALF OF THE STATES IN AMERICA LEGALLY HAVE THEIR SEX EDUCATION INCLUDE INFORMATION AROUND PROTECTION, AND OVER HALF OF AMERICAN STUDENTS ARE TAUGHT BY ADULTS THAT THE ANSWER IS TO SIMPLY NOT HAVE SEX.

WHO DOES THIS SERVE? WHY WOULD BOTH MISINFORMATION AND FEAR BE THE BUILDING BLOCKS THAT MAKE UP THE SEX EDUCATION SYSTEM FOR OUR CHILDREN? OUR MODEST AMERICAN MINDSET CLOUDS OUR VISION AND HAS ALLOWED OUR SEX EDUCATION CLASSES TO SPIRAL INTO SOMETHING EMBEDDED WITH LIES AND FEAR, FEEDING OUR KIDS WITH INACCURATE INFORMATION ABOUT HOW TO HANDLE SEXUAL ACTIVITY AND WHEN IT IS OKAY TO ENGAGE IN SUCH BEHAVIORS. NOT TEACHING OUR YOUTH ABOUT SEX DOES NOT PREVENT THEM FROM HAVING SEX, IT PREVENTS THEM FROM THEIR OWN SAFETY.

PROPER SEXUAL EDUCATION CAN BLEED INTO VARIOUS PARTS OF LIFE OUTSIDE OF JUST SEXUAL ACTIVITY. THE INTERCONNECTEDNESS OF UNDERSTANDING SEX AND ENGAGING IN IT CAN COME INTO PLAY WHEN THINKING ABOUT RELATIONSHIPS, CONSENT, SEXUAL IDENTITY, GENDER, AND SENSE OF SELF. HAVING A HEALTHY RELATIONSHIP TO SEX AND YOUR BODY CAN IMPROVE AN INDIVIDUAL'S QUALITY OF LIFE BY MILES, AND OUR CURRENT SEX EDUCATION IN AMERICA FAILS TO RECOGNIZE THAT, LEAVING THE MAJORITY OF CHILDREN IN THE DARK AS THEY GROW UP AND ARE FORCED TO FIGURE OUT SEX AND THEIR BODIES ALL ON THEIR OWN.

WITHIN OUR SEX EDUCATION CURRICULUM, TEACHERS DO NOT EVEN BEGIN TO TIE TOGETHER HEALTHY SEX AND HEALTHY RELATIONSHIPS WITHIN OURSELVES AND OTHERS, THEY ISOLATE SEX AS ONE SOLE ACTIVITY WITH THE MAIN PURPOSE BEING PREGNANCY. KIDS LEAVE THE PUBLIC AMERICAN SCHOOL SYSTEM WITH LITTLE TO NO KNOWLEDGE OR CONVERSATIONS AROUND DATING, WHY THEY FEEL SEXUAL DESIRE IN THE FIRST PLACE, WHAT A HEALTHY/UNHEALTHY RELATIONSHIP LOOKS LIKE, OR SEXUAL/DOMESTIC ABUSE.

SEXUAL EDUCATION SHOULD GIVE OUR YOUTH AN UNDERSTANDING OF NOT ONLY THE BASICS OF SEX, BUT ALL THE OTHER ASPECTS OF LIFE THAT SEX TIES INTO AND HOW TO MAINTAIN A HEALTHY RELATIONSHIP WITH ALL OF THOSE EXTERNAL FACTORS. CONSENT GOES HAND IN HAND WITH SEX, ABUSE CAN GO HAND IN HAND WITH SEX, RELATIONSHIPS GO HAND IN HAND WITH SEX, AND EVERYBODY SHOULD BE TAUGHT FROM A YOUNG AGE WHAT RIGHT AND WRONG AND MIDDLE GROUND CAN LOOK LIKE.

OUR CURRENT SEX EDUCATION CURRICULUM DOES THE VIOLENT MISERVICE OF NOT INCLUDING ANY EDUCATION AROUND OTHER BODILY RELATED ISSUES. GENDER (IN)EQUALITY AND HUMAN RIGHTS ARE LESS THAN AN AFTERTHOUGHT, BLEEDING INTO THE FACT THAT THE SOCIAL ISSUES THAT LIE UNDERNEATH ARE NOT BEING TALKED ABOUT. BEING ALIVE AND HAVING A BODY IN THE WORLD WE LIVE IN TODAY IS AN UPHILL BATTLE FOR ALL, AND CHILDREN SHOULD GROW INTO ADULTS WHO HAVE A GOOD GRASP ON CONCEPTS THAT COULD AFFECT THEM OR OTHERS AROUND THEM.

OUR BODIES CARRY US THROUGH DAY TO DAY LIFE, OUR BODIES ARE OUR HOME, WHAT IS MORE IMPORTANT THAN KNOWING AND PROTECTING THAT VESSEL?

-Ryann Haskins

**WANT TO TAKE A
QUICK BREAK?**

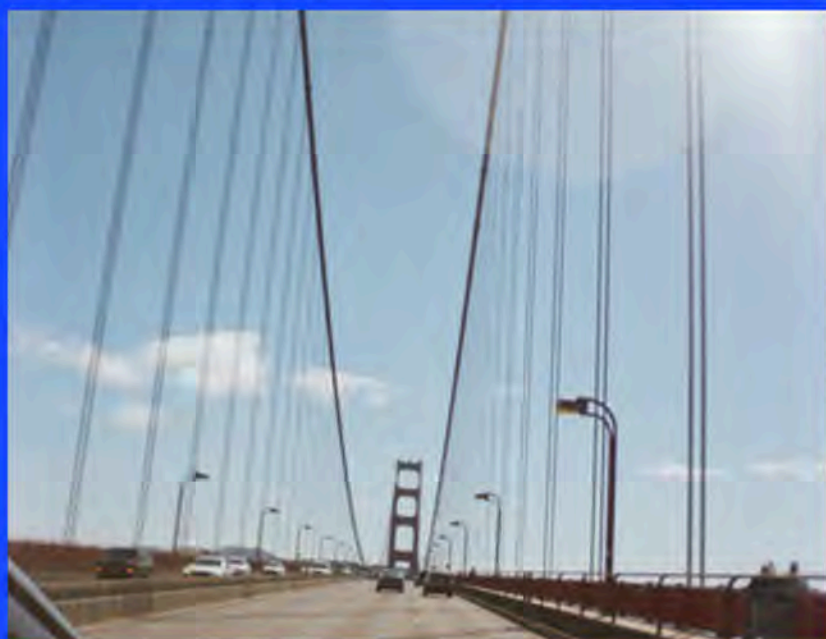
**PLAY A VIDEO GAME
PERHAPS??**

**PLAN YOUR DREAM
DAY IN SAN
FRANCISCO???**

**PULL OUT A LAPTOP
AND DIVE INTO
RYANN'S VIRTUAL
"PLAN FRANCISCO" -
AN EXPLORATION AND
STORY BASED GAME TO
SEE A QUEER PERSON'S
FAVORITE SF GEMS...
AND POTENTIALLY
FIGURE OUT YOURS
TOO - YAY!**

**TURN YOUR
DREAM DAY INTO
A REALITY.... >:-)**

-RYANN HASKINS



**HTTPS://RYLO-
GAMES.ITCH.IO/
PLAN-
FRANCISCO**





On April 10th, 2025, a few of us got together and laid out a large piece of butcher paper on the floor. The group of us brought small trinkets, toys, dice, key chains, cards, patches, aliens, and rainbows and laid them out explosively. Please take a look and see what you can find!

MEET THE AUTHORS!



Dylan

Dylan Zigmant (they/them) is a queer student from a small town in El Dorado county. They are soon to be graduating with a Bachelor's in Women and Gender Studies. Dylan enjoys photography, listening to music, petting animals, hanging out with friends, and video games. Once they graduate, they hope to get deeply into painting.



Amelia

Amelia (they/them) is a queer, white, chronically ill/disabled artist who grew up in the Bay Area. They are a Women and Gender Studies major and a Queer and Trans Ethnic Studies minor. They love creating art through oil painting, gouache, collage, and beading. They are unsure of their career path after graduating, however, their goal in life is to live in a house with a front porch for hanging out with friends and people watching, and a back porch that they will convert into a patio. They believe the COVID pandemic is ongoing and continue to practice COVID safety in their daily life.



Lealah

Lealah Alvarez-Davis (any pronouns) is a queer Filipino American student from the Sacramento area. Studying Women and Gender Studies with a minor in Business Administration, she is interested in pursuing a Master's degree in Public Administration with an interest in Filipino American mental health. You can catch them practicing bass and guitar, writing informational and entirely unnecessary presentations, and playing DnD or videogames.



Ellie ★

Ellie Diaz Corrales (she/her) is a queer Mexican-American student from Santa Rosa, CA. She is double majoring in Women and Gender Studies and Criminal Justice Studies. After graduating she is hoping to continue down the path of her dream career which is to be an immigration lawyer. In her free time she enjoys going to concerts, hanging out with friends, reading manhwas, spending time with her family, and sleeping with her two cats Matcha and Chai.



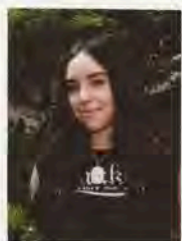
Maria

Maria (she/her) is from San Diego/Tijuana Mexico, majoring in Women and Gender Studies with a minor in Race and Resistance Studies. She currently works for a non-profit and is excited to continue her post-grad life in San Francisco for many more years to come! She is also a yoga teacher and hopes to open her own studio in the city one day. She loves astrology, matcha, pop music and vintage fashion!



Levi ☺

Levi Allen (he/him) is a queer trans man from St. Joseph, Michigan. He is majoring in Women & Gender Studies and minoring in Queer & Trans Ethnic Studies, Race & Resistance Studies, and Feminist Health Justice. Outside of school, Levi is often fishing, hiking, reading, listening to Simon & Garfunkel, or spending time with his best friends, his cat, and his leopard gecko, who, unsurprisingly, is named Garfunkel.



Grace

Grace (she/her) is from SoCal and is graduating this semester as a Women and Gender Studies major. Her plans post grad involve becoming a case manager at a non-profit and continuing to enjoy a lively life in glorious San Francisco. This includes lots of camping, picking up a different craft every other day, and frolicking through Golden Gate Park with her roommates.



Ryann ☆

Ryann Haskins (they/them) is a trans masc non binary student who is graduating with a major in Women and Gender Studies and a minor in LGBTQ+ Studies. They are originally from San Diego and have been living in San Francisco for the past few years, aside from a semester abroad in Amsterdam. They love going to live music, swimming in the ocean, their 12 pet shrimp, and biking. They will be returning to SFSU in Fall 2026 for the Master of Arts in Human Sexualities program.

Works Cited

- Agrawal, N. (2024, November 22). *Covid can raise the risk of heart problems for years*. The New York Times. https://www.nytimes.com/2024/11/22/well/covid-heart-health.html?unlocked_article_code=1.b04.r-W7.ngVHDXRSrEfh
- Appleman L. (2021). Hiding in plain sight: public health, eugenics, and COVID-19. *HPHR*, 30. DOI:10.54111/0001/DD22
- Alibudbud, Rowalt. "Gender in mental health: Comparison of the rate and social factors of depression, anxiety, and stress among young adult Filipino heterosexual cisgender men and women and LGBT+ individuals." *Int J Soc Psychiatry*, vol. 69, no. 2, 2023, pp. 430–437, <https://doi.org/10.1177/00207640221106874>.
- "2025 Anti-Trans Bills." *Trans Legislation Tracker*, translegislation.com. Accessed 7 May 2025.
- Bagenstos, Samuel R., The New Eugenics (November 30, 2021). 71 Syracuse Law Review 751 (2021), U of Michigan Public Law Research Paper 21-037, Available at SSRN: <https://ssrn.com/abstract=4006561>
- BBC. (2023, August 28). *Anthony Fauci on the recent spike in Covid cases*. BBC News. <https://bbc.com/news/av/world-us-canada-66643426>
- California State Legislature. *California Assembly Bill 844: Educational Equity: Sex-Segregated School and Athletic Programs and Activities: Use of Facilities*. 2025–2026 Reg. Sess., 19 Feb. 2025, https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=20250260AB844.
- Centers for Disease Control and Prevention. (2025, May 4). *CDC Covid Data tracker*. Centers for Disease Control and Prevention. <https://covid.cdc.gov/covid-data-tracker/#wastewater-surveillance>
- Centers for Disease Control and Prevention. (2024, October 25). *Leading Causes of Death*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
- Chilunda, V., Martinez-Aguado, P., Xia, L. C., Cheney, L., Murphy, A., Veksler, V., Ruiz, V., Calderon, T. M., & Berman, J. W. (2021). Transcriptional changes in CD16+ monocytes may contribute to the pathogenesis of covid-19. *Frontiers in Immunology*, 12. <https://doi.org/10.3389/fimmu.2021.665773>
- Conley, A. (2013). Torture in US Jails and Prisons: An Analysis of Solitary Confinement Under International Law. *Vienna Online Journal on International Constitutional Law*, 7(4), 415–453. <https://doi.org/10.1515/icol-2013-0402>
- Dremel, Comrade. "Let Them Eat Plague!" *The Red Clarion*, 9 Jan. 2023, clarion.unity-struggle-unity.org/let-them-eat-plague/. Accessed 20 Apr. 2025.
- Ewing, Andrew, et al. "Spectrum of COVID-19: From Asymptomatic Organ Damage to Long Covid Syndrome." *WHN*, 5 July 2024, whn.global/scientific/spectrum-of-covid-19-from-asymptomatic-organ-damage-to-long-covid-syndrome/#other.
- Fears, A. C., Klimstra, W. B., Duprex, P., Hartman, A., Weaver, S. C., Plante, K. S., Mirchandani, D., Plante, J. A., Aguilar, P. V., Fernández, D., Nalca, A., Totura, A., Dyer, D., Kearney, B., Lackemeyer, M., Bohannon, J. K., Johnson, R., Garry, R. F., Reed, D. S., & Roy, C. J. (2020). Persistence of severe acute respiratory syndrome SARS-CoV-2 in aerosol suspensions. *Emerging Infectious Diseases*, 26(9), 2168–2171. <https://doi.org/10.3201/eid2609.201806>
- "FTM Newsletter #20." *FTM International*, July 1992. GLBT Historical Society Periodicals Collection, San Francisco, CA.
- GAO - Science, Technology Assessment, and Analytics, Science & Tech Spotlight: Long Covid (2022). Washington, D.C.
- "Gender-Affirming Care for Youth." *The Trevor Project*, 5 Feb. 2025, www.thetrevorproject.org/research-briefs/gender-affirming-care-for-youth/.
- Geranios, K., Kagabo, R., & Kim, J. (2022). Impact of COVID-19 and Socioeconomic Status on Delayed Care and Unemployment. *Health equity*, 6(1), 91–97. <https://doi.org/10.1089/heq.2021.0115>
- Global school-based student survey: Philippines 2015 fact sheet. World Health Organization. 2015. Available from: https://www.who.int/ncds/surveillance/gshs/PIH2015_fact_sheet.pdf. Accessed Jan 9, 2021.
- Gleeson, Shannon. "Labor Rights for All? The Role of Undocumented Immigrant Status for Worker Claims-Making." *Law & Social Inquiry*, vol. 35, no. 3, 2010, pp. 561–602. <https://doi.org/10.1111/j.1747-4469.2010.01200.x>
- Lara, E., Chao, S., Bolender, K., & Kirksey, E. (2022). Prison Gardens and Growing Abolition. In *The Promise of Multispecies Justice* (pp. 103–). Duke University Press. <https://doi.org/10.2307/j.ctv2vt04rn.10>
- Lee, Jennifer. "Why Workplace Abuse Is So Common for Undocumented Immigrants." *Harvard Business Review*, 28 Aug. 2018, <https://hbr.org/2018/08/why-workplace-abuse-is-so-common-for-undocumented-immigrants>.
- Luck, A. N., Elo, I. T., Preston, S. H., Paglino, E., Hempstead, K., & Stokes, A. C. (2023). COVID-19 and All-Cause Mortality by Race, Ethnicity, and Age Across Five Periods of the Pandemic in the United States. *Population research and policy review*, 42(4), 71. <https://doi.org/10.1007/s11113-023-09817-8>

Luscombe, Richard. "EEOC Fails to Protect Workers from Discrimination, Investigation Reveals." *Vox*, 12 July 2019, <https://www.vox.com/2019/7/12/eec-failures-workplace-discrimination>

Maryland General Assembly. *Maryland House Bill 1399: Protect the Kids Act*. 2025 Reg. Sess., 7 Feb. 2025, <https://mgaleg.maryland.gov/2025RS/bills/hb/hb1399f.pdf>.

McLeod, Robert S., et al. "A Multi-layered Strategy for COVID-19 Infection Prophylaxis in Schools: A Review of the Evidence for Masks, Distancing, and Ventilation." *Indoor Air An International Journal for Indoor Environment and Health*, vol. 32, no. 10, (24 Oct. 2022,) <https://doi.org/10.1111/ina.13142>.

Miller, S., Wherry, L. R., & Mazumder, B. (2021). Estimated Mortality Increases During The COVID-19 Pandemic By Socioeconomic Status, Race, And Ethnicity. *Health affairs (Project Hope)*, 40(8), 1252–1260. <https://doi.org/10.1377/hlthaff.2021.00414>

"Packing: Creating a Realistic Bulge." *Hudson's FTM Resource Guide*, May 2017, www.ftmguide.org/packing.html#homemade.

Pang, Kenneth C, et al. "Case Report: Successful Use of Minoxidil to Promote Facial Hair Growth in an Adolescent Transgender Male." *Frontiers in Endocrinology*. U.S. National Library of Medicine, 29 Sept. 2021, [pmc.ncbi.nlm.nih.gov/articles/PMC8511680/](https://pubmed.ncbi.nlm.nih.gov/articles/PMC8511680/).

Pedroso, R. B., Torres, L., Ventura, L. A., Camatta, G. C., Mota, C., Mendes, A. C., Ribeiro, F., Guimarães, H. C., Barbutto, R. C., Caixeta, F., Nascimento, L. S., Oliveira, M. A., Martins, V. D., Silveira-Nunes, G., Tupinambás, U., Teixeira-Carvalho, A., Graça, L., & Faria, A. M. C. (2024). Rapid progression of CD8 and CD4 T cells to cellular exhaustion and senescence during SARS-CoV2 infection. *Journal of leukocyte biology*, 116(6), 1385–1397. <https://doi.org/10.1093/jleuko/qiae180>

Office, U. S. G. A. (2022, March 2). *Science & Tech spotlight: Long Covid*. Science & Tech Spotlight: Long COVID | U.S. GAO. <https://www.gao.gov/products/gao-22-105666>

Sette, A., & Crotty, S. (2021). Adaptive immunity to SARS-CoV-2 and COVID-19. *Cell*, 184(4), 861–880. <https://doi.org/10.1016/j.cell.2021.01.007>

Soares, L., Assaf, G., McCorkell, L., Davis, H., Cohen, A. K., Moen, J. K., Shoemaker, L. G., Liu, L., Lewis, D. S., Robles, R. M., McWilliams, C. J., Lin, J., Akintonwa, T., Saravia, A., Wei, H., & Fitzgerald, M. L. (2024). *Long Covid and Associated Outcomes Following Covid-19 Reinfections: Insights from an International Patient-Led Survey*. <https://doi.org/10.21203/rs.3.rs-4909082/v1>

Su, Z., McDonnell, D., & Li, Y. (2021). Why is COVID-19 more deadly to nursing home residents?. *QJM : monthly journal of the Association of Physicians*, 114(8), 543–547. <https://doi.org/10.1093/qjmed/haaa343>

Sugie, N. F., Turney, K., Reiter, K., Tublitz, R., Kaiser, D., Goodsell, R., Secrist, E., Patil, A., & Jiménez, M. (2023). Excess mortality in U.S. prisons during the COVID-19 pandemic. *Science Advances*, 9(48). <https://doi.org/10.1126/sciadv.adj8104>

Sullivan, Louis. *Information for the Female-to-Male Crossdresser and Transsexual*. *Digital Transgender Archive*, 1985, <https://www.digitaltransgenderarchive.net/files/g158bh442>.

"Trans Fag Rag: Information & Networking for Gay/Bi Transmen." 1996, Fall. *GLBT Historical Society Periodicals Collection*, San Francisco, CA.

Tri-Ess Society for the Second Self. "Society for the Second Self." *Digital Transgender Archive*, 1980, <https://www.digitaltransgenderarchive.net/files/cr56n096b>.

UCLA Newsroom. Discrimination and Health Outcomes in Latino Communities. University of California, Los Angeles, <https://newsroom.ucla.edu>. Accessed 8 May 2025.

United States, Executive Office of the President [Donald J. Trump]. Executive Order 14187: Protecting Children from Chemical and Surgical Mutilation. *Federal Register*, vol. 90, 3 Feb. 2025, pp. 8771–8773. <https://www.federalregister.gov/d/2025-02194>.

Weaver D. A. (2023). The mortality experience of disabled persons in the United States during the COVID-19 pandemic. *Health affairs scholar*, 2(1), qxad082. <https://doi.org/10.1093/haschl/qxad082>

West Virginia State Legislature. *West Virginia House Resolution 6: Recognizing Transgenderism as a Mental Disorder and Affirming the Biological Reality of Two Genders*. 2025 Reg. Sess., 17 Feb. 2025, https://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=hr6%20intr.htm&yr=2025&sesstype=RS&i=6&houseorig=H&billtype=R.

Whyte, L. E. (2022, January 28). *State policies may send people with disabilities to the back of the line for Ventilators*. Center for Public Integrity. <https://publicintegrity.org/health/coronavirus-and-inequality/state-policies-may-send-people-with-disabilities-to-the-back-of-the-line-for-ventilators/>

Williams, David R. Racism and Health: A Research Overview. Harvard T.H. Chan School of Public Health, <https://www.hsph.harvard.edu/david-williams/>. Accessed 8 May 2025.

Wishnie, Michael J. "Emerging Issues for Undocumented Workers." *University of Pennsylvania Journal of Labor and Employment Law*, vol. 6, no. 2, 2003, pp. 337–356.

Zou, Ping, et al. "Influencing Factors of Depression among Adolescent Asians in North America: A Systematic Review." MDPI, Multidisciplinary Digital Publishing Institute, 4 May 2021, www.mdpi.com/2227-9032/9/5/537

