RWQ S2E6\_final

[00:00:00] **Ronni:** Welcome to, this is probably a really weird question. The podcast for a medical doctor and a doctor

[00:00:13] **Rebecca:** of history talk about sex history and the not at all weird questions we hear from patients, students, and colleagues. About our bodies and our sexualities. I'm Dr. Ronnie Ion. And I'm Professor Rebecca Davis.

[00:00:29] **Ronni:** And today's question is,

[00:00:31] **Rebecca:** what are you doing for Pride? Why do we have to do anything for Pride? Cradle to Grieve. What

[00:00:39] **Ronni:** was the other way? Uh, womb to tomb. Wo to Tomb, to Worm.

[00:00:42] **Rebecca:** To Worm. So fun fact, that's actually from West Side Story. Really?

[00:00:48] **Ronni:** Hmm. Yeah. It's a lyric from

[00:00:49] **Rebecca:** West Side Story. Oh, that's awesome. Now I like that even more.

[00:00:54] **Ronni:** Hey,

[00:00:55] **Rebecca:** happy pride. Happy pride. Ronnie, can we

[00:00:58] **Ronni:** talk about how amazing it was to talk to Susan Stryker

[00:01:01] **Rebecca:** last episode? Yeah, last two episodes, right? I mean, yeah. I think we could just make this podcast conversations with Susan. Uh,

[00:01:12] **Ronni:** I think so too. It's kind of like when nerds have a fan girl moment, it's like I was just like nerding out and fangirling so much about this, uh, uh, about a academic historian.

[00:01:22] I think that's a beautiful thing. I

[00:01:24] **Rebecca:** do too. She's really extraordinary. Yeah. Yeah. I loved getting to know her through, you know, her stories. So, um, so hey. What are you doing for pride?

[00:01:33] **Ronni:** Uh, what am I doing for pride? Well, um, you know, I'm old and tired now, so I don't do a ton for pride anymore, but I do some fun things and also, um, I can, I'm happy to share with you a story of one of my fondest memories of pride from years.

[00:01:53] Past. So currently what I do is, you know, besides being like a very out and proud physician, I also do a ton of L G B T Q I A two S healthcare. And I have to tell you, Rebecca, doing this kind of medicine during pride month is. The best. It is so fun and so joyful, and there's just like nothing better than.

[00:02:24] Wishing people, Hey, happy pride at the end of a visit. And they all go. They go, yeah, yeah. Happy pride to you. And it's just like such this beautiful moment in the exam room. That is something that I'm doing for pride. I have a very prideful and joyful practice during the month of June. And then let me share with you a story about one of my.

[00:02:46] Favorite pride experiences when I was less old and less tired. So one of my favorite experiences for Pride is I had the opportunity to be in the Dykes on Mike's portion of the Pride March in San Francisco, and I don't know if you've ever been. In San Francisco or part of that lineup or part of pride.

[00:03:09] But the march starts right downtown, like in the middle of the financial district where these huge skyscrapers and they're all made of like metal and glass, and there's this huge road that is just packed from curb to curb with all these people. On their motorcycles and everybody's like walking around and enjoying each other and like celebrating pride and looking at each other's bikes and looking at each other's outfits.

[00:03:42] And then word starts going around that it's almost time to start. And so everybody gets on their bikes and the march starts and everyone starts revving their bikes and it's just like, no, no, no, no, no, no, no. And the sound is just echoing and. Booming off of all these buildings and it, the joy and excitement and pride and enthusiasm is just glorious.

[00:04:11] It is hands down. One of my favorite pride memories. I love it. What are you doing for Pride, Rebecca? Um,

[00:04:19] **Rebecca:** I of course got a couple great t-shirts because it wouldn't be pride without some new swag, including one from the American Historical Association, which uses this saying everything has a history and in this particular t-shirt that saying is done in all the rainbow colors.

[00:04:36] So I love it. Um, but I'm also protesting, which is very much part of what Pride is all about, you know? The Pride march is to commemorate an uprising against, um, anti-gay oppression. So there is this horrendous, horrific, terrible, awful organization, uh, called Moms for Liberty, and they are. Anti-trans, anti-gay, anti, I don't know, history because they're Yeah.

[00:05:03] One of these groups that wants to ban Yeah. Books about Rosa Parks cuz they make white kids feel bad. Uh, so they say which is bogus and terrible and stupid and they are coming to Philadelphia. So I am joining a protest being organized by Act Up Philadelphia Act Up. Is of course an organization that began in New York City in the 1980s to demand that pharmaceutical companies and governments do more, do a lot more to, uh, address the needs of people with aids Act Up.

[00:05:36] Philly has a wonderful history of really radical mm-hmm. Intersectional activism and, um, there is going to be a dance protest. This is, to me, what pride is about and. It's really exciting for me because I know at least one of my two kids is going to be there with me and is super excited to make their own sign.

[00:05:58] And so we are going and dancing our protest against the Museum of the American Revolution, which has rented space to this group. And so actually professional historians across the United States have spoken out against the fact that this museum is hosting this horrible Yeah, pro censorship. Anti history, anti-gay organization.

[00:06:22] So that is what I'm doing for Pride. Yeah.

[00:06:25] **Ronni:** So before we started recording, we were kind of talking about why are we talking about pride at all? Like why are we doing an episode about Pride? And it's not just that it is June, but we both feel like it's a relevant topic, um, for a modern day podcast about LGBTQ health and history and.

[00:06:49] I think, if you don't mind, I would love for you to start us off with the historical perspective on, on Pride.

[00:06:57] **Rebecca:** So when I think about the 20th century, which was when the Stonewall uprising was and when the first Pride parades were held, I think I see three big themes in, uh, queer activism, L G B T Q activism.

[00:07:12] It was opposition to police harassment. Advocacy for employment, non-discrimination laws and, and their enforcement and protesting truly cruel medical practices, healthcare policies, and a lot of the activism, whether it was a sort of reformist, let's get news laws passed, or if it was liberationist, like, let's abolish these whole systems that, or let's, you know, abandon this broken society and create a new one.

[00:07:43] Those three issues are really present throughout the 20th century and then into the 21st. So I was thinking about pride and thinking about our podcast and was going back and doing some reading and was just so struck by how many of the central figures in gay liberation of the late sixties and seventies of lesbian feminism and, and liberation of the time of trans.

[00:08:11] What wasn't called yet, the transgender movement, but what became that movement? How important speaking for themselves in a healthcare setting was to so many of the people at the center of that cause. Mm-hmm. And how many of the people who were out there protesting? Um, it wasn't just about the police raid, the Stonewall Inn in late June of 1969.

[00:08:36] That was an episode. For a whole variety of reasons was like the last straw, and people just fought back as they hadn't in a long time in that way. But leading up to that, so many of these folks had been either forced or consented to go see a psychiatrist who did something like. Electroshock aversion therapy.

[00:08:58] Oh Jesus. Or had been as adolescents given doses of testosterone, say to boys who were found having sex with other boys or young men from this idea that more testosterone would make them heterosexual or something. Um, these were trans people who knew that there were medical surgical options available and were struggling to get physicians to listen to them.

[00:09:24] About the healthcare that they needed. They were women who had struggled to get abortion care when they needed it, or to get compassionate care following sexual assault, or to get, you know, I. Non-discriminatory access to all kinds of reproductive healthcare and so mm-hmm. It was really front and center.

[00:09:44] And in fact, a lot of the L G B T Q health clinics that are sort of the original famous ones, they were established in the seventies before the H I V AIDS crisis. Really? Right. Began there was already in San Francisco and Washington, DC and Boston. Some of these clinics, because L G B T Q people knew that if they walked into your average run of the mill neighborhood clinic or practice, they were unlikely to get the compassionate care, the full spectrum care that they needed.

[00:10:19] Um, so the L G B T Q healthcare Movement, It was not a response to hiv aids, it predated it, and mm-hmm in fact was important to helping people respond more quickly and more effectively when hiv aids came along. Um, so anyway, so that's sort of like how I've been thinking about it. In addition to thinking about like, what motivated people to protest the way that people in the United States thought about homosexuality.

[00:10:48] You know, in the sixties, in the years leading up to the riot at the Stonewall in, in Greenwich Village in New York City, that sort of is understood as the spark of gay liberation. The psychiatric model of homosexuality was extremely prevalent. Oh, good. And so, you know, there were different ways of thinking about what homosexuality was.

[00:11:09] Was it a mental illness? Was it criminal behavior? And also was it, was it sinful? Was it a security threat to the US uh, government during the Cold

[00:11:21] **Ronni:** War? Why would it be a security

[00:11:24] **Rebecca:** threat? Because don't you know, Ronnie, that homosexuals are more susceptible to blackmail? Ah, so therefore, it was not thought that gay men and lesbians were more likely to be communists, which would be a sort of loyalty risk.

[00:11:40] It was thought that they were security risks because. They were more susceptible to blackmail because, you know, they're more wishy-washy. They're not as psychologically stable and sort of mature. Huh. So therefore they're, you know, gonna double cross the United

[00:11:57] **Ronni:** States or something. Oh, interesting. Boy, that's not where my mind went at all.

[00:12:00] I thought they, you were gonna say either they were more likely to be blackmailed because being queer. Could be used as ammunition for blackmail, right? Or that. Because you know what, immediately, what my mind went to is like these caricatures of gay men, especially as being kind of weak and effeminate and not able to withstand torture if they, if they ever got into a situation where they were being pressed for national security secrets.

[00:12:35] I, I, I mean,

[00:12:36] **Rebecca:** those were absolutely part of it too. And I sort of see the, the second thing you said, as part of what I was saying too, this idea that mm-hmm. Gay men were just like, not. Mature, they were not able to sort of stand up for principles under pressure. Um, but yeah, that, I mean, it was sort of the irony that you're persecuting people on the basis of their sexuality and then saying, oh, but now look how susceptible they are to blackmail on the basis of their sexuality.

[00:13:00] Right. At any rate, um, so, you know, you have the whole way people thought about what it meant to be gay or lesbian was very much shaped by. The medical healthcare apparatus at the time. And so, so much of what people were fighting for was a form of healthcare that put them and their experiences at the center where their voices were honored.

[00:13:26] And bear in mind, this is also when the Boston Women's Health Collective is writing our body ourselves, which was about. Putting cis women at the center of their healthcare conversations and writing about CIS women's health from the standpoint of ciswomen. So this idea of, you know, the Black Women's Health Movement, a Latina health movement, Asian-American women's health movements, these all grow out of these protests in the seventies and into the eighties about.

[00:13:57] Being so frustrated when really, really significant things are going on with their health. Mm-hmm. And having the people who are caring for them, not honoring who they are and not respecting that. So healthcare has been part of. L G B T Q, activism and protest and central to what Pride was all about from the very beginning.

[00:14:19] It wasn't just like one night the police show up, people get pissed and they riot, right? It was like so many things leading up to that night. Police harassment, medical abuse, employment discrimination kind of collide and you get Stonewall, and then a year later you have activists who plan. What they initially called the Christopher Street Liberation Day.

[00:14:44] Oh, on March. Cuz it, Stonewall Inn was on Christopher Street in the West Village is still on Christopher Street, in the West Village. Um, which then becomes what we know as the Pride parade.

[00:14:53] **Ronni:** You know, when you're describing the origins of pride, it sounds to me like it is the perfect example of the personal being political and how.

[00:15:03] Intense it was right. And I think that many of us who have been going to pride in the more recent decades, it. Lighter than that. Right. And it feels like it's a fun thing to do. And there has been a lot of corporatization of pride. You know, like you can go to Pride and you'll see, you know, bud Light and you know, whatever big corporations, Oreos or whatever that are contributing money and advertisements to pride.

[00:15:35] Yeah. Um, it just seems like almost a completely different animal.

[00:15:39] **Rebecca:** I think that's fair. I mean, so I was just reading this book. Yesterday, the day before about the sort of, we have a lot of critiques of what we sometimes called like the neoliberal term in G B LGBTQ activism. So one thing that's fascinating is that people who are like working toward G B T Q equality have been fighting about what should happen at the Pride Parade since there's been a pride parade and there, I love that there was never a golden era of like, All the lesbians and all the gay men and all the transgender people being like, yes, we all agree.

[00:16:17] This is, this is our movement. We're here's our gay agenda, here's our gay agenda, here's our rainbow. We are united. I mean, and actually at the 1973 Christopher Street Remembrance Day, there were a number of activists, I think, uh, who didn't want Sylvia Rivera a total. Badass Trans Rights Pioneer speak because they didn't think that trans women belonged on the stage at Pride.

[00:16:47] Uh, it wasn't called Pride yet, but effectively, yeah, the same thing. And you know, there were screaming fights over whether to let her get up and get the microphone. And listeners will link in our show notes to what happened when she did get the microphone. Mm-hmm. And she really talked about how here she was, Out there so visibly vulnerable to hate and discrimination, fighting for all of them, and they weren't going to let her speak.

[00:17:14] Yeah. And then of course we have the dyke march, uh, which starts as like a, what's up with all this like, Fancy, fancy parade floats like we're gonna get on our bikes. We're not getting a permit. Cause we're Now, when you say

[00:17:27] **Ronni:** bikes, let's be clear, we're not talking about bicycles, lady not awin. No, no, no, no.

[00:17:33] We're talking about badass dikes on big ass motorcycles. Yes.

[00:17:38] **Rebecca:** And 20,000 of whom? Went the sort of length of like from like Greenwich Village up to Central Park, I believe the first dyke march. Yeah. And they still do it. They refuse to call it a parade. They're like, we're protesting and we're gonna do it as loudly and with as much sort of powerful energy as we possibly can.

[00:18:01] And that's now usually the day before the sort of formal pride parade happens the next day. So yeah, no, there's no like golden era of like, You know, everybody just sort of dancing there. I'm, I'm dancing now, but listeners can't say that everyone in their color of the rainbow doing their right side dance and you know, everyone else applauding for them, that never happened.

[00:18:23] Yeah. I think it's

[00:18:23] **Ronni:** hard to find a harmony when you don't ultimately have the same rubric, right? Like, are we trying to be. Accepted and respected within the current system? Or are we trying to, to just like blow up the system and build something new? Yeah, it's fascinating and

[00:18:44] **Rebecca:** I think healthcare is such a fascinating place to take up that question because everyone has a body and everybody has a body that ends up needing hair of some kind.

[00:18:55] Like that's sort of non-negotiable. But the people who are in the sort of healthcare rights movement of the 1970s, whether it's, you know, cis women and the Boston Women's Health Collective, or it's black women setting up clinics, or the abortion access movement setting ups or gay liberationists opening up, you know, these healthcare centers, they weren't trying to invent medicine, right?

[00:19:22] They weren't like, let's abolish medical schools. But they also wanted to radically transform what the experience was when a patient went into the office. Yeah. So like combine that, like, yes, let's keep the systems that train in accredit physicians, but let's completely, you know, reimagine what happens after

[00:19:40] **Ronni:** that.

[00:19:41] Yeah. And you know, I think those conversations are still happening today. Maybe not surprisingly. We, for example, when. We're talking about queer health or you know, I have a colleague who specializes in disability medicine. There's always this tension right between should our goal be to have everybody be able to provide.

[00:20:05] The highest quality of care to this like, you know, air quotes niche population, right? And so meaning should it all be like integrated into one one clinic? And we talk about that sometimes with abortion services too. Like should abortion services just be integrated into like everyday clinical care or are they specialized enough that they need to be siloed in a different clinical setting?

[00:20:28] And I think you have people on both sides of the fence in both cases, right? There are a lot of people who feel like. Yeah, of course. Like ultimately the goal is for us to build the, like nirvana of healthcare, right? That anybody of any gender or sexuality can walk into a clinic and feel confident that they are going to be treated with respect and with the most updated knowledge about standards of care.

[00:20:56] And that just. Is not our reality. And so there are a number of patients or you know, activists or community members who say, yeah, well that's not my world and I don't feel safe going into a regular clinic setting. So I really wanna be in a clinic that focuses on. L G B T Q, healthcare or abortion services or disability medicine, just cuz that feels more comfortable for me.

[00:21:26] I think that that changes visibility in a specific way, right? Like if all of your queer and or disabled patients are. Going to one place, then you're probably not gonna be in the waiting room with very many queer or disabled people. And I think that really changes your perspective of like who's in your community.

[00:21:47] So we, you know, we have a lot of really like still meaty discussions about what the best way to provide this care is.

[00:21:56] **Rebecca:** That is so fascinating. So where do you see, and the kind of practice that you have, right? You have such a fun way of putting it. Cradle to grieve. What was the other way? Uh,

[00:22:05] **Ronni:** womb to tomb.

[00:22:06] Womb to tomb. M to worm. Sperm to worm. So fun fact. That's actually from West

[00:22:10] **Rebecca:** Side Story. Really? Mm-hmm. Yeah. It's a lyric from West Side Story. Oh, that's awesome. Now I like that even more. So going back to our pride topic, like where does pride factor in the stuff

[00:22:25] **Ronni:** that you're doing? I think it factors it in a lot of places.

[00:22:29] We have a lot of visual cues available to people who are coming into the clinic that we love and celebrate. G B T Q I people. So we have pride flags up and signs, and we have a non-discrimination statement, and we have gender neutral bathrooms, right? So all of those things are signaling people that this space is meant to be welcome to them.

[00:22:56] And then, You know, I think I, what I hear from a lot of patients is that having a queer doctor, like an out queer doctor makes a huge difference for them in terms of feeling safe going to the doctor and talking about relationships. Like I am not by any stretch of the imagination perfect a hundred percent of the time, but I think I may do better than most.

[00:23:20] Talking about like birth control, right? I don't assume that you need it, and I don't assume that you don't need it regardless. And sometimes those conversations are just exhausting, right? Like how many times can you tell somebody that you don't need a pregnancy test either because you only have sex with women or because you were assigned mail at birth?

[00:23:42] So I feel like because our clinic has this long history of caring for LGBTQ people, we just have. Some workflow and some system and some kind of, what do they say in like business models? They say like, oh, we have a shared mental model. Right? So we have like a shared mental model about who our patients are and what they may and may not need.

[00:24:03] And you know, a lot of what I do in terms of trans healthcare is just like affirming and celebrating people and also, Being really flexible and understanding that people's identities can change over time. You know, when I'm talking to folks about starting hormones, I kind of ask, you know, tell me a little bit about your gender journey and like, how you think I can help you.

[00:24:31] And a lot of times, because of that history that you were talking about with definitions of homosexuality and um, gender dysphoria, being in the psychiatric definition literature a lot of times, People feel like they have to jump through a lot of hoops or they, they actually, it's not that they feel that way.

[00:24:52] They actually have to jump through a lot of hoops to get what they need. And so oftentimes they'll say like, this is not about you proving you're trans enough for hormones, because oftentimes people feel really pressured to do that. Like they have to give this. Narrative of their life that fits the picture that they, they think that the clinician has in their brains about.

[00:25:15] Who deserves hormones and who needs hormones, right? So sometimes people, whether or not it's true, they feel like they have to create this narrative for the gatekeeper, right? The person who is standing between them and the care that they need about. The classic narrative is I knew ever since I was, you know, five years old that there was something different about me and I only wanted to play with Barbies.

[00:25:41] I never wanted to play with GI Joe, and I would always steal my mom's clothes or my sister's makeup. And when I went through puberty, it was awful and I was so miserable. Like they feel like they have to prove that they are trans enough for hormones and actually, That is not a requirement. You're hormones.

[00:26:03] All you have to do is like, Tell your clinician that, listen, I'm trans, or I'm non-binary and I think that this medication is gonna help me live more authentically and joyfully, and you shouldn't have to prove anything. Right? So I think that, you know, that's a lot of pride in my practice, right? Is talking about who you are and that that's beautiful and you're not broken.

[00:26:26] And I'm so excited that you are about to take this step to live authentically and also, I'm also so excited for you. If you don't wanna take any steps, what is the medication? Right? I'm here to say you're perfect the way that you are, and if there's something I can do to help you feel better, we're gonna do that.

[00:26:44] I think also there's something to be said for. Visibility, right? Like having queer folks in leadership roles or healthcare roles that allows younger queer people to envision themselves doing stuff like that.

[00:27:00] **Rebecca:** Oh, that's great. There are statistics that are cited from like, I guess the Trevor Project sort of survey data about.

[00:27:08] Trans kids who have an affirming adult in their lives and sort of the positive impact that makes. But you're saying more like directly about the physician patient relationship?

[00:27:17] **Ronni:** Yeah, so there are all these like really interesting studies, even like things that you wouldn't necessarily expect, like surgery.

[00:27:25] So they looked at. Gender concordance. So like if you are a self-identified female patient and you have a self-identified female surgeon, you do better. Your surgical outcomes are better and you die less frequently. Right. And so that's wild. I know. And we really see it with racial concordance, which is not terribly surprising.

[00:27:47] Right, because there's just. Terrible institutionalized racism in the healthcare system. Right? But it's, it is so, so fascinating and I feel, um, complicated about it, right? Mm-hmm. Because it makes, it makes sense. And, uh, it makes me feel sad, right? That, that that is the reality of our healthcare system. The other thing that is important to know is that we can do all of the cultural competency training that we want, and it actually doesn't make that much of a difference.

[00:28:19] What really makes the difference is having concordant physicians, right? So I think what that speaks to is like we need to be doing a better job of recruiting and retaining people from. Minoritized populations to become parts of the healthcare system, right? Because that's really what's gonna shift

[00:28:37] **Rebecca:** stuff.

[00:28:37] That brings me back to thinking about what those radical healthcare movements in the 1970s were after. They really wanted, you know, cis women wanted women focused healthcare. They wanted to go either care for one another or have midwives or have, you know, A woman-centered approach. They did not want men telling them what their embodied experiences were and how they were gonna be cared for.

[00:29:04] And I think too, with the L G B T Q healthcare movement, there was this real push to say, we are, we want to run the show for ourselves. We want to create a healthcare setting I, us and for us. And I think that's really powerful.

[00:29:18] **Ronni:** Yeah. And I think we're starting to see. At least I will say in my own circles, I'm starting to see a lot more trans and non-binary healthcare providers as opposed to like queer or gay or lesbian healthcare providers.

[00:29:33] I feel like those numbers have been increasing slowly over time, mainly because I think acceptance of and lesbians has been. A little bit more rapid than the acceptance of trans and non-binary people. And so what I would love is to see way more actual trans and non-binary clinicians providing this care as opposed to a bunch of cis people providing the care.

[00:30:01] Yeah. Initially when we were talking about should the, the title of this episode be, why do we need Pride? I was like, well, of course we need pride. We need, especially at this time where. So much of our newsfeeds and our day-to-day life is full of negativity and oppression and hurtfulness, um, that it's so special to have a time where we can actually be joyful and celebrate our queerness.

[00:30:38] You know, there's something radical about. Joy and there's also something really radical about rest. And so from that perspective I was like, yeah, of course we, of course we need pride. And then when I was on vacation, Rebecca, Kathleen and I were in the pool just like, you know, floating around, like being totally luxuriating in our time away and.

[00:31:04] Off to the side. There was this group of women that were also very much enjoying their vacation and talking loudly, and one of them was talking about how some female relative of hers, like was getting married to her same-sex partner, and they were engaged and this person at the pool was on a rant about how.

[00:31:32] It's in the Bible and I don't agree with it, and I'll come to your wedding, but I'm not gonna stand up in your wedding. I'm not gonna do anything to like participate in your wedding. Cause I don't believe in that. And that was also juxtaposed with like, I love her and she knows that I love her and I'm always here if she needs me, but that's wrong.

[00:31:57] And I was like, well, see, this is, this is exactly why we need pride, because that person I'm sure doesn't feel seen and really loved and supported. Oh, she also said, she called to tell me that she was engaged and I said, I love you. I'm always here for you, but I wouldn't say congratulations because I don't believe in that.

[00:32:24] What a heartbreak, you know? Yeah. Like I can just imagine being that young person and calling a relative and being like, I'm so excited to tell you that I got engaged and be like, okay. I love you and I'm always here for you, and how that would feel so could potentially feel so deflating and sad. And so I think pride also is not, you know, it is all of these things.

[00:32:49] It is like a stew of remembering and honoring our, our elders who are still with us or who risked their lives or lost their lives. For pride, it's about radical queer joy. It's about. Connecting with your community, right? Because. If you are somebody who doesn't have a great supportive family of origin, those community connections are so important.

[00:33:16] And you know, there was at least one study that I found that looked at community connectedness and L G B T Q. People who reported more connectedness to their community were less likely to report suicidal behavior. But we have known for a long time that community is a lifesaver for LGBTQ people. Right.

[00:33:36] **Rebecca:** Absolutely. Well, I want to wish a big congratulations to that niece or daughter or cousin or young person, young person who got engaged and fell in love and is going to have a beautiful wedding.

[00:33:52] **Ronni:** I hope so. It is gonna be beautiful Mazel tub. I hope you are surrounded by people who love you and

[00:33:57] **Rebecca:** see you well.

[00:33:59] There we have it. Why? We need pride. Happy pride, everybody. Happy pride. Let's celebrate and protest and do all the things

[00:34:10] **Ronni:** and make plans for the future.

[00:34:11] **Rebecca:** Amen to that. All right, uh, listeners, we're going to be taking a couple months off for our own rest and renewal process, but we will be back in your feed this fall and can't wait.

[00:34:23] To bring you some more really weird questions

[00:34:30] **Ronni:** you've been listening to. This is probably a really weird question, which is created, hosted, and produced by Rebecca Davis and Ronnie

[00:34:38] **Rebecca:** Ion. You can learn more about us. Read our show notes and find links to resources on our website, www really weird question.com.

[00:34:48] **Ronni:** Follow us on Twitter at a really weird pod.

[00:34:51] Rebecca Tweets at History Davis and Ronnie at Dr. Awkward md.

[00:34:57] **Rebecca:** Send us your really weird, not really questions by emailing us at really weird question gmail.com.

[00:35:05] **Ronni:** Nora Carlson is our website Guru and social manager.

[00:35:08] **Rebecca:** Mick Finnegan is our sound engineer. Mark

[00:35:11] **Ronni:** Rurbacher composed and recorded our incredible theme

[00:35:14] **Rebecca:** music.

[00:35:15] We are grateful for the financial support of the Phils Wickler Charitable and Memorial Foundation Trust. We additionally thank the foundation for Delaware County.

[00:35:25] **Ronni:** Please rate us and review us on Apple Podcasts to help other people find us in their feed. Our website

[00:35:30] **Rebecca:** is also where you can find links to our fabulous merch, which helps support the show.

[00:35:36] **Ronni:** Thank you for listening and keep on asking those questions.

[00:35:40] I.