S2E2

[00:00:00] So listeners, just be aware that in today's episode we're gonna be talking. Some subjects that can be really challenging and and hard for folks to listen to. We want you to take care of yourselves. And if you need to skip this episode, we completely understand some of the things that we are going to be talking about.

[00:00:17] Uh, include mentions of sexual assault and violence against intersex people. We're gonna be talking about the coercion of people in the medical system and medical trauma, some homophobia and also some discussions, although not very detailed about genital surgeries. Please take care of yourselves and if you need to not listen to this episode.

[00:00:39] We'll see you next time.

[00:00:50] Welcome to, this is probably a really weird question. The podcast where a medical doctor and a doctor of history talk about sex [00:01:00] history and the not at all weird questions we hear from patients, students, and colleagues about our. And our sexualities. I'm Dr. Ronnie Hyon. And I'm Professor Rebecca Davis. And today's question is, am I intersex?

[00:01:22] Are you suggesting that the medical industrial complex doesn't have a sterling perfect record of being ethical and always taking the best care of people that I can? I am.

[00:01:40] Hey Ronnie. Hey Rebecca. So I have exciting news. Tell me, tell me we have fundraising underway and some wonderful, generous people have stepped forward and contributed through our website to support this nonprofit podcast. So friends, if you haven't had a chance yet, please think. [00:02:00] $5, $10, uh, 18 if you're from the Jewish summer camp experience.

[00:02:04] And that means something to you, . But, uh, we would love your support. We are, again, a nonprofit and we rely on donations in order to make this all work. So thank you so much to everyone who's already given. A special shout out to my mom who also has donated . Special shout out to your mom for figuring out how to go to a website and hit the donate button, which has eluded my family as of yet.

[00:02:28] So it just goes to show you that parenting does not end at age 18. , your kid is always gonna need money for something including. Thank you, Linda. Thank you ma'am. . So we have this topic today that. I find in, when I teach classes on the history of sexuality. Mm-hmm. students are often completely baffled and confused by, and yeah.

[00:02:54] So this talking about inner sex, I'll say, so just to sh you know, take a guess, [00:03:00] you know, how many people do you think. Would fit in this category and the students usually wildly underestimate how common it is. So, mm-hmm. , um, you run into this in your practice, so I wondered if you could just talk about when you've heard this question from patients.

[00:03:16] Yeah. You know, it comes up, I would say less commonly than, um, some of the other questions that we have discussed in previous episodes. I would. When it has arisen most often for me is when somebody is within the context of somebody kind of exploring their own gender identity and sexual orientation. It's like, it's really common for people to wonder, you know, either internally or allowed in the exam room.

[00:03:40] You know, am I trans or is there something else going on? Is there something medical that could be, you know, air quotes causing these thoughts and feelings? And maybe I'm intersexed, right? Cuz that's a word that people have heard and don't always know what it means. . I would say for me professionally, it's a really important topic because we are starting to [00:04:00] understand that, you know, that the umbrella of intersex variations are actually far more common than we previously thought.

[00:04:06] Um, and there are some intersex conditions that require very specific. Specialized clinical care and right caveat. I am not an expert in intersex medicine. I'm not an endocrinologist, but I'm always willing to learn, which I think is, you know, what we're supposed to do as physicians, but, so I am not an expert, but I, that's the.

[00:04:27] The context in which I often see it arise, I would say taking a step back, right? Intersex people and their bodies have been pathologized and harmed by the healthcare system for far too long, and I can't undo that. Harm. But I can also, you know, try to make my little corner of the medical industrial complex slightly less awful and slightly more affirming for intersex folks.

[00:04:51] So that's usually my general gestalt about intersex in the clinic. So we, you need to talk about what intersex [00:05:00] is like, what we mean when we say that. Mm-hmm. . Um, and then I'm really curious to know what, if anything you learned about it in medical. Oh yeah, boy, it feels like medical school was such a long time ago, , even though it probably was not in the grand scheme of things.

[00:05:13] But I will say a word that I would use to describe my formal undergraduate medical education on intersex conditions is, was sparse , to say the least. I think it. Came up a couple of times, mostly in the first two years of medical school. Those historically are more classroom based. Um, and you're doing nonclinical learning.

[00:05:38] And we definitely talked about intersex conditions when we were learning about embryology, for example. Right? So development of embryos and specifically when you're learning about the development of genitals and, and internal reproductive organs. And then also. With endocrinology because a lot of this has to do with hormone exposure or lack of hormone exposure.

[00:05:59] [00:06:00] And back then the language that we used was really different. Um, the common lingo at the time was ambiguous genitalia or disorders of sexual development. And those terms are falling out of favor very appropriately because they are stigmatizing and hurtful. And now we think of it more as differences of sexual develop.

[00:06:23] Okay, so differences of sexual development sounds to me like a much broader term. Intersex has such a clinical sound to it, right? So when we put it under differences of sexual development, like what does that encompass? Well, it could be very, very large. It could be a huge umbrella, a huge tent, right? So when you're learning about genetics and embryology, right?

[00:06:44] We often think about, and we talked about this in the um, I trans episodes, right? We often think about sex. XX or for, uh, for female and x, y for male, but that's absolutely not true, right? So there are different combinations [00:07:00] of sex chromosomes. Somebody can have two x chromosomes and a Y chromosome, somebody can have an XO chromosomal pattern.

[00:07:08] And so not only is there a wide variability in the kinds of sex chromosomes that we have, there are also all these other conditions that include things. Insensitivity to certain hormones. So there is a, a condition called androgen insensitivity syndrome. So somebody develops phenotypically or outwardly as a female, um, but they may have internal organs that we historically associate with men sometimes.

[00:07:37] people's gonads don't really develop at all, and that can cause people to look really different. And if we wanna be really inclusive, we could also include something like P C O S. Right. Um, polycystic ovarian syndrome. So these are people who are assigned female at birth. They have ovaries and a uterus, and they have some physical traits that we [00:08:00] associate with masculinity.

[00:08:01] So extra body hair, for example. Hmm. And. Some people feel like folks with P C O S should be included in, in that tent. Okay. That's fascinating. You have added to our notes for this episode, a series of pictures and charts that I could not dream of interpreting, but I think you're trying, actually no, I'm not gonna try to guess what these are.

[00:08:26] Uh, so why did you. Why did I put these pictures of and epi and, uh, what, tell me about And the, and the primitive streak. . Yeah. So walk me through this. Well, here's, here's the, the Too long didn't read version. Thank you. The Too long didn't read version is that when we start out as embryos. We are all the same, right?

[00:08:49] Like all of our genital tracts are exactly the same. They are undifferentiated cells. That means that it could go one way or the other, right? These are cells that have not yet [00:09:00] declared themselves as. Male air quotes or female air quotes, right? And that is, that is true until about seven weeks of gestation.

[00:09:08] So seven week fetus, that's when we start seeing divergence of the genital tracts. Right? So that first, that first graphic with the flow chart is just meant to show that there are, there are parts, right? Like the Euro genital ridge is an undifferentiated. Piece of tissue, and depending on what sort of genes are turned on or off and what sort of hormonal milieu is available, then those gonads start diverging into either testes or ovaries, and then kind of the supporting tissues around that.

[00:09:44] I'm gonna be thinking about my hormonal milia for the rest of the day. How about that? . Um, and then the, the picture under that , that color coded picture is meant to. Not only is that kind of undifferentiated starting [00:10:00] point for our internal organs, but that's also true for our external organs. And so there are, they're called homologous structures, which means a structure in, uh, in one body is an analogy or, or a homologue for a structure in another body.

[00:10:16] So for example, the clitoris is, Made up of the same original undifferentiated cells as the glands or the tip of the penis, for example. Hmm. The labia major, which are those outer lips usually that have the, the pubic hair on them arise from the same cells, undifferentiated cells as those that go on to form the scrotum.

[00:10:43] So we have these structures. Vulva and penile or testicular that have, that has like a matched set somewhere else, right. That arose from the same undifferentiated cells. Okay, so [00:11:00] now I'm totally fascinated because there is a wild history to physicians and scientists trying to figure out whether there's just one human body and like, and of course, what they.

[00:11:13] You know, in ancient times and was that women were like the dysfunctional or not as great version of the reg, the quote unquote regular body. Sure. Yeah. This is so fascinating. But I have to tell you, I am not fully expert in this topic. Oh. So I would like to phone a friend. I love it. Let's phone a friend.

[00:11:35] So the friend I'd like to phone is Elizabeth. And she is a professor and she's also the author of the book I would go to read to talk, you know, in a more informed way about this topic, uh, bodies in doubt and American History of Intersex. So Elizabeth, welcome to this is probably a really weird question.

[00:11:57] We are so thrilled to have you with us. [00:12:00] Thank you so much for having me. I'm such a huge fan of your podcast, and I also spent 10 summers at a Jewish summer camp and would just love to do a podcast with all my camp friends because we're still in touch. And that's what I like so much about your show, the easy rapport that you have.

[00:12:16] You can tell that you've been friends forever and it's a joy to listen to. So thank you so much for inviting me. Well, that is not a requirement to be a guest on this podcast, but maybe it should be . I love it. I. We can have a little song session later maybe. Sure. Yeah. . Um, so could you just tell our listeners a little bit more about who you are and what you do?

[00:12:38] Yeah, so I'm a, a professor at the Macaulay Honors College, which is the honors college for the City, university of New York. And, uh, before that I was a professor of women's studies at the University of Oregon and chair of the department for a long time, and we moved to New York in 2015. I'm trained as a histor.

[00:12:58] And my first book is about the [00:13:00] Salem Witch Trials, which seems like a completely different topic than this, and it is, but there are some connections that, you know, if we have time, I can get, get into. But after I wrote, uh, bodies and Doubt, I started to shift my field. And now I teach classes mostly about medical ethics.

[00:13:17] So I teach a class on children in medical ethics and one on gender sex and bioethics. And just a regular medical ethics class that before the pandemic I I team taught with a hospitalist. And the students would get to go into the hospital and meet his patients and then talk to me about the reading the other day.

[00:13:36] It was fantastic. But you are the perfect person to be our inaugural guest. Clearly , you're like the embodiment of the Venn diagram That is this podcast, . Well, thank you and I'm happy to come on anytime because, uh, as I said, I think it's great. That is so fantastic. I mean, we. Often hear about historians or people from the humanities [00:14:00] really moving into the medical setting.

[00:14:01] And that's something clearly that we're thinking about and exploring on this podcast. So there was, there's one other book that I can think of from the 1990s on intersex written sort of by an activist. But then there was, your book was really the only other serious book that I'd read on intersex history and it.

[00:14:20] First of all, when I encountered it, it was shocking. Um, so I wanna sort of content warning to our listeners, there is a lot of medical malpractice that we, as we would call it today, involved in how intersex bodies were treated over the years. But there's also a history of activism and kind of cool reconceptualizing that happens in this history.

[00:14:42] But how did you end up, uh, researching. Yeah, so I, I was first drawn to the topic in the late 1990s when I taught a class called Transgender History, identity and Politics. I know that was a long time ago, 1998, I think I taught that class, and we had read Alice [00:15:00] Draeger's book. She's a historian called Her Maphrodite and the Invention of Sex, which focused on Great Britain and.

[00:15:07] And we debated in the class really lively debate, like, does a book about intersex belong in a class about transgender issues? So that sparked my interest. And then I started to do some research on the US and I saw that nobody had written anything about the history of intersex, but I wasn't sure if I'd be able to find anything because.

[00:15:31] With the Salem Witch trials, you have these three volumes of published documents that you could start with. And then there's other things too. But this, it's, um, without digital technology, I would not have been able to do it because it's often, uh, in these medical journals that I was looking through, not even indexed and, you know, no table of contents.

[00:15:53] It would've been impossible to read every issue of. Year. Um, but anyway, [00:16:00] with digital technology and using the right keywords, I saw that I could, um, access physicians published case reports about their patients. And my research convinced me, confirmed my sense that intersex and trans issues should be studied together.

[00:16:17] And even though the, the two sets of interests are distinct, and I know you talked about trans issues on another program. But the goals of intersex and trans people converge in one important respect, it seems to me. And that is that they want the dignity to make decisions. They want to be allowed, the dignity to make decisions for themselves about these deeply personal matters regarding their bodies, and also have encountered the medical world in ways that, as you said, Ronnie have been very pathologizing and harmful in different ways.

[00:16:55] Nonetheless, they share that experience. So that's how I got into [00:17:00] it. And when I wrote the first edition, it was published in 2009. Really nobody knew about intersex hardly. And so a couple years ago when, um, the press asked me if I wanted to do a second edition, I was thrilled because. You know, in the intervening 10 years now, intersex is on people's radar and it kind of gave the book a new life and it gave me the opportunity to add two new chapters because I'd gotten involved in intersex activism and, um, had more things to say than when I wrote the first edition.

[00:17:34] So I was happy about that. Elizabeth is something that you said that I think is really important to, like, to underline is, That being intersex is not the same thing as being transgender. Right. And I would, and you can correct me if I'm wrong, but my understanding is that a majority of intersex people identify as heterosexual and mm-hmm.

[00:17:54] cisgender, um mm-hmm. . And certainly there are intersex people that can also identify [00:18:00] as queer or bisexual or trans or non-binary. And even though we're all part of the, like the alphabet mafia as it is sometimes called, mainly. , the most common overlap is around being marginalized and stigmatized within the healthcare system.

[00:18:15] Yeah, I think that's a good way to put it. I mean, there's a lot of whether or not the, I should be included in the L G B T Q I A, you know, on and on is controversial among intersex people because some people who they very ambivalently identify as inters. and they identify as either men or women, or they don't identify with it that much.

[00:18:36] Mm-hmm. . And then there's other people who really do identify, they want the eye in there, they identify as intersex. That's their main thing. And, but I would, I, I think that it's pretty fair to say that most people who are involved with intersex activism for sure do feel that they've been pathologized and harmed.

[00:18:55] And I, I agree with that. Mm-hmm. . So one of the [00:19:00] questions I feel as if I'm both hear from students all the time and that we're being bombarded with negatively these days is this idea that all these categories have just been made up, that this is all new, that we've invented this and so on. So looking instead is like at the history of it, going back through all the research that you've done, what's the first sort of record of an intersex person that you've been able to find?

[00:19:25] Yeah, that's a good question. Well, first of all, This definitely was not just invented. There are discussions of intersex in the Talmud and it, it wasn't considered a medical problem with a medical solution per se back then, but the discussion was about whether people with certain conditions were men and were they obligated to do the things that men were obligated to do in Jewish.

[00:19:50] For instance, should they be given a male name or a female name? Should they be allowed to marry or divorce? So these questions were, have been discussed for a [00:20:00] long time. And then in early Ameri and you know, babies have always been born with variations of sex development. So it's, it's just always been a thing.

[00:20:09] But how it's been responded to both medically and legally and culturally, all of that has evolved over the years. So in early America, they didn't try to fix, you know, quote unquote fix anything surgically because they didn't have that capability. But basically they told people to pick a gender and stick with it.

[00:20:31] The first case that I found that other historians have written about too, that probably was an intersex person, but you know, It's hard to know for sure because the case wasn't written in a medical context like this, but it ha it was a, a person from 1629 in Virginia, Thomas, who came to the attention of the court.

[00:20:51] Yes. Thomas Thomasine Hall. And this person went back and forth from living sometimes as a woman [00:21:00] and sometimes as a man. And it's really kind of unclear. You know why? And there's just a two page document about this and that's. But at one point when he was living as a man, he said that he had a piece of both when people were examining his genitals and it, this came up because he had been accused of raping somebody, I believe, or fornication.

[00:21:25] Fornication. Yes. Actually, you're right. It was fornication, not rape and. Some people were saying, well, I don't think he has the capabilities of that. And others were saying, well, I'll see what he has. And one of the things that was so shocking to me was just the outrageous and disheartening invasion of this person's privacy, where they were, you know, bursting into his room at night and stripping him basically so that they could.

[00:21:54] So in early America there were instances where I think the person might have been intersexed, but I don't [00:22:00] really know for sure. Like in divorce cases you were allowed to divorce for certain reasons. If, if the marriage was never consummated, and sometimes in the discussion of why it was never consummated, I could kind of get an inkling that maybe the person had some kind of intersex condition going on.

[00:22:17] And the first case of surgery that I found was from the 1840s. And that case involved a girl with internal testes, so maybe she might have had androgen and sensitivity syndrome. I mean, that would make sense with that. But I, in my book, I really didn't try to diagnose anybody because I had such little information.

[00:22:39] And not only that, I'm not a medical doctor, so for many reasons, but this doctor was very worried that the girl wouldn't be able to. And he thought that if those testes matured, then like they do in men, he thought, and it's all very heteronormative, you can see from what I'm about [00:23:00] to say, like they do in men.

[00:23:01] That would mean that she would be attracted to women and he didn't want to have a girl being attracted to women. And he also didn't want her not to be able to marry a man. So, What he did was remove those internal testes, which was very dangerous at the time because they didn't have the same anesthesia that we have now.

[00:23:25] And other doctors disagreed with him for doing this, but he felt that it was a complete success because afterwards he saw this girl sweeping the front porch of her family's house. Whereas before she used to play rough and tumble with the boys. Oh my goodness. That was how he characterized it. . So like the stereotypical ideas of femininity coming out here.

[00:23:49] And also you could really see the promotion of marriage and the prevention of homosexuality that just pervades this [00:24:00] entire history. And that was what I, one of the things that I argued in my book, and it just kind of got more and more pronounced as the errors went on. So I wonder, one of the questions we're always thinking about is how do the things that you and I study and write about as historians matter to folks like Ronnie who interacts with patients.

[00:24:23] And so when you think about the history of intersex and your expertise in that area, how does it translate to what you teach in medical ethics? Or what do you want, you know, future nurses and physicians and other healthcare providers to know about intersex people? . First of all, I feel like providers today need to know more about intersex altogether , and I don't blame you, Ronnie, for not being able to remember what you learned about it back in medical school.

[00:24:49] But my guess is that you didn't learn all that much about it. Certainly, because that's what I've heard from providers, uh, nurses and physicians who are in medical, medical [00:25:00] school or nursing school today, and I understand. You know, there's a lot in the curriculum , and, um, it's hard to add things. I, I can imagine.

[00:25:10] But I feel like they at least need to know enough so that when a patient comes into them that they're not further harming and, you know, traumatizing that patient. And sometimes that happens by, for instance, this, if this girl who I mentioned with the internal testes had been a patient today, And she came into a provider and the person said, okay, well I wanna do a pregnancy test.

[00:25:37] And the patient said, well, I know I'm not pregnant. I can't get pregnant. And the doctor keeps insisting on a pregnancy test. But the person doesn't have internal, you know, ovaries and a uterus. They're just not pregnant. They have internal testes and they know enough about their body. And that should be like, my friends who are intersex have told me that so many times.

[00:25:58] They're explaining to the [00:26:00] doctor why they need something or don't need something. And when that happens just so much, it makes you just not want to even go to the doctor anymore because you know, you know that this is what's gonna happen. And. It could be traumatizing, particularly if you've had a whole history of unwanted medical intervention, particularly as a child.

[00:26:23] And then another issue that comes up in my teaching and that comes up with intersex issues, has to do with autonomy. Mm-hmm. , you know, who gets to make decisions about. One's body. And this certainly isn't only an intersex question. I mean, we see it in the abortion debate and the trans debate. You know, it's, it's everywhere, but it's pronounced here because the kinds of things that are happening, the, the kinds of things that happen to that girl who I talked about in the 1840s still does happen to children today.

[00:26:53] So when children are born with an intersex trait, doctors and parents want to [00:27:00] quote unquote fix it and surgically. The genitals with the go Nets and what they think the hormones are doing so that everything coheres. And what I wrote about in my book and what intersex people have said as well, is that doctors really shouldn't be doing that because it's harmful.

[00:27:23] Not only is it harmful in terms of physical and psychological effects down the line, like for instance, The child when they grow into an adult could have incontinence, scarring, um, need repeated surgeries to get rid of some of these issues. They may lose their fertility with some of these surgeries. They may be being assigned the wrong gender with some of these surgeries.

[00:27:51] And what I argue in my book is that even if everything goes. I think it's still wrong to do these surgeries when [00:28:00] the person isn't consenting and they're not consenting because they're only a baby or a child, and they're not old enough to consent, they don't understand you. If somebody says to a, you know, even a four or five or six year old, would you like to have your clitoris reduced?

[00:28:16] You know, and they're thinking, what's a clitoris? I don't, I don't know. Even if their parents explained it to them, what it was. They're still not old enough to make that decision about their bodies. And so these are issues of, you know, knowing about intersex and understanding autonomy. Yeah. And kind of its importance in, in intersex care I think is, is huge.

[00:28:41] I mean, with children it's a little bit complicated with children because parents generally do get to make decisions for their children in terms of their children's, he. I mean, that's what parents are supposed to do. They're supposed to make decisions for their children. But with this, I think [00:29:00] that it needs to be explained to parents and physicians too, the importance of letting kids have their own.

[00:29:07] Uh, my son and I wrote an article together and we called this sexual self authorship. Let that develop on its own so that like a sexual self-understanding, let that emerge on its own. extraneous outside influence and medical intervention affecting that. My son's a philosopher, so we got together and wrote about this and um, your Thanksgiving table discussions must be fascinating.

[00:29:34] Oh my gosh, it really is. . Yeah. Yeah. You know what you're talking about, Elizabeth. I feel like it resonates so much in the care and the education that I provide as well. Right. I think that when you're talking about. Cultural humility or cultural competence, or whatever you wanna call it, there's a spectrum of that.

[00:29:51] Right. And it ranges from like, don't be an asshole, which is like the, the kind of the baseline, right? Yeah. And ways to like [00:30:00] not be an asshole include like, Listening to and believing your patients, right? Using the right name and pronouns, not asking invasive questions that are not germane to the topic that you're discussing.

[00:30:11] Right? In one of our episodes, we talked about tuberculosis, right? Well, people are just like, come in with some completely unrelated complaintant and are just interrogated about their sex and gender, right? Like that is a, that's a very palpable toolkit that most people can get their arms around. And I feel like on the other end of that spectrum is, Which I think is also part of my job as a family physician is supporting.

[00:30:37] Parents who aren't going to be pressured by the healthcare system to cut their child. Right. And supporting them and raising an intersex kid in a society that, although it is changing, is still very binary, right? And so making sure that they have their, and I'm not an expert in that, but I can certainly direct them to resources and also be a place of [00:31:00] reassurance that like you're doing the right thing.

[00:31:02] It feels really hard right now, but you're doing the right. Yeah, there are more and more parents who are rejecting the doctor's, um, suggestion of, you know, trying to medically intervene and fix things and make it right because it doesn't cure the intersex condition and, you know, can lead to all the problems that I mentioned.

[00:31:22] And this is something that I would tell intersex parents today, if I, you know, was in your job, I would say, look, you might feel like you're the only person to ever have this issue. But it has been going on for a long time and parents have been having to deal with this and adults too. And there have been cases of, of intersex people back, you know, 19th century and early 20th century who have refused their doctor's suggestions.

[00:31:53] There was a big shift in intersex care and that happened in the fifties, and I, I can talk about that in a second, but [00:32:00] even with adults, how I know that some adults, Resisted was that the doctor would tell them, you know, you're actually female. Let's say, you know, you, I know you've been living for 32 years as a man, but now that I've done this internal exam and I see that you actually have ovaries, um, you might not have known about this.

[00:32:22] I think you should change your gender and live as a woman and. I don't know a lot what the patient said, but I have some examples, several examples of the doctor writing in his case report. The patient stubbornly refused, and you know, so I, I can just imagine the patient thinking, yeah, I've lived 32 years this way.

[00:32:46] I'm not gonna suddenly change everything about myself because I've been content. You know, maybe if they hadn't have been content, they, you know, would've been happy to have that suggestion. To change their gender. But [00:33:00] I know there has been resistance in the past and I, I feel like I would wanna tell parents that, you know, this has been the medical model for a long time, but just because it's the medical model doesn't mean it's the right and ethical choice.

[00:33:14] And, you know, parents ought to understand that there is an. To raise a kid without doing anything that is undoable. Are you suggesting that the medical industrial complex doesn't have a sterling perfect record of being ethical and always taking the best care of people that it can? I am shocked . Yeah, I don't wanna, not to put too fine point on it, but yes.

[00:33:42] You were going to tell us about the 1950s. So what's, what was the shift then? I did give that example of the girl who the doctor took out her, uh, internal testes in the 1840s, but that was unusual and mostly surgeries done on the genitals or goads [00:34:00] of intersex. People were done on adults and sometimes the adults wanted that surgery and they came to the doctors and ask for it.

[00:34:08] And it wasn't so much that they wanted to do what the patients wanted, they wanted to do. What would. Marriage and prevent homosexuality there. There's one case, well, let me just read you a couple of quotes earlier, so you conceived then the shift in the 1890s. One doctor wrote so Ill fitted for the generative function and so prone to psychical perversions.

[00:34:34] Such cases should be castrated in early. So that, I mean, I really couldn't believe how explicit the homophobia was from, oh, this era, many eras actually. So that was the reasoning for helping people do what they wanted to do with their bodies was easier if the person was gonna be heterosexual. So in the forties, [00:35:00] psychology became very important as a discipline.

[00:35:02] And doctors more and more were trying to get at what their patients. Sense of their gender identity was through a lot of psychological testing. So you had that kind of in the wings. And then after World War II, bioethics as a discipline emerged, and with that came the emphasis on promoting the autonomy and dignity of patients and research subjects, kind of as a response to the horrors of World War ii, the Nuremberg Code and all of that.

[00:35:35] So there was like a little window I found, and this is what I wrote in the second edition, a window where the international bioethics codes could have led doctors in a little bit of a different direction, and I saw a couple of glimmers of it. There was one time where a doctor said, well, I wanted to explore, I wanted to surgically explore internally, but I couldn't let my own curiosity dictate [00:36:00] that.

[00:36:00] And I thought, oh wow. That. Really surprising and great, but they still didn't want patients to determine their own gender. They felt like doctors knew best. Even with those. Codes. One doctor, well actually two doctors, wrote about a 1951 case. The final decision cannot be left up to the patient . So they, they kind of had one, one foot in and one foot out there.

[00:36:26] Anyway, in the fifties and sixties and seventies, things shifted because there was a psychologist at Johns Hopkins. His name was John Money, and he's pretty famous, and, um, Was pivotal in making this transition to focusing on infants. And because adults were so complicated, they had a sense of their own gender, you know, and you couldn't actually force them to do what you wanted them to do.

[00:36:55] And so John Money had this idea that infants were the [00:37:00] appropriate targets of medical intervention. And it was smart to do this, do whatever you needed to do surgically before 18 months because that's when a baby's sense of gender solidified. And he also felt that social gender could be encouraged to match genital shape.

[00:37:17] So if you surgically modified the genitals to do whatever you want to make them look male or female. And then you told the parents, okay, this is gonna be the gender of your baby. You should really. Extra do it, you know, like pink ribbons for girls and dolls and the trucks for boys and everything, very stereotypical.

[00:37:39] Um, then your baby will grow up and be quote unquote normal and healthy and heterosexual. And one of his quotes, he says that, The child is not destined to grow up with abnormal and perverse sexual desires that you have to tell the teen, the parents this, because the parents get her [00:38:00] maoism and homosexuality hopelessly confused.

[00:38:03] So he thought if you did all of this before a child's gender identity took shape, then it would just be better for everybody. But the thing was is that his instincts about a baby's malle. And about early surgery turned out to be wrong, and some children who were altered like this never felt at home in their assigned gender.

[00:38:28] Some of them didn't even know their medical histories because early on John Money and his team, although he changed his mind about this, but early on he told parents and relatives to keep the matter a secret. And when some kids found out as adults, they, a lot of them were relieved and changed their gender as adults because they never felt right, you know, in the gender that they were assigned.

[00:38:54] So this is ano, this is a place where intersex history and transgender history overlaps a little bit [00:39:00] because some people weren't assigned the right gender, and when they found out about it, I guess felt more authorized. To transition. So anyway, so that's, that was a big transition. And now there's a lot of activism to try to get physicians to not do these surgeries anymore.

[00:39:21] And in 2020, the Lori Children's Hospital in Chicago made an announcement that they were gonna stop doing these surgeries, not for everything. So we can't completely say their announcement is great because they left out the most common congenital adrenal hyperplasia and they said they're gonna do more research on that.

[00:39:45] But it's still pretty amazing that the younger physicians and, you know, providers kind of pushed for this. Plus, uh, people that are involved in the Intersex Justice project. I'll just shout out Pigeon [00:40:00] Pagon and Sean Sefa wall and. Stephanie Long. These are people who, uh, worked on the Intersex Justice Project and Interact, which is the largest intersex advocacy organizations.

[00:40:14] A lot. There's a lot of intersex activism and I think that. Like a younger generation of providers are just more willing to listen to what's happening. They haven't had their whole careers go in a certain direction and they also kind of are raised in the, the sense that people ought to make decisions about their own bodies and, um, kind of been raised in that environment.

[00:40:37] So one thing that I think people can watch for now is all the anti-trans bills that are being. Promulgated these days. If you read those bills closely, and I've been working on a, a short article about this. If you read those bills closely, you can see that they [00:41:00] all carve out an intersects exception. And I'm talking about the ones that are against gender affirming care for trans kids.

[00:41:08] Mm-hmm. , they all say, there'll be a little paragraph to say something like, but surgery and hormones are. If there's a medically identifiable disorder of sex development, and you mentioned earlier, Ronnie, that, that the use of the term disorder of sex development, uh, you're, you're right, is controversial and it's, that is the term that's mostly used in a medical setting.

[00:41:37] And I, I think it's unfortunately still kind of the, the going term, even though people who. Who know about intersex would rather use difference of sex development or variation of sex development, or, or intersex or, you know, anything other than disorder or sex development, because people don't think that being intersex is a disorder.

[00:41:59] Mm-hmm. , it's [00:42:00] just a, it's a variation. It's just a thing that happens and, and disorder implies that it needs fixing and the fix has been these harmful surgical fixes. So I'm just pointing out that I think. When people are getting outraged over these anti-trans bills, they can also be outraged on behalf of intersex people because the, those carve outs to say that it's okay, it's okay to do all these surgeries if the children are intersex, no.

[00:42:29] Mm-hmm. it isn't. Okay. But they don't understand. I, I have a, my sense is that these, uh, lawmakers. You know, barely heard of intersex, but they just figure, okay, well that means that there's something wrong, so it's okay to fix it. Whereas with trans people, they, they think that, well, those people weren't born with anything quote unquote wrong.

[00:42:51] Mm-hmm. . So it's, we don't want to let them do this. Yeah. It's interesting where, where people's, where people are allowed to be autonomous and where [00:43:00] they're not. Right. Like, it's not okay. To provide any sort of gender care to young children because it, it is, it falls outside of your belief system, . But when it's a kid who, who doesn't quite fit into what your expectations of what boys and girls should be or should look like, then, then it's okay.

[00:43:16] Then it's okay. Exactly. These bills just start driving me crazy cuz I, I just read about one where, I think it's Oklahoma, where the age limit now is 26. No gender affirming care until the person is 26. So now you're not even talking about puberty blockers anymore. I mean, 26 year olds are way past puberty blockers.

[00:43:42] What I keep going back to when I hear you speak about intersex history, and Ronnie, when I hear you talk about the sort of enormous medical variation that we have going on here, Something that, you know, sex researchers like Alfred Kinsey, [00:44:00] were trying to shout from the rooftops in the 1940s and fifties.

[00:44:03] That variation is the rule, and yet the enormous political, cultural, social, religious energy that is invested in trying to tidy that up mm-hmm. and to insist upon a binary, make things simple. Normative in a way that simply doesn't reflect who people are and whether how they experience themselves, what their actual bodies are.

[00:44:30] When we're talking about intersex people, you know, when we're talking about people's relationship to gender affirming medical care. I remain, I mean, I wrote a whole book about the efforts to force the norm on, you know, cis men and cis women to be married in a certain way and to have a certain kind of sexual pleasure with one another and to all this stuff, and I still can't get over the ongoing.

[00:44:57] Billion dollar industry that [00:45:00] is insisting that there are two sexes and two genders. Mm-hmm. , and that they are complimentary to one another and that anything else is a problem. Yeah. And I might take your variation is the norm and take it one step further and say like, variation is beautiful. Right? Like being intersex is beautiful and wonderful and nothing that needs to be fixed.

[00:45:22] Not just because it's not a medical disorder, but because it. It's beautiful. Right? And there's, it's part of, it's of life. It's part of life. And that's what makes life so interesting and glorious is that we have this enormous It is, it is an embarrassment of riches of variation. Right. I feel like we need to take a page out of what Disability Scholars have been telling us for so long, which is just, let's expand the idea of normal.

[00:45:51] Mm. And that's would help so much if we just had just such a much bigger, you know, box. [00:46:00] Like when you were talking about P C O S for instance. Like should that be considered intersex or not? Well, why not? The more we think of as normal, the less we'll have to fix because we won't consider it needing fixing.

[00:46:10] And the better. It's for everybody. Yeah. Right. It would help everybody, not just intersex people. Every, really, everybody. Elizabeth Reese, that was fascinating. Thank you so much for sharing your wisdom with us and for teaching us so much. Um, and thank you for giving us an example of how to translate the work that a historian does.

[00:46:32] To the world of medical ethics and thinking about, you know, the sort of advocacy work that goes into both your work as a historian and the field of medical ethics. It's sort of a fascinating window into that whole field. Thank you so much for having me. I really enjoyed talking about my work with you.

[00:46:50] Thanks, Elizabeth.

[00:46:55] You've been listening to, this is probably a really weird question, which is [00:47:00] created, hosted, and produced by Rebecca Davis and Ronnie Hye. You can learn more about us. Read our show notes and find links to resources on our website, www really weird question.com. Follow us on Twitter at a really weird pod.

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[00:48:07] Thank you for listening and keep on asking those questions.