Sawbones 192: An Incomplete History of Gender Confirmation

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[Intro music plays]

Justin: Hello everybody and welcome to Sawbones: A Marital Tour of Misguided Medicine. I'm your cohost Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And Sydnee, it's a very special episode today. I'm very excited.

Sydnee: Me too.

Justin: Um so, do you wanna talk about what we're talking about and then I will introduce our very special guest?

Sydnee: Yes. Sure. One topic that we have, we've wanted to cover for a while and then specifically after our episodes earlier this month where we discussed conversion therapy, we had even more listeners than we already have write us emails and say, "You know, something that you've never covered, something that you've never talked about" and that we had already wanted to talk about for a long time was anything that had to do with transgender persons health issues. Anything about surgeries or hormonal therapies or the history about that. We've never talked about any of it, and so it's something we've wanted to talk about for a long time and we're finally taking the opportunity to do so, because we have a special guest.

Justin: Our special guest this week has been writing for basically every video game outlet that that I like.

Sydnee: [laughs]

Justin: She is Laura K Dale, and Laura as you've almost certainly guessed from Sydnee's introduction, we've bought you here to talk about you getting the scoop on Mario and Rabids months before it was announced. We're all

anxious to hear how you did it. I just wanted to bring you on to say nice. Well done.

Laura: Well here's, here's the secret to how I did it. I'm good friends with Rabid Peach and we spent one slightly sordid night together and uh, I walked away with a lot of very useful information!

Sydnee: [laughs]

Justin: [laughs] And aside from leaking video games, Laura is also a transgender woman who we thought could offer some really valuable perspective. We realized after we did our recent conversion therapy episode that there's a lot of topics that we would love to talk about that we don't necessarily… have the context for, I guess, due to our life experience.

Sydnee: Sure, I mean, I think as a doctor I can sometimes decode medical talk and the technical end of things. I have that kind of expertise, and I'm, I've become I guess like an amateur historian. [laughs]

Justin: [snorts]

Sydnee: A researcher anyway. I can do that stuff but that's as far as I can take a topic.

Laura: And that's where I turn up. [laughs]

Justin: [laughs]

Sydnee: [laughs] Exactly.

Justin: Uh yeah, we're gonna be pretty focused in this episode. This a very broad topic with a lot of facets to it. And we're going to be focusing for this episode just on, uh, one surgical aspect. That's how broad this is, that one surgical aspect of the—

Sydnee: Well, two.

Justin: Two?

Sydnee: Yeah.

Justin: Okay.

Sydnee: Well, you don't even know.

Justin: I don't even know. See this is why I don't do the— I don't know. I don’t— I hate having to pretend like I know what I'm doing. This is exhausting.

Sydnee: [laughs] I know, that's my whole day, honey.

Laura: It’s fine, just keep saying words until it sounds like you know what you're on about.

Sydnee: [laughs]

Justin: Ah, that's usually my plan, but obviously that this is not— surgery is not the be all, end all of the transgender experience, as I understand it from reading on the internet.

Sydnee: Right. I— go ahead, Laura.

Laura: Go on.

Justin: No please, Laura. Please.

Laura: Yeah. It's, it's, it's definitely one of those things that like, when people talk about transition, that's for many people that's outside of it, that's the finish line people see where it's like, "Oh have done this yet? Are you a real trans person yet?" But, like, a lot of people don't do surgical things for a lot of valid reasons, and like, you know, a good simple one to throw out would be surgery is costly and difficult and painful. And there's a lot of reasons why you might not wanna go through very intensive surgery and things, so it's not the be all and end all, but it is a thing that a lot of people have questions about.

Justin: Uh, and from a medical perspective it's one of the aspects that is sort of the most in our, in the Sawbones wheelhouse I guess you could say.

Sydnee: Right. Exactly. And that— and thank you for saying that Laura. That's exactly what I've learned through my research that I wanted to make sure we communicated as well, is that we're not— I know that that's a problem I think, like you said, the media focuses on that a lot and I don't want us to be one more voice saying that.

Laura: Mm.

Sydnee: Focusing on just the surgery. But from a medical standpoint, it is a really interesting history how some of these procedures came about. Um, who first did them and where they were done. It's really interesting and specifically we're gonna focus on patients who were assigned male at birth and have chosen to go the surgical route transitioning and kind of the history of vaginoplasty and gender confirming surgery on that side of things.

And then also, I wanted to talk just a little bit about— because you had expressed some interest in this Laura, in the history of uterine transplant because that's a, that's kind of a whole other surgery and topic unto itself but it's very interesting and it's also very current and relevant because we're just kind of figuring that part of it out in the last couple of years.

Justin: Okay Syd, we have bloviated enough. Enough table setting. Please, begin.

Sydnee: Talk some history.

Justin: Talk some history.

Sydnee: Talk some history.

Justin: Nerd!

Sydnee: So—

Justin: I don't know why I said that. I'm sorry.

Sydnee: [laughs]

Justin: I don't think you're a nerd. It just seems like a thing to say after you tell someone to talk some history.

Laura: I think you're both the nerds for me, outside of this. You have a podcast about medical history. Gosh. Ugh.

Justin: [laughs]

Sydnee: I think that's fair.

Justin: But I'm wearing a leather jacket every time we record, so I don't know.

Sydnee: Uh?

Laura: Yeah, maybe if you put sunglasses on you can avoid nerd category.

Sydnee: [laughs]

Justin: Okay. [laughs]

Sydnee: Usually, for a lot of these topics I'll try to take us all the way back to ancient times. And there are some mentions when we talk about gender confirming surgery. There are some mentions of this when you read, like, Hippocrates and even one of our show favorites, Pliny the Elder peripherally mentions that this is kind of something that is happening, but there is no real good descriptions. There's nothing for me to really pinpoint or point to of what was happening or what exactly was being done. And a lot of it kind of overlaps with, like, descriptions of just surgeries that were simply castration, which is a totally other thing and not exactly what we're talking about. So, if you kinda go back to ancient times, you're not really, you're not really gonna get a whole lot of information.

So, I wanted to kind of focus on the more modern history of the actual, like, surgeries and procedures as we understand them today. And that really dates back to the early 1900s in Germany. That's where we kind of see the beginning of some of this. Some of this was being done in Denmark, and then a lot of this research was done in Germany. With a Doctor Steinach and a Doctor Hirschfeld. And their initial, there was an interest in patients that they were already seeing and discussing, kind of, um, transgender issues with and how to aid these patients in their transition process, not just the way that they were dressing and presenting to the world but also medically were there things that they could do to help with their dysphoria, as we would probably call it now.

So, they begin to study estrogen therapy first, and they actually created the world's first synthetic estrogen for this specific purpose. So that was, that was the beginning of the treatments that they were offering. But then they kind of started moving on to an interest in surgical procedures. "Are there also surgeries that we could do and how would we do them and what would that look like?" And they attempted some of these surgeries pretty early on in Berlin and in Dresden at the, what was called the Institute for Sexual Research. And this was—

Justin: It sounds…

Sydnee: [laughs]

Justin: I mean it sounds like a pretty chill place. I just, I mean.

Laura: I was gonna say it sounds like a pretty big party over there like—

Justin: Yeah.

Laura: Like ooh, sexual research. Yeah.

Justin: [laughs] Yeah. A whole institute just for that? Excellent. They probably had to share a building though. There had to be like below is probably the Institute of Studying, uh, Plantar Warts or something like that.

Laura: I'm just picturing them renaming it, like, The Institute of Really Good Banging.

Sydnee: [laughs]

Justin: [laughs]

Sydnee: I think it, I think it probably actually would have been, like, you guys are joking about, a kind of a cool place to hang out, because these were really progressive thinkers who were looking at the world and looking at gender in a way that a lot of people weren't kind of up to date with yet, were lagging behind and so, this was really like the forefront of this kind of thinking and progressive thought and research and philosophy and really interesting time. And I learned something I thought that out of this came the first surgical procedure being done on Lili Elbe.

Laura: Mm.

Sydnee: That was, I, that was a misconception on my part, but she was not the first patient to undergo this surgical procedure, which—

Justin: Why did she get a movie?

Sydnee: Did you already know she had a movie?

Justin: Yeah.

Sydnee: Oh.

Justin: I knew she had a—

Laura: Yeah.

Justin: Yeah.

Sydnee: [laughs]

Justin: Remember, it was huge thing because, was it Eddie Redmayne, right?

Sydnee: Yes.

Laura: Yeah…

Justin: Yeah.

Laura: Grumble, grumble about Eddie Redmayne's casting there, but that's for another time.

Justin: [laughs]

Sydnee: Uh I, yes. Exactly.

Laura: Stop casting cis men.

Sydnee: [laughs] Exactly because uh, Lili Elbe was a transgender woman, and uh, and like you are both talking about, the subject of The Danish Girl, but she was not the first person to undergo surgery. She was, very soon after, the second. [laughs]

Justin: Mm-hmm.

Sydnee: She was the second person, but the first was actually someone named Dora Richter. I think part of— Lili Elbe was already a performer and well known and I think that's part of why she's kind of remembered more. And then she also, whereas in Dora Richter case, they didn't go all the way with the surgical procedures to an attempt on a uterine transplant, they did with Lili Elbe. They, they attempted a uterine transplant as kind of the final, because it was a series of surgical procedures and they attempted that as the final procedure and that was the stumbling block at the time.

That was the, the procedure that actually her body rejected the transplanted uterus and unfortunately three months later resulted her passing away from infection and rejection, which was something that we just didn't understand well at the time that when it came to organ transplant, we have to worry about tissue matching and making sure that the body isn't gonna reject the

donor organ, and this is true for any organ, not just a uterus. And that there are drugs that we can use to prevent rejection of a donor organ. This was just stuff we didn't understand yet.

Justin: Mm.

Sydnee: So, I think that might be, all that might be part of why we tend to remember Lili Elbe more than we remember Dora Richter. So, all this took place in Germany and this is happening up to the early 1930s. Now, as you can imagine in the 1930s—

Justin: I see where this is going. Things were going so well 'til this point but I see where we're headed.

Sydnee: Yes. Exactly. So, because in the 1930s of the Nazis taking over Germany, specifically at the Institute for Sexual Research there was a huge book burning. All of their research. All of this literature and data that they'd been accumulating to talk about how they're doing and what they're doing and why it's so important and why it's moving forward, all of this was lost.

Laura: I'm just gonna make a wild guess here quickly. I've never actually heard anyone talk about the Nazis and trans people, but I'm guessing they weren't the biggest fans.

Sydnee: No.

Laura: I feel like that's a safe guess to make about the Nazis.

Sydnee: [laughs]

Justin: Wild twist, they were huge— in this one thing, they were just super [laughs] super progressive.

Laura: [laughs]

Justin: No. They were terrible.

Sydnee: No, you're absolutely right, and I think that that's something that probably doesn't get talked about, because the fact that under the Nazi regime transgender persons were persecuted gets kind of lumped in under the fact that everybody else in the, you know, lesbian, bisexual, gay community, everyone else got persecuted and it all just kind of gets put in together. But you're absolutely right. So, all of this research was pretty

much lost, and they actually destroyed— well, they didn't destroy it with bombings and what not. That happened afterwards.

Justin: Sure.

Sydnee: The Dresden Women's Clinic where a lot of this was being done was destroyed. So, unfortunately this probably a major setback.

Justin: Yeah. No doubt about it.

Sydnee: Because a lot of stuff was lost. But there was a young physician who had initially been studying at the institute, Doctor Harry Benjamin, who had actually immigrated to the U.S. much earlier in 1914, kind of accidentally. He had been visiting the U.S. and then he tried to go home but then World War I happened.

Laura: [laughs]

Justin: Classic.

Sydnee: [laughs] And he couldn't get home.

Laura: Don't you just hate it when World War I happens when you're trying to catch a flight.

Sydnee: [laughs]

Laura: It's the worst.

Justin: Yeah, I've had, I've been in that exact same situation except it was the crew needed to go to sleep for the night because they were overworked. So, it's like same thing basically.

Laura: Same difference. Yeah.

Justin: Yeah. Exactly.

Sydnee: Exactly. Being, you know, forced to immigrate to a brand-new country because of a war.

Justin: I don't remember if they did that to me or not. I don't remember being forced to immigrate to another country, but it felt that way for me.

Sydnee: [laughs] So, he got stuck here because of World War I and, you know, that was probably to our benefit in the long run. He was working in New York and actually he would, like, summer in San Francisco, which at the time was quite a trek, you know.

Laura: Mm.

Sydnee: [laughs] So it was like the early 1900s.

Justin: Yeah, just getting [laughs] it's like half the summer's gone by the time you get there.

Sydnee: I know. That's what I was kind of thinking.

Justin: Get in your crossover wagon and by the time you make it—

Sydnee: [laughs]

Laura: The entire summer was just one really cool road trip back and forth.

Justin: [laughs]

Laura: By the time you get there it's time to get back, but you've enjoyed the ride.

Justin: He just puts his feet in the ocean and he's like, "Ah, I did it. Anyway."

Sydnee: He worked, as many physicians back in the day, he didn't have like one specific specialty. You could kind of just do whatever you felt like you were good at doing, and so he worked kind of as a psychiatrist sometimes, he did like general medical stuff, probably what you would think of as I'm a family doctor. What we would do. Ahe also kind of tinkered with endocrinology and so hormonal research and that kind of stuff as well. And in his travels and studies and all the different things he was doing, he actually ran into Alfred Kinsley.

Justin: Oh right.

Laura: Yeah.

Justin: Liam Neeson.

Sydnee: Liam Neeson [laughs] and of course Kinsey was doing a lot of progressive research on sexuality and Kinsey asked him, "Would you see one of my, not patients per say, but somebody who I've been talking to. It's a young transgender girl whose mother is, sought me out to say, 'You know, every time I take my daughter to a doctor or a psychiatrist or anyone for help with this, they all say the same thing, 'Well we'll try to treat them so that they will, you know, feel like a boy.' And that's not, I think it's wrong, and I don't want that and I believe that I need help from a doctor to, you know, allow my daughter to live her gender identity.'"

Justin: Laura, in your experience, in your personal experience, and I'm going to be asking Laura some personal questions and I told her to just tell me to go jump off a pier if I ask about something she doesn't feel like talking about, but when you're talk— like, from your experience when you started talking with doctors was this, uh, was it a more, hopefully, accepting environment then we find here in like 1914?

Laura: Uh, it's better but I wouldn't say it's good. There's still a lot of muddled around complicated stuff even probably five or six years ago when I was first looking for hormone stuff. I think for me, I had to go through three different general practitioners before I found a doctor who knew enough about trans people to understand what I was asking of them and what the accepted, like, pathway to help was.

A bunch of it— the first two doctors I visited just didn't know anything about trans people born what the procedure was for referring me on to anyone that could help. And beyond that, I think I had to be referred from a general practitioner to a mental health expert who did an hour long interview who sent me back to the general practitioner to wait a year to get a referral to a specialist and then six months between appointments with a specialist. It's a whole bouncing around waiting game within the medical establishment.

Sydnee: Wow.

Laura: Yeah. It’s still, like, finding a doctor that knows enough to be a be able to help is more the issue now then a refusal to help, I guess.

Justin: You mentioned a mental health interview. Is there still an idea that, I mean, did you get the sense that there was like an attempt that you had to be sort of vetted to like really, really, really make sure that you felt this way or is that, is that the idea?

Laura: Yeah. So some of these stages even since I went through it in the U.K. have already gone. Like, I don't you believe you get referred to the

mental health service anymore but, a lot of, a lot of the gates that are put in place of access to things like hormones or surgery are gates that are designed to make sure you're really definitely super definitely 1000 percent trans and that there's no mistake.

Justin: [laughs]

Laura: It's not enough to just rock up and be like, "Hey, I feel uncomfortable with my gender and would like some help with that." Like, they deliberately put in multiple checks and balances really spread out that—it's difficult, because I get the reasoning of things like, "Oh we want to make sure you're interviewed by two separate doctors who then on a separate occasion will agree with each other or make sure that they both agree that you're trans and that you've not said anything different to them." But… I get, I get that stuff, but the problem is that, like, using myself as an example. I was still undergoing my first testosterone-based puberty when I was seeking help transitioning.

Sydnee: Mm-hmm.

Justin: Mm.

Laura: And every day that I was waiting for help with access for things like hormones and hormone blockers and things were days that my body was changing in ways that I was unhappy with that were going to make it more difficult when I did get hormones to undo the damage that had been done. And I spent like two years of going through the medical system before I eventually got hormones.

Sydnee: Oh my gosh.

Laura: And that was two years of changes to my body that, you know, could have been prevented had they just been like, "Oh, you're uncomfortable with your gender? We can probably trust you on that."

Sydnee: Sure.

Justin: Right.

Sydnee: That's gotta be incredibly frustrating.

Laura: It really is. Like, I know I'm going on a slight tangent here. A bunch—

Justin: No, please.

Laura: A bunch of people end up buying, particularly for trans women, a lot of people will end up buying hormones online without going through a doctor because of that frustration of I don't want to have my body changing in ways I don't want it to while I'm waiting for medically approved access. And that's a real problem because obviously people aren't getting their blood work checked, they're not making sure that this isn't— that their levels and things are correct. And I should clarify, the reason why I specify this is more with trans women is because for trans men, testosterone in many countries is a controlled substance because of its uses in body building and things.

Sydnee: Mm-hmm.

Justin: Mm.

Laura: And as such you can't just buy it easily online.

Sydnee: Right.

Laura: But estrogen is fairly easy to get ahold of and a lot of people do so just because the waiting times to get a doctor to say, "Yes, you're trans, I'll help you."

Sydnee: Yeah. I think, you know, not— to kind of continue the tangent, I think that's definitely something from having been through a medical school here in the U.S. not terribly long ago… it's getting longer and longer ago—

Laura: [laughs]

Sydnee: But not too long ago, these aren't issues that are discussed nearly enough in U.S. medical schools. Doctors have not enough training at all. I mean I'm a family doctor but I, you know, there should be a baseline training for who to refer to and how to manage these issues and what kind of specialist and what kind of medications and I mean, we're just now, I know, at the medical school that I'm affiliated with, we're just now beginning to develop this curriculum and make it part of routine education for all of our medical students. Just now. And so, I can understand that being a huge problem.

Justin: You mentioned that in the sort of medical database software that you all use, there just, like, as in a few weeks or months ago, was added in the option for gender and preferred pronouns and more flexibility there. Like, just in the past few weeks.

Sydnee: Oh, it's been, yeah. It's been within the last two months that they've just added this into our software so we can even, you know, indicate that in the medical record. And that's— and there was a lot of education that went with that with a lot of the physicians as to how to use that and what does that mean. And that's not because we— I mean, these are patients that exist in our community. I know we live in a tiny little town in West Virginia, but these patients are in our community as well, and, you know, we need to know how to take care of them and I think a lot of doctors don't.

Justin: Poor Harry Benjamin. We just bought him out of the annals of history and then we pivoted away from him so let's, lets— he's like "Hey, wait, this is my moment in the spotlight." Because we have gone off chatting. So where were we with old Henry— Harry, Syd? See? I misnamed him. That's how bad it is. I'm— he's slipping away from me.

Sydnee: I got his name wrong like three different times as I was trying to learn more information about him so, it's, I mean—

Justin: Okay.

Sydnee: It's hard. Harry Benjamin.

Justin: He's got two first names.

Sydnee: Yeah [laughs].

Justin: It's not our fault okay.

Sydnee: So, he began— this young girl that Kinsey introduced Doctor Benjamin to, he began treating with estrogen initially and then after she had been undergoing those treatments for a while began requesting, "Is there, you know, are there surgical procedures?" Well, because of his time spent at the sexual institute way back in the day— because by now we're moving into the 50s and 60s that he's doing this research— he knew that there were surgeons that probably still knew how to do this procedure in places like Germany and Denmark that these surgeons were still there. He didn't know, "Are you still doing these surgeries? Is it, you know, is it a secret? Is it under wraps or is it out? What is the deal?"

So, he began contacting some of these physicians he used to know. He found surgeons who were still able to do this procedure, and he begin referring patients back to Germany or sometimes Denmark. Denmark had very strict regulations on doing surgeries on anybody who wasn't a citizen of

Denmark, so that was very, that was very difficult place. But there were places that this was being done. So, he began kind of like as a hub to treat patients if they needed hormone therapy and then refer them to places if they desired surgery that they could have it done. So, Germany, Denmark, Casablanca was actually a place they were doing a lot of surgeries.

Laura: Ooh.

Justin: Romantic.

Sydnee: [laughs] Go figure. And then he kind of became an endocrinologist in regard to the hormonal end of treatment as a result of all this. He became an expert on these hormonal therapies. Among his patients was another kind of famous person in history, Christine Jorgensen, who was an actress and a spokesperson for the transgender community, and it really raised awareness in the U.S. at that point when she kinda told her story.

And now what is the World Professional Association for Transgender Health was originally named after Harry Benjamin.

Laura: Ah.

Justin: Okay.

Sydnee: And then they just, I don't know, they forgot about— they renamed him [laughs].

Laura: No one remembers him. He's just lost to history.

Justin: They tried— they were printing letterheads and they were like, "What was that's cat's name? Henry? Harry? Ah well."

Laura: It’s like, “It's fine. Whoever does the next bit of paperwork will remember and they'll put it on.”

Sydnee: There we go. Just listen to this first. [laughs]

Justin: The beginning of the title of that group makes it seem like it's gonna be about wrestling.

Sydnee: [laughs]

Justin: World Professional Association sounds like the beginning of a wrestling organization, so I was interested to find out that was not the case.

Sydnee: No, it's not. As far as I know. [laughs] Now, of course Doctor Benjamin begin reaching out to colleagues in the U.S. to say, "You know, you can do surgery." I mean, because this was still a time where not all doctors necessarily did surgery. We have moved far enough in history where just because you went to medical school didn't necessarily mean you could do surgery, which of course is where we are now. You know, I don't do surgery. I didn't learn how.

But he began to reach out to some of his colleagues who could do surgeries and say, "You know, this is probably something you could learn how to do. And if you did, this would be a huge advantage for my patients because then they wouldn't have to go overseas, and I would be able to provide you with patients to see and do these procedures on. Do you think you could learn how to do them?" So, through these kinds of contacts and his contacts abroad, he began to put together like a network of people who were able to do these surgeries.

And at that time a lot of it was being done kind of in secret. Not that there were any laws against it, but there was a fear if it was announced that the surgeon who did these other procedures within the community or whatever was also doing this. So, a lot of it was kind of being done under wraps until Johns Hopkins stepped in.

Justin: The Johns Hopkins?

Laura: Ah.

Sydnee: Well not, not like in person.

Justin: Oh.

Sydnee: Like Johns Hopkins. Sorry.

Justin: Aw, I was so excited.

Laura: [laughs]

Sydnee: No, like the—

Justin: I thought we were gonna find out what he was doing with the extra S in his name.

Sydnee: [laughs]

Justin: I was always kind of curious.

Laura: I was just excited like, oh it's a name I recognize. What's he been up to? I've never known who he actually was.

Justin: [laughs]

Sydnee: I'm sorry. That's a disappointing— no, just like Johns Hopkins the university stepped in.

Laura: Ah.

Justin: Oh. He was probably a guy at some point, right?

Sydnee: Yeah. He was a guy.

Justin: [laughs]

Sydnee: I don't remember what he did.

Laura: What's he up to these days?

Justin: What is he into now, Syd?

[ad break]

[Max Fun ad plays]

Sydnee: So, several physicians at Johns Hopkins were kind of becoming aware. They were younger physicians who were involved in research and they were becoming aware of these procedures, these surgeries, being done and wondering, "Hmm, is this something we should be— here we are, this renowned institute of medical research. Is this something we should be doing?" And they were already— and this is a whole other subject unto itself but at Johns Hopkins they were already doing procedures that were somewhat similar to some of these things on intersex patients.

Justin: Mm-hmm.

Laura: Mm.

Sydnee: Which— exactly. Which is a whole other topic because these were done against anybody's— nobody was asked permission. These were forced on children.

Laura: Yeah. Yeah that's—

Sydnee: So, this is—

Laura: It is a whole can of worms, the intersex thing. Because that is like, at least within the U.S., that seems to be the root of a lot of surgeons expertise is, "Hey, these children have been born with ambiguous genitalia. We're gonna make a decision on their behalf of what to do with their genitals, and they may grow up liking it or not."

Sydnee: Exactly.

Laura: "I'll guess we'll find out. 50/50 chance."

Justin: Right.

Sydnee: That's, that's— you're exactly right. And that's— and so unfortunately a lot of kind of technical expertise that some of these surgeons already had was born of that. But their interest group beyond that, and so they opened what was called the Gender Identity Clinic in 1966. And they begin treating patients with hormones and, as well, surgery. They were kind of the beginning of this very strict criteria, I think some of what you've already started to talk about, for hormone therapy or certainly for surgery.

They had— there was a psychiatric evaluation that was standard that everyone had to undergo. You had to start with the hormone therapy and you had to spend a year kind of with the hormone therapy presenting as that gender, and then after a year if they decided you still really, really wanted it, then they might do the surgery for you.

Laura: Yeah. Can I— I do want to say something on the year wait that you mentioned that after, like, starting hormones wait, this long. That is still a thing we have in the U.K. It's often referred to as the "real-life experience test" or something to that effect. And it's a really awkward thing to put trans people through because a lot of it basically comes down to, hey— or occasionally this even used as a barrier to accessing hormones, and it's this idea of you have to present as your target gender for a year or two years or however long the window is before we'll help you with medical transition in any way. And it puts trans people in this really weird position where they've not yet had any medical helped offered to them, but are having to try and present as their target gender regardless.

Justin: Mm.

Sydnee: Right.

Laura: Which can be tricky because—

Sydnee: Yeah.

Laura: Without having started hormones, for example, it's like, "I don't want to have this facial hair going on and I don't want this and that and…" like, it's difficult. It's all stages that are put in there, as you said, to be like, "Ooh we've gotta make sure you're definitely sure." But again, it puts trans people in really awkward positions where they just have to kind of tough it out for a year where it's like, "Oh, there's every chance that people will know that you're trans even if you don't want them to while you're waiting for hormones. Hooray."

Sydnee: Aw.

Justin: [laughs]

Sydnee: That's a really good point. And that was, you know, it's interesting as I was reading about, because I was reading about the specifically the Gender Identity Clinic, and from an interview they've done about it recently with a patient who, she went to the Gender Identity Clinic, thought she was kind of gonna work with them and then was not pleased with the way they were going about things and thought, "You know what? I don't think this is for me." And her, as she was talking about the experience she was saying, "You know, the problem is that they kept talking about," and I saw this language a lot, like, "the intensity" of—

Laura: Ah… Mm. Yeah.

Sydnee: Exactly. Of a person's, you know, transgender self basically. How intense are you as your gender identity?

Laura: It's— yeah. It's this idea of grading trans people on like, how trans are you. And it's weird because like, if you try and apply that to anything else it sounds ludicrous. It's like, "Oh, can you, are you allowed to say that you're gay? Are you gay enough on the gay scale?"

Sydnee: [laughs]

Justin: [laughs]

Laura: It's like, you know, it's weird to be like, "Yeah, you're dysphoric, but were you dysphoric early enough? Are you dysphoric enough now? How far you on our scale?"

Justin: No one's ever questioned me on how straight I am. No one's ever asked me like, "Are you, like, monster truck rally straight? Or are you just—"

Sydnee: [laughs]

Laura: I will be the first to ask you. How straight are you, Justin?

Justin: I'm like a good amount of straight, I think, for my height and build.

Laura: [laughs]

Sydnee: [laughs]

Justin: I feel like I have just the regular amount of straight.

Sydnee: [laughs]

Justin: Just like right in the mid— like if you did a chart of straight, I feel like that I'm not at the top, I'm not at the bottom, but I feel like I'm just about average [laughs].

Sydnee: [laughs]

Laura: [laughs]

Justin: That's a— see it's a ludicrous question. I don't even know how to answer it.

Laura: It is a ludicrous question.

Justin: It's baffling.

Laura: But like, that's what trans people basically get asked is like, it's a bunch of questions about like, “Did you feel this, can you remember feeling this when you were, like, three or four?” And I’m like, “Is that relevant? I feel it now.”

Justin: [snorts] Right.

Sydnee: That's exactly— and you know, when I was reading about that and I was thinking, the only corollary I can really think of to that is if you, like in the medical— when I'm talking about a medical condition there are times where I would grade things as mild, moderate, or severe, and so then again I think its language that, that refers to it as a psychiatric or medical condition.

Laura: Mm.

Sydnee: And I, think that's very— I have to imagine that's where these doctors' heads were. And obviously that's wrong and problematic and I can see why many patients would go there, talk with these people and say, "Ugh, this is not..."

Justin: Can we use this as an opportunity to sort of circle back on something that we talked about last episode— which we touched on in the last chunk of episodes about gender dysphoria?

Laura: Mm.

Sydnee: Yeah, I wanted to bring that up, I'm glad you bring that up.

Justin: Oh, well I'm sorry I jumped ahead of you, Sydster. I didn't mean to.

Sydnee: No. That's okay. Go ahead.

Justin: Go, well you go. Go ahead.

Sydnee: [laughs]

Justin: You're a physician. I'm literally just a doofus.

Sydnee: The— this is a— this is kind of a question that has arisen to me. So as I was— when we doing the conversion therapy episode, I very peripherally touched on gender dysphoria as a diagnosis that has been kind of abused or misused as an excuse for, "Well, this person has gender dysphoria and the treatment for it is lets send them to conversion therapy to make them the gender we want them to be, that we feel as for whatever terrible reason we want them to be," and that because it's been used that way that it's problematic, but as I've read that it's more complex than that because there's also necessary that you have a diagnosis to justify, like, to insurance companies.

Laura: Yeah. It is a really awkward, um, it's a really awkward question. Like I, under the U.K. medical guidelines I do have, I got diagnosed with gender dysphoria.

Sydnee: Mm-hmm.

Laura: And it's a thing that like I get its function and why it's distinct and different from classifying gay people under the DSM, in that being gay, in order to be comfortable with being gay you don't, you probably won't at any point require medication or surgery to be comfortable with being gay, which is a good reason to not put it in the DSM.

But because of the fact that some trans people will want access to medication and surgeries and associated things like voice training and things like that, I understand why a diagnosis is put there as a marker to say, "Okay you've got this diagnosis, therefore you are now legible for X, Y, and Z," but it is… it is awkward. I don't— there's not a good solution really to the issue because like, it serves a functional purpose even if it is a bit unfortunate that it is in the DSM in the same was that, like, homosexuality used to be.

Justin: Mm-hmm.

Sydnee: Sure.

Justin: Laura, I hate to sound like a, a doofus multiple times in one episode but you mentioned something in passing there about voice training, and I'm just completely ignorant of that. What were you referring to?

Laura: Okay. I can only speak for myself and for— as a trans woman. Vocal training is the idea that as a trans woman, estrogen doesn't undo changes done to the voice done by testosterone. So, for me as an example, when I went through testosterone-based puberty, my voiced dropped. And stopping taking testosterone and starting taking estrogen doesn't undo the fact that my voice physically dropped.

Justin: Mm.

Sydnee: Mm-hmm.

Laura: And, the vocal training is something that is offered in the U.K. to trans people under the NHS, and it's basically just like, imagine if you went to a singing teacher and they taught you how to sing at slightly higher registers and they taught you better vocal control. It's that same type of

teaching but themed around improving— getting your vocal tone to where you want it to be, but also helping with mannerisms and vocal inflections, ways of speaking that might have been learnt over time before transition and working at how to get those into more naturally female ranges.

Justin: Interesting. I'm sorry, I just didn't even know that that was a thing.

Laura: No, that's all right. It's not a thing I ever did. I self-taught myself changing my voice by doing a bunch of podcasts, but—

Justin: [laughs]

Sydnee: [laughs]

Laura: It's a thing that's on offer.

Justin: Uh, Syd, where were we? I'm sorry. We keep going out on these diversions.

Sydnee: That's okay. That, well that was, hey—

Justin: There's a lot of interesting stuff.

Sydnee: That's, what's making this episode, I think, special and even better.

Justin: Okay.

Laura: Hooray.

Sydnee: So, that's okay. [laughs]

Justin: Hooray!

Sydnee: So, as I mentioned, they were doing this at Johns Hopkins, and again this is kind of questionable because obviously they're providing a service that was not being routinely provided at the time, which is great. And they were attempting to do it in an evidence-based fashion. Let's see how we can do this so that it will work, so that we know the best way to do this next time, which is of course what we always try to do in medicine. But on the flipside, as I mentioned, there was a lot of, I think, bias that went into the criteria that was developed and misunderstanding of what they were even talking about and dealing with, and alienation of a lot of patients. But there was at least— we were kind of moving towards a better direction.

And a lot of universities tried to follow suit. There were about 20 different universities across the U.S. who developed their own program to train physicians and students and do the same thing. And this would have continued to go, except for in 1979, based on this evidence a terribly flawed study was done by—

Laura: Ah.

Sydnee: Yes. By biased researchers at Johns Hopkins who were— their main interest was to shut this program down.

Laura: Mm.

Sydnee: It was a more conservative kind of administration that had moved in. They didn't like this, and they wanted it shut down and so they commissioned this study, and basically the results that they published said, "You know what? The patients that we are treating here are less happy than they were before we treated them, and they regret doing this. And we shouldn't do this anymore."

Justin: And that's the end of our episode folks. I—

Sydnee: No [laughs].

Laura: Ah.

Justin: I never thought it would turn out this way.

Sydnee: No.

Justin: Mo, that’s not actually accurate.

Laura: Yeah, it turns out I'm deeply unhappy and oh no, gotta rewind the clock!

Justin: [laughs] Oh no. What a twist. Nobody thought it would shake out like this. What a twist.

Laura: Yeah, this is the podcast where I announce I'm de-transitioning. You know, that’s totally a thing.

Sydnee: [laughs]

Justin: [laughs]

Sydnee: It was very unfortunate because this one study— and they were really, like, if you look at the way it went down, they were looking for a reason.

Justin: Mm-hmm.

Laura: Mm.

Sydnee: And, this study was, it was totally— they handpicked certain people to ask the questions to. They didn't ask the appropriate questions. They were asked in very biased ways that any degree of, of kind of like, dysphoria that may still exist was construed as a failure of treatment.

Justin: Mm.

Sydnee: Even if the patient maybe actually was happier than previously. If they were the least bit unhappy, it was considered a failure, and so as a result of this it was shut down. And many other universities kind of said, "Well if Johns Hopkins isn't gonna do this anymore, we're not gonna do it." Which is why you see this doesn't happen for the most part in universities in the U.S., which is a weird thing because typically medical advances, research, anything that's being done that's new and we're trying to improve on, and that's cutting edge, is done in a university setting. And for the most part these surgeries now in the US are done in private offices. Totally removed from universities, stemming from this incident.

Laura: Mm. And it's had really far reaching consequences, like you still today will see studies that are skewed in the same way to make these same kind of conclusions. There's a lot of them that will do things like, "Okay let's ask you about happiness at some point before you hit puberty and let's ask you about happiness literally just after you've come out of surgery and everything is the worst thing in the world." It's like, "Oh, they're less happy at this point." Like, a lot of studies that that's still happen to varying degrees of existence. It's… it is not a good thing but, hooray.

Sydnee: Right. Luckily at this point— this is kind of, I found this story took this strange turn that I did not expect. So, there was an office that kept doing these procedures even after a lot of universities had stopped and it was run by a country doctor named Doctor Stanley Biber, who lived in this little mining town in Trini— called Trinidad, Colorado. So, it was like, population like 4500 or something. I mean, this tiny little town. He was just this, like, general practitioner kind of trained, but jack of all trades doctor

who would deliver babies and do minor surgical procedures and then also see you for your colds or whatever. He had a local social worker who knew him, came to him and said, "You know, I've heard about these surgeries." This was in 1969. "I've heard about these surgeries that they're doing across the US. I would like this done. Can you do it?" And he said, "Well yeah, I could probably figure out— I could probably do that."

Laura: [laughs]

Justin: America.

Sydnee: [laughs]

Justin: That's how we do it over here, Laura. We just, "Yeah. Why not?"

Laura: It's like, "Ah I lost the instruction booklet, but I can probably still put this IKEA cabinet together."

Justin: [laughs]

Sydnee: [laughs] That's exactly it. So, he sent a letter to Hopkins and said, "Could you send me, like, some diagrams and some like some instructions and, so I can do this?" And they did. They sent him some descriptions and some books, and he read it all, studied it, and then started doing these surgeries in this tiny little mining town in Colorado. And it became kind of this, like, Mecca for these surgeries. It just, all of these people all over the U.S. started hearing that, "Hey, I can refer my patients there. There's a doctor there." And he started doing them and it's interesting, the hospital he worked at was actually a catholic hospital.

So, at first he was hiding the charts from the nuns so they wouldn't know [laughs] that he was doing this. Eventually they found out and they complained. So, he wrote a letter to the Vatican pleading his case and basically saying, "This is what I— this is the right thing to do. What I'm doing is the right thing. These are people who are coming to me as patients. They need my help. This is what helps them. I should do this." And he got a letter back from the Pope saying, "Okay."

Justin: Wow. Yeah.

Laura: Well done, 1970s Pope.

Justin: [laughs]

Sydnee: There you go.

Justin: What a chill pope.

Sydnee: I know. I know.

Laura: Yeah, everyone's going on about the current Pope being like chill Pope, but this previous Pope seems all right.

Justin: He was chill before it was cool.

Sydnee: Pretty, pretty chill Pope, so.

Justin: Listen. If you know what Pope this is, and he has probably done some other very unchill things that we did not hear about it. [laughs]

Laura: Oh yeah, most Popes did some very unchill things, but this is one chill thing that whoever this Pope is did.

Justin: [laughs]

Sydnee: I know. I was raised catholic, so I always have to be very careful like with this. I know my history. I have to be very careful.

Justin: [laughs]

Sydnee: But he, so he continued to do these surgeries. He did about, in his career, about 5000 surgeries. And one of his biggest desires was that he would find a surgeon who was willing to move to this tiny little town in Colorado and continue his practice. It was one of the biggest things he wanted, and he found a predecessor, Dr Marci Bowers who moved to Trinidad and learned these procedures under him and began to do the same things, and worked there after he retired. And would have still been working there today if it weren't for political forces at the hospital that began to raise prices on these surgeries tremendously, and eventually she felt like she could not do her job there, you know, to any patient's satisfaction so she actually— even though her headquarters, like, she still has her official office there, her, like, where she does her procedures are in California now.

But she's still doing these surgeries to these day, and as I was reading about this Dr Marci Bowers, I saw her called several times the “rockstar of the transgender surgery world”.

Laura: [laughs]

Sydnee: Which, I didn't, I didn't know that, but…

Laura: I've never heard that either but now I really like the thought of her just like stopping mid surgery to do a sick guitar solo.

Sydnee: [laughs]

Justin: [laughs] "Ladies and gentlemen, please welcome to the OR, Marci Bowers!"

Sydnee: [laughs] She sounds really cool. I wanna read more about her. I was kind of looking at her website. She was the first, as I understand it, the first transgender woman to be doing these procedures, and then, she's also a worldwide spokesperson for stopping female genital mutilation worldwide. So, she does sound like a rock-star, I will say.

Justin: Yeah.

Laura: Yeah.

Sydnee: On a sidenote, we had mentioned the uterine transplant issue and I know we wanted to talk about that a little more, because the question was why— we tried this in the 30s and then we really haven't tried it again until the last couple of years.

Laura: And even then, we've not tried it. We've just skirted around the issue, at least as far as trans people are concerned. It's been just kind of there as a topic of discussion for few years.

Sydnee: Exactly.

Laura: After a big old gap. [laughs]

Sydnee: [laughs] You're exactly right, and I— part of the issue was purely we did not understand, like I mentioned before, we didn't understand anti-rejection drugs and that kind of thing. So, it took us a while to understand how to safely transplant any organ, including the uterus. Specifically, the uterus took us a while to figure out, "Could we transplant a uterus that would be functional in terms of carrying a child? And if we can do that and we have to use anti-rejection drugs, are those going to be safe for the patient and the developing fetus?"

And I think that is part of why this research has taken so long. They did it in a lot of animal models before they felt comfortable attempting it at all in humans. I know that in 2014 was the most recent that we've had any kind of success in this arena in Sweden. There were-

Laura: I believe this is the batch of where of the people who were like, potential candidates for this procedure, one of them was a trans woman. If I— is that the right one?

Sydnee: Yes.

Laura: Yes.

Sydnee: Yes. And I'll be honest, I tried to find the actual like, why was this— was it random? Were they excluded specifically because of that? I don't know if you have the answer. I don't have the answer.

Laura: No. I've tried looking into it and from what I can tell it wasn't exclusion on the basis of being trans, because you would think that they wouldn't get to that stage of the selection process if them being trans was the ultimate problem, I guess.

Justin: Sure.

Laura: Like, you'd think they'd catch that earlier, but it is one of those things that, like, regardless of why it didn't happen it got a lot of people talking. Because a lot of the community of trans women have not really thought about uterine transplants as a possibility because it was just never a discussed thing. And I think seeing a trans women shortlisted for one got a lot of people very hopeful about this being something that might one day be a possible, plausible option for trans women.

And I think a lot of that just comes down to— there's a lot of things that trans women get shouted at to tell us why we are not, you know, female enough to be women, you know, whether— not having a uterus is one of them that's repeatedly shouted. And I think for a lot a trans women, if that was something that was possible and happened, even if it didn't happen to that individual trans person, it would be a way to shout back slightly like, "Ehh…" [mumbles]

Justin: Eh, not so fast. [laughs]

Laura: "We'll get there."

Sydnee: [laughs]

Laura: But you know, a lot of those things are really dismissive of femininity anyway, because there are women who are cisgender who are born without uteruses or who, you know, can't have children for whatever reason or don't produce estrogen, et cetera, or—

Sydnee: Exactly.

Laura: There are lots— lots of the things that are thrown at trans women to be insults are things that, like, there are cisgender women like that and you don't discredit their femininity for those reasons. But that's a whole other side thing. [laughs]

Justin: [laughs]

Sydnee: No, but that— I think that's a very relevant, especially in this conversation. From what I've read, because they actually were successful with nine patients in Sweden. From those nine patients, and I think the ones that finally made it to the final, kind of, selection process to the end of it and actually had uterine transplants done, I think the majority of them were born without uteruses, and then there was one who had—

Justin: Uteri?

Sydnee: Uteri.

Justin: Maybe. I don't know. That’s a complete guess.

Sydnee: Yeah, probably uteri.

Justin: Probably.

Sydnee: Uteri. But uh, and then there was one who had had her uterus removed after cervical cancer. And I thought this was interesting. They only used donor uteri. They did not use cadaver uteri, which is what they’ve tried in the US. Because this has never successfully been done in the US. It was very highly publicized last year, they completed the surgery at Cleveland Clinic, but two weeks later they had to remove the uterus due to infection.

Justin: Mm.

Laura: Yeah.

Sydnee: So, we've never done this in the US successfully, but they did with all nine patients in Sweden. They were successful and so far, there have been five children born as a result of this. The donors of these uteruses, I also thought this was fascinating, because they were looking for tissue matches, in several cases it was the patients' mother who donated her uterus because they were good tissue match, and there was something about that that I thought was kind of beautiful because like—

Laura: Yeah, there is something really sweet to that.

Sydnee: Yeah.

Justin: It's weird when you think that it's the uterus that carried you.

Sydnee: That now has carried your child.

Justin: Yeah, that's beautiful.

Laura: That is.

Justin: The uterus carries the baby right?

Sydnee: Yes.

Justin: Okay.

Sydnee: [laughs]

Laura: I feel like we're getting into very, um, do you like a uterus in your uterus territory of—

Justin: [laughs]

Laura: We're going down the rabbit hole.

Sydnee: [laughs]

Justin: [laughs] You know, maybe Xzibit would be a great guest.

Sydnee: But they found that this was also really helpful because one issue that when they had attempted these things before, they weren't necessarily looking to see if the donors of the uteruses had ever carried a child before. Not that it— and the only reason that matters is because then you know that, that uterus is intrinsically capable of carrying a child and you don't

have to worry that maybe, maybe that uterus was never capable of carrying a child in the first place.

Laura: Yeah.

Sydnee: So, the rejection drugs we now know are safe in pregnancy. So, that's—

Laura: Yeah, that's some obvious, like, there are obviously some additional difficulties in doing this with trans women as opposed to cisgender woman in that, like, you're pretty much going to be guaranteed to require a C-section for example, because how else is the baby ever going to get out of there, for example. Or the questions of surgically are there ways to connect a uterus to a vaginoplastied vagina. There's a lot of questions about doing this with trans women but, like, no one's tried so we don't really know.

Sydnee: Sure. Well, but I'll tell you we're closer than you'd think, because currently we can't, we don't know how to, um, we cannot deliver the baby vaginally no matter who the patient is who receives the transplanted uterus.

Laura: Ah.

Sydnee: So, they all of these patients require C-sections. So, that would not actually be an impediment.

Laura: There we go. That's a thing I've learnt. Hooray, Sawbones, teaching me things. Yeah.

Sydnee: [laughs] And they're not currently, they are not actually, I hate to use these terms, hooking up.

Laura: [laughs]

Sydnee: It sounds like you're plugging things in. They're not hooking the uterus to the fallopian tube or the ovaries if they're present. So, all they're doing is taking, if they want to, they can harvest their own eggs and create frozen embryos ahead of time. Or you could use, just like we do with, you know, artificial insemination in vitro or any of that, we can use a donor embryo to implant in the uterus anyway. So, all of these things are not, you know, are not really barriers. I think the next step is just— the only mention of it that I, as I was trying to read to see is there some reason we haven't attempted it, is there some, is it just that they just haven't selected a transgender woman yet randomly or is there some other reason? And the

only discussion I saw was just this thought that we need to make sure that all of the hormonal support for a pregnancy is identical.

And I think there was just some question, "How do we make sure that all of the hormonal mechanisms are exactly the same in every patient once we have successfully transplanted the uterus, implanted the embryo and then, you know, because the hormonal changes that are involved with supporting a pregnancy from then on have to be there. But I think it's more of just a "we're not entirely certain yet", but not a "it isn't in place".

Laura: Yeah.

Sydnee: I think it's just that would be the next step.

Laura: Well, if they sort all that stuff out and they're looking for someone, I'll stick my hand up, like, you know—

Sydnee: [laughs]

Laura: It's all good with me.

Justin: We know that like, we're, we're at the— is there anything else Syd? Am I—

Sydnee: That's all the history I got.

Justin: That all the history you got? I know that we're sort of at— this has been more of a survey, I think, than normally we would do of topic. There's just so much to talk about, and we know that we did not get anywhere close to covering everything that, um, sort of could be explored here because it's a really deep topic. And I feel like in discovering that, for me personally, is like we, we saw just how broad of a topic it was and how much there was to consider, I think it speaks to— if we circle back to the difficulty in finding doctors who are aware of the right things to do, I get the sense from, and Syd correct me if I'm wrong, but when you talked about it I get the sense that for some doctors it's not necessarily malicious but more a case of just not knowing where to start. Not knowing how to begin educating themselves. I mean, does that— I would ask both of you because you both have a lot more experience than me, Justin McElroy.

Sydnee: [laughs]

Laura: [laughs]

Justin: In various aspects of this. Like, does that, do you think that that's a fair characterization?

Sydnee: On my end, I'll just say I think there is a lot of ignorance. I think that that's the primary thing is just people don't— you're right. People don't know. We, because we live in such a small town, such a small community in a rural kind of area, I think I would be lying if I didn't say that I have seen doctors, that I know people, who I do think have a mindset that this is something that we need to… you know, we shouldn't participating in. That this is somehow morally wrong.

I hate to say that that exists, but I'd be lying if I said it didn't. But I think largely speaking among my colleagues and people that I personally work with, which is in a very, you know, we live in a very red state, I think it's just they don't know. They just don't understand.

Laura. Mm. I think from my perspective, there's two issues concurrently going. There's the lack of knowledge which is a barrier at the start, and when you get up to specialists and you get to the top end, I think you have a separate issue which mainly comes from that one study that implied, ooh you know, people aren't happy once they've transitioned. And this fear that specialists seem to have of, "We need to make absolutely, perfectly, definitely, one million percent sure that you are trans, because we don't want you to come back later and say, why did you do this to me, this was the wrong thing to do?"

And that worry about treatment has sort of created a system at least in the UK, where, like— to give a fair example, and most of this is because of fear-based "Oh, we'll just double check," or "We'll make you wait a bit longer to make sure you don't change your mind," I started talking to GPs about transition in 2011. If I had waited and kept using the NHS in the UK, I would still be at least a year away from having had a vaginoplasty. It would have been a good seven years of waiting between first talking to a doctor and being able to have surgery for something that was causing me considerable discomfort.

As it was, I ended up a year ago going through private surgical options and I was very thankful that the internet was very, very giving and supporting and helped me be able to do that, but it would have been a seven year wait from talking to a doctor to having the option to have surgery for something that was causing me great discomfort. And so much of that is just fear that I will turn around a year later and say, "Why did you do this?"

Sydnee: That's so unfortunate if a lot of that, like you said, has stemmed from those studies, since so many were, like you already mentioned, wrong and flawed and poorly done. And doctors should know better. We know, we're supposed to be trained in good research and bad research. We're supposed to be able to look at studies and say, "This is not well done." We should be more critical of that than we are.

Laura: Yeah. It's a real shame because honestly it's depressing that you can't just go to a doctor as a trans person and say, "Hey, I feel really uncomfortable with my body. I want some help with that." And just be believed, because I think it's fair to say most people who are not trans at no point feel so bad about their body that they go decide to talk to a doctor about it.

Justin: Right.

Laura: Like.

Justin: Yeah.

Sydnee: Yeah.

Laura: You know if someone's come to tell you hey, this is a thing I've been dealing with for a while, I'm really uncomfortable with my body and I wanna, you know, pursue options about that. There's a pretty good chance they're probably trans.

Sydnee: Yeah. Yeah, I think at that point, yeah. Exactly. We take patients at their word for most complaints.

Laura: Yeah.

Sydnee: You know, most things they come for the doctor for. Why, why not that?

Laura: Usually, if you tell the doctor your symptoms the doctors will trust that you've accurately reported them.

Sydnee: [laughs]

Laura: They won't ask you to prove your symptoms.

Justin: Over the course of seven years.

Laura: Yeah. For the next seven years, just make sure you still definitely have that toothache.

Sydnee: [laughs]

Justin: [laughs]

Sydnee: Exactly. You know, "I'm gonna need you to actually have a seizure for me."

Justin: Yeah. I'm ready.

Sydnee: "I'm sorry. I know that you've been to the ER four times with them but uh, I'm not gonna buy it until I see it."

Justin: Um, Laura thank you so much for talking with us about this. I think it's fascinating and I really appreciate you sharing your perspective with us. Where can people find your work, to— because I know you sort of write all over the place.

Laura: Yeah, I do things sort of all over the place. The easiest place to keep track of me is at LauraKBuzz. Pretty much everywhere. LauraKBuzz on Twitter, YouTube, anything like that. I also have a atreon. That's what pays my bills, so patreon.com/laurakbuzz. You'll find all my stuff there as well. I also run a video game website called Let's Play Video Games. So, letsplayvideogames.com or just anywhere on the internet that will pay me to write.

Justin: [laughs]

Sydnee: [laughs]

Justin: Wel,l Sydnee is there anything else you wanted to touch on before we— oh, we should thank the Taxpayers for the use of their song "Medicines".

Sydnee: Yes.

Justin: As the intro and outro of our program.

Sydnee: And I just also wanted, I know you already did but, like—

Justin: Copycat.

Sydnee: I wanted to, for me too, like personally… [laughs]

Justin: Go ahead.

Sydnee: Say thank you, Laura, for coming on and talking about all this. This has been, like, this has been fun but it has also been so informative and interesting and I have found it personally very fun to engage in. And so I'm sure our listeners will too. But thank you so much.

Laura: Thank you for having me. This has been really good and I'm just sorry that I couldn't get through all of the things, because as you said there's too many things.

Justin: Yeah. There's a ton to talk about and it's definitely— I'm struggling with how to title this episode because I think anything that I call it would be insufficient, but it's definitely something that we want to, on a lot of different topics, try to corral more people into walking us through stuff where there's a huge personal aspect to it. And I would say a lack of awareness too, which sort of complicates things. And I'm glad that we've been able to talk about it.

Laura: Yeah. Do, do you mind if I say something before we finish up completely? Just something that I think is important to say after the—

Justin: Please.

Laura: Because we've been talking about it, about this stuff very like historically, science-y focus.

Sydnee: Mm-hm. Sure.

Laura: Like, just from my perspective as someone who has been on hormone therapy for a long time and who has had lower surgeries, has had a vaginoplasty, I just wanna say to anyone that like isn't trans and is like a bit iffy about trans people and about surgery and hormones and things… I lived twenty years of my life uncomfortable in my own skin and the moment I woke up from my vaginoplasty there was— it wasn't as people sometimes imagine, this grand moment of excitement. It was just a weight that was gone. And in the year or so since surgery that weight has never come back. This, just, pressure and discomfort and general unhappiness that had sat on me for twenty years disappeared overnight.

And I just, I hope people will take that seriously because, you know, surgery and hormones have made me comfortable in my body. And that's a thing

that people, you know, not enough people take seriously still. Sorry. I know that’s a bit of a downer way to end but I just felt it was a thing that was probably appropriate to say.

Sydnee: I think more than appropriate.

Justin: Yeah.

Sydnee: Thank you.

Justin: Thank you.

Sydnee: Thank you.

Justin: Thank you Laura. Thank you, Sydnee, for both of you. I'm Justin McElroy. It's weird. I’ve never outro-d with three people before. I don't know grammatically what I'm doing anymore, but the fact remains that we will be here next week. This has been Sawbones, and as always, don't drill a hole in your head.

[theme music plays]