Sex and Gender in the Blood Disorders Community

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About Me

- Transgender, transsexual, and occasionally a drag performer
- Epidemiologist
- Social justice activist
- Collaboratively work in just and accurate transgender representation
- My collaborators are sexual and gender minorities and public health professionals motivated by justice for trans folks

Why I Am Here

- ATHN's Dr. Mike Recht sought guidance about gender and sex minority inclusiveness from transgender health advocates at OHSU's Trans Health Partnership.
- Amy Penkin, director of THP, being familiar with my work in this area, referred Dr. Recht to me.
- My interview and email exchanges with Dr. Recht, and my input on draft standards, contributed to the form of ATHN's new policy.
- This presentation lays out some of my own perspective regarding the logic in this new policy.

ATHN's New Sex, Gender & Transgender Policy

Sex, Gender & Transgender Experiences Have Some Independence:

- Was your sex assigned at birth (select one):
  - Male
  - Female
  - Intersex?
- Gender identity (select all that apply):
  - Masculine/man/young man/boy
  - Feminine/woman/young woman/girl
  - Non-binary
  - Agender
  - Questioning
  - Prefers not to state
  - Did not ask?
- Are you currently transgender (select one):
  - Yes
  - No
  - Questioning
  - Prefers not to state
  - Did not ask?

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Background: We Collapse Sex & Gender into a Binary

To the detriment of epidemiology and clinical practice, sex and gender are: 1) treated as the same thing, and 2) sex/gender is treated as having only two categories. The result is that:

- Health experiences affected by social roles, and their performance (i.e., gender) are sometimes falsely attributed instead to chromosomes, reproductive organs, or other biological differences in sex.
- Sometimes biological sex differences are falsely assumed to translate into different gendered health experiences.
- Sex and gender both drive health experiences, but the dimensions of neither are perfectly captured by binary categories.

Background: Gender & Sex Minority Persons Are Erased

- Historically gender minority individuals have been programmatically excluded from representation in epidemiology and the clinic. For example:
  - What are the top causes of death in transgender populations?
  - What are gender minority persons' admission rates to the hospitals and clinics you work in?
  - How many transgender persons exist in the U.S., Texas, or Portland? How many transsexuals, as a more specific subset of transgender individuals?
  - Current narratives by right-wing pundits and politicians proclaim the non-existence of gender (i.e., assigned, performed, and contested social roles), and the ontological primacy of a binary sex.
- We have statistics for many kinds of experience—educational attainment, occupation, health, mortality—by race/ethnicity, by economic position, by geography, by sex, and age… but usually not for transgender persons.

Gender Minority or Sex Minority as Pathology

Much of the harm done to gender and sex minorities in the clinic has resulted from the **pathologization of difference**. This orientation is perhaps captured by the question "Why do gender (or sex) minorities have worse health than gender majorities?" and also by the phrase "being a gender minority is a risk factor for disease." This orientation can lead to a malefic stance that demands that the patient cease existing (as with the literal erasures implied by so-called conversion therapy).

Gender Minority or Sex Minority as Condition

Contrast this orientation with the idea that gender and sex and transgender status indicate not pathology, but **health-relevant conditions** (as the ICD and DSM both now recognize). Consider how the questions “What causes gender (or sex) minorities to have the highest levels of health?” or “What reduces health inequities between gender (or sex) minorities and majorities?” present a very different stance towards patient well-being compared with the pathologization of difference.

Asking About Sex

- If we are asking about **gender** and **transgender** as researchers, or clinicians **why should we ask about sex?**
- If we do need to ask about sex, what are we trying to measure?

Hormones?	(If so, which?)
Legal Sex(es)?	(If so, which?)
Chromosomes?	(If so, which?)
Secondary Sexual Characteristics?	(If so, which?)
Gonads?	(If so, which?)
External Genitalia?	(If so, which?)

Asking About Sex

- We’re not there yet, but **anatomy inventories**, and **physiology inventories**, without assuming that any particular answer precludes another, provide the most accurate representation of the patient’s body.

Asking About Gender

- Gender categories start with simple bimodal descriptors, “masculine” and “feminine,” although we commonly use gender roles to categorize gendered experiences by age: “man” and “woman” or “boy” and “girl.”
- Gender also gets complicated because we explicitly and implicitly gender specific social roles: mother, fireman, rabbi, prostitute, etc., though these change over time and place.

Asking About Gender

Additional categories:

- **Agender:** those rejecting masculine/feminine roles and identities
- Some people occupy **both** masculine and feminine roles and identities, in androgyny (simultaneously masculine and feminine), through fluid expressions that are labile with internal or external contexts, and some through situational specificity (e.g., work gender vs. home gender).
- **Non-binary:** may or may not include agender.

Asking About Pronouns

- In English, pronouns gender our speech when referring to individuals.

Gender	3 Person Nominative	3 Person Accusative	3 Person Possessive	Title/Honorific
Masculine	He	Him	His	Mr/Sir
Feminine	She	Her	Hers	Miss, Ms, Mrs, Ma’am
Unspecified*, Agender	They	Them	Their/Theirs	n/a (‘Mixter’, ‘Mx’)

One of the ways we can make our institutions more welcoming, is by soliciting and honoring **preferred pronouns** and **preferred names**.

*There are many alternative “third gender” English language pronouns, none in universally accepted use. If unsure of pronoun preference, just *ask!*

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Asking About Transgender Status

- One approach to defining current status with respect to a transgender/ cisgender binary is by differentiating two kinds of experience:
  - Transgender: identifies the experiences of a person whose expression of gender is at variance with their gender as assigned at birth
  - Cisgender: identifies the experiences of a person whose expression of gender is consistent with their gender as assigned at birth
- The simplest way to represent transgender is to ask whether someone is transgender (pick one):
  - Are you currently Transgender: Yes, No, Questioning? Alternately:
  - Are you currently: Transgender, Cisgender, Questioning?

Why This Way of Representing Transgender? #1

- Well-meaning attempts to represent transgender persons can enact injustice in representation both overtly and subtly. For example,

Are you (pick one): Male, Female, Transgender?

- Transgender persons generally are male or female. The above question overtly forces a choice of either representing one's (binary) sex at the expense of being represented as transgender or representing one's transgender experience at the expense of representing one's sex. Data collected in this fashion assume transgender as a category is not part of the distribution of sexed experiences.
- Similarly, transgender individuals generally are men or women.
- The Williams Institute "Best Practices" enact this kind of injustice.

Why This Way of Representing Transgender? #2

Are you (pick all that apply): Male, Female, Transgender?

- This question enacts unjust representation because:
  - It is unfriendly, and subtly calls into question the legitimacy of a transgender person's gender identity (transgender persons are generally well experienced in other people prescribing their gender expression for them).
  - It subtly singles out transgender individuals with respect to gender. Consider, for example, if you would feel comfortable asking Are you (pick all that apply):
    - Male, Female, Cisgender?
    - Male, Female, Lesbian?
    - Male, Female, Jewish?

Some Principles for Representing Transgender

- These questions should be asked of everyone (it is best not to assume).
- Answers to these questions should not be assumed to be fixed across the life course.
- The three questions should be placed together, so that gender minorities do not have to assume that—yet again—they will need to cram their experience into a sex/gender binary.
- Appropriate language should be developed for children, and for adolescents.

Centering the Patient’s Experiences

These questions—when paired with appropriate corresponding standards of conduct at reception, with assistants, and care providers—can build inclusiveness into the patient’s experience in the clinic.

- **By what name should we address you?** (Do you have other names we should know about, such as for correspondence, insurance, dependent/guardian relationships, etc.?)
- **Which pronouns do you prefer to use, if any?**
  - They/Them/Their
  - She/Her/Hers
  - He/Him/His
  - I prefer not to use pronouns
  - Not listed

Conclusion

- Sex, gender, and transgender/cisgender are somewhat dependent and somewhat independent categories of experience that are socially patterned with respect to inclusion, celebration, and discrimination.
- Sex, gender, and transgender experiences are more complicated than can be captured by a single question with a binary outcome.
- The usefulness of these broad categories (male/female/intersex, masculine/feminine/agender/non-binary, transgender/cisgender) are limited, but, with "Questioning" and even "Not listed" categories, form a minimum of just representation that we should strive to use in representing who we are as researchers, care providers, and patients.

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