

Backlash to transgender health care isn't new, but faulty science used to justify it has changed to meet the times

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In the past century, there have been three waves of opposition to transgender health care.

In 1933, when the Nazis rose to power, they [cracked down on transgender](#) medical research and clinical practice in Europe. In 1979, a research report critical of transgender medicine [led to the closure](#) of the most well-respected clinics in the United States. And since 2021, when [Arkansas became the first U.S. state](#) among now [at least 21 other states](#) banning gender-affirming care for minors, we have been living in a third wave.

In my work as a [scholar of transgender history](#), I study the long history of gender-affirming care in the U.S., which has been practiced since at least the 1940s. Puberty blockers, hormone therapies and anatomical surgeries are [neither experimental nor untested](#) and have been safely administered to cisgender, transgender and intersex adults and children for decades.

On the other hand, the archives of transgender medicine demonstrate that backlash against these practices has historically been rooted in pseudoscience. And today, an anti-science movement that aims to [discredit science altogether](#) is fueling the fire of the current wave of anti-trans panic.

The 1930s: Eugenics and sexology collide

In the 1920s, the new science of hormones was just reaching maturation and [entering mainstream consciousness](#). In the field of sexology—the study of human sexuality, founded in 19th century Europe—scientists were excited about research on animals demonstrating that removing or transplanting gonads could effectively change an organism's sex.

In 1919, the German sexologist Magnus Hirschfeld founded the [Institut für Sexualwissenschaft](#) in Berlin, which became the world's leading center for queer and transgender research and clinical practice. Hirschfeld worked closely with trans women as co-researchers

throughout the 1920s. Several trans women also received care at the institute, including [orchiectomies](#) that halted the production of testosterone in their bodies.

Within months of Hitler's rise to power in early 1933, a [mob of far-right students](#) broke into and shuttered the institute for being "[un-German](#)." Some of the [most famous images](#) of Nazi book burning show the institute's library set ablaze in an outdoor plaza.

Nazi ideology was based on another prominent field of science of that time: [eugenics](#), the belief that certain superior populations should survive while inferior populations must be exterminated. In fact, Hirschfeld's sexology and Nazi race science had common roots in the Enlightenment-era effort to [classify and categorize](#) the world's life forms.

But in the late 19th century, many scientists went a step further and developed a hierarchy of human types based on race, gender and sexuality. They were inspired by [social Darwinism](#), a set of pseudoscientific beliefs applying the theory of survival of the fittest to human differences. As race scientists imagined a fixed number of human races of varying intelligence, sexologists simultaneously sought to classify sexual behaviors as innate, inherited states of being: [the "homosexual"](#) in the 1860s and [the "transvestite,"](#) a term coined by Hirschfeld himself, in 1910.

But where Hirschfeld and other sexologists saw the classification of queer and trans people as justifications for legal emancipation, eugenicists of the early 20th century [in the U.S.](#) and [Europe](#) believed sexually transgressive people should be sterilized and ultimately eradicated.

Based on this premise, the Nazis [murdered thousands of LGBTQ people](#) in the Holocaust.

The 1970s: Making model citizens

In the 1950s and 1960s, transgender medicine bounced back in the U.S. Scientists and clinicians at several universities began experimenting with new [hormonal and surgical interventions](#). In 1966, Johns Hopkins became the [first university hospital in the world](#) to offer trans health care.

By the 1970s, trans medicine went mainstream. [Nearly two dozen university hospitals](#) were operating gender identity clinics and treating thousands of transgender Americans. Several trans women and men wrote [popular autobiographical accounts](#) of their transitions. Trans people were even [on television](#), talking about their bodies and fighting for their rights.

Yet trouble was brewing behind the scenes. Jon Meyer, a psychiatrist at Johns Hopkins, was skeptical of whether medical interventions really helped transgender people. In 1979, Meyer, along with his secretary Donna Reter, published a [short academic paper](#) that ushered in the second wave of historic backlash to trans medicine.

In their study, Meyer and Reter contacted previous patients of the Johns Hopkins Gender Identity Clinic. To understand whether surgery had improved patients' lives, the authors developed an "adjustment scoring system." They assigned points to patients who were in heterosexual marriages and had achieved economic security since their operations, while deducting points from those who continued to engage in gender nonconformity, homosexuality, criminality, or sought mental health care.

Meyer and Reter believed that gender-affirming surgeries were successful only if they made model citizens out of transgender people: straight, married and law-abiding.

In their results, the authors found no negative effects from surgery, and no patients expressed regret. They concluded that "sex reassignment surgery confers no objective advantage in terms of social rehabilitation," but it is "subjectively satisfying" to the patients themselves. This was not a damning conclusion.

Yet, within two months, Johns Hopkins had [shuttered its clinic](#). [The New York Times](#) reported that universities would feel pressure to similarly "curtail their operations and discourage others from starting to do them." Indeed, only a [handful of clinics remained](#) by the 1990s. Transgender medicine did not return to Johns Hopkins [until 2017](#).

In requiring trans patients to enter straight marriages and hold gender-appropriate jobs to be considered successful, Meyer and Reter's study was [homophobic and classist in design](#). The study exemplified the [pseudoscientific beliefs](#) at the heart of transgender medicine in the 1960s through the 1980s, that patients had to conform to societal norms—including heterosexuality, gender conformity, domesticity and marriage—in order to receive care. This was not an ideology rooted in science but in bigotry.

The 2020s: Distrust in science

As in the 1930s, opposition to trans medicine today is part of a broad reactionary movement against what some far-right groups consider the "[toxic normalization](#)" of LGBTQ people.

Legislators have removed books with LGBTQ content from libraries and [disparaged them as "filth"](#). A recent law in Florida [threatens trans people with arrest](#) for using public restrooms. Both Florida and Texas have pursued efforts to [compile data on their trans citizens](#). Donald Trump's [campaign platform](#) calls for a nationwide ban on trans health care for minors and severe restrictions for adults.

And similar to the 1970s, opponents of trans medicine today frame gender-affirming care as a "debate," even though [all major U.S. medical associations](#) support these practices [as medically necessary](#) and lifesaving.

But widespread [distrust in science and medicine](#) in the [wake of the COVID-19 pandemic](#) has affected how Americans perceive trans health care. Prohibitions on gender-affirming care have occurred simultaneously with the relaxing of pandemic restrictions, and some scholars argue that the movement against trans health care is part of a [broader movement](#) aimed at discrediting scientific consensus.

Yet the adage "[believe in science](#)" is not an effective rejoinder to these anti-trans policies. Instead, many trans activists today call for diminishing the role of medical authority altogether in [gatekeeping access to trans health care](#). Medical gatekeeping occurs [through stringent guidelines](#) that govern access to trans health care, including mandated psychiatric evaluations and extended waiting periods that limit and control patient choice.

Trans activists have [fought with the World Professional Association for Transgender Health](#), the organization that maintains these standards of care, by demanding greater bodily autonomy and depathologizing transsexuality. This includes pivoting to an [informed consent model](#) where patients make decisions about their own bodies after discussing the pros and cons with their doctors. Trans activists have been rallying against medical authority since the early 1970s, including calling for [access to hormones and surgeries on demand](#).

It is not clear how the current third wave of backlash to transgender medicine will end. For now, trans health care remains a question dominated by medical experts on one hand and people who question science on the other.

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