

sterilization, trans kids, and the eugenic imaginary:  
all the doctors are friends (but not **our** friends)

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i can't think about trans women and fertility - about my own fertility - without thinking about eugenics. that is, thinking about the political project of eliminating groups of 'inferior' people (trans folks, queers, dis/abled folks, puerto ricans, jews, roma, the 'undeserving poor', etc.) by preventing them from having children. that connection may come more quickly to me because of the ways my trans-ness, my dyke-ness, my jewishness layer onto each other to make me something eugenicists have strong feelings about eliminating from their white christian utopia. but i think it's a necessary connection to make, and helps us see how important reproductive justice is to trans women's health and lives.

(reproductive justice is a phrase that comes from black feminist/womanist organizing to describe "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities," in the words of the SisterSong collective. it is a trans-affirming perspective that opens out from questions of fertility and parenting into thinking deeply about the world we want to live in, whether or not we want to have kids ourselves.)

so let me start at the beginning, and go the long way around.

in order to get access to medical services, especially transition support (whether surgical or hormonal), almost all of us have to pay lip service to the doctors' deepest belief about us: that being trans is genetic. whether we believe it or not (and many of us do), we all have to talk as if we were born this way, have never changed, and can never change.

the doctors will freely admit that no one has found a biological basis for being trans. but they all still believe that it's there - that all people have some kind of innate True Gender that makes them either a True Man or a True Woman according to european christian/roman gender norms.

*(never mind that gender as a structuring system isn't universal among human societies, or that where it exists its content varies wildly - that the concept didn't exist in yoruba culture before colonization, that a True Woman in the eastern european jewish tradition has the traits of a roman/christian True Man, that napêw iskwêwisêhot, iskwêw ka napêwayat, ayahkwêw, înahpîkasoht, iskwêhkân, and napêhkân are all as distinct from each other in nehiyawewin as they are from roman/christian conceptions of Man and Woman. they're not gonna read oyèwùmí, boyarin, whitehead, or even kessler & mckenna.)*

for them, the question isn't whether being trans is genetic, it's how it works and how to prove it. the endocrinologists say it must be neurological, the neurologists say it must be endocrine, and everybody but folks who study pregnancy is willing to blame the uterine context (also known as your mother).

and year after year, they keep publishing papers on things like finger-length ratios, desperately seeking any trace of a correlation that they can pretend points to genetic causation. one of the more recent finger-length ratio papers, published in 2008, was co-written by dr. peggy cohen-kettenis and dr. kenneth zucker.

this may raise your eyebrows, because cohen-kettenis is widely praised as a pro-trans doctor for her work heading a clinic that provide puberty blockers for trans kids, while zucker is just as widely condemned as an anti-trans doctor for his work heading a 'conversion therapy' clinic for trans kids. but the two have been writing together for decades (sometimes with dr. ray blanchard as well), on research papers and textbook chapters, including one on “gender identity disorder in children and adolescents” for a 2012 “handbook of sexual and gender identity disorders”. their collaboration isn't just on the page: well-sourced gossip tells me that before zucker's clinic was finally shut down, he sent so many of his 'failures' to puberty-blocker clinics that he was considered one of their biggest referrers and supporters.

now what could possibly unite these two doctors, presumed to be opposing each other but actually working in close harmony? it's simple as soon as you think about it. and it leads right to eugenics.

a vision of being trans as genetic, where the task of doctors is to figure out - without the biological test they dream of - who is Truly Trans and who isn't, and normalize both groups of people as definitively as possible. which is to say: a vision of a world where there are as few trans folks as possible, and where the ones who do exist are as indistinguishable from cis people as possible.

it's a revolving door. the 'conversion therapy' quacks think they can make kids stay as assigned? the puberty-suppression doctors are fine with that, as long as they get to make sure the ones who can't be tortured into changing their minds can be made to blend right in. and the conversionists are down with that plan, too: if they can't torture someone into being a proper man, at least someone else can make sure the kid winds up a proper, indistinguishable-from-cis, woman.

it's the same vision as back in christine jorgenson's day: discourage everyone you can, and make the rest live stealth. and that's where the shared focus on kids comes from. it depends on establishing, as soon as possible, a person's True Nature. then, they can be molded to fit it properly, whether through “reparative” therapy to shore up a crumbling gender assignment, or puberty suppression to guarantee the possibility of a stealth life.

and that's the eugenic imaginary, right there. for these doctors - pretty much all the doctors - what should happen to someone Truly Trans is simple. they should be identified as early as possible, put on puberty blockers as early as possible, and then shifted to 'adult' HRT and accompanying surgeries. this track creates, they believe, trans women indistinguishable from their cis counterparts.

it also sterilizes you.

and, for any doctor who believes being trans is genetic, that single sterilization means erasing a whole genetic line of trans descendants. it means getting one step closer to a future without trans women.

this is, of course, right in line with the eugenic vision built into almost every piece of medical and legal engagement with trans folks, which have almost always, almost everywhere (until very recently) required sterilization even before allowing access to HRT, to forms of surgery that have no effect on reproduction (chest/breast surgery, FFS, &c), or to accurate identity documents. there is **no health-based rationale whatsoever** for these policies, whether imposed by governments or medical institutions. some have been explicitly about not allowing “inferior” folks to have kids; all of them are

based on that eugenic logic, and that alone.

now, the fact that there's no there there - that being trans is a social condition, not a genetic one - doesn't make this eugenic vision any less fucked up. that just means the doctors' approach isn't going to accomplish their goal of eliminating us. trans women will still be in the future, no matter what they do.

what it can do, however, is make there be fewer trans parents, and in particular fewer trans parents of non-adopted kids (which doesn't mean much: adoption agencies are massively bigoted in all kinds of ways, including being anti-trans). and that's a reproductive justice issue, in a big way, and one that should shape our understanding of the place of puberty blockers in trans medicine.

the deal the doctors are offering us right now is, essentially, some trans women turning out more indistinguishable from cis people, in exchange for sterilization.

i don't see that dealing at all with the things that make most trans women's lives hard in this society: employment and housing discrimination; the criminalization of sex work; lack of access to identity documents; lack of access to medical care, including medical transition for those who want it; state and social violence. as long as we're targeted in all these ways, even the most indistinguishable-from-cis trans woman will live in fear of being outed and targeted, and the vast majority of us will continue to face them every day.

and, as a secondary effect, what they're offering strengthens the line between trans women who seek and are given access to medical transition by passing some kind of Truly Trans test and those who can't get access (i.e. poor folks; black and indigenous folks; immigrants and refugees; dis/abled folks; some nonbinary folks; many non-fancy sex workers; &c) or don't want access (folks who live as trans women without medical support; some nonbinary folks; some folks with culturally-specific gender positions that aren't men or women; &c).

and that in turn encourages those trans women who **can** get access to medical transition to see value for themselves and folks like them (wealthier, whiter, citizens, ableized, etc.) in making that line as visible as possible: if they can more easily be told apart from the rest of us - or made more indistinguishable from cis people - then perhaps they won't have to deal with the ways that our society attacks us. it's the same fantasy of escape from community and history that has driven well-off gay liberals and gay conservatives to prioritize a symbolic push for 'marriage equality' rather than fighting for protection from discrimination in employment and housing, and to throw trans women and sex workers under the bus at every turn.

i think we owe it to young trans folks to not pretend the deal the doctors are offering them these days is some kind of wonderful liberatory advance. it's not even particularly **different** from what was on offer decades ago - the gatekeepers have just expanded their scope to allow them to search for and decide about the True Genders of ever-younger folks.

puberty-blocker clinics aren't the only possible way to support trans kids. in the late 1990s, trans-affirmative clinics (created to oppose 'conversion' clinics rather than collaborate with them, and growing out of feminist and queer approaches to child-rearing) focused on defusing parents' toxic responses to their trans kids, dealing with stigma and anxiety, and supporting kids and parents in

navigating hostile institutions.

this approach, which treated hatred of trans women as the problem, not trans women's bodies, was mostly wiped out by the new wave of medicalization. but it can be revived, and strengthened by the years of experience we've had since then in creating social spaces and institutions that we can live in, not merely survive through. and also infused with the understandings that a reproductive justice vision brings. that's important and lifesaving work, for trans kids, for trans women who care about trans kids, and for trans women who care about the kids we raise, whether they come to be trans or not.

as we rebuild these reproductive justice based projects to support trans kids, we also need to put a lot more emphasis on getting detailed information about what goes on behind the scenes at the clinics and hospitals where we seek care. at this point, there's not much. there's some research i'm looking forward to seeing published based on a friend's Ph.D research, using what she found out through extensive back-of-the-house access she managed to get to a number of the high-profile clinics - hopefully that'll start coming out soon.

and i'd love to see what someone with university database and journal access could turn up about the web of collaboration among supposedly trans-positive and actively anti-trans doctors. as sara ahmed has been saying: citation is accountability. because we need to be deeply skeptical about what's being offered to us by "supportive" doctors like cohen-kettenis who're deeply entwined with anti-trans eliminationists like zucker and blanchard. not just skeptical about their rhetoric, but about the actual medical interventions they promote.

and what we learn, on both of these fronts, we need to look at with reproductive justice in mind.

all of which is to say: we need to continue to work for actual liberation - an end to the structures of power that create the conditions trans women face in the world, including the eugenic vision of a future without us.

and that work of liberation includes struggling for the medical research that can make it possible for us, regardless of age, to be who we want to be in the world **without** sacrificing our right to choose whether or not to have kids, and our right to raise the kids we have in safe and sustainable communities.

*for alexis and sahar, with deep thanks  
and for winter, kol, echo, noam, and the rest, with deep hope*

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Writing has appeared in *Monthly Review*, *Bridges/Brikn/Puentes*, *Jewish Currents*, the HowlRound theater commons and Visual AIDS blogs, and in many zines (most recently *vegn kultur-kiyem / on cultural survival*). Founding member of the Artists & Cultural Workers Council of Jewish Voice for Peace (struggling for Palestinian liberation on the cultural front) and the NYC affiliate of Survived & Punished (abolitionist organizing for freedom and justice for criminalized survivors of domestic, sexual, and other gendered violence).

Current projects include: "Real Life Experience", recovering trans women's political and cultural writings from the late 1970s to the early 00s; Critical Reperformance, re-bodying classic and neglected performance scores as an analytic practice and to keep them a living repertoire [[www.criticalreperformance.org](http://www.criticalreperformance.org)]; JUST LIKE THAT, a militant research and tactical toolbox project on dancers' embodied knowledge and political movements; Koyt Far Dayn Fardakht, a Yiddish anarchist punk band [[www.koytfilth.band](http://www.koytfilth.band)] the Aftselakhis Spectacle Committee, a radical Jewish theatre collective that makes NYC's largest non-hasidic purimshpil [[www.spectaclecommittee.org](http://www.spectaclecommittee.org)]; and Transsexual Empress leatherwork [insta: @transsexualempress].