

Leadership at the Intersection of Gender and Race in Healthcare and Science

Case Studies and Tools

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Autobiographical Note

I am excruciatingly aware of my own performance in these moments, the tiny scraps of autobiographical knowledge I use to prove myself to myself. All of my work is, to some extent, an attempt to make sense of myself as a creature on the verge of many places and never fully anywhere: as an American, as Haitian, as Chinese; as a child of the African diaspora, as a child of Orientalism, as a Brooklyn denizen still rooted firmly below 14th Street; as girl, as boy, as mentally ill, as trans, as not-trans-enough, as queer, as not-queer-enough; as all these things at once, a person who has been riding two horses all their life.

Definitions, Distinctions, and Constructs

In recent years, the concept of social construction¹ has become quite popular in mainstream discourse, usually as a way of contextualizing and de-essentializing race and gender. Many institutions have made practical and linguistic changes to reflect that nuance and accommodate the existence of transgender and non-binary people. These updates typically differentiate between biological sex as a physical reality and gender as a cultural or social concept, as exemplified in Table 10.1.

The social construct framework can be useful as a way of identifying and acknowledging that a particular concept is not universal, or essential, or mandated by physical laws. A social construct, characterized in distinction to *scientific fact* or *objective reality*,² is a less concrete, and therefore lesser, form of reality. The danger comes when we allow that distinction to create a privileged class of truth – objective truth, true truth – that is resistant to change or internal contradiction and excludes other knowledge.

The sources in Table 10.1 are clearly trying to avoid essentializing sex; they go on to address intersexuality and other complicating factors of biological sex. There is still, however, heavy reliance on the sex/gender distinction, and more often than not, “biological sex” is translated as “real gender” by practicing professionals.

Recently, a friend of mine went in for a top surgery consultation. Like me, they are a non-binary trans person, coercively assigned female at birth. The

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Table 10.1 Institutional definitions

WHO (2021)	“Gender refers to socially constructed characteristics of women and men – such as norms, roles and relations of and between groups of women and men. ... Gender interacts with but is different from sex. The two terms are distinct and should not be used interchangeably. It can be helpful to think of sex as a biological characteristic and gender as a social construct.”
APA (2019)	“Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Gender is a social construct and a social identity. ... Sex refers to biological sex assignment; use the term “sex” when the biological distinction of sex assignment (e.g., sex assigned at birth) is predominant.”
NIH (2016)	“Many people use the words sex and gender interchangeably, but they’re distinct concepts to scientists. ... Sex is biological. It’s based on your genetic makeup. Males have one X and one Y chromosome in every cell of the body. Females have two X chromosomes in every cell.... Gender is a social or cultural concept. It refers to the roles, behaviors, and identities that society assigns to girls and boys, women and men, and gender-diverse people. Gender is determined by how we see ourselves and each other, and how we act and interact with others.”

medical office asked for my friend’s preferred name and pronouns on their intake form, in person, and over email many times, performing the requisite motions of trans inclusivity – and yet they continued to misgender and deadname³ my friend, sometimes in the same interaction where they had asked for, and received, the correct information. Which is a little mind-boggling, just from a reading comprehension standpoint. One might hope that a practice specializing in gender-affirming procedures would be a little more sensitive to their transgender patients, but nominal acceptance does not equal respect in practice. The fact is, it *does* take conscious, long-term effort to get pronouns right, change your language, and start thinking about gender differently. That sustained practice of self-reflection and self-correction isn’t necessarily emphasized, and traumatizing, alienating, and dehumanizing medical interactions continue to be a staple of the trans experience.

Our word choices – *biological sex*, *gender identity*, *preferred pronouns* – are not neutral, and they are not on equal footing. “Biological sex” couches a legacy of gender bias in the authority of scientific fact and preserves it untouchable. Sex becomes shorthand for a set of medical and social assumptions, which are often incorrect and can endanger patients and weaken research.⁴ This is not to say that sex “doesn’t exist,” per se – whatever that means. (I’m not getting existential with you; you can contemplate the nature of reality for extra credit if you want.) Sex is more like a creative interpretation of biological fact and social reality than a coherent or consistent scientific category. At its simplest, biological sex still has four determinants: chromosomes, hormones, gonads (internal

sex organs), and genitalia (external sex organs). When all of these things line up, they make an “anatomically correct male or female.” When they don’t, then corrections will be made to the deviant body and the narrative around it.

The (Mis)Gendering of Scientific Discourse

The gendering of scientific knowledge starts as early as elementary school biology and extends to frontline research. Take, for example, the “sperm race” narrative, which frames the reproductive process as a harrowing journey through inhospitable terrain that is undertaken by millions of intrepid sperm, but completed only by the strongest, the fastest, the few, the proud, the *American Ninja Warrior*. It is its own microscopic version of the quintessential Western quest narrative, in which the hero struggles against all odds toward a lofty goal, is tested and strengthened by their ordeal, and thus earns their ultimate reward. There are mentors and guides and allies, but they’re just supporting cast for the hero’s individual growth and achievement.

This myth still dominates our scientific and cultural understanding of the reproductive process, even though the idea of the sperm actually racing to the site of conception hasn’t been regarded as a strong scientific theory for nearly 70 years (Zebede & Kwong, 2021). In reality, spermatozoa have neither the ability nor the need to swim the channel alone. The reproductive tract plays a far more active and complicated role than it is given credit for. Fertilization isn’t a one-man show, and it isn’t a competition; it is a symphony of minute chemical reactions and anatomical functions singing in concert to transport a viable sperm and egg to the site of conception (Zebede & Kwong, 2021). This idea that male competition is the catalyzing agent in the reproductive process, and that reproductive success is determined by male aggression, strength, and proliferation, has unduly influenced a great deal of scientific knowledge. Sound science is instead subordinated and distorted to support an essentialist mythos of sexual difference that justifies patriarchal dominance and upholds the gender status quo (Fine, 2017).

Let’s zoom in to the DNA level, where information encoded in the human chromosome lays the blueprints for our bodies. Chromosomes aren’t a significant part of discourse outside of classroom and clinical research contexts, with the notable exception of the “sex chromosome,” known for its role in sexual differentiation. Its catchy designations (*male* = XY, *female* = XX) have made it into the cultural lexicon, appearing in media and in conversation as gender shorthand. But the sex chromosome’s role is both oversimplified and overblown, as Molly Webster explains in her 2019 TED talk.⁵ To start with, humans come in more varieties than just XX and XY, and with variant expressions of sex characteristics. These deviations from normative biological sex may be apparent at birth, if externally visible (e.g., atypical genitalia), or their internal workings may remain hidden for years. Webster (2019) reminds us of what happened to María José Martínez-Patiño, an Olympic athlete who failed sex verification testing in 1985 when her chromosome results came up XY. Her scholarship was revoked, her career cut short, her victories erased from the record, and her

reputation and personal life destroyed. Even her friends and her fiancé stopped speaking to her (Martínez-Patiño, 2005).

The testing was intended to catch out male athletes masquerading as women, or, more specifically, athletes with unfair advantages in size, strength, or hormones. And although her newly-discovered XY chromosome was producing outlier levels of testosterone, Martínez-Patiño's androgen-insensitive condition meant that her body didn't respond to testosterone. She could not have taken the advantage of which she was accused (Webster, 2019). Nonetheless, her innocence was overruled or overlooked in favor of faulty "scientific" logic.

Enforcing Gender

Enforcing gender paradigms is not explicitly part of the job description for science and health care professionals. However, medical and scientific institutions have played a critical role in the maintenance of Western power since its inception. Modern scientific discourse matured cheek-by-cheek alongside industrial capitalism in the womb of colonial-era Europe and, fed by classic Christian missionary fervor and post-Enlightenment Rationalist rationale for the civilizing mission, was instrumental to the development and maintenance of current Western imperialism, its information monopoly, and the myth of global culture (Foucault, 1978). Having vaulted to a semi-divine, aristocratic position in the god-vacuum of democracy, scientific knowledge promised to provide all the answers and to act as a curative for all kinds of ills, including non-conformity and difference (Foucault, 1978). Its practice and procedure shifts, albeit slowly, with the culture, but the promise stays the same.

There is a bitter history of pathologizing and punishing gender nonconformity with forced institutionalization and extreme or experimental medical interventions, and it is ongoing. Diagnostic criteria, however benevolently extended, provide a structure for incorporating transness into the existing world order without forcing us to ask any big questions about the role of sex and gender in our society. "Transsexualism" and "gender identity disorder" are still classified as mental disorders in the ICD-10, although they will be moved to a less overtly stigmatizing section on sexual health in the forthcoming 2022 update (Haynes, 2019). The DSM-5's 2013 release re-tooled the diagnosis as "gender dysphoria" in an intentional move away from the problematic implications of "disorder" (American Psychological Association, 2013). Although the recent language is careful to avoid any suggestion of moral failing or social disease, it still presumes to define the transgender identity as a condition in need of treatment, and through those parameters mediate access to treatment. An official diagnosis of gender dysphoria is often prerequisite for hormone therapy or gender-affirming surgery, or insurance coverage for those kinds of things.

Medical transitioning offers a legitimizing version of the trans experience that remains under the control of medical authority, maintains the conventional associations of male and female bodies, and reassimilates the transgender individual

seamlessly back into society. The language of illness orients us toward curative correction, and

despite the mute testimony of confused and ambivalent patients to the range of gender experience, individuals unable or unwilling to conform to the sex roles ascribed to them at birth are carved up on the operating table to gain acceptance to the opposite sex role.

(Billings & Urban, 1982, p. 278)

I don't mean to suggest that gender dysphoria doesn't suck, or that medical interventions aren't game-changing and life-saving for trans people. But this oversimplified "born in the wrong body" narrative of the transgender experience suggests that there is a naturally occurring *right* body for the *right* gender, and its facsimile can be achieved with orthodontic headgear and the power of positive thinking. The ideal trans individual successfully undergoes corrective surgery and comes out the perfect binary male or female specimen, correctly sexed, good-as-cis. Everyone's happy, everyone's comfortable, no one has to look too hard in the mirror. No one has to notice the peeling glue at the edges where the world isn't quite stuck on right, except for those of us who aren't quite stuck on right, either. Through the process of examining and assembling our own sexual identity, the trans experience reveals the constructedness of sex: yours, as well as my own (Stryker, 1994). It is this revelation, and its implications, that drive so many people to react with fear and violence to the existence of trans people.

Sex as Violence

The threat of (sexual) violence is always present with me in public. This is true for all women, multiplied differently and again for Black women, trans women, disabled women, Indigenous women, Asian women, lesbians. Ambiguously raced, ambiguously gendered, I never quite know where I stand, but I still get read as a woman all the time. Even in my parka, with all the betraying and defining features of my body insulated from outside eyes.

It's worse in the summer, when the clothing is scanty and the light stays on 16 hours a day. I leave work at five o'clock and walk home in the full noon sun, along those wide empty boulevards that run along the train tracks in the Bronx where no shade can touch. I go six or seven blocks in the stark alone before I come upon three men posted up across the street. They're whooping and whistling across the wide avenue at me, sharing choice opinions about my shorts and what's in them. I keep walking and tune them out. This is muscle memory.

Except this time, one of them calls after me – uncertainly – “You *are* a female, right?” Startled, I turn and laugh in his face, and keep laughing as I walk away.

It's a funny story, because nothing bad happened to me after. A lot of stories start the same way and end in a body bag. In between, men commit the kind of acts that make you want to cover your ears and hide under the bed. It's not because you're queer, or trans, or because they don't know what you are; they might not like those

things, but the thing that puts them over the edge is that they want to fuck you. They're men, and they see you, and they want to have sex with you and that's fine as long as you're a woman. But the possibility that they might be attracted to something other than a cis woman throws into question their identity as a heterosexual male, and this is an act of war. This is the thing they cannot abide.

Sex as Vulnerability

Is there any trans moment of vulnerability without the rip current of sex? *Sex*, the identity, is not wholly separable from *sex*, the act. We're used to thinking about sex, at least conceptually, as an act of desire. But what about the willing/unwilling exchange: when someone looks at you, and wants you, and in that moment decides what you are and what they will do with you? Whoever we are when we are by ourselves is changed by being seen, by being touched, by being *with*, by being witnessed.

All language is translation, and translation is either an imprecise art or a graceless science. It is the attempt to traverse the vast abyss of endless silence between you and me, between us; between our inner life and the outside shedding light; between what is real and what is possible. We make sound happen in a vacuum, and then it's not a vacuum anymore. Something vital is created in the kenning; something necessary is lost over the satellite connection.

Language and identification are imperfect, beautiful, dangerous tools, useful insofar as they allow for true and meaningful communication and connection. This is no less – and perhaps more – true for canonized knowledge. Science, as a Platonic ideal, may not have an agenda, but the language of science is shaped by human biases, pride, and peccadilloes. There is no speech without the speaker.

When we acknowledge this, we make ourselves vulnerable. Vulnerability can open up a space for empathy; it can also shut that space, as a defensive measure, as a dog who has been hit too many times bites the next hand it sees. There is stigma around vulnerability, particularly in professional settings, like: *vulnerability = weakness*. And it's true, okay – what I'm advising here is to expose your soft underbelly, cross your fingers, and hope you won't get gutted. How can we create a culture where that is recognized as brave, and honest? How can we move past the bared teeth of wariness, of survival, toward a culture of care?⁶

If there is one thing you take away from this chapter, let it be the slippery way of thinking that undergirds the theory and argument of this chapter and its multidisciplinary predecessors. Loosen your grip on absolutes. Don't get too hung up on the nitty-gritty of the New Age lexicon, that ever-changing animal oft ungenerously called "PC"; it is limited in scope and relevance and has an expiration date. The words and the names are important, but they are not eternal, and they are not universal. Learn them. Remember them. Be ready to learn more.

Don't be afraid to queer language. Stretch your brain like silly putty and you'll find it slips/slimes/slaloms into weird but pleasing new shapes and doesn't break. Approach all things (yes, science too) with flexibility, compassion, and playfulness. This doesn't mean *nothing is true* or *forget the facts you know*. It means

question everything and follow the work yourself. It may bring you back to the same answer, but you will be different: older, intricate, intimate with the confines and contradictions of the question.

On Passing

Passing, for a non-binary person, is an inexact science. While the concept of non-binary transness, and the existence of those who identify with it, have established a presence in the common parlance and are frequently discussed (if not understood, or even tolerated) in mainstream channels, our reflexive gender reading still sifts everything through the MALE/FEMALE filter. Every day, on the street on the subway on the television set we take in dozens of strangers at an eyeblink. There are still only two slots. When someone doesn't fit through either it backs up the whole system; your background processing jams, demands your attention. You ask yourself: *Is that a boy or a girl?*

*Confusion*⁷ is passing for those who transgress, traverse, or transcend the binary. *Confusing* (*adj.*): to ourselves; to others. *To confuse* (*v., transitive*): causing someone (s) bewilderment, bemusement, or bafflement, whether by intention, accident, or simply our passive existence. To be non-binary is, often, to know yourself as a state of flux and uncertainty. You pass when you pass along that uncertainty.

It is not always well-received. If knowledge is power, then to not know – to be uncertain – is a position of weakness. We crave the absolute: it offers the promise of solid ground and a well-marked path. We are loath to linger in uncertainty; we get stuck in the not knowing and we don't know what to do about it or where to go next so we don't do anything or go anywhere at all. Deer in the headlights, deer in the clearing. Listen: every instinct tells you not to walk into the dark. This is good advice, but it can only take you so far. There is danger in the dark and fear in the unknown, but there is nothing in standing still forever, so eventually you must take a step. Learn to love the dark – the next thing waits there. Be brave and run ahead.

Notes

- 1 Or at least, the term *social construct*, applied and interpreted with great liberty.
- 2 Their Venn diagram is often mistaken for a circle.
- 3 A deadname is the name a trans person no longer goes by.
- 4 See Fine (2017), Wilson et al. (2003), and Tikkanen et al. (2020).
- 5 https://www.ted.com/talks/molly_webster_the_weird_history_of_the_sex_chromosomes?language=en
- 6 Let's acknowledge the genderplay of this. In simple terms, stoicism is a masculine virtue prized in leadership figures, while displays of emotion are seen as a feminine flaw, inappropriate in professional settings. I want us to reconsider the boundaries of in/appropriateness; particularly, what is considered "personal": as though the personal can be divorced from the person. And we are, at work, still people; that workers are people bears reminding.
- 7 *Consternation* can even be passing, too; we might appear as *confabulation* or *conflagration* or *the side effect of a concussion*.

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