

Is being transgender a medical condition?

By Jennifer Finney Boylan

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Many years ago at a wedding reception, a transgender woman showed me a scan of the human brain. One section — the bed nucleus of the stria terminalis, in fact — was highlighted. “You see?” she said. “It’s not my fault!”

The thing that was not her fault (she said) was being trans. Research at the time suggested that this particular [brain structure in trans women was much more like that of cisgender women](#), rather than cis men, lending some support to the idea that transness is a neurological condition, not so different from cerebral palsy or epilepsy.

As opposed to, say, simply being someone who’s obsessed with stilettos and sponge cake.

When I came out in 2000, I remember trying to explain my situation by using some of this same language. I begged people for understanding and kindness. My voice was more than a little apologetic. Please, I said to those I loved. I’m hard-wired this way! It’s not my fault!

Twenty-two years later, the idea that trans people need to explain themselves to others feels a little weird. Being trans is no longer something we believe we need to apologize for. It is, at least in some circles, a thing to celebrate.

And yet, even as the idea that trans people are a curiosity that needs to be explained by science fades from currency, the very medical care that science has developed and that trans people need is being taken away. Conservatives are trying to curtail it, in hopes of erasing us altogether.

Last month, Florida became at least the [ninth](#) state to bar trans people from using Medicaid to help pay for gender-affirming care.

The reason? Transition care is not, the state has determined, a medical necessity.

In [a report](#) issued in June, the state went against decades of medical opinion. “Florida Medicaid has determined that the research supporting sex reassignment treatment is insufficient to demonstrate efficacy and safety,” said the report, which is signed by Gov. Ron DeSantis (R).

As a result, many people who have been on hormones for years, and in some cases decades, will be forced to de-transition if they cannot find other coverage, or if they are unable to pay for health care themselves.

When I read about this, I wondered, briefly, whether any “proof” that being trans is at least in part about neurology would have altered Florida’s decision. Back in 2000, the protocol for treatment (which guided my own transition) required at least three months of psychological counseling before the prescribing of hormones and a minimum number of months on hormones before approval for surgery. At the time, the protocol also required that a candidate for surgery live in the “target gender” for a year, without going back, to make sure he or she knew what she was getting into. I didn’t have any trouble following all those rules, back then. I really did want to be careful.

But one person’s guidelines are another person’s gatekeepers.

Nowadays, the standards are much more flexible. Being trans is no longer about the bed nucleus of the stria terminalis. It’s about rejecting the binary confines of gender. It is, in short, about being free.

It's this new freedom, I think, that's given conservatives like DeSantis the sense that they have to put a stop to this trans business once and for all. Making trans care more accessible has led some anti-trans activists to fear that coming out as trans is a fad, like Hula-Hoops or CB radio.

Being trans is many things, but one thing it is not is a Hula-Hoop. It is a medical condition, requiring dependable and affordable treatment, but it is not only a medical condition. It is about rejecting the binary — but it is not only about that either.

In the end, the one thing our diverse community might share is a desire for the right to be able to make our own decisions about our bodies, and to get the care we need.

But in Florida and elsewhere, actually caring for trans people is not really the goal. [Jeannette Cooper](#), the co-founder of Partners for Ethical Care believes “no one is born in the wrong body.”

Her group is focused on the treatment of children, admittedly a more complex and contentious area. But her statement reminds me of a slogan folks used to throw my way — and still do, now and again: “God doesn't make mistakes.”

By this, they mean that God knows whether you're supposed to be male or female and that it's not up to us to mess with that. It is funny how the people who say this to me often wear glasses, or hearing aids. Because eyesight or hearing, I guess, are things we can fix without hurting God's feelings.

What I really want to do when I hear that phrase is to agree. I am no mistake. I am someone God made, someone who was sent here for at least two important reasons. One, as a challenge to me — to see whether I was courageous enough to live up to the task I had been given.

And two, as a challenge to others — and to DeSantis not least. Are you loving enough, Governor, to try to grasp the humanity of someone like me, someone you do not understand? Is there room in your heart to accept the possibility that I know my own soul, and what is necessary for me to live with grace?

In Florida, and in eight other states, the answer is no.

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