

Getting Curious with Jonathan Van Ness & Lui Asquith

JVN [00:00:00] Welcome to Getting Curious. I'm Jonathan Van Ness and every week I sit down for a 40 minute conversation with a brilliant expert to learn all about something that makes me curious. On today's very important episode, I'm joined by Lui Asquith, Director of Legal, Policy and Operations at Mermaids, where I ask them: How can we support trans youth in the United Kingdom and abroad--actually, all around the world, honey, yes! Welcome to Getting Curious, this is Jonathan Van Ness, I'm very excited for our guest this week, who is Lui Asquith. You are the Director of Legal, Policy and Operations at Mermaids, a UK charity that has been supporting transgender and gender diverse kids, young people, and their families since 1995. Ah, how are you, Lui?

LUI ASQUITH [00:00:47] Hi Jonathan, I'm wonderful. How are you?

JVN [00:00:51] Good! So I do want to give our listeners just a little brief background. We first ran across you on this Twitter thread that was discussing a ruling by the UK's High Court deciding whether people under the age of 18 can understand enough about puberty blockers and hormones to make a decision about whether to take them or not. The court ended up saying that people under 16 are unlikely to be able to consent to hormone blockers. Now a court has to decide whether it's in someone's best interest--I'm holding up air quotes, everyone--to start puberty blockers before a doctor can prescribe them.

So I do-, you know, for our episode, I have, you know, two pretty large questions. One is: you know what's going on with this case? What does this case mean for the lives of trans people, gender nonconforming people that would want to be able to have access to these hormone blockers along with their families? That's, you know, one angle that I very much am curious about. But the wider question is: there is this growing rise of transphobia, you know, it doesn't seem to be something new. We see in historical writings that, you know, colonial British people from the 1700s and the 1800s were not living for finding people that, you know, were trans or gender nonconforming, not that that's what we called us then. So what's going on in the United Kingdom, but what does this mean for the rest of the world? So, welcome.

LUI ASQUITH [00:02:07] Wow! Yeah! Two massive, massive areas. And let's just dive in, let's just dive in. So, in relation to-, let's start with the UK, and I think what might be quite helpful is for people to know what blockers are first off; some people listening might not be aware. They're referred to as hormone blockers, puberty blockers. The kids we work with usually just refer to them as blockers. Um, and what they essentially do is they pause puberty, so they suppress, in scientific terms, they, they suppress the hormones that allow a puberty to happen, typically estrogen or testosterone.

So, and I think what's really important, what I'm going to be doing, the, you know, the entirety of our conversation, is making sure that we're asking these questions from a trans perspective, because I think what we're finding at the moment, not only in the UK but globally, is that we're talking about trans healthcare from a cisnormative perspective too often. And we need to make sure that the trans narrative, the trans experience is coming through, and making sure that we're leading and listening through those stories. So, I'm going to be bringing it back to that as we go through this. So what hormone blockers to trans individuals is how I want to phrase this question.

And hormone blockers to trans, non-binary, gender diverse young people: if they're struggling with gender dysphoria--and we know that not every trans, non-binary or gender diverse person does struggle with gender dysphoria--that immense distress, that consistent and persistent distress that your body or social interactions might provoke within you. If somebody's struggling with that--and specifically here in relation to blockers, it's in relation to bodily changes--if their distress is arising as a result of what's happening to their body, there is the option, there is a type of healthcare, which is here blockers, that allows that person to pause that puberty that's creating that distress. So that's what we're talking about here in relation-, within a trans context.

So what's happening in the UK in relation to this type of, of healthcare, the first thing to note, I think, is that this form of healthcare is accessible predominantly or primarily through our national health service. So a young person, if they have the support of their doctor, their GP, if they have the support of their parents, may be referred to what we call the Gender Identity Development Service, which is run by the Tavistock & Portman Clinic. Now there's going to be loads of names here, so tell me if we need to go back over; I don't want it to be too jargony, ok, so let me know if, if that's the case.

JVN [00:04:58] Well, I do just want to, just for American people, because you know, like, here, honey we don't get to have healthcare as a right; it's very much a profitable thing, it's very much a nightmare. Um so you know the National Health Service or the NHS is a, is the United Kingdom runs this gorgeous health service that it, you know, its citizens are entitled to. It's, it *is* socialized health care, right? I mean, it's like you get signed up for it and like it's automatic. And so it's fierce; we *love* it. It's, that's, someday we'll get it here! So, but basically through that state-run program, there is a, a program within that for people with the support of their doctor, the support of their parents, and then, you know, the young person themselves wanting to do it, they can be referred to this program, which is called what again? The gender?

LUI ASQUITH [00:05:42] Yeah, it's a service, so the Gender Identity Development Service. So this is for young people who are gender exploring, gender diverse, are having some kind of experience that requires them to have support, expert support. And the, the predominant support that's offered by what's referred to as GIDS, so the Gender Identity Development Service, GIDS, is psychosocial support: it's talking, it's emotional support. It's talking to someone who understands these things, someone who is learned in gender identity and allows that young person to express what they're going through, to express what they're feeling, working with that expert to see what's in their best interests, as, then, you know, in themselves as individuals.

So, as of when and if a person accesses GIDS, and currently there is a, around a two-and-a-half year waiting list for this service, and I can't bold, italic, underline that enough, that's significant! There's no other area of healthcare, as far as I'm aware, in this country that has such a high waiting list. The NHS constitution asks that everybody is seen within 18 weeks within this country, which is an amazing, amazing aim, right? Two-and-a-half years our gender-exploring, gender-diverse, trans young people are asked to wait currently. And quite frankly, it's not good enough.

JVN [00:07:12] And well, just to clarify that, too, it's, like, 18 weeks that ends up being, like, four and a half months. So if the constitution says 18 weeks, that's four, eight, twelve, that's like, eight times longer than what the constitution says anyone should be waiting.

LUI ASQUITH [00:07:26] It's, it's, it's so significant! And this is what we need to remember is that there's a person in the center of this who's waiting, who's going through these potentially, these bodily changes that's creating this distress. So let's bring it back to the people who actually experience dysphoria. So those who access GIDS, who are experiencing a distress, a persistent and consistent distress, and talking to their doctor about it. If they are of a certain stage of puberty and are perceived by their doctor as being someone that might benefit from having their puberty paused, they may then be processed in a way or reviewed as being somebody that might benefit from, from blockers, So, that's, that's the process that someone's going through.

The consultation period--so, when someone actually gets through the door at the Gender Identity Development Service, which is to say they've been on that waiting list for a significant period of time already--when they're through the door they'll have a consultation period, which might take approximately six months long to ten months long; I think ten months is the average at the moment actually for that consultation period. So this is not a

"walking through the door," which is actually often professed, walking through the door, "Um, hi, what's your name?" "X." "Great." "Here you go. Here's some hormone blockers."

That is not what's happening here. We're talking about intense conversation, intense, e,r reviews--

JVN [00:08:52] Vetting! Yes!

LUI ASQUITH [00:08:52] --Intense psychosocial, yeah, exactly, with, with experts. So, I really want to hammer that home because there's a lot of misconceptions about what actually happens within the service. And, so, as, if somebody is reviewed by a clinician to be someone that might benefit from blockers, they're then referred onto a separate pathway, an endocrinology pathway that actually deals with the hormone side of things. Those, er, conversations don't start until somebody is already going through puberty. So, if we're talking science--and I'm not a scientist, as you know--but if we're talking science, the point of puberty that somebody needs to get to before this is even considered is Tanner Stage 2.

What does that mean? Typically, it means that underarm hair's starting to grow, breast buds might be starting to grow, that kind of thing. So no one prepubescent will be considered for hormone blockers, and that's really important to, to know also; it's something not everybody knows. So this is the, this is-, and I hope that's helpful. I think it's important for people to understand the process, to understand what you know the treatment that we're, that's actually at the heart of this, this case is, because, we're ultimately dealing here simply with a form of healthcare that particularly addresses a specific form of distress for a particular population of people.

JVN [00:10:20] And, *and*, it's-, we're really talking about buying time for people that are dealing with gender dysphoria. So, you know, I've seen J.K. Rowling's tweets. I think a lot of us have heard, you know, a lot of the transphobic vitriol that comes from this, which is: "You're turning, you know, little girls into boys," "You're turning little boys into girls," "You're doing you know lifelong, lifelong, irreparable, un-, unchangeable harm to young people," is what a lot of transphobic people say.

And what I hear you saying is, actually, this is a very labor-intensive process. You have to have the support of, well, not only the child, but the parent and the doctor. There is a ten-month consultation process before anything is administered. Um, and even if we're talking about administering *anything* via a hormone blocker, this is someone who is in that Tanner Stage 2 development of their puberty, which, obviously, everyone's puberty is different, but would you say it's safe to assume that's, like, what, 12, 13, 14, 15, 16? Is that-, I mean, it's not, like, four or five, six, seven. It's--

LUI ASQUITH [00:11:26] Exactly. Yeah. I mean

JVN [00:11:27] --We're getting up into double digits. We're getting up into our teenage years.

LUI ASQUITH [00:11:30] Exactly, yeah. I mean I think the average age is, starting puberty is around sort of 11 years old, isn't it, something, something like that. Um and just to, to, address the, the point you made there about what is ultimately this question of regret, you know, to put it bluntly, this idea that young people are going to start on a pathway or be subject to a pathway and, and regret it in the future, let's pull it back again and really talk about this idea of reversibility or irreversibility from a trans perspective.

JVN [00:12:06] You know, when I think *blockers*, right, like, I had gynecomastia my whole life, like, for some reason, like I just, like, hereditarily, like I, I had, like, little extra breast tissue, like, my whole life I've had it. And, when I was, like, 28, my doctor was like, "Does it really bother you?" And I was like, "Yes, it's, like, kind of bothering me, like I, it *bothers* me." And so he gave me this, like, hormone blocker that I took for, like, three months and they went away and they've never come back, which is, like, kind of fierce.

But, if you're taking a blocker when you're a young person, that's not creating permanent change to your body, am, I, am I right? I mean, I don't know, but I would just, I'm guessing that if you take a hormone blocker to pause puberty, once you get off of that hormone blocker, you would then resume puberty in a way that you would have just anyway. So really--

LUI ASQUITH [00:12:55] Yeah.

JVN [00:12:56] --It's a matter of buying time. It's not about, of doing something that's irreversible in terms of a hormone blocker.

LUI ASQUITH [00:12:59] Exactly right. The, the hormone blockers are globally, um, renowned for being a reversible treatment, specifically the Endocrine Society and the World Professional Association for Transgender Health, or WPATH, recognizes it as such. And it's exactly that, it's if somebody stops taking it, then the puberty that would have happened will, will continue to, to, to happen, yeah. The question around reversibility, it comes up regularly. And I think it is a really important question to ask. And it's not something that we should be scared of, of talking about. But what we ask is that we talk about it, as I say, from a trans perspective. So what does reversibility mean or irreversibility mean to a transgender diverse young person.

The young people we talk to at Mermaids, the irreversibility that they fear, that they're scared of is being asked or *made* to progress into a puberty and allow a puberty to establish itself, that is creating a distress and an anxiety within them. And we must remember that what does establish itself is that if a puberty is-, does happen, the sexual characteristics that are established, etc., they are as irreversible as, for example, the, the changes that might happen if one takes cross-sex hormones. But I think what's important to note here is that the, the case that, that we've referred to earlier, we're talking about hormone blockers. And when we're talking about reversibility in respect of hormone blockers, here we've got a treatment that, as I said, is globally renowned of being reversible, or the option of an irreversible puberty being allowed to continue.

So it makes no sense when, to me, when you have a young person, as I say, who is dealing with dysphoria, who's dealing with the distress, who's asking for help, being told that, "No, you have to go on to experience something that you're telling me explicitly is causing you harm." And, I understand if a person who isn't trans is listening to this, I understand the idea of, "Why would you want to, or how, why would you want to stop a puberty?" And the simple answer is we wouldn't, we don't want to stop puberty unless it's necessary. And this is the point: to some people, it's simply necessary. It's necessary for them to continue with their lives. It's necessary, Jonathan, for them sometimes to even just walk out their bedroom, you know. And this is, this is the real life experience that we hear at Mermaids. It's about allowing people to feel confident in themselves, in their bodies, and hormone blockers for some people allows that to happen.

JVN [00:16:10] I mean, absolutely. I mean, I think, you know, for me, you're preaching to the choir, but I think it's so important for us, you know, for listeners, to really drive that home. If you are someone who is born a cisgender female, but you are dealing with gender dysphoria, you are very much, you know in your heart of hearts you-, but actually I think that's, I think that's also really important for us in *this* particular case to separate because hormone blocking, right, like, pausing a puberty for so many reasons for the healthcare of a trans person is, it's necessary for mental, spiritual, sexual, um, health, and so it's, it's so layered. But when you're talking about--I wrote down as you were saying that--it's much easier to pause, right, give the person, give the family some time to think. "What are-, you know how do I identify? How do I want to live the rest of my life? Do I, am I at peace with who I am? Is there actually gender dysphoria going on?" Those are big questions and sometimes puberty forces those questions to be answered before the person is ready, before the family is ready. And that's where these blockers come in, and they're so important.

Now, you know, what I think about the J.K. Rowlings or other TERFs, a lot of times they will talk about people who went through a full-on transition, they didn't just do blockers, they

had a full, you know, medical transition. They took opposite sex hormones to, you know, transition fully to opposite sex. And then there were questions of x, y, z, x, y, z. That's a very different thing than talking about pausing someone in their youth. And um, I just think that's also really important to bear is that, once the puberty is done for, you know, a young person, it's *really* hard to go back. It's *really* medically invasive. It's really, it's a lot more medically dangerous than if you would have chose to pause in the first place.

And I also just think, you know, there does seem to be an intersection of a lot of trans-exclusionary radical feminists who, if you were to put it as far as, you know, "You shouldn't be playing God," "You are born one way or another," you know, like this you know society's gotten too much, well then wouldn't that be true of pregnancy? Wouldn't that be true of if you got pregnant, you shouldn't be taking any sort of birth control.

But really, it's my body, my choice. If it's, if you're a young person and you have the support of your family and your doctor, you-, it should be your body, your choice, *especially* when it comes to hormone blockers. I mean, I do feel that that is such you know *incredibly* aggressive government overreach. And it's also, I feel, like, cherry picking, very, er, radicalized outside fringe cases of people who did maybe regret or did fully transition and then felt later on in life that, you know, they didn't want to. But it's a false conflation

LUI ASQUITH [00:18:59] I think what I want to first say is thank you for separating out the different forms of healthcare that um you know trans people have the opportunity to access at any particular time. Hormone blockers are completely separate to as you say cross-sex hormones, or if somebody has surgery later on in life, they're completely different, different treatments, they're completely different consent processes. They're all to do with our bodies. They're all to do with what makes *us* feel comfortable in our own skin. And you're right, I think, to pick up on the fact that this ultimately is, and this case is, ultimately a question around bodily autonomy and what somebody has the right to say about their own body. So of course, we're going to start to think, "Well, what knock-on effect could this have? What does this mean? What does it mean for somebody who gets, gets pregnant? What does it mean for somebody who wants to take contraception?"

Now, there's been, as you can imagine, quite a lot of legal conversation around this and the potential domino effect and knock-on effects that this case might have. There is, I think, a, an overarching belief that a case in respect of abortion, for example, wouldn't be successful, which in itself is quite interesting because then where are we? Then we are even more so in a position whereby trans people are simply just being treated differently because, because they are trans, or because-, well, because the healthcare is simply related to trans individuals. So either way, we're in a very uncomfortable position in respect of our autonomy around our own bodies.

And it's something, Jonathan, I can't exaggerate enough. And whenever I get the opportunity to talk about this, it's a, it strikes right through the heart of our human rights, child rights. When we walk out of the door every single day, we walk out of the door expecting to be respected for who we are. Why should a young person, because they have a gender history that is different to the majority of people, have access to treatment not for-, well potentially even denied--we don't know yet--denied or that access being made to be so complicated and confusing? I can't exaggerate enough the implications potentially that this case may have, the implications not only for trans individuals, but what noise and message it gives for other areas of, of society, other areas of healthcare decision making. And if anybody's listening to this not knowing about this case, I really hope they're sitting up, and waking up to what's happening.

JVN [00:21:49] Well let's, let's quickly tell them where this case left off--

LUI ASQUITH [00:21:52] Yeah, yeah.

JVN [00:21:53] I mean, I think I know, but I don't want to fuck it up and...

LUI ASQUITH [00:21:56] I don't either! (laughs)

JVN [00:21:58] Well, I can try and you can tell me if it's wrong. But basically what I understand is that previous to this ruling, it was that, you know, anyone under the age of 16, if they had the consent of their parent, obviously you know the person themselves, and then their doctor, they could be referred to GIDS and then eventually referred to have a hormone blocker after the 10-month, you now, consultation period. And, you know, it was already difficult and already jumping through several hoops. It wasn't just you know go in the door, breeze out with your blockers; it was, as you said already, a major thing.

What the High Court ruled in December was, is that there is a high possibility that people under the age of 16 are not able to understand the ramifications, you know, they don't have the mental fortitude, even with the parent and even with the doctor to make those decisions. So if they do get to a point after the consultation period, with GIDS, with their one doctor, and their parent, they still would then need to go to *another* court and be reviewed by *another* court for final approval. So it's adding a much more, like, constrained red tape circle to jump through at the end of what's already a very difficult, constrained process to achieve in the first place.

LUI ASQUITH [00:23:09] Yeah, I mean, well, well said. Um, the, the heartbeat of this case was asking: "Can a person under 18 validly consent to hormone blocking treatment?" It

was asking to identify when a child was competent in law to be able to validly consent to hormone blockers. And, to put people in the picture in respect of--and where and as you said, where the law was before--people under 16, if they were deemed competent by a clinician to understand the repercussions, the risks, etc., of a particular form of healthcare, they, what, they are permitted through common law to be able to make decisions about their own healthcare, decisions about their own body, irrespective of actually whether a parent agrees or not.

In respect to 16- and 17-year-olds, there is a default position that people who are 16 and 17 are essentially treated like adults. So they, by default, um, are deemed competent to be able to make decisions about their own healthcare. So what this case was doing was putting that on the line; that was the issue. The court was not asking whether hormone blockers are good or bad--and that's really important to note--this wasn't a trial around blockers themselves--this is about saying: "Can a person under 18 consent to this," right?

The court decided--and every time I say it, it blows my mind, so apologies for the pause there--that, the court decided that those under 16 are highly unlikely or they are *doubtful* that somebody under 16 will ever be able to consent to hormone blockers. Why that's significant is that I don't know--and as you can imagine, back in the office, we're researching this--but as far as I have seen so far, I don't know of any other form of healthcare that a court has said *blanket* a young person under 16 is next to impossible to be able to consent to this. And then it went *further* and said for 16- and 17-year-olds--so ordinarily, when you're treated like an adult--so that's, if you're 16 and 17, the court still raised doubt for those individuals as to whether they will be able to consent, which, it nearly blew my head off when I read that.

That is unprecedented, the idea, blanket, that for one particular form of healthcare, a 16- and 17-year-old, there was doubt around whether they generally would be able to ever consent,, is remarkable; consent's a very personal thing! Consent's about dealing one-on-one with your clinician in a private forum, the clinician knowing you, understanding you, understanding your needs, and really from, from that perspective, working with you and your family or guardian--whoever you're with at that particular time--if that's appropriate and necessary, working with you to work out what's in your best interest. So, this is a, an unprecedented decision. It's-, simply because the court hasn't previously identified a particular treatment as being one in respect of which is, it's nearly impossible to demonstrate competence. Does that make sense?

JVN [00:26:36] Absolutely! I mean, I was writing down HIV, I was writing down cancer, I was writing down pregnancy, because it's, like, if you're under 16 and you get exposed to an STD, if you're under 16 and you get raped, if you're under 16 and- so what, like, you can't

terminate a pregnancy? You can't, like, get treatment because you don't-, if you get diagnosed with cancer, you maybe would have to withhold treatment because maybe you can't consent to what it's gonna do to your young 16-year-old body? I mean, there's so many areas where it's you know-, but I have a question about the High Court. So, was this like, is that like the supreme court for the United Kingdom? Is there several High Courts? How many people are on the High Court?

LUI ASQUITH [00:27:16] It's a really good, really good question. Yeah, the High Court-, so this is a court of the first instance, so this hasn't been heard by any court before yet. So although it's called the High Court, it's not the highest court in the land. There are, there's the court of appeal and the supreme court.

JVN [00:27:30] So you have a supreme court too?

LUI ASQUITH [00:27:32] We do, yeah.

JVN [00:27:33] Cuteeee! So the, the High Court is really just like a court, it's like the first one.

LUI ASQUITH [00:27:38] It's a court, it's a prestigious court though.

JVN [00:27:40] Was there three justices on that?

LUI ASQUITH [00:27:42] There was three judges on this case, um, that's not always the case. And the president was also sitting on the bench, so it was, it, you know the bench knew it was a significant case. There were three judges this time around, it's a decision of first instance, it was a decision made by the High Court. But as you've already identified, we have courts above the High Court. So it may be--and we know that the defendant in the case, the Tavistock, have applied to appeal--so they have applied to the Court of Appeal basically saying, we see your order, we don't agree with it and we want it overturned.

JVN [00:28:19] So, of those three though that heard the case in the first place, was it a unanimous decision? Was there one dissenter?

LUI ASQUITH [00:28:27] It, so, so the, the decision was, it's, it's not dealt with in a dissent- assent way in the High Court or in this instance, it, it was dealt with in a-, a judgment was handed down by all three judges.

JVN [00:28:42] Eww. So we would assume that all three agree with what it said?

LUI ASQUITH [00:28:46] Yeah.

JVN [00:28:48] Wow.

LUI ASQUITH [00:28:49] Yeah, exactly. And anybody can go on and read this, by the way, so, I mean, if you wanna actually access the judgment, then you can go onto the Mermaids website, or you know, it's there to read.

JVN [00:29:01] Yeah, well, like, in the media, as this was happening in December, what was the chatter on Twitter, what was the media saying? Did you notice a lot of, like, people saying, like, you know, like, when I read J.K. Rowling's, like, the tweets that she likes, it is so unnerving because it's so ignorant. You know, she'll retweet stuff that's, like, "So, I'm a six-foot-seven, 80,000 stone rugby player, and all I gotta do is go into an office and say, 'Hey lads, I think I'm a lady,' and then I'm gonna go break the back of the top rugby female player in England because of these snowflakes."

I mean, I'm paraphrasing there, but um, it's this idea that, you know, killer men are going to go say they're trans to go, like, compete in *sports*?! Um, (sarcastically) because that happens all the time, and it's you know something that we really need to-, uhh, I can't even make the joke because it's so fucking preposterous!

So, is that, was that a conflation that was going on in this case and on Twitter, where people were trying to make this into something that it wasn't? Because the fact is, is that blockers are pressing pause; they are completely reversible. It *is* about autonomy of a person controlling their body and the way that they see correct, and with their family. I mean, this was already something that a family had to be involved in, and, you know, I just think that for conservatives, both in the United Kingdom and the United States, something that is so big is this idea of personal freedom, right? Like, not legislating religion, not, not legislating morality in a way that, you know because this isn't hurting anybody.

Like this is, I mean, because when you say, "Well, you can't legislate morality," of course, like, we're going to legislate that you can't do harm to you know, you can't sexually assault folks, you can't engage you know in things that are, like, outside of the scope of, um, you know human decency, but pressing pause on someone's puberty so that they can find out and become *comfortable* in who they are. It's actually to *prevent* what would end up going on to happen if someone does fully go for a sex change or if they do go to fully transition before they're at an age where they're ready, so this is actually a step to prevent that very thing. So-, was this case made into something in the public eye that it wasn't?

LUI ASQUITH [00:31:22] We are in a situation, um, in respect to UK media, that has been around-, I mean, it, it was happening even before this case, Jonathan, that we're living in a world of transphobia. Um, the harm, um the hurt that's being caused through the papers, through broadcast, is something that, er, it's difficult to vocabularize because we listen to the impact, obviously, through our service users' stories. And, the idea around trans people, the idea around trans lives being made out to be this, um, act, this idea that you're presenting as something um to perpetrate or to cause harm to others is an eerie echo of the history in relation to LGB people.

JVN [00:32:29] YESSSS! I was just thinking about that!

LUI ASQUITH [00:32:30] --It's, it's an-, yeah, yeah. And, and, how quickly do we forget our history, you know. And I think it's really important when people are feeling confused, they don't quite know what, they don't, might not know a trans person, they might not know a direct story. And all this might be going on, and these people are being presented with, as I say, this transphobic rhetoric weekly and Mermaids has been subject to that as well, because we support the subject: trans young people. And, so this was, this was here even before the Bell case. The Bell case arrived and the media, of course, had huge attention towards it. And you can imagine when the decision came out, which is what it was--i.e., trans young people ultimately have to go to court to obtain healthcare--the media were on it in a way that wasn't, in my opinion, a balanced--on the whole, I'm speaking broadly here--a balanced overview of the situation.

It was feeding into this idea that trans healthcare is this conveyor belt mechanism, it's feeding into this idea that we're pushing kids into a way of living, it's feeding into this idea that we're not looking after these young people. And these young people are seeing this, and it's causing a, as I say, just so much hurt, anxiety and distress. So, yes, this Bell case had media around it, yes, it was horrific. I mean, I was outside the High Court on the day of the judgment landed. I was the only-, as far as I could see, trans ally who was giving interviews that morning. I was around a lot of, of other people providing interviews and giving their opinion and I felt nervous. I felt scared. Not because I was worried about being subjected to harm or anything, but the, the language and the rhetoric that I was hearing, which was in relation to the young people obviously that we represent, was just so hurtful and the lack of empathy that was being shown or *not* shown towards this very small population of young people was just so heartbreaking.

And, what we need to-, what we hope is going to happen going forward is the media will actually start giving a platform to these young people themselves. Let's *actually* start hearing from these young people directly. Let's stop talking to a random person on the street who may have heard of hormone blockers, who may have a friend of a friend of a

friend who went to the pub one day and they were told about hormone blockers being this conveyor belt mechanism, and now we're going to talk about it, splash all over the paper situation. Let's sit down with somebody who is actually going through the process, who's on hormone blockers, and who's talking about how it may have saved their life. Let's talk about how it might have actually allowed them to go to school one day. Because these are the realities, these are the stories that we're not hearing, and the media aren't providing. So, we *are* in a situation, it's not getting any better. My time at Mermaids, I've been at Mermaids for two-and-a-half years; it's grown progressively worse in my opinion. It's interesting hearing you talk about the U.S.; I'd be really keen--I don't know whether I'm allowed to ask you a question, but--

JVN [00:36:02] Yeah!

LUI ASQUITH [00:36:03] --But I'd be really keen, I'd be really keen to hear about your experience looking at the, you know, the media in the US? Is there similarities, you know? Is it the same situation?

JVN [00:36:17] I felt, um, I will tell you that what I went to the United Kingdom for my book tour, um, in September, October of 20-twenn-, 19, it was the end of 2019, I feel like 2020 completely like, it was, like, the year that-, what, did that happen?! Um, but I was blown away by the amount of casual transphobia that I encountered. And also just, like, the casual transphobia of the media, I thought it was, um, worse. I feel like I don't see that on the news as-, er, here, like, even living in Texas, I feel like there is more transphobic stuff coming out of the telly in London than what I see here. Um, I felt like it was *worse* there. I felt like the LGBTQ community in the United States on the whole, more inclusive. I don't feel that there is such an LGB, radicalized, you know, trans people not allowed; that's not a phrase that we even have here. I had never heard of, like, LGB, like, without the rest--

LUI ASQUITH [00:37:16] Mmh.

JVN [00:37:16] --Until I went to the UK for that one time. So, um, I thought that was *interesting*. Here where I sense the transphobia a lot more is actually in our legislatures.

LUI ASQUITH [00:37:26] Right.

JVN [00:37:26] We have, like, 17 states currently and their state legislatures that are trying to legislate against trans athletes in the high school level. They're trying to legislate all sorts of bodily autonomy things, um, that I think are very dangerous and remind me, echoes of what's going on in the United Kingdom. But there is a growing sentiment of transphobia you know both in the United Kingdom and in the USA. Um, I am, you know, I

really think that it comes back to this idea of white privilege, and when we see--and really white supremacy--and--

LUI ASQUITH [00:38:02] Mmh.

JVN [00:38:02] --When we go back to you know colonial times--this is something I've learned from my friend Alok and from other scholars in this field--but when you go back to colonial times, there was, you know, especially in like the 16 and 1700s like it was white, white, white man: number one, white woman: a distant number two, and then everybody else was, like, you know, all sorts of derogatory, different names. And *through* these last few hundreds of years, you've seen this idea of what counts as white expand, because in the early 1700s and 1800s in America, like, Italians weren't considered white, Irish people weren't considered white. They were seen as invaders, dirty, much in the way that Trump would talk about Mexicans in the 2016 election and, and Muslims and whatever-, talk about the 2016 election, like, for his entire presidency.

So, you know, there were people that are in current days are like, "Oh, yeah, that's a white person." But in, sometimes in 1800s, that wasn't the case. And what we see *is*, through history is, there needs to be a group of people who have to be the ones who are singled out and labeled as the problem. And we've seen it play out through history time and time again, whether it was Black people, Jewish people, gay people, um, Irish people, Italian people, it's, it's happened-, and it seems like right *now* the group that's-, and it's happened before, but there's a lot of attention on trans people and there is a lot of discrimination against trans people. And it seems like-, you know, and ultimately, I think it's like that you know that schoolyard adage of like, "Well, you don't need to tear someone else down to make yourself feel better."

But *actually* that's what white supremacy is rooted in. It's rooted in tearing everybody else down or forcing them to assimilate to your way of life, to perpetuate what the powers that be think is what is best for society. And, um, you know, we've seen the carnage of that play out for 100s of years. And, you know, that kind of leads into this question of like what is next for us? What is the most effective thing that we can do? You know we've seen through so many different liberations through time when we look at the civil rights movement, um, you know Martin Luther King had a very, you know, specific way of kind of approaching it; Malcolm X had a different way of approaching it. There's so many different ways that we can approach this battle to equality

I do feel this unbridled rage when I think about the transphobia that we're constantly facing because the folks that are imparting the transphobic legislation or just the transphobic rhetoric are people that will *never* know what it is to live outside of cisgender

heteronormativity. And even when J.K. Rowling talks about all the reasons why she's not transphobic, even though she is, (laughs) and all the reasons why she you know is advocating--and the quotes that I'm holding up that she says that she is--she is *not* gender nonconforming, so she *cannot* legislate and give facts on what it *is* to be gender nonconforming; she's coming from a complete fear-based place that has no rooting in the reality of the lived experience of trans and gender nonconforming people. And it would be the *same* as me saying to her, "You're not a woman and you have no idea of what the lived experience of what *woman* is." I am not allowed-, like, that is dismissing what your lived experience is, which we know is racist to say "I don't see color," it's transphobic to say, "I don't agree with your gender expression." It's-, you're dismissing the lived experience of people who you will never know--

LUI ASQUITH [00:41:38] Yep.

JVN [00:41:38] --What it is to live in their experience, which to me is the-, almost another definition for white supremacy. It's that you're going to legislate what people's lifestyles need to be when you have *never-*, you could not *know* what it is to be anything other than what you are, um--

LUI ASQUITH [00:41:58] Yeah.

JVN [00:42:02] So what's next? Like, do we do it peaceful? Do we all go to law school? Like, what do we *do*?

LUI ASQUITH [00:42:07] I know, well it's the big question, isn't it. It's the big question. I think, just to, just to add on to what you were just saying really quickly: the, the same kind of-, what we're seeing in the U.K., and I think is happening in the U.S., in the U.S. as well, is this idea that if people who don't have direct experience are told to give a platform actually to those with the direct experience, they're professing that they're being canceled, this idea of being shut down, not being able to say what they want to say is--and it's echoing really what you've said already--but this, I, I think I agree, I do agree this is an *extra* layer to a white supremacy attitude towards this whole situation.

And I think, I mean certainly we're all going through a period of-, I hope we all are going through a period of education around why we are here, and I think *that* is absolutely crucial. If we don't know why, why we're in the situation that we're in, we're not going to be able to remedy it. So I think my first answer, my first bullet point to your question is: we need to educate ourselves so we know where we have come from, where this situation has come from. And I don't think, I mean, we know it's certainly not in the UK, we're not taught

that. We're just told, "This is the situation, this is good, this is bad, this is what you wanna be, this is not what you wanna be, and that's it." Now, we need to dismantle that.

And dismantling I think comes from so many different things, so many different people, so many different approaches. And this isn't just, say, this one approach will solve this problem. We need everybody to bring their skill set to this situation. If you're a lawyer or you want to go to law school, use that skill set to try and dismantle the situation. You know, if you're-, if you just like having a cup of tea with your neighbor, you know, *use* that skill set to start dismantling the situation; conversation is so important. And I think we need to not expect people to know the answer to every question, and I think that's something I really want to drive through, is that if you are scared to engage in this conversation because you're worried about not knowing enough or saying the wrong thing, look, people know the difference between clumsiness and nastiness.

JVN [00:44:24] Mmh.

LUI ASQUITH [00:44:24] People know if I, if I am being spoken to and somebody uses the wrong pronoun for me, I know if someone's doing that maliciously or if not. I *want* conversations, we want conversations, the kids that we represent want conversations with people that wanna move this forward. So I suppose our answer to that question has to be, people listening: What skill sets do you have? What do you do for work? What do you do outside of work? Which friends do you have? Who do you know that you can have this conversation with? Because every single person has the power to make a piece of change. And I really, truly believe that; this is not a one-horse race; we have to do this together. And on that point, I think we need to-, let's reinforce the fact: LGBT is an acronym.

We *have* to stick together, but not only LGBT community-, communities, this is about every suppressed community coming together and those who aren't suppressed, ideally of course as well, coming together and saying, "This isn't ok." "Oh, yeah actually when you do look at the face of this, this is simply one population of people being treated differently." "Oh yeah there's no other, there's no other form of healthcare for young people whereby they have to go and obtain a court order to access what they need." It's smacking us in the face; we need to wake up to what's going on, we need this to be a, a global movement. We need this to be a, an opportunity for people to stop looking at, at differences in opinion that actually don't create harm. Because underneath I truly believe that the values and principles that bind us together as communities prevail, and we need to keep hold of that. And remember that we're working under a system that is *incredibly* powerful. If we divide, it's gonna make their job a whole lot easier.

JVN [00:46:19] I mean, there's really no better way to end off of that, and the important note of that we have to stick together. I, I do think for gay men and lesbian women in the United States and in the United Kingdom, how quickly you know you said how quickly you forget your history. Um, you know, the people that J.K. Rowling says that she knows that are, you know, like, lesbian women that feel that trans people are infringing upon their rights, trans people are the reason that lesbians and gay men have the rights that they enjoy today, whether it's marriage equality, whether it's healthcare, um, life, safety, all of it. It is such a betrayal of our people. And, I really think--not to quote Madeleine Albright, but I'm going to--there is a *special* place in hell, like, a *really* special place in hell, um, for people within the community that seem to be transphobic, because you are siding with the oppressor. You're taking, you're taking something that was fought and given to you and then you're giving it to the oppressor.

Lui Asquith, I am obsessed with you, I'm following you on Twitter as soon as you get off this. I've *loved* talking to you. But I do have to say this is the point in the conversation where it's like-, I do feel like the thing that you said right before I went on my rage, er, my rage-out, was a really gorgeous point to end. But I do want to offer you, um, a yoga person recess, which is, you know, you get to say anything that we need to say that maybe we didn't-, that maybe we didn't touch on that maybe you feel like we *really* need to get to that we didn't, um, is there, this is our, our final dance. And if you feel like you're danced out, you don't-, don't feel the pressure. But if you're like, "I *really* wanted to be asked about something that we didn't get to," this is your glorious chance.

LUI ASQUITH [00:48:07] Um, I mean, I think I think we could-, the case itself um obviously is er one that's comp-, complicated. There are lots of different elements to it. I don't think it would be nice of me to subject your listeners to a full, er, legal commentary about that. I think the, the principles that we've spoken to, that we've talking about, we've, we've addressed. I think this is about just making sure that we hammer home: we're talking about trans lives here. And let's remember, actually, this is something that I don't think we have mentioned, that some trans people are LGB too, and that we forget that when we're talking about trans people, we kind of a lot of people just blanket approach them with a heterosexuality; that isn't the case.

JVN [00:48:58] Kate Bornstein, yes! Transgender lesbian who we're obsessed with. It's the first book on this I ever read in college, 'Gender Outlaw.' I'm obsessed with Kate Bornstein. Um also, just really quickly, I do have to say that right before when I offered you yoga person recess, nobody can see this because we're on Zoom--but I just have to explain it to people--when I said, like, now is your glorious chance, you gave me like the cheekiest raise of an eyebrow and you made a face that you hadn't made this whole time, and it was really gorgeous. I just had to say it was I feel like if I would have had a Tyra Banks camera in, like,

Britain's *Next Top Model*, in that moment like that really could have won you the whole series, like not just photo of the week, but, like, the series. I couldn't bear not to say it, I had to get it out. I feel really complete. So, Lui, I'm obsessed with you, I'm obsessed with the work, I'm obsessed with Mermaids; where can people follow Mermaids? Where can people *donate* to Mermaids? Maybe someone wants to come volunteer or work at Mermaids; I don't know, I don't want to limit anybody listening. Where can they get involved?

LUI ASQUITH [00:49:57] Yeah. Absolutely, there's so many things that people can get involved with. If you have the means to donate, please do. We, our income is predominantly from wider society; we can't keep going unless people donate. So if you have anything to spare, you're interested, you're passionate. You want us to keep going, please do donate. You can go to www.mermaids.org.uk/donate. We're also on Instagram, we're on Twitter and I think, I don't know if we're on TikTok yet, we need to sort that out if we're not, um--

JVN [00:50:29] The kids are getting there!

LUI ASQUITH [00:50:32] (laughs) Um and I think what, what we want to say as well, if, if you've, if you've heard something that, er, that's that you have a comment around or you can offer your experience on, certainly, you know, outside of the UK, outside of, within the U.S. or elsewhere, what's going on with hormone blockers where you are, we'd be really, really keen to hear from, from you and hear about that specifically. You can email info@mermaids.org.uk or policy@mermaids.org.uk. But, thank you so much for having me, Jonathan. It's been amazing and um yeah, please just follow us, do whatever you need to do to help us emancipate gender.

JVN [00:51:16] Yes emancipation of gender! 2021 is our year! I am crossing my fingers. You've been listening to Getting Curious with me, Jonathan Van Ness. My guest this week was Lui Asquith, Director of Legal, Policy and Operations at Mermaids.

You'll find links to their work in the episode description of whatever you're listening to the show on. Our theme music is "Freak" by Quiñ - thanks to her for letting us use it. If you enjoyed our show, introduce a friend, *si vous plait*. Show them how to subscribe. That means "if you please" in French, I don't know if I say that a lot--oops!

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Our editor is Andrew Carson and our transcriptionist is Alida Wuenscher. Getting Curious is produced by me, Erica Getto, Emily Bossak, Chelsea Jacobson, and Colin Anderson.