

Getting Curious with Jonathan Van Ness & Dr. Karen Tang

JVN Hey. Hi curious people, I'm Jonathan Van Ness, and welcome back to Getting Curious. Or maybe it's your first time and if it is, welcome. It's been nearly two years since Roe v Wade was overturned by the Supreme Court. But what does that look like for women, birthing people and doctors in the United States? In the time that Roe v Wade was overturned? And even just before that, we've had more and more bans on gender affirming care coming up every single year. I want to know from a doctor, what does a post-roe America look like? And what are we going through right now? That's what I want to know. So to talk about that, we're bringing in someone who I'm literally obsessed with, Doctor Karen Tang. So to talk about this and more, we're bringing in Doctor Karen Tang so I can ask her, why does gynecological care affect us all? Doctor Karen Tang is a board certified gynecologist and minimally invasive gynecologic surgeon who is an internationally recognized leader and reproductive health. As @KarenTangMD on TikTok, Instagram and YouTube, she reaches millions of viewers each month with her educational videos about period health, pelvic pain and reproductive rights. Dr. Tang has been featured in The Washington Post, Self, Glamour, NBC.com, and NPR. Her new book, "It's Not Hysteria: Everything You Need to Know About Your Reproductive Health But Were Never Told," is out on May 7th. Dr. Tang, how are you? And welcome to the show.

DR. KAREN TANG Thank you so much. I am so excited. I was saying I've been wanting to be on Getting Curious for years. I'm an OG Jonathan Van Ness fan, I truly am. I love you so much. So I'm so excited to be here.

JVN Karen, I'm obsessed with you.

DR. KAREN TANG I'm obsessed with you too.

JVN It hurts. It actually like hurts my pelvic floor. Thinking about how much I fucking love you. Like it? Literally like my pelvic floor, like aches. When I think about how deep my love for you. Right?

DR. KAREN TANG My pelvic floor aches for you.

JVN Yes it does, I literally, I love you so much. But, you know, skipping back to what we came here for to start, can you help us define like what is gynecological care? And, what is the history around gynecology?

DR. KAREN TANG Yeah, that's a big question. So I start the book with history because I kind of feel like we have to understand where all of this came from. Like, how did we get to this point where, you know, our rights and our bodies are so contested and these things which really seem self-explanatory somehow or not, you know, both in medical care, in our general society. So, you know, gynecology just refers to all the care of what we call the female organs. So, you know, your uterus is kind of the big one. Uterus, ovaries, vagina, the vulva. But kind of, you know, throughout human history, like, even go back to the ancient Greeks, there's always been sort of like these myths about the female body that kind of got turned into, you know, what people accepted as the medical reality. So, for instance, like

back in the Greek days, you know, they they had something called the wandering womb, which is like literally like, you know, like, they thought that your uterus moved around your body and was like chasing sex and pregnancy. And if it was unhappy because you didn't give it enough sex, then you would feel sick. So I guess that's like, literally like doctors in Greek times would prescribe things like try and get pregnant. And I make the case in the book that even though this sounds like absolutely ridiculous, like some of that is still present in how, you know, women and people assigned female at birth are treated today. So, for instance, in endometriosis, there's still this myth that if you get pregnant it treats endometriosis. It doesn't, you know, people may feel a little bit better because of hormone changes. But that's obviously like, not like a long term cure. Like you can't be like, well, this is going to be like fixing all your problems. Go get pregnant. But people get told that all the time, like a lot of the listeners probably have been told that. So, you know, the history of gynecology, has changed a lot, obviously. You know, but in some ways there are these little elements that have kind of stayed in place even when we know that, you know, like some of these things are crazy to us nowadays. We still have some of the same elements. So, for instance, like, you know, they used to remove ovaries or the clitoris because they thought that that was the cause of madness and, like, health problems. You know, we don't say that overtly now, but sometimes we do say, you know, all of this stuff is because, you know, you're just your hormones are out of control. Like, all these things are just like these swirling forces that, you know, you can't control. And sometimes we need to, you know, take out all your organs because we have no other option. So, like I said, some of those little echoes are still there in how we treat people today.

JVN How does the history intersect with, like, how we got here now, like from like, contemporary American history?

DR. KAREN TANG Oh, there's so much women were not man. It was not mandated that women needed to be included in research studies funded by the NIH until like 1993, like it was a Clinton administration. So for many decades, a lot of the big pivotal studies on like. Heart disease. And, you know, all of those, you know, big issues were only conducted using men like that. The facts that we have about how things work, we're only based on men. So now that we're gathering more data about things like we're discovering that there's changes, say, when women go through menopause, that heart disease and cholesterol and all these issues are different from what we knew because they were only looking at stuff based on men. And the FDA, for many decades up until 1993, were actively excluding make, you know, women, you know, people assigned female birth people with childbearing potential from, drug studies like, you know, like, different phase drug studies because they said, well, if somebody were to get pregnant and had like a birth defect, that's really bad. So they just basically, like anyone, just, like, excluded. Totally. You know, even if you were a lesbian, if you weren't sexually active, you know, they didn't care. They were just like, you're excluded. So the fact that we have so little data in a lot of these things about how, you know, female bodies work, has really then affected how we're treating people because if we don't know, then we can't treat them accurately. There's a lot of stuff in gynecology, especially where, you know, we may not necessarily know how to prevent something from showing up because we don't know what causes it in the first place. A lot of the conditions that are super common, let's take like fibroids, the uterine fibroids affect up to 80% of Black women, 70% of white women. We don't know what causes them. Like they just show up and it's like, we don't know, like where do they come from? So there's if you don't know where it comes from,

we don't know how to prevent it. You don't know how to prevent them from coming back once we treated them. So the lack of information which is grounded in, you know, racism, misogyny, all these things that, you know, determine what's important to study, what's important to have research about, then leads to, you know, women, people of color are having a worse, you know, kind of quality of care because we just don't have enough facts about them.

JVN So because nothing up until 1993 was mandated to have women, I mean, I guess if you would think if like, the study was like, how is this drug tolerated in women, you'd have to have women because then it would be like fake or something, but it wasn't mandated to do so. So like, do you think that there is like like is there a need to like go back and redo any studies? Like, it made me think about like the BMI?

DR. KAREN TANG You would think, I mean, a pretty much anything that if it applies to like the entire human population, if we don't have that information about women, we should go back and study it. So actually, right now, very exciting news. You know, the White House now has this presidential initiative on women's health. They've devoted something like \$12 billion to studying both conditions that affect women and also just general health related to women. And part of this is this, you know, broader question. It's not just about like, you know, GYN problems, but it's about, you know, heart disease, diabetes, mental health, all these things. But just how do they affect women? Because we just don't have a lot of that data. So you're very right. You know, even for things like medication dosing, you know, if the medication dosing studies were based on men, obviously women's bodies and metabolism and everything is, is slightly different, obviously. So, you know, if we don't have that information, you know, we should go get it. Obviously you have to triage everything, and to that question of like, what do you prioritize all this funding for? You know, that gets interesting in terms of what people feel is like, what's the most important, you know, is it cancer? Is it heart disease? Is it pain? You know, which would she prioritize?

JVN So pregnancy? Abortion? We said earlier it's been two years, since the - or since access to abortion went- returned back to the states, whatever that means. But, you know, now it's like a states rights issue. What happens to women and birthing people within its borders, One thing that I think people are, well, that are starting to really understand is like, pregnancy is incredibly dangerous, right?

DR. KAREN TANG Yeah. We say pregnancy is not a health neutral state. So when people say, well, you know, if you get pregnant, like just yeah, just just keep the pregnancy, just give birth, as if it's such a simple thing. You know, the reason we have a maternal mortality crisis among Black women is because pregnancy can be very dangerous. You know, you can have pre-eclampsia, eclampsia. You can get a deadly blood clot. It puts a lot of strain on your heart, your lungs, basically your kidneys, basically every major organ system. That's why people who have a lot of medical issues, you know, are watched very carefully in pregnancy because pregnancy can be deadly. So, you know, when people sort of make it seem like it's such like a light decision that, you know, just, oh, just just stay pregnant, give birth like it's the simplest thing. It actually is an incredibly dangerous proposition in some people. And so, this is where. A lot of the, concern from, you know, the medical community. There's a lot of concern on the medical community, just like one aspect of the concern is that, you know, people who make these laws don't understand the ramifications of what they've done. So, for

instance, there was a woman in Ireland who, who broke her water at something like 17 weeks of pregnancy. It's too early to actually give birth. So at the time in Ireland, abortion was illegal so her doctors could not give her an abortion to terminate the pregnancy until she was close to death. And unfortunately, because there's no way to kind of know how close is too close to death or it's, you know, close enough to meet a legal requirement, but not so close that someone actually dies. There's no, you know, clear cut, you know, time that that happens. So she unfortunately passed away. And it was very tragic because truly, they were begging the doctors to perform an abortion. And she got septic and she died because the doctors like, well, is she close enough to death now? Like, at what point is that true? So actually in Texas, there are quite a few, women who have brought a lawsuit against the state of Texas because of similar situations, that they became septic, they could not access an abortion. Even if there is a law to preserve, quote unquote, the life of the mother, there's no one who can help us interpret that. So, you know, is a lawmaker, is the governor? Who's the one who's going to tell the doctor she's close enough to death? You can now not be charged with a felony or lose your medical license. So, again, I think, you know, like lawmakers who are like, well, we're trying to protect life. We're actually putting lives at risk because, you know, in these situations, you know, what do we do with this situation? So, so many doctors, in fact, are leaving states with these very strict abortion bans, or people are not going to medical schools or training programs, in OBGYN in states with these stricter bans because, you know, you basically take on the risk of you're going to go to jail, you're gonna lose your license just for trying to help patients. I will even say that, Tennessee, until very recently, did not have an exception for ectopic pregnancies. A pregnancy, in the tube or somewhere that can't grow. They didn't even have an exception for that. And so they only recently, after pressure, had to create an exception. So, you know, so many of these medical situations that no lawmaker can fully understand because they're not doctors, but they've made these laws now.

JVN Where did this stereotype come in that women use abortion as birth control?

DR. KAREN TANG There's a lot. There's- every time I talk about abortion, I'll get kind of troll comments that say a couple of different things. One is, you know, if you weren't so slutty, you know, you wouldn't have this problem in the first place. There's sort of a, judgments about promiscuity, like, if someone needs an abortion is because they were being promiscuous or they weren't using birth control. And they don't realize that, number one, every birth control can fail. So every single birth control, including sterilizations, all have like, some sort of failure rate. There's every birth control method could potentially fail. There are things like rape and incest. Some have no control over their, you know, whether they become pregnant or not. People in domestic violence situations, and then also that people who are in long term monogamous relationships, you know, may need an abortion. Ultimately, the point is, is that no one can make that decision except for you, you know? So, like, for whatever reason, you know, that decision should be yours alone, you know, in consultation with your doctor. But it shouldn't be that a legislator, a governor, a judge can then say that the decision that you and your doctor made together, I just don't agree with it. You know, when you kind of make, like, I always tell people, like it would be no one would ever be okay with someone who say was a Jehovah's Witness and a lawmaker being like, well, I don't believe in blood transfusion, so we should just make it illegal for everyone. That would be insane. No one would allow that. But, you know, because they're sort of like this, you know, this religious kind of association with, you know, when does birth- when does life start? You know, like

preservation of life. That a substantial percentage of Americans share this sort of belief that has become okay to, you know, have politicians and lawmakers be able to make that decision and take it away from individual people.

JVN Do you think that that is because a lot of the lawmakers who are making these laws are using their religious faith as science, as a science and as a basis to make these laws?

DR. KAREN TANG Absolutely. I mean, the the chief justice in the Alabama case actually quoted Scripture and said something about, you know, like God's-.

JVN The wrath of god God, post on our social.

DR. KAREN TANG Yeah, it was unbelievable to actually just sort of, you know, we're not even pretending to separate church and state anymore. You know, so instead of having it be in scientific evidence or expert guidance, it's based on the religious beliefs of the people who are in power. And I always say like, that would never be the case for any other aspect of medicine. You would never have that be the case for cancer treatment for, you know, broken bones, for strokes. Can you imagine if there was a law like some lawmaker who knew nothing about medicine was just like, well, I just don't believe in chemotherapy. Like, that's bad. It hurts you. So it's illegal now. No one would ever allow that. But that's kind of what's going on. And the other and this is kind of a good transition to gender affirming care. But the two parts of medicine that are the only ones that are legislated like this are abortion and gender affirming care.

JVN So ever since the Dobbs decision in 2022, we've also seen a drastic increase in laws taking away access to gender affirming care for trans and non-binary people. Do you think that reproductive care and access to gender affirming care legislation is connected?

DR. KAREN TANG Oh, absolutely. It's all the same concept that, I was saying, you know, in these two areas of reproductive health where there are perceptions and personal biases about what legislators, judges, etc., feel about these particular types of treatment are influencing people's ability to access standard medical care. So I was saying that in no other aspect of medicine, none except for abortion and gender affirming care. Do you have the standard of medical care which is supported by every medical society, every single one like ACOG, the American Medical Association, the Pediatric Psychiatric Associations, every single one supports both access to reproductive rights in abortion and also gender affirming care. They all have public statements about this. But where somehow legislators are allowed to supersede that and take away individual rights to make that decision based on standard of care. So they are tied, unfortunately, in that way, they really nothing else in medicine is like that. Like, you know, it's not their way first strokes or cancer treatment or diabetes, you know, but these two aspects of medical care.

JVN That's fucking fascinating. So, but it really is that it's like, who gets to have access to feminin- to womanhood, to femininity, who gets to pass, who gets to be considered like a woman and, you know, restricting access to that is really about like, controlling women, right?.

DR. KAREN TANG Well, it's funny because, like, people always make the example of, you know, gender affirming care is a lot of things. It's like Rogaine for hair loss. It is like, you know, Viagra for erectile dysfunction. It's breast implants. You know, you're affirming your gender or something about your biology and either the appearance of your body or your biological function is not fitting your, you know, unknown kind of gender role. And so, you know, we do gender affirming care all the time for cisgender people. And like I said, there's sort of this assumption about what gender affirming care is, and that's goes back to these kind of political statements about, oh, it's about doing surgeries on eight year olds, and you're like taking out uteruses and eight year olds, like, no one's doing that. Like, first of all, like nobody is doing, you know, irreversible surgeries on prepubescent children. That's just not a thing like at all. Because before puberty, like, children don't know the difference. Like they don't have secondary sex characteristics, are not bothered, you know, by the presence of their uterus, but it's, you know, once they are, you know, going through puberty, they're developing breasts or getting facial hair, and that becomes very distressing. So that's when the gender affirming care starts to come in. The other big misconception is that what exactly is it again? Everyone thinks it's surgery. So you'll see this on social media be like, well, how dare you do surgeries on these kids? Almost all gender affirming care in minors is supportive care. It's mental health services, it's counseling to help them understand their gender identity. It's support in terms of kind of, you know, helping them, you know, in their school environment and, you know, interactions with their, their peers. It's giving them the space and the safety to be able to figure themselves out and then be able to make those decisions when they're adults. And so, things, like the, pubertal blockers, which are reversible, you know, they may use those just to kind of like prevent some of the things like breast development that can be really, really triggering and cause a lot of dysphoria.

JVN Puberty blockers can be lifesaving for some people, not all people. And I don't think that they need to be given out like -

DR. KAREN TANG To everyone.

JVN Willy-fucking-nilly. But if the person needs that, they should be able to have access to it. And also we should be able to like make sure that things are safe. But this medicine's been prescribed for 20, 30 years.

DR. KAREN TANG Longer than that. Yeah. Or even, like precocious puberty. You know, like, for Dimitrios, it's like we use the same medication for many other things. And so, yeah, it's been study for a long time. And like you said, that the point is not to say like, you know, again, this is sort of the, the what's said in media. Like we want everyone to be trans and we want to give everyone these crazy medicines or do surgeries on everyone. It's all about giving people access to what they might need and to be able to have that personal decision with their doctor. The counseling for this thing is always very extensive. You know, there's sort of this perception that we're just kind of, yeah, like you said, giving it out like candy. There's always a huge discussion on, you know, what are the risks and benefits? What are the alternatives like, you know, what are the potentially long term impact on X, Y and Z? Like bone health? The hormones like testosterone and estrogen can potentially affect fertility. So that is something that they have. Have a big talk about future fertility. So there's always a very, very, very, very long counseling session.

JVN Which is about like saving eggs or like saving sperm, like sperm or eggs, if you think you may want to have kids.

DR. KAREN TANG Exactly. Yeah. So there's a massive discussion that goes along with all of this stuff. But it's all about just the right to be able to even engage in that discussion and offer people options that might be lifesaving for them.

JVN There's so many different ways that women's health is, manipulated for rage and then like, nothing ever changes.

DR. KAREN TANG There's a lot of that.

JVN I think about Sonya Passi, and she was a guest of ours on Getting Curious. She does a lot of work on domestic violence, and intimate partner, intimate partner violence. But she does a lot of work on intimate partner violence and the amount of women who are killed from intimate partner violence a year by, you know, Americans like documented Americans its -.

DR. KAREN TANG Thousands a year.

JVN Yeah, it's thousands, hundreds a year like that are not. So that's just one way. And then also because of the way that the CDC works with gun violence, like we can't even research how many people die of gun violence as far as it being like a public health emergency. So it's like women are getting shot and killed by their partners at a shocking rate. It's intimate partner violence. I think about, you know, what Andy Murray's mom was saying in, you know, sports, it's like if you were to put, like, you know, a six foot seven woman boxer with a five foot seven man boxer, that girl's probably gonna win. Like, not all sexes that, like, you know, men are bigger and women are smaller, and like, men are strong and women are feeble, like, that isn't. Like it's really diverse and like and really like, what is really unsafe in women's sports is like the lack of safety, the lack of training like. And the lack of safety is from like-

DR. KAREN TANG Sexual assault by coaches, like, I mean, there's so many.

JVN Yes. And like how like the men's training centers are like really well funded and like, their doctors are like better funded in like the women's centers are smaller and not as funded and there's not as much research. It's not trans people that are making that unfair. It's like the systems were built unfair, built in patriarchy. And we have to fix that. Like there's not as much like advertising revenue. I mean, if you look at the WNBA, it's like there's like attendance revenue, advertising dollars. Like these are the threats, training opportunities, like real opportunities for professional athletes and like a future that is really what's a big threat to women's sport. Not like letting a few trans people play.

DR. KAREN TANG Exactly. Yeah. When you look at it like the number of people who are trans, it's it's always a dialog about trans women because again, it's all about like kind of is it fair to cisgender women? Nobody is saying that, you know, trans men or any sort of threat because there are all these assumptions about, you know, women versus men and like how strong they are. But like you said, the biggest things that actually are affecting cisgender women are not trans athletes. It's just you said that all these inequities that are built into the systems, that don't give them as much support, there are genuine threats to their safety

from, you know, things like their coaches, like it's very sad, like, and, and it's the same thing with, you know, like the bathroom laws, like, that was sort of like a made up scandal. There was, you know, no epidemic of people attacking others in bathrooms, but -

JVN But you do see epidemics of men examining public bathrooms.

DR. KAREN TANG Yeah. Oh, yeah. Like domestic partners, like, you know, the number of women who.

JVN Look like big ass dudes, like, they're not trans women. They're like big ass dudes dressed as big ass dudes who just beat the shit and sexually assault women with impunity in broad daylight.

DR. KAREN TANG Yeah, but, you know, it's not going to win elections to say, "oh, you know, those abusive spouses, you know, those are a danger. We really got to cut down on that." But, you know, it's so, you know, like easy to get people fired.

JVN Dateline like Dateline, it's like all stories of intimate partner violence. It's literally all that. But it's like murder porn, not like an epidemic of intimate partner violence. I think that's fucking wild that we don't.

DR. KAREN TANG Yeah, it's- it's really disturbing like that, the scapegoating of trans people. But like you said in the UK as well, like, you know, just and to distract from, like, actual legitimate things like gun violence and, you know, domestic violence, you know, we're like, oh, but, you know, the transgender athletes like or like it's that really. You know, so anyway, that that's very unfair and disturbing and ridiculous..

JVN What is at stake in 2024? The way that you see it, having been a doctor this whole time, what is at stake in this election?

DR. KAREN TANG Yeah. I mean, so much is at stake. We talked about it before. Just like your ability to make decisions about your own body has so many ramifications. You know, it's not just about abortion, as we've seen it is now, you know, extending to IVF, birth control, and so many other things. You know, we talked about gender affirming care. Like you said, a lot of people may feel discouraged, be like, well, you know, not much has changed. But, you know, the apathy and the fact that so many of these decisions happened back in the prior, you know, presidential, the prior presidency, with the Supreme Court justices, that things happen on a state level. A lot of people don't go to their state. Elections are like, well, it's just like a state election, just local elections. But that's where things are getting decided now. So many laws are happening at the state level. And that's where people really need to show up for their local elections. Especially in some of these states where they have a small minority of extreme conservative, politicians who do not represent the beliefs of most of the constituents, like most people believe in some degree of reproductive freedom, like, you know, like 70%, I think of the population believes as some sort of access to abortion. You know, so, you know, people kind of may say, well, I just don't fully agree with this one person or I disagree on some things. So I, you know, I'll either just not show up, I won't vote, you know, how to kind of think about all the ramifications that are gonna spiral, not just for us, but like, you know, like future generations, like, look at what happened with Roe v Wade.

Because people were like, well, you know, it doesn't really matter. Like, we don't need to kind of show up to the polls, especially locally. Yes. The local elections are huge.

JVN Exercising your right to vote for your state legislator and your city council like local state. So important. And you just can't even say it enough. I think that's actually the most effective way that we can push back against these laws in the near future and organize. And as you're thinking about that, y'all sister District Arena, get it together. We love both of those orgs. Get into them if you want to go back and listen to our episodes. I love them so much. A lot of that stuff is all still completely relevant. So remember that sister district arena? Karen, what's one thing that you would recommend that we all do when it comes to seeking out the health care we need for ourselves?

DR. KAREN TANG Yeah. So, you know, something that I hear a lot just from patients, from people in social media is kind of feeling like they aren't being listened to so that especially for women, you know, people assigned female at birth that they have a lot of concerns that maybe get brushed aside. You know, the reason I titled my book, it's Not hysteria is because a lot of people are told, you know, it's just in your head, don't worry about it. That's fine. And then they end up kind of feeling like, well, now what do I do? I'm still suffering, you know? Where can I get help? So nowadays, a lot of people are talking about, you know, not staying quiet when that happens. So you don't have to sort of accept that kind of paternalistic treatment of someone saying, well, you know, that's fine. Don't worry about it. You know, try and get second opinions. A lot of people, the good side of social media is now a lot of people, have access to groups or communities, for things like, you know, infertility, for, endometrium, PCOS, fibroids, and they can kind of through word of mouth, like find doctors who can help them or find information. There are some, conditions in gynecology where there's a really great professional resource. So, for instance, like for menopause, you know, NAMS, North American Menopause Society or for transgender care WPATH, the World Professional Association for Transgender Health. They actually have a lot of good resources online for, you know, like good standards of care. Like, you know, what is the research showing? Like, you know, where can you find a specialist like a doctor who specializes in menopause and gender affirming care? So there are some websites with like vetted like accurate resources that you can look up, for everything else, you can try and kind of just see if at least through word of mouth, you can find a doctor who people have had a good experience with, who will listen to you, who will take your concerns seriously.

JVN Yes. What's medical gaslighting?

DR. KAREN TANG So basically, you're being told that what you feel you're not actually feeling. So for people who are having, for instance, like super bad period pain, this is the classic example. They're like, well, but no, that's normal. You know, really bad. Everyone has really bad period pain. That's just what everybody has. But you're not. That's not normal. You're not supposed to have really bad period pain. It's common to have like, cramps. But really severe pain is not normal. So it's sort of this like normalization of suffering of, you know, especially when it comes to women's health, you know, bad periods stuff, mood issues, for instance, like PMS, PMDD, premenstrual dysphoric disorder, perimenopause, menopause, where, you know, all of these things which are really, really disruptive and bothersome, people sort of say, "oh, but that's normal. Like, you know, that's not an issue," even though you feel like it.

JVN For people who live in states where there's like outright abortion bans. What are people having to do to procure reproductive care, or are they going to other states? And do we know about, like the other states that are like or like the states that are trying to like? I think there's like one city in Texas that tried to like ban. Like they're like, you can't travel. Like we'll report you even like, where is that all standing? Or do you know and like, what are women having to do to?

DR. KAREN TANG I don't know which stated as, but yeah, but but people are traveling for abortions. And I think I just saw a recently some statistics that like the number of abortions like actually slightly increased, since Dobbs and so people are obviously not stopping abortions. We actually knew that that was a statistic that was known from prior research that, you know, in countries where they've banned abortion outright, completely in an entire country, it's never decrease the number of abortions, it only increase the number of illegal abortions. And so that's been seen in several other countries. And, so people are traveling, and which is obviously difficult because, you know, it's expensive, the cost of travel taking time off of work. So there are different abortion funds, and they're state dependent. So different states have different abortion funds that, help people with the cost of traveling to access abortion. So I think even like, there's like different like, nonprofits with like, pilots who are like, willing to fly people to different states to access abortion care if they need it. So, you know, people are kind of making things happen. And also, medical abortion with medications with miss A per stone. And these are postal is available by mail, I believe, in all 50 states still, you know, my correct me if I'm wrong on that, but, but, first trimester abortion up to, you know, 10, 11 weeks, people can still get, medical abortion, through telemedicine.

JVN I think so many people about so many things think like, well, why should I care about this? Like, why do I need to care about gynecological care? When you've interacted with people online who either are, like, ardently pro-life or maybe even just like Christian nationalist and maybe don't say it on their thing. But that's I mean, have you had any experience of like, do you think you has anyone changed hearts or minds or do you think or have you change hearts or minds or any effective ways of maybe not even changing someone's mind, but getting someone off the sidelines that maybe doesn't realize why they should care so deeply about gynecological care?

DR. KAREN TANG Yeah, I think a lot of people, like you said, will think, well, you know, I'm not having an abortion. You know, I why should I kind of step up for this fight for reproductive rights? And like I said, it's not about like that. We think just everyone just willy-nilly is like having abortions everywhere. But you should have the right to be able to do it, to be able to seek that care if you need it. So, you know, number one, I'd say just for the general concept of, you know, fighting for the rights of some is, you know, supporting and cementing the rights for all to be able to make those decisions. So even if you're not having an abortion, you're not transgender, but you should say, well, yeah, I believe that, you know, I would want the right to make decisions about my own health and my own body. Then, you know, we should conceptually support it for other people, even if it's not something that we personally need. But there's also the bigger question of, you know, this affects almost everybody that someone knows. So something like 1 in 4 women has had an abortion, will have an abortion in their lifetime. So odds are that someone that you care about a friend, a relative, a loved one, a partner has had an abortion or will need an abortion in the future. So it is not

something that you're completely isolated from them, and most of us will have someone that we care about, that it matters. And so, you know, the I think a lot of people too, on social media are sort of just confused, like there's plenty of people who are just like, I just don't know enough about this to, like, make a decision. Like, you know, it's I hear all the people kind of yelling loudly about things, but I'm not exactly sure. So a lot of people in the videos that I make about, you know, some of the medical situations, like a lot of them, again, don't realize so many of these, you know, like we do abortions where people break their water and they become septic. We do abortions if the fetus can't survive, you know, there are some times where the truth is much more complex than you may have realized as a layperson. So, you know, kind of giving an idea that complexity, I think, does help some people who are on the fence realize, again, what's at stake. They - the the people who are, you know, violently anti-abortion will make it seem like it's about, you know, you're being promiscuous, you're irresponsible. But, you know, to show that it is a very complicated situation with many, many, many nuances. And that's why you need it to be a personal decision that's individualized it with a medical expert helping you. So, you know, it shouldn't be like my knee jerk reaction based on like, not knowing very much at all about the medicine I should be able to, like, kind of take that right away from a person who needs it. So, you know, and I think it's been very reassuring that, like, you know, people do kind of learn from that, are open to learning. So there's plenty of people sort of in the middle who are just confused and want to learn which is which is good. I truly hope that those people do turn out to the, the, you know, voting box to, to vote, and to, to, you know, support the right to make these decisions.

JVN Yeah. So if you're listening to this part and you're in Arizona, Wisconsin, Michigan, Pennsylvania, Georgia. Fuck me. Nevada, please. Fuck. Like, especially swing voters there, y'all. If you're listening to this and you don't live in those places like the my one pro-life person who I was talking about. They live in Illinois. Like they're probably going to go for Biden no matter what, you know, and like because Electoral College. But if you can convince some people in Arizona, Nevada, Georgia, Pennsylvania, Michigan, Wisconsin, please.

DR. KAREN TANG Yes, please.

JVN Dr. Tang, we're obsessed with you. Also, can you give us. like-

DR. KAREN TANG I'm obsessed with you!

JVN Like, if you are someone who likes to read and you want to get your book, can you give us, like, a gorgeous, like, like a gorgeous. Oh, that's a gorgeous vagina!

DR. KAREN TANG First person seeing it on video. My rainbow vulva cover dining area, I love it. I call it vulva flame.

JVN I love your vulva flame..

DR. KAREN TANG It's illuminating.

JVN ASo people can expect to go through like a gorgeous, like, make like anesthesia in the sense of like they're going on a journey to the past, but then they're also going to like what's

like a gorg, like, can you give us like, a Game of Thrones style recap of your book? But- But but a spoiler, but no spoilers.

DR. KAREN TANG No spoilers. So basically it's a guide to it. Literally. It's called "Everything You Need to Know About Your Reproductive Health (But Were Never Told)" So it's literally there are chapters on every single thing about gynecologic health you could possibly think of enemies roses, fibroids, PCOS, PMDD, menopause, vulva, vagina, bladder, birth control. There's chapters on intersex gender affirming care, sterilization, hysterectomy, like literally everything. So both like the the topics that we talked about today that you may just be confused about and just want to learn some facts so, you know, it's all in there. If you're somebody who has some of these issues and you're like, I just need to know more about what, you know, options are for my body. There's chapters on, you know, how to assess, like, your own symptoms, like what is going on, like, you know, is this normal? Is this not. And then finally, like, what are your own goals for your health? Because so many times people are like, well, you know, my doctor just kind of gave me like one option. I don't even know what is out there. How do I choose? So there's chapters on, like reflecting on your own thoughts about, you know, surgery, hormones, treatments, like what are your preferences, what are your goals. So it's basically to empower people to take control of their own health. And I always tell people like this is for everyone is not just for cisgender women or people with a uterus. I want it to be something that, like, everyone just kind of knows, like there's so many things it's a chapter on, like basic sex ed, like, how does a baby made, if you feel like everyone should just know that and just to support people in your life who may be suffering from things like endometriosis. I want people to like, talk about it with their families. Like, my whole goal is just to take the stuff, which is considered so taboo that people are like, oh God, I just don't want to tell people about, you know, my period problems or like my vagina stuff. It should be something that, like, we all can feel comfortable talking about because it's just like, it's just vaginas.

JVN Vaginas. Perianal health. We've got to.

DR. KAREN TANG Vaginas. Yes, yes. Vulva, vagina. Say the words. It's okay. It's not.

JVN Embarrassing. On destigmatizing perianal health over here. So there you go doing it. We are we are destigmatizing over here. And then Getting Curious universe. Karen, I love it. I'm so excited for your book. It's available May 7th wherever you get your gorgeous book.

DR. KAREN TANG Thank you, and.

JVN Congratulations on your book. This is such a huge accomplishment because this is your first book, right?

DR. KAREN TANG It is. It took a long time. I will say, you know. Yeah.

JVN How long have you been working on it?

DR. KAREN TANG Oh, God. It took me a year to write. And I was so, like, kind of casual about it. I'm like, I'm just gonna write a book. But, like, that's like a full time job. And I was also practicing medicine full time at the same time. So there was a lot of, like, abandoning

my kids with my husband on weekends while I went away to, like, try and write and, you know, it was quite an experience. But I'm really proud of the book. I'm so excited for people to read it. I hope it's going to change, you know, like individual people's lives. I really hope that it does help individual people, but also just gets all of us as a, you know, country in the world, like talking about these things, which we should talk about. It shouldn't be embarrassing. It shouldn't be, you know, like taboo to talk about sex and your body. I want us all to, to, you know, change the way that we see ourselves and other people's bodies.

JVN Dr. Karen Tang, I love you so much. Thanks for coming on Getting Curious.

DR. KAREN TANG I love you so much, Jonathan. You're one of my favorite people on earth. I just love you so much. Thank you for having me.

JVN Did we learn the thing? Why does gynecological care affect us all? Well, when we think about the stigma around womanhood, pregnancy, there is just so much stigma and there's so much misinformation that goes back to the Greek age. I mean, that we still kind of have just accepted, in fact. And when we think about whether it's the history of voting or the history of like regulation in the medical industry as far as making sure that women needed to be included in medical studies, that didn't happen in 1993. There are hundreds of years of information that we're using that did not have women adequately integrated into that information. A lack of data leads to worse care, and it leads to misinformation. Also, so much of this is wrapped up in controlling women and birthing people. The most interesting things I took away from this conversation, really, lawmakers shouldn't be making any sort of carte blanche laws, around pregnancy and reproductive health care, especially when it's informed by their Christian faith, because not everyone thinks this. Now, I'm curious about where do we stand on legislation for restricting interstate travel for abortion and like, tracking, like people who are getting abortions? Like, I'm sure that there's going to be a new frontier there. These Republicans never fucking sleep, so, when it comes to controlling people. So where are we on that? On, you know, restricting interstate travel for abortions? That's really one of the biggest things. And then also like, like how to persuade people, like, how do we persuade people without blowing a fucking gasket and like, how do we like, convince people or like persuade people while keeping a level head? Yeah, that's really what I'm super curious about. And I'm also curious that, like, how many viewers are going to go by Dr. Karen Tang's book because it's gorgeous. Fuck. And we must buy it. Okay, I love that. I love you guys. And oh, some more relevant episodes just to throw in here. Listen to our Supreme Court episode of Strict Scrutiny, Gender Affirming Care. With Chase Estrangio. And also cannot emphasize enough. I mentioned a million times that episode, but, Reproductive Justice with doctor with Dr. Jackie Antonovich. Anyway, what a fun episode of Getting Curious. We hope you come back next time and we'll see you then.

You've been listening to getting curious with me, Jonathan Van Ness. You can learn more about this week's guests and their area of expertise, and the episode description, and follow us on Instagram @CuriousWithJVN. You can catch us here every Wednesday, and make sure to tune in every Monday for episodes of Pretty Curious, which we love. It's our podcast on all things beauty. Get into it! Still can't get enough and we want to get a little spicy with us. You can subscribe to Extra Curious on Apple Podcasts for commercial free listening and our subscription only show, Ask JVN, where we're talking sex, relationships or really just

whatever's on my mind that week. Our theme music is "Freak" by Quin. Thank you so much to her for letting us use that. Our editor and engineer is Nathanael McClure. Getting curious is produced by me, Chris McClure, and Julia Melfi, with production support from Julie Carillo, Anne Currie, and Chad Hall.