Arriving in Iowa in 2007 to begin my PhD program in sociology, I began asking various units on the University of Iowa’s campus what resources were available for trans people, especially in health services. Iowa City is a small college town that many local residents describe as a liberal bubble in the middle of a cornfield. The UI has a teaching hospital and does not mirror other small cities that face a scarcity of medical providers. But it was incredibly difficult to find any providers who wanted to work with me, let alone those willing to do so. I had identified as nonbinary and trans for quite a few years before arriving in Iowa City, but up until I accepted a spot in the PhD program, my income had been tenuous, and I was unable to access any gender-affirming healthcare.

The early 2000s were a time in trans medicine when few providers were aware of the existence of trans people, and even less aware of non-binary people, even though the rise of hormone therapy and surgical interventions began in the middle of the 20th century. The handful of providers of trans medicine in Iowa City followed the clinical guidelines from a literal interpretation, which meant that they requested I undergo six months of therapy before I could begin taking hormones or find a surgeon who would work with me. This was confusing to me, as a young adult who at that point in my life was financially independent and beginning to work on a doctoral degree. These requests also felt infantilizing. But, like many other trans and nonbinary people with limited options, I decided it was worth it to comply with these requests. I was fortunate to find a therapist who met my skepticism about the gatekeeping prevalent in trans medicine with an open mind. In fact, he changed my orientation on the value of therapy in general. Within a year I had gender-affirming top surgery. A few years beyond that, I also began taking testosterone
with a provider in Iowa City who, like my therapist, practiced medicine from a gender-affirming stance.

Around the same time, I had been heavily involved in healthcare organizing and advocacy with a group that I started, TransCollaborations. This was both a community and a campus advocacy group that offered workshops across campus and in the community, touching on any and all aspects of life that trans people negotiate. We brought speakers to Iowa City, held zine-making parties, and organized on behalf of trans people in healthcare services—generalist, specialist, sexual assault services, and mental health. Through this organization, I developed several close working relationships with medical providers. What I heard in the workshops and planning sessions was that providers felt unequipped to work in trans medicine, anxious about making decisions, and urgently in need of information and evidence so that they could do their work with more confidence. This was an early preview for me to learn about the perspectives that providers brought into their work, the kinds of questions they had about how to work with trans people, and the uncertainty they grappled with.

In 2012, I was unaware of anyone who had brought a sociological perspective to the medical provider side of trans medicine. The curious fascination that the social scientific community has had with how people undergo gender transitions felt like an exhausted (and exhausting) topic. My healthcare advocacy work with TransCollaborations and being engaged in conversations with health providers in the Iowa City area served as the catalyst to shift the focus of this project, which began with interviewing trans people, to the medical establishment.

I had my own uncertainties about how medical sociologists and sociologists of gender might respond to this “weird” area of study. The 2008 recession brought new anxieties into the academic job market, where “playing it safe” was the typical advice offered to early-career scholars. In spite of these concerns, I felt compelled to take the risk. In flipping the lens onto the medical community to shift the focus of study on them, rather than trans people, I wanted to find out how providers make sense
of “treating” gender in medicine, given that medical decision-making is typically oriented toward diagnosing illnesses and treating diseases.

These questions led to over three years of research in archival collections of mid-20th-century letters of correspondence between providers, as well as interviewing providers across the US and observing them presenting to each other in trans-specific healthcare conferences. Most of the data was collected between 2012 and 2015, and eventually formed the basis of this book project.