

Why Trans Kids Have the Right to Change Their Biological Sex

Freedom of Sex

The moral case for letting trans kids change their bodies.

Between 2010 and 2020, iO Tillett Wright photographed 10,000 queer and trans people in all 50 states for a series titled “Self Evident Truths.” This is a selection of people on the trans spectrum from that work. Photo: iO Tillett Wright

Between 2010 and 2020, iO Tillett Wright photographed 10,000 queer and trans people in all 50 states for a series titled “Self Evident Truths.” This is a selection of people on the trans spectrum from that work. Photo: iO Tillett Wright

Between 2010 and 2020, iO Tillett Wright photographed 10,000 queer and trans people in all 50 states for a series titled “Self Evident Truths.” This is a selection of people on the trans spectrum from that work. Photo: iO Tillett Wright

One often hears today that gender is a social construct. The idea is sometimes credited to the book *Gender Trouble*, published in 1990 by a handsome young philosopher named Judith Butler. In fact, sociologists began thinking of gender as a social achievement distinct from sex as early as the 1960s. What Butler proposed was more radical: that the repeated citation of gender norms — things

like wearing heels or drinking Scotch — produced the *illusion* of a biological sex just waiting to be infused with meaning. For Butler, gender was *performative*, a term they borrowed from the philosophy of language, where it referred to sentences that seem to *do* things: “I promise,” for instance, a phrase that literally makes a promise. Gender, too, was a kind of promise — “It’s a girl” — one that, because it was not anchored in biological sex, had to be constantly reaffirmed through performative acts, thus allowing the dominant norms to be renegotiated or even subverted. Butler’s example was drag performance, which, by exaggerating the normal rules of gender, acted as an allegory for the way everyone performed gender every day.

These ideas were tremendously influential in the formation of gender studies. But two principal criticisms of Butler soon arose. The first was that they had effectively denied the reality of biological sex; after all, there was a big difference between a drag queen and your average woman. The second was that Butler had made gender sound like something you could voluntarily opt into. Butler would spend the better part of their career trying to acknowledge the materiality of sex — even as they downplayed its relevance — while fending off the idea that gender could be assumed through a spontaneous act of will. It was not as if, they wrote, one simply “woke in the morning, perused the closet or some more open space for the gender of choice, donned that gender for the day, and then restored the garment to its place at night.”

What Butler could not have anticipated is that, some 30 years later, people really *would* be waking up one morning and choosing a new gender. At least this is the impression one gets from the “debate” now raging in this country over the rights of transgender youth — a rapidly accelerating campaign that has united the far right, the liberal center, and certain feminists on the left. Last year — the worst so far — Republicans introduced hundreds of bills that would ban gender-affirming health care for minors, restrict the participation of trans kids in sports, and force schools to out students to their parents. (They are increasingly turning their sights on adults.) Around half of all transgender youth — some 140,000

kids and teens — now live in a state where minors have, or may soon have, no legal access to gender-affirming care. To whom should they turn? The *New York Times* regularly runs stories playing up the perils of youth gender medicine; the author of *Harry Potter* is anxiously projecting her fears of sexual assault onto them from across the sea. The public increasingly believes that what the kids call gender is really just *trouble*: depression, anxiety, autism, family dysfunction, peer pressure, or social media, any of which — not to mention the universal awkwardness of puberty itself — are better explanations for why a child might question their identity.

See All

The left must reckon with its part in this. It has hung trans rights on the thin peg of gender identity, a concept clumsily adapted from psychiatry and strongly influenced by both gender studies and the born-this-way tactics of the campaign for marriage equality. This has won us modest gains at the level of social acceptance. But we have largely failed to form a coherent moral account of *why* someone's gender identity should justify the actual biological interventions that make up gender-affirming care. If gender really *is* an all-encompassing structure of social norms that produces the illusion of sex, critics ask, why would the affirmation of someone's gender identity entail a change to their biology? As a result, advocates have fallen back on the clinical diagnosis of gender dysphoria, known until about a decade ago as gender identity disorder, defined as the distress felt at the incongruence of gender identity and biological sex. The idea that trans people fundamentally suffer from a mental illness has long been used by psychiatrists to decide who “qualifies” for transition-related care and who does not. By insisting on the medical validity of the diagnosis, progressives have reduced the question of justice to a question of who has the appropriate disease. In so doing, they have given the anti-trans movement a powerful tool for systematically pathologizing trans kids.

How to respond to all this? Butler's new book, *Who's Afraid of Gender?*, is one attempt, and it promises to ignite another round of public conversation about

trans rights when published later this month. They write well of the global panic over “gender ideology” and acknowledge that the theory of gender performativity seems “questionable” in light of subsequent criticisms. But they continue to treat gender as the more promising terrain for political struggle. One suspects that, even after all these years, Butler is still afraid of sex. They are not alone: Many trans advocates worry that if they concede the significance of biological sex — as opponents of trans rights demand they do — this will thwart their political claims. The focus on gender, given its substantial psychic and social components, appears to be a more plausible ground for self-determination. But this fear has left a vast swath of political territory open to the anti-trans movement, which now hides its repressive goals behind the rhetoric of neutral biological fact.

It seems to me that this is a fear we can no longer afford. To confront the reality of biological sex is not, by definition, to swear fealty to that reality; no one knows this better than a child who wishes to have their biological sex *changed*. We must be able to defend this desire clearly, directly, and — crucially — without depending on the idea of gender. Back in the 1970s, sociologists hypothesized that the withering away of gender roles in a liberal society would lead to a decline in the number of people who wanted to change their sex. We may now say this hypothesis was wrong: An increase in gender freedom has coincided with a *rise* in the number of people wishing to change their sex. For these people, sex itself is becoming a site of freedom. This freedom is not unprecedented: Many Americans, though they may not realize it, already enjoy a limited version of the freedom to alter their sexual biology. What is new is the idea that this freedom can be asserted as a universal right by a group as politically disenfranchised as the young. This is why the anti-trans movement is so desperate: It is afraid of what sex might *become*.

“The Transgender Tipping Point,” *Time*, 2014; “When Children Say They’re Trans,” *The Atlantic*, 2018. Photo: Time Magazine; The Atlantic.

“The Transgender Tipping Point,” *Time*, 2014; “When Children Say They’re

Trans,” *The Atlantic*, 2018. Photo: Time Magazine; The Atlantic.

A decade ago, when *Time* magazine memorably declared the arrival of the “transgender tipping point,” the public was dimly prepared to accept that trans people were like gay people — that is, safe, legal, and rare. The successful corporate boycott of North Carolina over its 2016 law restricting trans people’s use of public restrooms seemed to bear this out; even candidate Trump considered bathroom bills a losing issue. But the nation’s first pangs of dutiful charity have rapidly subsided — in no small part because the focus has shifted from adults to children. In 2018, *The Atlantic* published a long cover story by the reporter Jesse Singal called “When Children Say They’re Trans,” focusing on the clinical disagreements over how to treat gender-questioning youth. The story provided a template for the coverage that would follow it. First, it took what was threatening to become a social issue, hence a question of rights, and turned it back into a medical issue, hence a question of evidence; it then quietly suggested that since the evidence was debatable, so were the rights. This tactic has been successful: The political center has moved significantly on trans issues. The public now appears to favor protections for trans people from discrimination in employment, housing, and public spaces in line with the Supreme Court’s 2020 ruling in *Bostock v. Clayton County*. But a growing majority of Americans *also* believe gender is determined by sex at birth, and even more (almost 70 percent) oppose puberty blockers for trans kids.

Three main tendencies compose the anti-trans bloc in America today. The first, and most obvious, is the religious right, a principally Christian movement that holds that trans people are an abomination and that “gender ideology” is part of a broader leftist conspiracy to corrupt the youth. The second tendency is also obvious, if smaller: gender-critical feminists, better known as TERFs. This group has its roots in the lesbian feminism of the ’70s; today, the polemical acronym, which originally stood for “trans-exclusionary radical feminist,” is used to describe any feminist who justifies her anti-trans views by citing women’s rights. These views include the idea that gender must be smashed

rather than affirmed; that women constitute a “sex class” on the basis of their shared biology; and that the trans-rights framework exposes natal women to sexual violence at the hands of trans women, who are imagined as predatory males. (Most TERFism in the U.S. is imported: TERFs have their strongest foothold in the U.K.)

But the most insidious source of the anti-trans movement in this country is, quite simply, liberals. Butler, in their survey of the political landscape, misses the liberal faction altogether. I suspect this is because the anti-trans liberal sees himself as a concerned citizen, not an ideologue. He is neither radical nor a feminist; he is not so much trans-exclusionary as he is broadly skeptical of all social-justice movements. He is a trans-agnostic reactionary liberal — a TARL. The TARL’s primary concern, to hear him tell it, lies in protecting free speech and civil society from the illiberal forces of the woke left, which, by forcing the orthodoxy of gender down the public’s throat and viciously attacking anyone who dares to ask questions, is trafficking in censorship, intimidation, and quasi-religious fanaticism. On trans people themselves, the TARL claims to take no position other than to voice his general empathy for anyone suffering from psychological distress or civil-rights violations.

The leading voice for such ideas in the United States is the *Times*. In the past several years, the paper has vigorously normalized the idea that sustained public debate over the rights of trans kids is not only justified but urgent. In 2022 alone, it devoted more than 28,000 words to the topic of trans youth, including a lengthy *New York Times Magazine* piece by staff writer Emily Bazelon on the “unexplained rise in trans-identified teenagers.” The paper paints a consistent picture. Genuine transgender people, its reporters suggest, are a very small clinical population of adults with a verified mental illness whose persistent distress entitles them to gender-affirming care like hormone therapy and transition-related surgeries. Trans-identified youth — whose numbers, we are told, are “small but growing” — are beset by comorbidities like depression or autism spectrum disorder that stymie clear diagnosis, yet they are being rushed

into life-changing treatments that many of them may later regret, as evidenced by the cautionary tales of people who detransition later in life. To make matters worse, the “overheated political moment,” inflamed by both right-wing backlash *and* the strident tactics of trans activists, is preventing the medical Establishment, which is trusted implicitly, from coming to a sober consensus.

At the same time, the paper consistently refuses to treat transition-related care the way it would any other health-care matter. Last year, the *Times* ran a story on a small Missouri gender clinic that had been overwhelmed by an “unrelenting surge in demand.” But the paper did not present this as an issue of access, as it has done with the national shortage in affordable home care or the inundation of abortion clinics with out-of-state patients post-*Dobbs*. Rather, the demand *itself* was suspect, a result of poorly explained psychological and social forces that had “bewildered” experts, whose warnings were as usual being drowned out by activists. Indeed, the average *Times*-reading liberal is left with the impression that, because politics obstructs the slow work of scientific consensus-building, trans people’s best shot at receiving health care is to stop asking for it.

The *Times* is not alone; it is one of many respectable publications, including *The Atlantic* and *The Economist*, engaged in sanitizing the ideas promoted by TARLs in the more reactionary corners of the media landscape. Here one finds journalists like Singal, Matthew Yglesias, Matt Taibbi, Andrew Sullivan, Helen Lewis, Meghan Daum, and, of course, former *Times* staffer Bari Weiss. Many of these writers live in self-imposed exile on Substack, the newsletter platform, where they present themselves as brave survivors of cancellation by the woke elites. But they are not a marginal force. (It was Weiss’s media company that first broke the story about the clinic in Missouri.) These writers are far more likely to be militants than their counterparts at the *Times*; they are especially preoccupied with the “science denial” of radical activists, who have put wokeness before rational standards of care. In the words of one TARL, “Biology has been *anceled*.” Of particular note here is Singal, who has often accused

trans activists of mounting an Orwellian campaign to discount “the relevance of biological sex.” It would be “profoundly unfair,” he wrote last year, if a “large male” like himself were to suddenly demand that others see him as a woman. (It did not occur to him that this is precisely why trans girls, who are well aware of their biology, are asking for puberty blockers: so that they do not grow up to look like Jesse Singal.)

Trans skeptics have seized on the idea of “rapid-onset gender dysphoria,” a term proposed by the public-health researcher Lisa Littman in 2018 to describe children with no history of gender variance who suddenly developed gender dysphoria as a result of “social influences and maladaptive coping mechanisms.” The study was a sham. It surveyed parents, not kids, whom it recruited from trans-skeptical communities online, and it assumed that clusters of trans kids were proof of social contagion as opposed to, say, self-selection. The idea that children were being unduly influenced by the internet was especially rich coming from participants harvested from a private Facebook group. But the general notion that trans kids have confounding diagnoses and high rates of desistance (the natural fading of symptoms with age) has proliferated throughout the anti-trans movement.

Now, to be clear, the TARL will typically acknowledge the existence of a group of fully developed adults whose medically verified gender dysphoria is so persistent and distressing that the argument for compassionate care outweighs the Hippocratic prohibition on harming a perfectly healthy body. The basic strategy here is to create a kind of intake form with exactly two boxes on it. Every trans-identified person is either a participant in a craze or certifiably crazy. (Checking both boxes is permitted.) There is a touch of genius to this approach. It draws a bright line between the kids who say they are trans and the kids who really are while pathologizing all of them as either delusional or dysphoric. This line is as old as gender medicine itself, which for decades was careful to distinguish impersonators and fetishists from the “true transsexual.” So in most cases of gender variance, the TARL informs parents that it is perfectly healthy

for boys to wear dresses and for girls to climb trees regardless of their biological sex, which need not be altered after all. He reassures them that the risk of suicide among trans-identified youth has been inflated by cynical activists trying to blackmail the public; what he means by this is that he does not think most kids are suicidal *enough* to be trans. In those rare instances of true misery, he advises the practice of “watchful waiting,” preferring to see the patient through the often-irreversible changes of puberty to adulthood, when her childhood experience of gender incongruence will finally acquire the weight of medical evidence. If only she had said something sooner!

This is obviously not a vision of justice; it is a response plan for an epidemic. This should not surprise us. The very simple fact is that many people believe transgender is something no one in their right mind would ever want to be. The anti-trans bloc has in general targeted children because Americans tend to imagine children both as a font of pure, unadulterated humanity and as ignorant dependents incapable of rational thought or political agency. This has allowed the movement to infantilize not just kids but all trans people, whom it only wishes to shepherd through the ravages of mental illness and the recklessness of youth. If the liberal skeptic will not assert in mixed company that there should be fewer trans people, he still expects us to agree on basic humanitarian grounds that at least there should not be *more*. It is quite possible, for instance, to believe that cancer patients should have access to aggressive treatments with potentially life-altering effects while also sincerely believing that, in a perfect world, *no one would have cancer*.

We will never be able to defend the rights of transgender kids until we understand them purely on their own terms: as full members of society who would like to change their sex. *It does not matter where this desire comes from*. When the TARL insinuates again and again that the sudden increase of trans-identified youth is “unexplained,” he is trying to bait us into thinking trans rights lie just on the other side of a good explanation. But any model of where trans people “come from” — any at all — is a model that by default calls into

question the care of anyone who does not meet its etiological profile. This is as true of the old psychiatric hypothesis that transsexuality resulted from in utero exposure to maternal sex hormones as it is of the well-meaning but misguided search for the genes that “cause” gender incongruence. It is most certainly true of the current model of gender identity as “consistent, insistent, and persistent,” as LGBTQ+ advocates like to say. At best, these theories give us a brief respite from the hail of delegitimizing attacks; they will never save us. We must be prepared to defend the idea that, in principle, everyone should have access to sex-changing medical care, regardless of age, gender identity, social environment, or psychiatric history. This may strike you as a vertiginous task. The good news is that millions of people already believe it.

In October 1958, a young woman appeared at the UCLA department of psychiatry with an unusual complaint. Agnes, as she is known today, had supple breasts, smooth skin, and a narrow waist. She also had, much to the consternation of her boyfriend, a typical set of male genitalia. In interviews with the psychiatrist Robert J. Stoller, Agnes related how she had been raised as a boy but had always believed she was a girl — a belief confirmed at puberty, when she naturally began developing breasts. Testing showed that Agnes lacked a uterus or ovaries but that her testes were producing high levels of estrogen. Satisfied, the doctors surgically replaced her genitals with a vagina constructed from penile and scrotal tissue. Stoller, who had become quite fond of Agnes, saw evidence for his theory that the endocrine system had a strong determining role in a person’s conscious or unconscious awareness of their biological sex. (He and his colleagues in Los Angeles had taken to calling this “gender identity.”) Years later, Agnes casually divulged the truth: At age 12, disturbed by the onset of perfectly typical male puberty, she had begun taking her mother’s estrogen pills. “She is not an example of a ‘biological force’ that subtly and inevitably influences gender identity, as I had reported,” Stoller admitted in his 1967 book, *Sex and Gender*. “She is a transsexual.”

Agnes had simply told the doctors what they wanted to hear. But why did her

mother have estrogen pills in the first place? In passing, Stoller noted that the latter had been prescribed a synthetic estrogen following a total hysterectomy that included her ovaries; in other words, she was one of the millions of 20th-century women who would be prescribed estrogen for treating symptoms of menopause. In his 1966 best seller *Feminine Forever*, the gynecologist Robert A. Wilson argued that menopause was basically a hormone deficiency, like diabetes, that could safely be treated through estrogen therapy. He claimed his patients were part of a new sexual revolution: They had supple breasts, smooth skin, and legs that looked good in a tennis skirt. After Wilson's death, it would come out that he had been receiving payments from the makers of Premarin, an estrogen medication derived from the urine of pregnant mares. Nevertheless, many women really did find hormone therapy effective for a wide range of menopausal symptoms, from hot flashes to vaginal atrophy, and in 1992, Premarin was the most prescribed drug in America. "Women, after all, have the right to remain women," Wilson had written. "They should not have to live as sexual neuters for half their lives."

So when Agnes visited UCLA, she did not *need* to prove that a right to female biology existed. She was simply trying to convince the doctors that this right also applied to her. In fact, the vast majority of Americans have long believed everyone has a right to *keep* their biological sex. The prospect of forcible sex change is the stuff of horror movies. In 1997, the *Times* ran a front-page story about an anonymous man, later identified as David Reimer, who was raised as a girl after a botched circumcision destroyed his genitals. His care was overseen by controversial psychologist John Money, Stoller's colleague, who gave Reimer estrogen to induce breast growth and allegedly had him perform sex acts with his twin brother. After learning the truth as a teenager, Reimer started testosterone, had his breasts removed, and received phalloplasty. That this was something of a small national tragedy went without saying. The *Times* compared his struggle to the travails of Oedipus or King Lear; when he committed suicide in 2004, the paper ran his obituary. Reimer's story is popular in the anti-trans literature because, alongside the general depravity of the affair,

it appears to prove that gender has an inescapable basis in biological sex: Reimer *knew* he wasn't a girl, no matter what the doctors did to him. He told Oprah Winfrey he had never fit in as a girl, preferring to climb trees and play with trucks even as his mother tried to convince him that he was simply a "tomboy."

This is, of course, the exact conversation many trans kids are having with their parents today. What Reimer's story actually illustrates is that we are perfectly comfortable with sex changing when we understand it as changing *back*. This happens more often than one might think. The historian Jules Gill-Peterson has shown that the earliest treatments in the field of gender medicine were developed to "correct" intersex children by bringing their ambiguous biology within the range of what society considered normal. Even when these treatments were later charily extended to "transsexuals," it was often on the assumption that some original biological sex, perhaps endocrine in nature, was being excavated. (This was why Stoller was so excited by the idea that Agnes's testes were producing so much estrogen.) But as the medical understanding of sex ballooned to include things like gonad development and hormone activity, so did the risk of *losing* one's sex as a result of age, heredity, disease, physical trauma, or the side effects of medical treatment. This was the cleverness of Agnes's plan. She presented herself as a person who, just like her mother, needed to become female *again*. In fact, following the removal of her testes, she cannily discontinued her secret estrogen pills, leading to mood swings and hot flashes. The doctors promptly diagnosed her with — what else? — menopause and placed her on the same estrogen therapy that would be enjoyed by millions.

So what we today call gender-affirming care is part of a larger history of *sex-affirming* care governed by strong normative ideas of health, productivity, and moral worth. Many of the treatments in this field are broadly uncontroversial today: breast reconstruction following cancer, vasodilators for erectile dysfunction, antiandrogens for hair loss and hirsutism. In 2023, *The New York Times Magazine* ran a long, sympathetic essay on the "reassuring" evidence base for menopausal hormone therapy, which the writer called "a lost opportunity to

improve women's lives." A few years earlier, the *Times* hailed the first successful transplant of a penis, scrotum, and the surrounding abdominal wall — the result of Pentagon-funded research aimed at restoring the dignity of soldiers whose genitals were damaged or destroyed by improvised explosives. (The donor's family sent the patient a message: "We are all very proud that our loved one was able to help a young man that served this country.") Even the recent rush on the part of the Alabama GOP to enshrine the legality of IVF treatments endangered by a surprise state supreme court ruling is an excellent reminder that many religious conservatives support significant medical interventions in biological sex — gonadotropins to stimulate follicle production, GnRH agonists to prevent the unplanned release of eggs, not to mention the whole business with the test tube — when the payoff is a human infant.

The real question is *which* sex can be affirmed — and why. It so happens, for instance, that GnRH agonists like those used in fertility treatments are also used to delay puberty in trans kids. This means your average Alabama Republican now ostensibly believes it should be a felony to give a child the same hormone blockers his mother may have used to conceive him. Our politician may rightly protest that the same drug is being used for very different purposes. But this is the point: It is the purpose of sex change, and not the change itself, which determines its acceptability. This is why sex-affirming care has historically entailed both the withholding of sex change from some and enforcement of it for others. Like most fields of medicine, it has a bloody underbelly of coercion: the vaginal surgeries tested on enslaved women in 1840s Alabama; the testicular transplants performed on gay men in Nazi Germany; and the surgical modification of infants with atypical genitalia, which continues today. Even Wilson was clearly preoccupied with keeping women perky and lubricated for their husbands. In *Feminine Forever*, he drolly recalled a man who laid his .32 automatic on the desk and declared that if the doctor could not "cure" his wife of her harridan ways, he would surely kill her himself.

Most people are not being made to change their sex at gunpoint. But it should

be clear by now that when members of the anti-trans movement argue that sex cannot change, what they really mean is that sex *shouldn't* change except in accordance with social norms. Butler has written a great deal on this subject; a robust theory of normativity is arguably their life's work. For Butler, a social norm is not a belief or a cultural attitude. It is a deep structure of power that makes one's sense of self possible. Norms precede us, form us, and act as our "constitutive constraints"; at the same time, since they depend on being constantly reiterated, they never capture us fully and can be reinterpreted. (They have called this "working the weakness in the norm.") Butler tends to think of gender norms in terms of meaning; in fact, they often assume that gender *itself* is the symbolic structure through which sex comes to matter at all. This is part of their broader political strategy: to show first that something is saturated with social meaning in order to make it politically questionable.

But it is not enough to know what sex *means*; we will have to understand what it *does*. Obviously, gender norms do not issue directly from the organs. One imagines that, even after her hysterectomy, Agnes's mother was still expected to be nurturing and emotionally available. Yet to speak *only* of norms is to lose sight of the role of biological sex within a larger system of material relations. It is difficult to explain why the above gender norm would exist in the first place if it were not for the actual fact of reproduction, which at this point in the descent of man still requires very specific biological conditions in order to occur, including the presence of at least one of each gamete type (sperm and ova), a well-functioning uterus, and a reasonably sound endocrine system. This is sex as *biological capacity*; in this sense, it is no less of a material resource than water or wheat. Every human society invested in perpetuating itself — which is to say, every society — has regulated the production, distribution, and use of biological sex. This is more than the sex-based division of labor (hunter-gatherers and all that). It is the actual division of sex.

It may sound as if I am saying sex is more real than gender — a proposition gender studies has abhorred since its inception. I do not think that sex is *more*

real. But I am not terribly bothered by saying that the division of sex determines gender norms, so long as we remember that it never remotely *finishes* determining them. There is always a wide, shifting, and irregular gap between the two. One finds a brutal example of this in the antebellum South. As Hortense Spillers has written, the genteel system of southern patrimony was bluntly waived when it came to the rape of enslaved Black women by white slave owners, who could effectively produce new assets — that is, new enslaved people — in the form of their own disavowed children. Gender alone cannot explain such an arrangement; it cannot speak to how sex functions as a kind of material base, as the Marxist feminists might put it: a source of labor, wealth, and power from which the elaborate superstructure of gender continually emerges, breaks off, and reforms in unintended ways. (An old-fashioned name for such an arrangement is sex-gender system, coined by the anthropologist Gayle Rubin in 1975.)

No wonder “gender identity,” understood by well-meaning LGBTQ+ advocates as an abstract feeling, has done such a poor job of justifying sex change. If biological sex is part of a material structure of value, then society has a concrete interest in any potential gains or losses that may result, feelings be damned. Gill-Peterson tells the story of Robert Stonestreet, a 10-year-old boy who was brought to the Johns Hopkins Hospital for a rare urethral defect in 1915. When the doctors informed his father that the boy had ovaries and should be reassigned as a girl, the man refused, explaining that he already had six girls at home and his son was a great help around the family farm. Of course, Stonestreet was prepubescent. Whatever biological advantage he had over his sisters was the natural spoils of working daily on a farm. The point is that his father’s social validation of his gender was the basically incidental result of an economic calculation about his sex. Twenty-one years later, Stonestreet asked the same doctors to certify him as male so he could wed his fiancée. They refused — one suspects because a marriage with no reproductive potential struck them as dead in the water, especially with the national birth rate at an all-time low. Three days later, Stonestreet committed suicide — the victim of a

society that could not make up its mind on how best to make sense of his gender *while also* extracting value from his sex.

This is the larger historical reason why the anti-trans movement does not want transgender people to receive sex-altering care. It is not clear how, *if at all*, such people will fit into the division of sex in America. The TERF does not, after all, fear being assaulted by a Y chromosome in a women's restroom. Her paranoid fantasy is of a large testosterone-fueled body wielding a penis — an organ to which, as Butler points out, the TERF attributes almost magical powers of violence. (TERFs often seem to reject the idea that trans women are women on the basis that they are not sufficiently *rapeable*, when in fact trans women face much higher rates of sexual assault.) Liberals, meanwhile, object to trans girls' participation in sports not because sperm swim faster than eggs but because trans girls, they suppose, will swim faster than their own little girls, who may then be deprived of athletic scholarships or other opportunities. Even Singal admits this is ultimately an issue of "competing rights claims," not biological fact. Widespread discomfort at the largely fantastical idea that trans girls will always dominate in their chosen sports reflects a basic patriarchal belief that the physical advantages of being male are perfectly acceptable so long as they are possessed by *men*. (In this sense, sex division in sport is meant to enshrine inequality, not to mitigate it.)

The anti-trans bloc does not care about what sex *is* in some bloodless, positivistic sense. It cares about what sex does — or what it might *not* do, in the event that transition-related care becomes widely available. One of the greatest fears of the anti-trans movement concerns a shift in the population of trans kids seeking care, who by some counts are now predominantly female-assigned. (The accuracy of this claim has been disputed.) This idea was popularized by Abigail Shrier's 2020 book, *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, which hysterically claimed that an epidemic of anxiety and depression is leading "a generation of girls" to confuse the tribulations of female puberty with true gender dysphoria. Shrier wrote that the cost of this epidemic

was “a pound of flesh,” and it was no secret which pound she meant. The book’s cover features an illustration of a girl with a physical hole — you can put your finger through it — where her uterus should be. The specter of mass infertility cannot be underestimated. I do not think it is an exaggeration to say that the anti-trans movement is driven by a deep, unconscious dread that society will not have enough working female biology to support the deteriorating nuclear family — and, with it, the entire division of sex itself.

This probably will not happen. Sex-altering care can indeed affect one’s fertility but not always irreversibly, and the trans population is still far too small to bring about that sort of demographic apocalypse. What we *are* witnessing is a potential reconfiguration of the division of sex — one that is highly disturbing to anyone with an instinctive loyalty to the status quo but that is no more inherently revolutionary than, say, the contraceptive Pill. The Pill was, after all, one of the most important advancements in sex-changing medicine of the 20th century. It had a dramatic effect on women’s sexual freedom and economic independence, but it did not bring about women’s liberation. On the contrary, it became an essential part of a new regime of rational management within the division of sex known as “family planning.” One can likewise imagine a marginally more benevolent society integrating hormone therapy and puberty blockers into its own division of sex without accidentally abolishing the family or smashing the patriarchy. True political change we must bring about ourselves. Sex-affirming care has always served *someone’s* moral vision for society. There is no reason it cannot serve ours.

What if we make freedom into the air we together breathe?” Butler asks at the end of *Who’s Afraid of Gender?* It is a beautiful thought. It would not mean the abolition of social norms — an impossible task — but rather a collective reimagining of them through alliances forged across our many differences. Butler argues that the struggle for trans rights cannot be merely cultural but instead must be connected to the fight for “the basic rights to housing, food, non-toxic environments, unpayable debt, and health care.” They are entirely

right. But their principled commitment to coalition building can lead them toward a needlessly conciliatory position. It is hardly clear, for instance, that “trans rights to self-determination take no one else’s rights away.” This may be technically true, if one means trans people can be granted social recognition and legal equality without spoiling anyone else’s claim to the same. But if sex really is a biological resource, then there can be no remaking of the division of sex without real material losses — this would be like saying that socialism does not take away the rights of the wealthy. Such is the limitation of a social analysis like Butler’s. It imagines the anti-trans movement as consisting primarily of religious zealots and scheming politicians, and it does not consider that many might have a material interest in opposing what we should rightly call the redistribution of sex.

We need a stronger demand. Butler argues that it would be “counterproductive and wrong” to chalk up the existence of oppressive systems to biology. But why? I am of the opinion that any comprehensive movement for trans rights must be able to make political demands at the level of biology itself. This is an old radical-feminist idea, most famously found in Shulamith Firestone’s 1970 classic *The Dialectic of Sex*. Suppose women’s oppression really is a product of their biology, Firestone wrote. What follows? Only that feminists must work to change biological reality. The genius of this gambit was to refuse the idea that biological facts had some kind of intrinsic moral value that social or cultural facts did not. Biology could not justify the exploitation of human beings; indeed, it could not even justify *biology*, which was just as capable of perpetuating injustice as any society. When Firestone wrote of women as a “sex class,” she — unlike the TERFs who followed her — had in mind the Marxist dream of a classless society, something that could be achieved only by freeing humanity from the “tyranny of its biology.” For her, this meant a “revolutionary ecological programme” of fertility control, artificial reproduction, and the full automation of labor. That may sound unrealistic. But this is the point: Justice is always an attempt to change reality.

Sex is real. So is global warming. To believe in their reality is an indispensable precondition for making normative claims about them, as we know from climate activism. But the belief that we have a moral duty to accept reality just because it is real is, I think, a fine definition of nihilism. What trans kids are saying is this: The right to change sex that has been enjoyed for decades by their parents, friends, teachers, coaches, doctors, and representatives, especially if those people are white and affluent — this right belongs to them, too. We should understand this right as flowing not from a revanchist allegiance to an existing social order on the perpetual verge of collapse but from a broader ideal of biological justice, from which there also flows the right to abortion, the right to nutritious food and clean water, and, crucially, the right to health care.

I am speaking here of a universal birthright: the freedom of sex. This freedom consists of two principal rights: the right to change one's biological sex without appealing to gender and the right to assume a gender that is not determined by one's sexual biology. One might exercise both of these rights toward a common goal — transition, for instance — but neither can be collapsed into the other. I am put in mind of a bicameral system. Each chamber has its own prerogatives, but neither the exclusive upper chamber (sex) nor the boisterous lower one (gender) has the ultimate power to overrule the other. (Not all trans people wish to change their sex; some trans people are *also* gender-nonconforming.) By asserting the freedom of sex, we may stop relying on the increasingly metaphysical concept of gender identity to justify sex-changing care, as if such care were only permissible when one's biological sex does not match the serial number engraved on one's soul. The same goes for "sex assigned at birth," which unhelpfully obscures the very biological processes that many people have a right to change. In general, we must rid ourselves of the idea that any necessary relationship exists between sex and gender; this prepares us to claim that the freedom to bring sex and gender into whatever relation one chooses is a basic human right.

What does this freedom look like in practice? Let anyone change their sex. Let

anyone change their gender. Let anyone change their sex *again*. Let trans girls play sports, regardless of their sex status. If they excel, this means only that some girls are better at sports than others. Let people use the gender-segregated facilities of their choice; desegregate whenever possible. Do not out children to their parents. Do not force anyone to change their sex or their gender. *Give everyone health care*. The anti-trans movement has collected the public's rising awareness of the staggering injustice of the American health-care system and directed it, like a syringe full of air, at a small population of children. The effect is to make it appear as if trans people do not want good health care or trustworthy providers, when the truth is that trans people face health disparities across the board, including higher reported rates of disability, asthma, and heart disease. No single federal program would benefit trans people more than Medicare for All. As for transition-related care itself, the right to change sex *includes* the right to receive counseling, to understand the risks, or to be treated for comorbidities; in fact, society has a duty to make these resources freely and widely accessible to trans kids. But these are practical options, not obligations. To make "thoughtfulness" a requirement of any universal right is to taper that right into an exclusive privilege. That trans kids' access to care will in most cases be mediated by parents or legal guardians is an inescapable fact of the way our society regards children, rightly or not. For now, parents must learn to treat their kids as what they are: human beings capable of freedom.

The freedom of sex does not promise happiness. Nor should it. It is good and right for advocates to fight back against the liberal fixation on the health risks of sex-changing care or the looming possibility of detransition. But it is also true that where there is freedom, there will always be regret. In fact, there cannot be regret *without* freedom. Regret is freedom projected into the past. So it is one thing to regret the outcome of a decision, but it is a very different thing to regret the freedom to decide, which most people would not trade for the world. If we are to recognize the rights of trans kids, we will also have to accept that, like us, they have a right to the hazards of their own free will. This does not mean shooting testosterone into every toddler who looks at a football. But if children

are too young to consent to puberty blockers, then they are *definitely* too young to consent to puberty, which is a drastic biological upheaval in its own right. Yet we let this happen every day — and not without casualties. I am not speaking of suicide; I am speaking of the many opponents of trans rights who observe with horror that they too might have transitioned given the chance, so intensely did they hate being teenage girls. I do not know if they regret their biology today. I do suspect they regret that they never got to choose it.

A choice! The thought is impossible. Yet we have no difficulty believing that 300,000 trans kids can *choose* to stop being trans. Freedom is easy to imagine when it is the freedom to do as you're told. What we cannot conceive is why they are making all this gender trouble in the first place. They do not owe us an explanation. They are busy taking charge of their own creation. They may not change the world, but they will certainly change *themselves*. "Possibility," Butler once wrote, "is not a luxury; it is as crucial as bread." We have not yet begun to understand the courage of the child who says she is a girl for the first time without any biological "proof" to back this up. This is especially true if she lives in one of the many states that are working to ensure that saying so is all that trans kids like her will ever have. But still she speaks. The sentence "I am a girl" is performative speech in the classic sense: It performs an action. She is not only declaring her intent to exercise her freedom of sex in the future; she is, by uttering these words, already exercising it. She is working the weakness in the norm. She is not afraid of sex — she is *against* it. That is not nothing. There is, in fact, a very important population of Americans who do want trans kids to exist. I am told they are small but growing. Freedom of Sex

