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Intro & Content Warning

One thing I hope we can all agree on is that genocide is a terrible thing. Right? It almost sounds ridiculous to say since ‘of course everyone agrees with that, so why bother stating it?!’ Except, if recent events have proven anything, it's that that’s not always the case. Not only are the governments of the Global North complicit in multiple ongoing genocides in places such as Palestine and Sudan, but the targeted extermination of marginalised people, specifically intersex people, is being treated as little more than hot gossip by the UK press. That is what we’re here to talk about.

But first, a quick content warning for the following: **Intermisia, Transmisia, Racism, Slurs, Eugenics, & Genocide.** If you like our work and appreciate the research put into each video, please consider supporting the channel via Patreon. You can also support us by liking, commenting, and sharing our work on social media.

Hi there, my name’s Ethel Thurston (She/Her They/Them), and today we’re here to talk about intersex genocide, how it’s been going on for decades, and just how nonchalantly the topic is reported on in the papers, centering on a recent interview with TV personality, Gemma Collins.

Intersex 101

Though before we get to the interview, it’d probably be a good idea to define what we mean when we say that a person is intersex, which in turn requires us to understand sex itself. Sex is generally broken down into six separate traits: genitals, internal sexual organs, secondary sexual characteristics, hormones, gammetes, and chromosomes. It must be mentioned that no one singular trait defines sex, each trait exists on a spectrum, and to make things even more complicated, these traits can be reduced or expanded upon given the context. For example; hormones will often be further divided into hormone production and hormone use, since people with androgen insensitivity can produce testosterone at rates equivalent to your average cis endosex man but their cells cannot utilise it, meaning it has little to no impact upon their body. [1] On the other hand, the only trait doctors are really interested in when they assign sex at birth is external genitalia, dropping all other traits from the list.

Another thing that needs to be pointed out is that every person on this planet is a mix of these six traits — there is no such thing as the ‘perfectly male’ man or ‘perfectly female’ woman. That said, the term intersex is reserved for those who have a mix of said traits that are ‘noticeably atypical’, whether it be by medical standards or standards set by the intersex community. Medically intersex people in particular are estimated to account for as many as 2% of *all* live births, making them about as common as redheads. [2] And I say ‘estimated’, since the number of intersex people is severely undercounted due to just how benign being intersex typically is, having neither a positive or negative impact upon the person.

Which brings us to the label ‘disorders in sexual development’ (or DSDs), the medical term for traits that mark a person as medically intersex. This is a complete misnomer. A disorder in medicine strictly refers to something which has an intrinsically negative impact upon the life of the individual, which again, most of the variants classed as DSDs do not. Hyperandrogenism, an enlarged clitoris, mosaic XY chromosomes, people with these and many similar sexual variations can and do live perfectly healthy lives without the need for medical intervention relating to said traits, period. Again, the official estimates for the number of medically intersex people have to account for significant undercounting *because* so many intersex people *never* find out that they’re intersex: That’s how benign these variations are. If they intrinsically caused problems, as the name ‘disorders in sexual development’ suggests, they’d all be counted, since said problems would make themselves known. [2] This is why terms such as variations in sexual characteristics (VSCs) and *differences* in sexual development (which allows us to keep the initialisation DSD) are forwarded by intersex people as more accurate and less stigmatising alternatives.

And that last part is important. Intersex people have been heavily stigmatised throughout medical science, treated as an abnormal curiosity that needs to be stamped out. That’s why the intersex community has adopted the label intersex as a replacement for the medical term ‘hermaphrodite’, a term we’ll hear later, a term which the intersex community considers a slur.

I say ‘intersex community’, because that’s exactly what it is. In the same vein as gay and trans people, the intersex community formed on the basis of mutual support and self-advocacy, fighting to be recognised and respected as people. Said movement largely began on its own, yet has slowly been incorporated into the wider queer community, first via it’s inclusion under certain acronyms, such as LGBTQI (with the I standing for intersex), before finally getting its moment in the spotlight with the inclusion of the intersex flag in the 2021 update to the Progress Flag. Said updated version remains *the* dominant flag to this day, with the intersex community being represented by the yellow chevron with a purple circle, taken from their own separate flag, which has been in use since 2013.

That’s not to say that their integration has gone without issue. Even ignoring open hostility towards intersex people within the LGBTQI community, a lot of people remain oblivious or uncaring as to the struggles forced upon intersex people. A common example of this can be seen when trans people respond to the bigoted accusation that trans youth undergo genital surgery with the declaration that ‘no child undergoes genital surgery!’ Whilst this is true for trans children, the same can not be said of intersex children who are, in fact, victims of systemic genital mutilation, *especially* in the Global North.

This is the result of arbitrary standards in medicine regarding what is ‘normal’, a fact perhaps best demonstrated by the phallometer. The phallometer is a visual representation created by the Intersex Society of North America that depicts actual medical guidelines, showing how any child born with a phallus between half an inch and one inch will likely be made to suffer unnecessary genital surgery in an attempt to ‘normalise’ them. Literally, a single millimetre can apparently make all the difference between whether or not a child should be surgically mutilated, hence the arbitrary nature of the standards.

And I say mutilated since this is a *purely* cosmetic surgery that offers no benefit whilst carrying with it numerous risks — such as a loss of sexual feeling and chronic pain. It is an unnecessary violation of the individual's bodily autonomy, their human rights, and thus constitutes genital mutilation. This is violence dressed up as medicine, which is why the intersex community has mobilised to end the practice. This is also why it's so important to avoid using '*disorders* of sexual development', since doing so gives said barbaric practice a sense of legitimacy it does not have.

Sadly the violence doesn't end with genital mutilation. Medicine has a long and sordid history of deliberately sterilising intersex people, most often whilst they're still children, in an attempt to prevent them from having children of their own, potentially passing on said intersex traits. I need to be clear that this is nothing short of eugenics, specifically genocide, targetted at a marginalised group purely because they call into question archaic notions of sex and gender that were instilled during a more ignorant stage in Western history.

<u>Gemma Collins Shares Her Abortion Story</u>

Which brings us to Gemma Collins' story, namely her discussion on how she came to have an abortion in 2010, with her being pressured by doctors to do so *explicitly because* the foetus was potentially intersex.

> LISA SNELL: **"Today Gemma talks about an absolutely heart-wrenching decision, as well as all things Towie."**
>
> COLLINS: **"And then I got pregnant, which was a real shock… because don't- we- it wasn't planned. And I was like 'oh I'm pregnant', and he was like 'hmm'. He had like this really funny look about him, and I was like… right. And, I just remember him not being there, he wasn't interested."**
>
> COLLINS: **"I was really heartbroken because I was pregnant and he was having an affair, you know, that's a lot to deal with at my age. Probably if it was happening now I've got a bit more life experience um- and anyway, I went to the doctors, I can remember going on my own cuz he just wasn't about, cuz he was too busy having an affair with the hair colourist from Jo Hansford."**
>
> COLLINS: **"But when I went to the doctors they said to me 'something's not right… we think the baby-' I mean it could only happen to me."**
>
> COLLINS: **"And they said to me 'oh your baby could be- from looking at it-', is it called a formaldehyde? No a hermaphrodite! A hermaphrodite! I mean, you can imagine, I didn't know what the word was, I had to look it up. I'd never been taught about hermaphrodites, didn't know what they were, didn't know they existed. So that was the real shock. I always get the giggles when something's bad um- That was a real shock. So I can remember coming out and then they advised me 'you need to have a termination because this baby's not going to be right', so I was like 'okay then'. So I can remember going to have the termination, he still wasn't around, I think he might have dropped me off on the day. He went to work and he then- I got myself home, he was home when I got**

> **in, and I just can remember him watching 24. You know, with Jack Bauer? I can't watch it, I can't hear the de de de de. No, cuz it brings back- that triggers me, and basically I remember thinking 'I've just had an abortion, you're downstairs watching 24, you absolute piece of shit.'"**
>
> COLLINS: **"You know, it was all for the best. It's only now, when you look back, and yeah it was very sad about the baby, but it was just not meant to be."**
>
> COLLINS: **"After all the upset dealing with a breakup, all the shock of… you know, termination… you know, absolute just needed a rest on the mind."** [3]

This isn't the first time Gemma has shared this story, though it is the first time in which she elaborated on the reasons surrounding it. Gemma previously shared a more general version of events in her 2013 autobiography, *'Basically... My Life as a Real Essex Girl'*, which we will return to later. [4]

<u>The Interview's Impact on the Intersex Community</u>

Though, returning to the interview itself; it had a marked impact on the intersex community, at least online, with many of its members speaking up about how it and the ensuing coverage reminded them of just how little their lives are valued, both in medicine and general society. That's actually what first alerted me to the incident, friends venting to their social media about the interview.

And it's easy to see why when we stop and think about it. Doctors used the fact that Gemma's child might turn out intersex to scare her and encourage her to have an abortion. This response clearly marks being intersex as an inferior and thus undesirable state of existence, something to be avoided. Doing so reinforces the social stigma surrounding intersex people, the very same stigma that is ultimately used as an excuse to inflict violence upon living intersex people, violence including surgical mutilation and sterilisation.

This stigma also makes it difficult to have an open conversation about intersex lives and differences in sexual development. When doctors treat them as this extremely terrible thing, that teaches both intersex people and their family, especially their parents, that this is something to be ashamed of. That's why many parents will forgo telling their children that they're intersex. I remember once listening to an intersex person share their story about how, rather than letting her know that she had internal testes, her parents told 13-year-old her that she had ovarian cancer and that that's why she needed to undergo surgery to remove her gonads. Not only did her parents deny her the opportunity to learn about herself, but they left a young girl terrified that the cancer could return. This is the sort of environment doctors are creating when they treat being intersex as this terrible thing.

The immediate impact this interview had reminds me of the now infamous clip from the Autism Speaks video 'Autism Every Day' in which Alison Singer — who was Vice President for Autism Speaks until 2009 — openly talked about how she contemplated murdering her autistic daughter, Jodie, in a murder suicide, only stopping herself because she had an allistic (non-autistic) child.

> SINGER: **“There are parents who are forced to put kids in schools that are completely overcrowded and twelve kids to one teacher, and kids don’t make progress. But I remember- that was a very scary moment for me, when I realised I’d sat in the car for about 15 minutes and actually contemplated… putting Jodie in the car and driving off the George Washington bridge. That- that would be preferable to having to put her in one of these schools, and it’s only because of Lauren, the fact that I had another child, that I probably didn’t do it.”** [5]

I fucking forgot how much I hate that music.

Now, whilst I don’t think Gemma Collins is on the same level as Alison Singer (a fact I’ll get to in the final chapter), I do feel like the message here and the way it’s being presented by the media is pretty similar. Ms. Singer forwarded non-existence as a better alternative to living as an autistic person, the very same thing that the doctors in Gemma’s story argued regarding the lives of intersex people. Yet, rather than acknowledging that and what it says about them as a parent/doctor (not to forget us as a society), in both cases Gemma and Ms. Singer are presented as the sympathetic victims.

Returning to Gemma’s case specifically, the interview starts with the following content warning:

> SNELL: **“The following episode contains subject matter listeners may find distressing or triggering, touching on topics such as self-harm, abortion and vulnerability. Gemma was in the presence of her representatives at all times and was happy to discuss these events with us.”**

Which completely fails to even consider how said contents might be distressing for intersex people specifically.

Another thing this reminds me of is the pain felt by gay, bisexual, and trans folk when parents straight up tell us that they wish we were dead, that that would be preferable to having a queer child. Hell, some parents of trans people view us coming out as if we had murdered their ‘real’ child.

None of which is brought up to distract from the pain the intersex community is feeling here, I’m merely bringing it up in my own autistic way to try and help people empathise with those impacted by what was said, rather than sympathise in the abstract. Hopefully these examples can act as some form of common ground to understand why this is such a big issue and why it triggered the response it did from the intersex community.

And to any intersex person who is watching, I want to let you know that your feelings regarding this interview, both your pain *and anger*, are completely justified. You’re not ‘making a problem out of nothing’; you are well within your right to be angry at how this topic was mishandled. I also don’t want you feeling like you’re alone on this, that you’re the only person this has impacted, you’re not. Again, several of my friends called this out. I’d also like to add that we strive to create an environment that is safe for intersex people here on this

channel, so please, feel free to vent in the comments without fear of reprisal. Do note, we also have an open vent channel in the Essence of Community Discord server.

Returning to Gemma's story, a part of me still can't get over the fact that the media is treating this like gossip. I was especially disappointed with Pink News' coverage and just how generic it was. The only thing they added to the interview was a basic definition of what being intersex means, acknowledgement of political advancement without specification of the struggles forced upon intersex people, a single line which acknowledged that most intersex people do not require medical assistance, and that was it. [D2] Nothing that actually unpacked what was said and how it impacted members of the intersex community, no acknowledgement of the sort of violence intersex people are made to suffer, no connections drawn between eugenics, genocide, and this particular case, just a regurgitation of facts with little journalistic merit. And yet, as disappointing as that was, it was still among some of the better coverage I read, with many other sources flat out refusing to acknowledge intersex people as people. It really does go to show just how much we've failed the intersex community as a society, and is something that needs to be challenged.

Abortion is Not the Issue: This is Genocide

So, with the intersex community's pain acknowledged, I need to make one thing absolutely clear, and that is the fact that Gemma having had an abortion *is not the issue* here. The issue rests in the targeted nature of the abortion and how that relates to violence against the intersex community, like discussed earlier.

Abortion, as well as being a medical necessity and a human right, is, ultimately, a tool. [7-8] As such, it is neutral by default. There are specific contexts, however, in which that neutrality is lost. One example is forced abortions, like those carried out by an occupying power, another is selective or targetted abortions, like gender-selective abortions, which is where the discussion today comes in.

Whilst abortions are a human right, abortions on grounds of the foetus' traits, such as gender status, intersex status, and disability status, should not be protected under that. Society largely agrees on this when it comes to gender, with gender-selective abortions being illegal in many countries around the world, including the UK. [9] This is, in part, because it's taken to be the result of discriminatory social views which consider females inferior to males, and enabling the practice empowers said discriminatory views.

It also doesn't work, by which I mean, the assumption that the foetus will turn out to be a boy because it has a penis and vice versa, ignores the existence of trans people. So even if a child is born with a certain set of genitalia, it is entirely possible for them, 10, 15, 20 years down the line, to come out as trans, flipping the entire notion on its head.

Sadly, this standard isn't applied to the other traits listed, even though it arguably should for the same reasons we ban gender-selective abortion. Moving on to disability, disabled lives have value, I say this *as* a disabled person. Whilst my disability is a pain, I wouldn't opt to forgo life simply because of it, and I'd hope that the people around me, such as my wife, share the same perspective. My life didn't' lose value when I became disabled, so why would the life of a person who is born disabled have less value?

And that touches on another important aspect to this. When criticising disability-selective abortions, people often bring up the fact that it's easier to rear a non-disabled child than a disabled one, which, first of all, isn't an argument about value, but rather effort. Furthermore, even if a child isn't born disabled, they could very suddenly become such via an accident. If you're not prepared to take care of a disabled child, then you're not prepared to have a child, period.

What shocks me about having to say this is the fact that this is standard pet-owning advice, particularly for exotic pets, in how if you can't afford their vet fees it's irresponsible to own them. Yet people often act offended when you apply this very reasonable standard to having a child, something that seemingly stems from this view of children as an accessory, rather than fully autonomous human beings. Straight talk: If you're thinking of having a child, you need to be mature enough to sit down and consider whether you're prepared to stand by them no matter what. Unconditional love, like that every child needs, means love *without* condition.

Moving beyond personal responsibility as a parent, I also feel like this acts as an excuse for the sorry state of disability rights and accessibility around the world, with people being more willing to try and prevent the existence of disabled people, rather than creating a system in which disabilities cease to be disabilities as we typically think of them.

It's a world-changing paradigm shift, to have someone point out that the opposite of disabled is not abled, it's *en*abled. We as human beings are not meant to survive on our own, we have evolved extraordinary social abilities and inventiveness to move away from said state. Which brings me to eyesight. When you think of a person with glasses, do you usually think of them as 'disabled'? No. But said conditions were absolutely disabilities, namely blindness, prior to the invention of corrective lenses.

What this reveals is that, when we as a society put our minds to it, we can accommodate disabilities, reducing the struggles involved with them, to the point that we barely think about it, in spite of seeing them everyday. That's where our effort should be going, not to preventing disabled people from being born — because, no matter what, some will always be born and, again, people can be disabled at any point throughout their life — but creating a society in which being disabled isn't a challenge.

The great thing about having just covered disabled people and explaining *why* I don't consider disability to be justification for targeted abortion is that I've already dealt with the *main* justification given for the targeted abortion of intersex people; that being intersex necessitates a disability. Again, as demonstrated at the start via the undercounting of intersex people, that simply isn't the case, many intersex traits are completely benign. [2] But even if it was the case that being intersex meant being disabled, that still wouldn't justify said actions.

There are only two instances I can think of in which trait selective abortions are justified, A) when said trait makes the foetus dangerous to the host parent, and B) when the foetus is non-viable, both of which can be viewed as medical necessities. The life of the host parent absolutely takes precedence over the developing life of a foetus, and I understand the mercy

of aborting a foetus that will choke to death within minutes of being born. But aside from those cases, all trait selective abortions are predicated on the idea that certain lives have less value than others and should thus be destroyed, the very reason we ban gender-selective abortions.

Thing is, there was something bothering me whilst writing this section, something on the edge of my mind that felt simple, almost elementary, yet it continued to elude me, leading me to feel frustrated. It's only when I went back to check my choice of language that it struck me. You see, I'd referred to sex-selective abortions as gender-selective, because, let's be honest, that's what parents are after, and that's the language used in my country's laws. [9] That said, sex-selective is the more popular choice in discussion surrounding it, particularly in the US, so I went to change my usage to that. Yet, when I updated my list of selective abortion traits, leading it to read **"sex status, intersex status, and disability status"**, I realised that 'intersex status' is redundant, with it being a subset of sex status. That's right, that means sex-selective abortions are legal in the UK, so long as they're targeted at intersex foetuses.

This to me seems like a simple framing device to challenge the practice. In the same way that I've seen intersex genital mutilation attach itself to discourse surrounding both female and male genital mutilation, I think the intersex community might have success in launching a campaign to end sex-selective abortions, drawing people in who think it's about female targetted sex-selective abortion, only to show them no, it's about intersex people. Not only is this likely to draw attention, it's also useful in that it takes a preestablished standard and forces those in support of sex-selective abortions targeting intersex foetuses to argue why one's justified but the other isn't, rather than intersex people and their allies starting from scratch. I did find a few campaigns relating to the topic, but none of them seemed to use this style of framing, so I just wanted to mention it. It's also possible that I missed them, since, again, I'm an endosex person who has more than a hard time just keeping track of what the trans community is doing, let alone other communities.

However, there is one major difference between sex-selective abortions targeting female foetuses and those targeting intersex foetuses, and that's the greater context surrounding the intersex genocide. When a female foetus is aborted for being female, that's not done so as part of an attempt to 'eradicate women', it's because the parents in question want a boy because they view boys to be superior. With intersex people, however, it's very much an attempt to exterminate a marginalised group. That's why it was the doctors who pressured Gemma to terminate the pregnancy, because it's part of a broader attempt to eradicate intersex people, arguably constituting a form of genocide. That's why the intersex community needs us, the larger queer community along with any other community who has been made to suffer similar violence, to speak out in support of their efforts to change the system, because together, we can win.

Because it's not like the solution is a difficult one, quite the opposite. The solution is to simply not tell parents the sex of the foetus. That's it! Withhold non-essential information. That's how we end sex-selective abortions whilst ensuring a person's general right to have an abortion. It really is that simple, and is a standard that the Global North should already be abiding by but isn't. And no, colour coding your child's nursery by their genitals or hosting

deadly gender reveal parties don't trump the need to tackle discriminatory attitudes targeted at intersex people.

Gemma Collins Difficult Decision

Which finally brings us back to Gemma Collins, who I feel I've mostly talked around throughout this video. The reason being that, whilst her story is what provoked the conversation, I wanted to centre the impact this has had on the intersex community and cover the issue of sex-selective abortion just so we're all on the same page.

That said, as mentioned earlier, I don't hold Gemma Collins to be on the same level as Alison Singer, even if the impact of her interview is largely the same. This is because Gemma, unlike Ms. Singer, simply didn't know better. As mentioned in the interview, she'd never even heard of an intersex person before her checkup, at which point she was being immediately pressured by the doctors to undergo an abortion. Yes, she's ultimately the one who made the call, but we can't ignore the role that the doctors played as people of authority, not to forget the role society played in failing to provide comprehensive sex and relationship education. Of course, how much any of that absolves Gemma, if at all, is not up to me, that's up to the intersex community. They're just factors I wanted to point out.

Much like the fact that Gemma herself might be intersex and not even realise it, and that her doctors might have pushed her to have an abortion because she's intersex. Allow me to explain. Whilst doing research for this video I of course found out about Gemma's 2013 autobiography, which led me down the rabbit hole of what she'd said at the time, namely how she stated that: **"I got three doctors' opinions and they said the baby might be damaged because of what I'd taken."** Which leaves the question, 'what did she take?' Well, according to her autobiography, doctors pointed to both the oral contraceptive pill as well as medications she'd taken for an upset stomach.

Now, the pills obviously weren't doing their job, and a possible reason for that comes in the fact that Gemma has polycystic ovary syndrome (or PCOS), with her stating that:

"It was a complete shock when I found out I was pregnant. I have polycystic ovaries, which means I'm prone to weight gain and have irregular periods."

PCOS is a condition diagnosed on the basis that a person displays at least two of the following three symptoms:

1. Irregular periods or no periods, caused from lack of ovulation.
2. Hyperandrogenism.

And;

3. Multiple small cysts on the ovaries. [10]

And it's that second one, hyperandrogenism, that jumped out at me. Hyperandrogenism is typically considered a form of intersex variance, referring to a higher than typical presence of androgens, what are often referred to as 'male hormones', in people assigned female at

birth. Literally, that's what the word hyperandrogenism means, 'above normal male hormones'. Famous cases of people with hyperandrogenism include intersex athletes like Caster Semenya and Dutee Chand.

What's more is, whilst brushing up on PCOS, I found an article on Inter Act, Advocates for Intersex Youth, which explained how people with hyperandrogenic polycystic ovary syndrome are considered a part of the intersex community. That is to say that they are more than welcome to label themselves intersex and join said community if doing so helps them, as it does for the author of the article, Sam Sharpe.

This stands in stark contrast to the medical community which does not officially recognise hyperandrogenic PCOS to be a valid form of intersex variance. Now, why is that, considering that hyperandrogenism has quite literally become the poster child for intersex people through tabloid coverage of intersex athletes? Well, as Sam mentions in their article, numbers probably have something to do with it. Hyperandrogenism is present in 75-90% of all people with PCOS. [12] Taking the low end at 75% and combining it with the fact that the prevalence of PCOS among people with ovaries is thought to range from 4-20%, that'd mean 3-15% of all people with ovaries could, in theory, consider themselves intersex. [11] Furthermore, if we take those numbers and halve them, since people with ovaries account for around half of the population, that would give us 1.5-7.5% of all people have hyperandrogenic PCOS. Add to that the 2% of people who have medically recognised intersex conditions, and that gives us a total of 3.5%-9.5% of all people, ever born, who could consider themselves intersex, almost doubling the total number of intersex people at the low end, potentially even quadrupelling it. [2] It would mean that at least 1 out of every 30 people could consider themselves intersex, with said number potentially being as high as 1 out of every 11 people.

Another way to look at it is through sheer numbers: Just taking the low-end estimate, 3.5% of the global population, that's about 270 million people. This means that, if intersex people were a nation unto their own, they'd be the 4th largest country on the planet, beating out the Republic of Indonesia for the spot. [13] Only China, India, and the US would have a larger total population, and, again, *that is the low end estimate!* The high end would put them ahead of the US.

Seeing all this, it's easy to understand why the very medical institutions bent on the eradication of intersex people might fudge the numbers to try and downplay their prevalence whilst targeting those with said trait. Their whole ideology hinges on the idea that it's some super rare condition, when it's not. In spite of decades of targeted eugenics, intersex people continue to be shockingly prevalent.

Bringing this back to Gemma, whilst it's possible that she's among the 25% of people with PCOS who don't have hyperandrogenism, it's more likely, mathematically speaking, that she does. And this is where my mind takes a dark turn. Because, whether or not Gemma realised it, her doctors almost certainly did, and I wonder if she was potentially lied to in an attempt to stop her having children as an intersex person in order to prevent her from passing on said genes.

See, I kept returning to the fact that the doctors told Gemma that her medications, including oral contraceptive, might have caused the foetus to be intersex. Now, I of course don't know

the other medication she took, but I kept asking ‘why did doctors point to oral contraception?’ As far as I am aware, there’s no relation between oral contraception during early gestation and birth defects of any kind, which the medical establishment would almost certainly include intersex variance under.

Indeed, reading through a series of studies on the topic published between 2008 and 2023, none but the last reported any sort of negative impact, and the last one only reported an increase in pre-eclampsia, preterm birth, low birthweight and SGA (that's 'small for gestational age'). [14-17][17] Absolutely nothing about birth defects or differences in sexual development.

The closest thing I could find that made *any* suggestion that oral contraceptives could impact sexual development was a 2006 study on wild fish, which, if it isn’t obvious, isn’t exactly valid for the contraceptive’s impact upon human development in utero. [18] So, again, I keep asking myself, why was oral contraceptive brought up as a possible scapegoat? Why tell Gemma that she might be responsible for the supposed ‘deformity’ of her foetus?

Well, this brings us to another factor we need to consider, and that is Gemma’s weight. Gemma is fat, which, to be clear, isn’t a judgement claim. PCOS and its impact on insulin production aside, even if she were fat ‘by her own hand’, that’s a perfectly respectable way to live one’s life. Sadly, doctors very rarely see things that way.

My viewers might have heard of trans broken arm syndrome, a form of medical discrimination forced upon trans people in which doctors will attempt to tie any medical problem to their being trans, even things as patently ridiculous as a broken arm caused by slipping in the shower. Thing is, this is not an idea that originated in the trans community. This was, in fact, an idea first forwarded by fat activists to explain how difficult it is to get doctors to look past their weight when seeking medical attention, even for things entirely unrelated, such as a broken arm caused by slipping in the shower.

Yet it doesn’t just stop at their weight. In instances in which the doctor wants to attack their patient's weight yet knows they’d likely be called out for it, they’ll often try a more general approach, targeting other elements of a fat person’s ‘lifestyle’ to make them feel like everything is their fault, such as taking oral contraceptives or something to settle an upset stomach. They know, even if it’s seemingly separate, when that fat person hits a low due to how they’ve been treated by society, it’ll all bleed together.

Though, to be clear, this is speculation on my part, but I’m only doing so because of the fact that what the doctors told Gemma doesn’t make sense to me. I don’t see how they got from A to B, so I’m trying to offer an explanation that’s at least plausible. A part of me wonders if I’m just too cynical, but then I remember all the testimonies that have come out of the fat community, exposing the bullshit doctors pull on a regular basis, and I remember that, no, this is entirely plausible, if not likely. You really cannot overestimate the cruelty doctors enact towards fat people.

Thing is, if that is the case, then it seems to have had its intended consequence. For not only did Gemma admit to taking to self-harm following her abortion, but she even stated that:

“For a while I feared I’d never have kids and at one time I thought it was God’s way of punishing me for the termination, for which I will always feel a sense of guilt.” [4]

This, by the way, is part of why I’m being very careful with regards to what I say about Gemma. I don’t want to hold her above the intersex community, hence we discussed the impact the interview had on them, but I also don’t want to unwittingly add to a person’s trauma. Yes, this is an important topic to cover, but it’s a matter that requires my full diligence, and a part of that is making sure people have all relevant information.

That’s why, whilst I’d typically refuse to speculate about a person’s intersex status, I’ve made the exception this time. Not only is our education system a complete sham, but it’s very possible that Gemma herself is a victim of anti-intersex violence. Again, society teaches us that intersex people are a shameful secret, meaning most people never have these sorts of discussions in their personal lives, which enables a person to be the victim of such violence without realising it. And I don’t want another Becky Albertalli in which someone seemingly outside a community is attacked, forcing them to out themselves. So I decided to err on the side of caution. It’s possible that Gemma doesn’t have hyperandrogenism, and even if she does, that doesn’t necessitate that she has to adopt the label intersex or join its community. It’s not a form of conscription, the label and community is there for those it helps. That said, it is something we need to be cognizant of going forward.

Though, what do you think? Do you feel I made the right call here? Can you think of any reasons the doctors might have blamed oral contraceptives for the foetus being intersex? What are your thoughts about the general coverage of this story? Did you notice something I missed? If so, be sure to let me know in the comments down below.

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Meta

The thumbnail for the Essence of Thought video “Treating the Intersex Genocide as Gossip | RE: Gemma Collins” which has a photo on the right depicting a pregnant person stroking their extended belly. Next to the picture, on the left, bold text reads “Sex-Selective Abortions Are Still Legal In The UK”. The Essence of Thought logo can be seen beneath the text.

Sex-selective abortions are still legal in the UK as well as many other countries, so long as they’re targeted at intersex people. This discriminatory and genocidal practice recently became the latest ‘hot gossip’ following a Gemma Collins interview.

https://youtu.be/nljDhQmUWdc