



Beyond the Binary with A.J. Lowik

Nerdin' About Podcast Transcript, Season 1 Episode 11

Michael

Hey everyone welcome to Nerdin About I'm Space Michael, and with me as always is Dr. Kaylee Byers, the rat detective, continuing on her journey through time and space, Star Trek: The Next Generation. How is the series going Kaylee?

Kaylee

Oh my gosh, I've been on an emotional roller coaster. I just got to the end of Season Four. I don't want to give away any spoilers. I mean, to be fair, you've had a long time to watch this show, so have I, but it is throwing me in all the directions, and I can barely handle it. You know what I'm feeling really invested in the show. I've even been thinking: who would I be on the Starship Enterprise, and Michael, I know you've done a little bit of digging into this, haven't you? Who would you be?

Michael

I would probably be working with Dr. Crusher, I probably would be one of those interns, and also Dr. Crusher makes some questionable relationship choices which I feel that I can relate to. Like she's falling in love with ghosts, you know, like she's pining for Jean Luc Picard, who was best friends with her dead husband. You know, there's just a lot to relate to with Dr. Crusher. What about yourself?

Kaylee

No, I see myself in Dr. Crusher a lot too in, like the general curiosity about the world, and all the things in the lab, but then I also see myself in Deanna Troi quite a bit too, like I really enjoy sitting and listening and hearing people's stories, which is a bit of what we're doing today. So today we're spending our evening with A.J. Lowik, and A.J. is a PhD candidate working on issues of trans-inclusive reproductive justice, and they're also a researcher, instructor and trans-inclusion consultant. Hi, A.J., how are you doing?

A.J.

I'm pretty good. Thanks.

Kaylee

So, maybe to start off, can you tell us a little bit about how you came to do this work?

A.J.

So I'm a non-binary trans person myself. I use "They/Them/Their" pronouns. And about 12 years ago, at this point, I was working in an abortion clinic finishing my undergrad with no real plans of what I was going to do next. But I started questioning my own gender, and looking around myself at the clinic, and realizing that there would be a bunch of barriers for someone who wasn't a woman accessing service in this space. I realized it was a great research



question, actually. So, I went back to school, and did my Master's degree studying trans-inclusive abortion. Now 12 years later, there's still huge gaps in what we don't know about trans people's reproductive lives. For example, I'm working on a project right now trying to pull all the literature together, and we found that there's less than 400 articles on all aspects of trans people's reproductive lives, from abortion all the way through to fertility preservation pregnancy, menstruation. We just don't know a lot.

Michael

So, A.J., you sent over an article that you had written, which I've been nerding out about, and I found super fascinating. You know, I had this really interesting experience reading your paper on Word. I don't know Kaylee, if you've ever had this experience, you probably read more papers this way than I do, but as I was reading it, you know, Word underlines in red words that it doesn't recognize. There was a lot of words that were not only uncommon to me, but also uncommon to Word, and you click on it, and it's like 'add to dictionary' and I felt like I was doing something good. Yes! Add this to the dictionary! You know, some of these words that came up a lot were cisnormativity, repronormativity, transnormativity, and I wonder if just a basic understanding of some of these vocabulary is a big issue, and perhaps even when you write a paper, and the program doesn't even recognize the word. Can you maybe talk about the challenges of vocab in this area of research?

A.J.

Yeah, definitely. I think no matter what field of research you're in, there's going to be vernacular, terminology that you use that is really common in your field, and maybe even taken for granted in your field, that people on the outside have no idea what you're talking about. The same is true for trans studies, or gender studies, or critical theory in general. For some that makes the work that we do inaccessible, and that's never my goal to exclude people in the words that I choose. On the other hand, there are really complicated, and often pervasive, and invisible dominant norms happening in the world that I think it's important to name. So cisnormativity, for example, is a set of interconnected assumptions. First and foremost, where we assume that all human beings are either male or female, and where we have this kind of sexual dimorphism that we reify in our studies in a lot of really kind of insidious ways. We assume that all people are going to be men or women, and that excludes people like me who are non-binary, and we expect people to be cisgender. So, we've built entire systems, and structures, and healthcare spaces, and research institutes, and education - we've built so many things on a foundation of cisnormativity, where most people don't even know what cisnormativity is, it's so pervasive that it's invisible. And it's invisible primarily to cisgender people, because they have no need to interrogate the systems and structures that reinforce their identities as normal, and natural. So, I think it does us a disservice to get kind of caught up in complicated language. While on the other hand, we need complicated language to explain these really complicated things that are happening in our world.



Michael

Yeah, I had a lot of fun because every once a while, I'd come across a word that I'd never seen before, and I get to Google it, and then I kind of go down a rabbit hole, learning about this word, so I thought it'd be fun if I could just go through some of these words, and you could maybe riff on them, and talk about those words as it pertains to your work, and I'll just go through some of these. You ready?

A.J.

Yeah, that sounds great.

Michael

This isn't a test. We're just having fun.

A.J.

I should know the answers if this is a test.

Michael

Alright, so the first word which I have heard before, but you used a lot, and especially in this context: dysphoria.

A.J.

Yeah, so 'dysphoria' is a word with a really interesting history. It speaks to a feeling of profound distress that we often associate with trans people and trans experiences. So, for a long time, the Diagnostic and Statistical Manual of Mental Illnesses referred to trans people as having something called a gender identity disorder. And there were a lot of folks who were upset at that language because our gender identities are not disordered. Instead, what some trans people experience is profound distress with the way that the world perceives them based on the body that they were born into. So, for some folks, this can be really profound distress associated with the fact that they have gone through puberty that they don't identify with, that their body parts have changed in ways that they find really uncomfortable, anxiety producing, depressing, all these kind of mental health symptoms associated with that distress. So, the DSM has shifted its language away from gender identity disorder towards gender dysphoria recognizing that this is something that some, but not all trans people experience, and that some but not all trans people will use hormones or surgery to change their bodies in an attempt to kind of alleviate as much of that dysphoria or distress as they can.

Michael

All right, next one, which I think is more of a medical term, but it's still new to me. I'm not even sure if I'm pronouncing it right: 'menarche'?

A.J.

So, 'menarche' is the onset of menstruation. So that's your first period usually accompanied with other markers of puberty.



Michael

Okay. Next one: 'amenorrhea'?

A.J.

'Amenorrhea' is not having a period for any number of reasons. So, for trans people, this can be because they've gone on testosterone as a gender affirming hormone, and the process of being on testosterone suppresses menstruation, and so they become amenorrheic they become a person who doesn't have a period.

Michael

Okay our final one which gave me pause to think about: 'Bloody Think Tank'.

A.J.

Okay, 'Bloody Think Tank' is a little bit of a joke. I was in Switzerland last December, at an event called Menstruation at the Margins, which was a group of menstrual health researchers from around the world, who got together to talk about the various populations who are marginalized in menstrual health research, and activism, so trans and non-binary people among them, but also homeless folks, disabled folks, sex workers, people who we don't often talk about when we think about menstruation. A kind of joke emerged that our event was a bloody think tank that we were thinking about blood, working with blood, you know, some of us bleeding ourselves, and that it was actually a think tank that was immersed and wrapped up in menstruation.

Kaylee

Well let's get fully wrapped up in menstruation for a minute. So, let's talk a little bit about reframing menstruation. So, in your work you discuss menstruation has been largely approached as this women's health issue, but you also discuss not all women menstruate, and not all people who menstruate are women. So, if we move away from the way that we frame this as this woman's health issue, how does that improve our health care system now? What services change?

A.J.

Well, I think it's ultimately a small piece of a broader project. So, if we work towards degendering menstruation, we need to simultaneously be thinking about all of these other embodied reproductive phenomena that we also gender. So that's everything from chest feeding, which some people call breastfeeding, or body feeding, or tit feeding, to pregnancy, to fertility, and infertility, the way that we think about human bodies as reproductive is tied up in the gender binary. So ultimately working around and towards gender inclusive menstrual health is really a small part of the project of working towards gender inclusive, reproductive, and also regular preventative, primary, emergency health care for all people. Ultimately, for me, the thing that I focus on is that making room for trans and non-binary people in any field of health, ultimately does a service to all people. So, if we think about the gendered use of language around body parts, well, not all cisgender women like calling certain parts of their body by these kind of clinical gendered sterile terms, and so if we move towards the practice of having people



tell you what word they want a particular part of their body to be called, that helps trans and non-binary folks, and it also helps everybody.

Michael

So, what are some of the options available to people when managing their menstruation?

A.J.

I mean, all of the options that are available to cisgender folks are available to trans folks too. So, everything from regular pads, tampons, menstrual cups, etc., to medical options for menstrual suppression. So, IUDs different forms of oral contraceptive birth control, hysterectomy, all of these options are technically available to trans people. The issue is that trans folks have an exasperatedly difficult time accessing them. First and foremost, because trans people have really poor experiences of healthcare, and then the way that we understand trans bodies forecloses their reproductive possibilities in a lot of ways. So, if a person is you know, having really heavy periods and is uncomfortable about it, and they're trans, we might assume that their menstruation is causing them gender dysphoria, but maybe it isn't. Maybe they're just really pissed that they bleed for 10 days every 22 days, and it has nothing to do with their gender, but we link gender and reproduction up in so many kinds of tethered enmeshed ways that it can often be unfathomable for someone to access reproductive healthcare as a trans person, where the provider understands it as being just that, and not some deeper sign of their gender.

Kaylee

Yeah, I was thinking a bit about that, and the additional barriers. I've even thought about some of the recommendations I've received from health care providers, and somewhere in my mid 20s, doctors really had some strong feelings about whether or not I should be having children, and I also have strong feelings about that, but the opposite.

A.J.

And that's that repronormativity piece that Michael was speaking about earlier, and had teased out of the article. So repronormativity both says that we're expected to reproduce that to use your body to make babies either as a person who produces sperm, or as a person who gets pregnant is the expected course of things. So, to desire childlessness to never want to use your body in reproductive ways. The common assumption is that there's something wrong with you, that this is a moral failing, or that this is a physiological failing, we need to dig into why it is that you don't want children. It's so naturalized and so normalized, especially for people who identify as women. Health care providers will do anything in their power to stop you from getting a hysterectomy, or a tubal ligation surgery, if they decide that you're not ready, which is so patronizing, right? Yeah, it's wrapped up in this expectation, and assumption that you're supposed to reproduce, but also that only certain people are supposed to reproduce, and we're really good at safeguarding the reproductive potential of white cisgender heterosexual people who are in monogamous marriages, but racialized folks, Indigenous folks, disabled folks, they're on the reverse end of repronormativity, where we take the reproduction from them. It's eugenics, right? It's about the state controlling who's worthy of participating in this, and trans people are



typically on the receiving end of what we call 'negative eugenics strategies'. We're not supposed to reproduce. If we reproduce, we're seen as, you know, dysfunctional, or we're going to somehow harm our children just by nature of being trans. So, there's kind of broader social norms and expectations caught up in this.

Kaylee

There are a number of accounts that I follow on social media that of course, push back on this idea of the repronormativity. How do we change that narrative?

A.J.

Yeah, I don't think there's a single answer. I think it comes down to everything from increased positive media portrayals of non-parents. People who choose actively not to parent, where not parenting is not framed as this failure, this blight, this thing that one is traumatized by, like many of us are really happy in our decision not to parent. All the way to recognizing again how kind of insidious, and pervasive eugenic strategies are, that something like a baby bonus where you give a new family a tax break. Well, that's actually a eugenic strategy, that normalizes the idea that certain people are supposed to have babies, and we want that, it's good for the state. It helps us build the nation, but yea this repronormative stuff is so caught up in the colonial project, and white supremacy in cisnormativity. That really any way we can destabilize those foundations is ultimately going to be better for both the people who decide to reproduce, and the people who don't or can't.

Kaylee

So, chip away at it in all ways every day.

A.J.

Yeah, and that's kind of the theme of my research, and my activism. I do things that maybe have a more systemic, or systematic impact, and then I talk one on one to people where there's a micro-awareness to something that maybe they haven't thought about before, and both of those are really worthwhile. So, don't discredit your small acts of resistance, even if that's a friend of yours, or a family member who asks, "so when are you going to have a baby?" You reply with "never, and I'm thrilled about that". That's just as powerful as changing the way journalists report on childless adults. You know it's all important.

Michael

Well, this is why you have your Tamagotchi Kaylee, so that when your parents do ask you that question.

Kaylee

Oh, I'm so sorry. It's dead. [laughter] I forgot about it in my purse. I told you this was going to happen. It did get through a few stages of growth, but then the poop piled up and it died.



Michael

All right. So, thinking about the healthcare system here in Canada, what have been some of the recent movements towards trans-inclusive reproductive health? And what do you feel are some of the next important steps we need to take?

A.J.

I think before we can get to trans-inclusive reproductive health, we need to get to trans-inclusive health more broadly. That's something that unfortunately, isn't really happening, and part of the problem is that med schools don't teach trans health. So trans people are considered almost special populations, pretty much anyone who isn't a cisgender white man is considered a special population in med school. So, we have preservice physicians who just aren't being taught about the realities of trans lives, and that trans people need everything from a doctor when they bump their toe, to someone to go to when they decide to have a baby. That all facets of health are trans health issues, and that trans health isn't just hormones and surgery. So, I think we need to kind of start there, and some of that movement is happening. So, the University of Toronto recently announced this past summer that they're going to be doing an LGBTQ kind of overhaul to their med school curriculum. I do wonder whether the T will get enough focus. A lot of the times what we do is we lump LGBTQ together using this kind of acronym. Some of us call it the alphabet soup acronym, and the issue is that some of the nuances for some of those populations get lost when we look at LGBTQ as an amalgam. There's some positive movement in so far as individual providers and clinicians, individual midwifery clinics, individual abortion care providers, some family doctors are seeing the need for trans-inclusive care, and are auditing their policies and practices, are doing continuing medical education content online or in person that looks at the needs of trans patients. So, there are folks who are taking steps forward. The trouble is that oftentimes that's framed as optional, and only the providers who really want it are seeking it out. So, we still have huge gaps, where trans folks primarily living outside of urban centers, trans folks who are also racialized, disabled, poor etc., experience the brunt of the poor care across Canada, and are sometimes even denied service altogether because providers consider the trans patient as complicated, or problematic, or they morally object to serving trans people. Which is something that unfortunately, our healthcare system allows to a greater or lesser extent.

Kaylee

Can you can still keep your job if you decide not to help people?

A.J.

Yeah, so you're allowed to conscientiously object to providing people with treatments that you don't agree with, so long as you refer them to a place where they can receive such treatment. So, this is something that's in medical codes of conduct, as well as pharmaceutical codes and conduct. We see this sometimes with referring to abortion services, or providing a prescription for Plan B, that there are folks who morally object to these, and thus will not do them. So arguably, there are also providers who will say, "well, I don't know enough about hormone regimens, there hasn't been enough research, or I morally object to the idea of transness, and



as a result, I refuse to serve trans people." The expectation is that you refer them to someone who will, but that in practice happens very rarely.

Kaylee

Well that's upsetting. So maybe my biggest takeaway is this link between our reproductive health as our identity. Our link to our health is our identity. We are all individuals with our own experiences, and the systems we're in, health systems and otherwise, aren't set up to deal with individual people. They put us in categories, and lots of different ones, but we're constantly put in categories. What opportunities do you think that we can have if we move away from that categorization, and we can treat people as individuals within the healthcare system?

A.J.

Yeah, that's a great question, and one that I think a lot about, because those categories are in health care, but also in so many other facets of society. Like if we think about human rights frameworks, and even in Canada, our own charter, and the grounds for protection from discrimination that list people based on these facets of identity. Then we have people policing who counts as trans enough to be included in the category and who do we kick out, who's woman enough to get included in the category and who do we kick out? So really, this is a question about what do we do about the trouble with identity politics, and the way that identity politics has informed the way that we deliver health care, the way that we understand the person walking towards us on the street, we immediately suss them out to determine whether they're like us in important ways, or whether they're different from us in important ways that really, I mean, on the one hand, we might be tempted to move towards a kind of humanism, where we recognize the humanity in all people. And on the other hand, we need to recognize that for some people, their sexes, their genders, their races, their disabilities are fundamentally important to who they are, and so to erase them would actually do us a disservice. So, can we simultaneously move away from a system that demands identity, while also recognizing that for many people, their identity is integral to who they are? I don't know if I have an answer, but I think it's about balancing both of those needs. So, if we think about your passport, your birth certificate, your health card, it has information on it that some would argue is completely irrelevant. Why does your driver's license tell people what genitals you have? Is that necessary? On what basis is that information being used? So, there's some folks who would say, well, we should just do away from sex designations on identity documents. Then there are other folks who will say, well, no, I earned that F. Like a trans woman earned that F. She really wants that F it validates her identity as woman, is there a solution that affects and fixes the problem for everybody? I don't think so. Ultimately, for me, it's about prioritizing the needs of the most marginal, the people who are most harmed by our systems and structures, and that's certainly not me. I benefit from white privilege. I can pass for cisgender when I need to, I'm university educated. So, what I would want for myself is actually irrelevant. I'm most interested in how we can create solutions that centralize on the needs of Indigenous, and otherwise racialized trans women, because they're actually the ones who are most marginalized, for whom the harms are terrifying. So ultimately what they want I think is the best solution, and what those of us who have other areas of privilege should be pushing towards.



Michael

So, should we get to some nerd herd questions?

Kaylee

Oh, yeah, let's get to some nerd herd questions.

Michael

All right. Our first question comes from Daniel who asks, any thoughts on how to lobby for trans-inclusive sex ed on the local level in conservative communities?

A.J.

Wow, that is a huge question with a lot of moving parts. So, I think before we look at conservative communities, or conservative provinces even, we need to consider that sex ed across the board in Canada is not comprehensive and holistic. So even in communities that you might understand to be progressive, big provinces that maybe have liberal governments, that comprehensive sex ed isn't happening. So, if we consider sex ed as like a spectrum that goes from abstinence only education, or no education all the way up to comprehensive, the vast majority of students in Canada are still receiving sex education that leans more towards abstinence only, and less towards comprehensive, and that is despite a mandate by the federal government to do otherwise. So why is this happening? Part of it is that teachers, people who go to school to be teachers, are not taught how to deliver comprehensive sex ed. So even when there's a motivation on the part of the school to deliver comprehensive sexual education, there's no one teaching in that school who has been taught how to do it. So, you have teachers with all of the best intentions, who don't have the right information, whose information might be outdated, or biased, who don't have the resources to get the education that they need to fill those gaps, who are then entrusted with this role of providing sex education. So, if we change how we teach student teachers, there will be more student teachers to do comprehensive sex ed in all communities: progressive, conservative or otherwise. The second part of this question is that sex education, oftentimes is framed as optional and supplementary. So, it's this kind of add on class that's maybe added on to health or added on to Phys. Ed, as opposed to something that's like, integrated into school. If we were to integrate it into school, in age-appropriate, progressive ways, there would be fewer opportunities for that kind of moral or parental objection to that grade 10 sex ed class where you teach my young Bobby how to fornicate or you know whatever the panic is.

Kaylee

I want to be in that class!

A.J.

So yeah, we need to think about how we can integrate sexual education into all areas of education, in age appropriate, and expansive ways. The evidence tells us that comprehensive sexual education benefits our students. So, if parents or educators are objecting, perhaps we



need to provide an option for their particular student to opt out, but where we offer it to everybody. I think the bigger part of the issue is that just like menstruation, sex is taboo. We're not supposed to talk about it. We're supposed to be having it in secret, and never telling anybody, especially if we're in heterosexual married monogamous relationships. So, if we can break the social taboo on sex, maybe there will be less stigma around teaching young people about how to protect themselves, and have healthy, and safe, and consenting, sexual relationships, again, the kind of microcosm of a macrocosm issue. Which doesn't really answer the question, but those are the things that come up for me when I think about how do we push for more comprehensive sex ed that is trans-inclusive, that is queer-inclusive, that is disability-inclusive. There's so many reasons that that isn't happening, and so many ways that we can fix it that are pieces of the problem.

Michael

You know, it's funny, I never really put it together, but I don't know if it still happens, but it's always the PE teacher that always tends to teach the sex ed, and when I was in high-school, it was the basketball coach who had one volume like he was just always screaming like the referee just made a wrong call, throwing basketballs at people if they weren't listening. This is who taught us sex education. Maybe we should change the system.

A.J.

Absolutely, and also like Kaylee was talking about before we started recording, where we divide boys and girls, we divide people up into these two categories, which again reifies the idea that there are two categories, that's cisnormativity at work. Also, even if there were only two categories, which there are not, who's to say that young boys don't need to learn about menstruation? They should be and that young girls don't need to learn about wet dreams, they should be, you know, like so even if we give educators the benefit of the doubt that there are only two genders, even though we know that's a fallacy, like the whole idea of dividing up people based on their sex bodies, and teaching them only the things that will happen to their bodies is a huge problem. So, like, let's teach everybody about periods, and everybody about wet dreams.

Michael

Then I would have known the word menarche.

A.J.

There we get to the root of the problem. [laughter]

Kaylee

That's what happened Michael the second you went into that boys only room...

Michael

It was only malarkey. Alright, should we nerd out?



Kaylee

I'd love to nerd out.

Michael

Alright, so if you want to get in on the nerd outs, you can tweet at us @NerdNiteYVR, or get on our Instagram, and join the conversation, just like Mev did, by telling us that they are nerding out on a course at UBC on ableism and equity in technology, probably the best course they've ever taken. A.J. are you taking any extracurricular courses in this pandemic time?

A.J.

I am not. Unfortunately, I'm focused on finishing my dissertation, and working multiple part-time jobs, which takes up all of my educational brain time, but the thing that I nerd about whenever I have a tiny moment to spare, and that's all I get, is genealogy. I have been researching my own family's history for almost 20 years now. I maintain a website about it that lists the name, and dates of every single ancestor I've been able to find. I get people who send me emails where they're like, "my six times great grandmother was related to your third grandfather, on your father's side, and you have this one date wrong on your website" and then I'll deep dive into genealogy, and use that new bit of information as a springboard to find new people, and new dates, and new churches, and new boats that folks immigrated on, and all of this really cool stuff. I just find it fascinating.

Kaylee

That's really interesting. You know, a couple of my relatives are really into that also, and not that long ago. I got this email from my Dad being like, your great great-great-great-great-great-great-great-great-great-great-great grandmother was a witch! [laughter] In the Salem witch trials. Rebecca something? I should have prepared for this, but I am prouder of this relative than any other relative alive.

Michael

A witch! [laughter]

A.J.

You find all kinds of things like I have a family member who at two years old accidentally shot his uncle during the war of 1812. Like, you find these bizarre, and really fascinating stories, and I can't help every single time I get a new bit of information, reflecting on the incredible privilege that it is to know my genealogy. Like, when I start a meeting, and I do a land acknowledgement, I talk about how the land that I live on is stolen. I know the names of my ancestors who were a part of that theft. So, I get this incredible joy out of doing this work, and it also feels like a responsibility in a way, to preserve the part of my ancestry that was a part of the colonization of Canada, the United States, Sri Lanka, parts of Africa, like my ancestors were white colonizers. So, the more I learn, the more empowered I feel to mobilize my privilege as a white person, and responsible, because it's not this elusive thing that happened in the past. It's just a few generations ago, my ancestor Reverend James Spinning came to Canada to start his Christian Church. That's colonization.



Kaylee

Yeah. 100%. But about you, Michael? Do you have a list of relatives following all the colonization of the Ungers?

Michael

Yeah, well, I do come from the great Mennonites of central Canada. I always get worried whenever my Aunt pulls out one of those family trees, and there's like only five last names, and a very thick book. I'm like, "Why are there only five last names?" Oh, I see. Mennonites. I have been nerding out on Shanda Leer, local drag queen, who has co-hosted Nerd Nite before. They have a new podcast called Where the Big Boys Game. It's a very nerdy podcast that gets into what they call the triforme which is video games, anime, and wrestling. Those are things I normally don't nerd out on, but I decided to take a deep dive into one of the animes they get into it was on Netflix, Neon Genesis Evangelion. This is one of the most popular ones of all time, it came out in the late 90s. Speaking of things from the late 90s that I'm now getting into. Holy smokes, this show is incredible. It is so nonlinear, and so non-North American, and I find it so refreshing to watch a TV show that just takes these weird twists and turns, that you would never see from a North American TV show, especially from a show that is supposed to be for kids, and it goes into some really like heavy things. Speaking of like kids getting into giant robots, and you know, girls becoming guys and guys becoming girls, the robots become this new thing, and they go through this emotional transformation. It's really great. I highly recommend Neon Genesis Evangelion.

Kaylee

It sounds like you've just recreated recently the 90s in your apartment. Are these things just on demand there?

Michael

Yeah, anything 90s is now coming straight into my apartment. I've got my own exclusive thing because as we've talked about, from 95 to 99, I was just in a big black hole in my parent's basement in North Delta.

A.J.

Isn't it bizarre to think that the things from the 90s are vintage? Doesn't that make you feel a little bit old?

Kaylee

I always find it really upsetting when I watch a TV show and I look up one of the actors in it and I'm like, they are much younger than me, but they are playing an adult on this show.

Michael

Kaylee, what have you been learning and nerding about?



Kaylee

Oh, what have I been learning and nerding about? Back in Episode Seven we nerded out about Black Birders Week, which was organized to amplify the voices and stories of Black birders, and nature enthusiasts as well as to bring some awareness to anti-Black racism. That social media event has inspired so many incredible week long social media “Black in X” events, and they're highlighting the work of Black academics both past and present, as well as building community. So, for example, Black in Engineering, and Black in National Parks weeks, both just wrapped up, and before that was Black in Chem, and MC Hammer was tweeting about it, which was amazing, and Black in Neuro was before that also, and hosted a must watch panel, I highly recommend it's on YouTube on NeuroRacism, and actually Black in Neuro has a calendar on their website. So, if you're interested in seeing what events have happened, and what events are coming up, you can check that out on their website. Looking forward to the week that this is released, we'll be in the middle of Black Mammologists week, which as a rat scientist I am particularly excited about so throughout that week, they're going to have a number of events, and Monday is Misunderstood Mammal Monday, which hello, rats, and then there's days dedicated to highlighting threatened mammals, marine mammals and a day for networking for Black mammologists. So, my recommendation this week is to check out Black Mammologist week. Their poster, the artwork, is stunning, and they just posted pictures of stickers that they're going to have today, which I'm very excited about. So that's what I'm nerding out about looking forward to some Misunderstood Mammal Monday,

Michael

You know, Twitter for all its misgivings over the years, I think this past year has actually been really good for some of these things that you talked about, like BlackAFinSTEM and all these weeks. I can't wait to get into it. It's really fun just to see the conversation roll through. So super looking forward to that. A.J., thank you so much for taking time with us telling us about your work. If people want to learn more about your work, find you ask you more questions, where can they go?

A.J.

Yeah, so I have a website. It's just AJlowik.com where I share my publications, and what I'm working on, and upcoming talks I'm giving, and for something a little more casual you can find me on Instagram @thegenderoffender.

Kaylee

And thank you so much everyone for listening and tuning in. If you want to hear more from us, you can find us on our socials @NerdNiteYVR on Twitter, Instagram and Facebook. We'll be back in a couple of weeks, but until next time, whatever you do, keep doing you.