



## University of Manitoba: “What’s the Big Idea?”

### Series 2, Episode 1

#### TRANSCRIPT

#### TITLE

- Menopause, menstruation and the weaponization women’s health with Dr. Jen Gunter

#### INTRODUCTION

**CLIP FROM DR GUNTER IN A TED SERIES:** Should I do a cleanse? I hear people asking this question a lot. If you’re hoping it will remove toxins from your body, that’s just not going to happen.

#### **MUSIC SWELLS**

**DR GUNTER [teaser clip from this episode]** around- In the United States, it didn't become law that you had to have women in studies until 1993, right after I graduated medical school, right? So we have a lot of gaps and those are the problems of medicine in our society.

#### **MUSIC SWELLS**

**DR GUNTER [another teaser clip from this episode]** So my one hack is if you're looking at women's health information, put whatever question you have in your toolbar or your search bar and then put S O G C, Society of Obstetricians and Gynecologists. 'cause that will force everything that's S O G C content to come to the top. And it's a total game changer for getting your information.

#### **MUSIC SWELLS**

**NARRATOR:** Hello, I’m Michael Benarroch, President of the University of Manitoba. Welcome to season two of my podcast, “What’s the Big Idea?” I’m excited to share more conversations with big thinkers from the UM community who are contributing to the cultural, social, and economic well-being of Manitoba, Canada, and the world. Together, we’ll unpack the “big idea” their work explores. With topics ranging from health research to climate science to social justice, there’s something from everyone.

In today’s episode, guest host University of Manitoba's Chancellor Anne Mahon is speaking to arguably the most trusted—and most entertaining—authority on women's health: UM alum Dr.



Jen Gunter.

Jen is not only a world-renowned gynecologist, but also a pain medicine physician, and a New York Times bestselling author of the *Vagina Bible* and the *Menopause Manifesto*.

In this candid conversation, she shares her mission to correct the masses of misinformation on everything from menstruation and menopause; and she explains how women's health is still weaponized for profit, even while accurate information is easier to access than ever before.

I'm thrilled to start season two of *What's the Big Idea?* with this important discussion. Enjoy.



## **INTERVIEW**

### **Anne Mahon:**

You are a candid advocate for women and science who began reading works by great feminists when you were age nine, rode your bike to your first pro-choice protest at 15, and graduated from medicine at U of M at age 23, which is a little on the early side, I might say. All right, let's, let's launch in-

### **Dr Gunter:**

Yeah, my 10 speed riding down to the Morgan Collar clinic .

### **Anne Mahon:**

So welcome home.

### **Dr Gunter:**

Thank you.

### **Anne Mahon:**

You're the internet's most famous gynecologist and you've earned the title by unapologetically confronting the patriarchy in women's health and debunking bad science. What's the big idea you've been thinking about lately, Jen?

### **Dr Gunter:**

Well, I think the big idea is that we're still dealing with a lot of the same misinformation we were dealing with when I was a girl. And how are we at this point where every single person has a pocket computer, basically, right? We all have all knowledge of all time at our fingertips, and yet we're still dealing with disinformation. And to me that's a really kind of astounding thing. 'cause I kind of thought when I first started getting active online from a combating disinformation thing, I thought, I'm gonna fix this. No problem at all. We're gonna get some good information out there. And obviously that that's not the case. Um, and so I just think the, the stickiness of disinformation, but specifically how disinformation about women's health is weaponized, that the fact that we've made some inroads, but not as much as I thought. I still, I think, I think that, that we need to be aware. My idea would be that we, we still have a long way to go.

### **Anne Mahon:**

We're gonna unpack that topic a little bit. but we're gonna talk about the internet and information on it a little bit later. In our conversation in 2019, you gave an interview with the Guardian where you said the patriarchy views the inside of women's bodies as dirty. What do you mean by this? And what is the impact of this on women's health?

### **Dr Gunter:**



Yeah, so it's, if you go back to the beginnings of medicine, in Greece, you know, certainly the idea that, you know, women had troublesome physiology and men were perfect. You know, the idea that menstruation was excess fluid. We couldn't, we couldn't, we couldn't keep ourselves in balance. And so that was a sign of that. And of course, men were perfect and they could. And so that sort became weaponized as, you know, being dirty and toxic. And, and of course when you don't have words and signs to explain things, that's part of the explanation. But, you know, they also believed that, that, you know, when you were pregnant, what, where did that extra fluid go? Well, that went to your breasts and became breast milk. And you're like, really, anybody? Like ever like, looked at breast milk and looked at blood and been like, really, really think those two are the same thing?

Cause you know, in the time of ancient Greece, they figured out the earth was round. So if you're smart enough to figure out that the earth is round and you know the curve of the earth, you're smart enough to figure that out and that you're like looking at menstrual blood and you're looking at milk and you're going, yeah, it's pretty much the same thing like that, that to me is, shows an absolute lack of curiosity about what's happening with a female body. That if you're curious enough people are really smart and they can start to figure things out. And so it was just an absolute lack of interest. And then of course, there's a huge crossover with religion. And so a lot of the same words that we see are words associated with purity myths, right? So a dirty vagina is one that's been used, one that's had sex. And so this all sort of became weaponized together to become the language that we use. And the fascinating thing is that if this language of purity culture has really been weaponized by the wellness community, you know, 'cause we have to remember, you know, medicine and religion was very intertwined until late 18 hundreds. And so these words seem, I think, familiar to us, and that's why we listen to them and think, oh yeah, I wanna be pure clean and natural too. And it's like, well, maybe you might wanna think about what that really means.

**Anne Mahon:**

Hmm. Is there an unlearning that needs to happen on how we as women view our own bodies and our own health?

**Dr Gunter:**

So in a lot of ways. Certainly in our culture, the messages that we're seeing, you know, just the other day there, uh, I think she's a triathlete. She might be a marathon runner, may have it wrong, but she posted a picture and she's got blood on her swimsuit because, you know, she, her period either came early or whatever, and, you know, she posted it. So to try to make other women not feel bad if that happens to them. And here we are still having to do that. I mean, I think it's amazing she did it, don't get me wrong. But the idea that we still have to do that, it's like a normal bodily function. Like if you have a nosebleed, no one's gonna be like, oh, you need to hide that. People will be like, oh, you're having a nosebleed boy, okay, are you okay? So I think the idea that we still have to do that means that we still have a lot of conversations to happen.

**Anne Mahon:**



Let's look at me menopause within this context. I asked some of my friends in medicine what I should ask you, and they wanted to know, in your view, is menopause something to be supported or a medical state to be treated?

**Dr Gunter:**

So menopause is a normal physiologic event, like puberty, like being pregnant. But that doesn't mean that every normal physiologic event is also a bed of roses, right? So there's people who have pregnancies and they're like, oh my gosh, that's the best I ever felt in my life. And there's people like me who got sepsis, right? So, you know, so we have these range of experiences. There's people who had awful puberties and terrible acne and they developed depression. And other people who are like, I don't know. So we have these, these different experiences and many of these things are also made worse 'cause of the sort of constraints of a patriarchal culture. You know, if everything around you is geared towards people who aren't having hot flashes and you can't even talk about it and all that kind of stuff, that just makes it worse.

And if your physiology hasn't been studied and, you know, in the United States, it didn't become law that you had to have women in studies until 1993, right after I graduated medical school, right? So we have a lot of gaps and those are the problem of medicine in our society. So what I would say to people is this is a normal event. There are people who sail through menopause and have no issues, and there's people who have problems. And that's the great thing about modern medicine. We can have solutions for problems or we can have help. And so just like if you developed acne during puberty, we would say, Hey, you should get that treated if you are having bothersome hot flashes. Hey, we have treatment for that. And so I think we need to normalize it. Um, and also just say, Hey, if you're suffering and need help, we should normalize asking for help as well. Mm-hmm.

**Anne Mahon:**

And I think on behalf of this whole group, I'm gonna say thank you for working to normalize it for us women. You know, it's, there was a menopause commercial on during the Super Bowl mm-hmm. And it was like a big to-do because it was like, oh, there's a menopause product, commercial, right? And, you know, it's like, it's about time. We're half the population,

**Dr Gunter:**

Right? Yeah. How many ads have we seen of a football being thrown through a tire? Boy, there's no, there's no imagery there at all. Right.

**Anne Mahon:**

Let's talk about hormone replacement therapy. H R T. 20 years ago there was a famous study which linked breast cancer and heart disease to H R T. This study is still impacting the use of H R T for symptoms of hot flashes and night sweats. On May 15th, the Canadian Medical Association Journal wrote about the high effectiveness of H R T. Talk to us about the benefits and drawbacks of hormone replacement therapy.



**Dr Gunter:**

So menopausal hormone therapy is estrogen, and if you have a uterus, it also means a type of progesterone. And basically it's very effective. You, you need the progesterone or progestin so you don't get cancer, the uterus. So that's why you don't need it if you don't have a uterus. And it's the most effective therapy for hot flashes and night sweats, and it can help with some other symptoms. Sometimes it's not as good for other symptoms. So for example, depression, mild depression and menopause transition, it can sometimes help with joint pain. It's not great for that, but it can sometimes, um, and it can sometimes help for a few other things. But the only sort of approved indication is night hot flashes and night sweats.

And, um, I think it might be approved in Canada for mild depression in the menopause transition. I'm not sure it's actually approved here. A lot of the studies actually came from here. So, and it can also, um, prevent osteoporosis and that that's it. And so it's very good for those things. What unfortunately we're seeing now is it's, everything has come full circle. So when I was a resident, estrogen was the fountain of youth. We put every, like, we put everybody on it. Oh, Mrs. Jones, you're 87 and you're here for an annual checkup. Let's get you started on estrogen.

Like, I'm not kidding, we did that. We put everybody on it. She's like, well, I'm fine. Oh, but you'll just live longer. Okay, here. Like, seriously, these were like the conversations we had. We gave it to everybody. We basically kind of medicalized menopause, but it was about longevity, right? but now it's kind of come round again as being offered as the Fountain of Youth. And we're seeing all these online hormone clinics pop up with really incorrect information and, and people getting escalating doses much higher than we're studied. So I can tell it's a very safe medication within the confines of the populations that have been studied. But, so there are, people are giving it to people who've had breast cancer people at very high risk for heart. So it's getting used in a way that that is concerning. So these documents that have come out, like from the Menopause Society or from, you know, the Canadian Medical Association or the International Menopause Society, they're getting everybody to agree. And if you look at those guidelines, they match up in all the different countries. So, you know, they follow the guidelines. That's

**Anne Mahon:**

Okay. Thank you. In May, So this new drug Fezolinetant was approved in the United States by the F D A for hot flashes and night sweats. I understand that it's not estrogen based. Mm-hmm. . And what are your thoughts on it?

**Dr Gunter:**

It's great. It's great to have options. I have a lot of, uh, people who follow me on social media, who have had breast cancer, who can't take hormones for other reasons. And they really feel that they've been left out of the conversation. There's so many people who are practicing menopause, but they're really just hormone providers. They're not looking at the holistic aspect of medicine. They're not looking at, you know, how much exercise are you getting? What's your



diet? What are all these types of things? I always tell people, if there's only one thing you can do in menopause, it's exercise. That's the thing that touches everything. So I think it's great to have options. I think it's a good drug. It's gonna be obviously expensive. Um, but, uh, you know, that's a political issue. , you know, not a medical one. Um, although obviously access is the medical issue. And I think it's, um, I I, I'm excited to try prescribing it to see how people do. Mm-hmm.

**Anne Mahon:**

So switching gears a little bit. How should we advocate for ourselves if our GP is not knowledgeable on women's health issues or is not taking our symptoms seriously?

**Dr Gunter:**

Well, lots of people tell me that my books are super helpful and I hate to put in a plug, but, um, but I'll do it anyway. Uh, so yeah, I think that the best answer to that is actually being armed with information and going in and saying, you know, not just, I read this but I read this in this source.

I mean, I still remember a few years ago, this is one of the greatest comments on a blog I wrote. I wrote this blog about why you can have an I u D if you've never been pregnant. And this was like 10 years ago and it's been common knowledge for a long time. But in the states especially, there's all these like, medical legal issues and there's no explanation for it except that people aren't up to date. And I wrote this big post and this, this girl who's like nine, I think she said she was 19. She said, yeah, I just wanna thank you because I went to my doctor and I asked for an i u D and he wouldn't let me have one 'cause he hadn't because I'd never been pregnant. She goes, and I came prepared, I printed out your blog and I slammed it down on the table and said, well, Dr. Jen Gunter says I can. And she got her i u d.

Okay, very good. So people shouldn't have to do that. But you know, it's good to be informed about everything that you're doing.

**Anne Mahon:**

And I will just note if anybody doesn't follow Jen on social media, everybody should, there's you, you write a lot, you give a lot of very good information.

So the next question is about misinformation. It's kind of the flip side of what we've already talked about, but I think it's worth asking. There's a lot of misinformation on the internet about women's health from supplements all the way to jade eggs. How do the rest of us without your training assess the quality of information out there? And it's, it's one thing to be able to access from you. Information we know is sound, but how do we know about all the rest of it if we happen to see things and wonder about them or think they look like a possibility?

**Dr Gunter:**

Yeah. So this is a couple of, you know, and this applies to almost everything in medicine, but of I would say like red flags, that if you see these red flags, you get to get off the site because



studies tell us that it just takes exposure to misinformation once to actually start to get you to think that you're gonna believe it. It's so hard to unring the bell. So, one of my red flags is do they sell supplements? So would you go to a pharmaceutical company website and get information about an antidepressant? No, you probably wouldn't. So if they're selling, they're actively selling supplements, that's not a valid source of information. You should always think about a supplement as an unregulated pharmaceutical and use it from that standpoint. Um, another great red flag, and it's really hard because we all want there to be basically magic, um, is that if you know, they're talking about a secret that your doctor won't tell you or secret that no one knows and or if it's a celebrity, they do not have medical secrets.

Um, that there's no medical secrets. Like if that was, if that was true, if that fantastical information they're telling you is true, that'd be a medical discovery. How, how do these people who've published nothing know this thing, but everybody else doesn't? There's a huge, huge overlap with wellness and, conspiracy theory thinking, huge overlap. And there was a fascinating study done, uh, I dunno, like five or six years ago where they surveyed people and they found out that the more conspiracy theories you believe, the more likely you are to buy supplements.

It's really fascinating. And so, so wellness needs supplements. That's the wheel that churns, you know, people make, you know, I wrote recently about a supplement, uh, which is useless for the liver. It's not gonna help you at all. Your liver, I would detox, oh my God, if you see that word on a supplement, it's a total red flag on any page. Like get off it. Um, like right away it's contaminated, close it down, uh, that, um, to detox your liver. And the, the people who have come up with this supplement are claiming that by year two they're gonna be making more than \$10 million.

**Anne Mahon:**

Wow.

**Dr Gunter:**

Right. Like, it's just like people are making millions and millions and millions of dollars like hand over fist.

**Anne Mahon:**

Hmm. Let's talk a bit about the internet and social media. Your straightforward and honest approach has rubbed some of the medical community the wrong way. You're also the target of many internet trolls. Why do you think sharing science-based medical information about women's health, about women's health needs garners such extreme reactions?

**Dr Gunter:**

Well, I think it's, so I think one part of it is there's a lot of money involved. So a lot of people, I'm, I'm, you know, writing about or involved with the supplement industry and they're making, you know, hundreds and millions of dollars make a ton of money off this stuff. So I think there's that



aspect of it. And I think there's this, and I'm sure everybody in this room has experienced it, that if you are a woman and you are explaining something that you are an expert in, uh, you know, you're too loud, you're too forceful, you're, you know, can't you say it nicer? And I'm like, nobody ever says that to men. And I'm like, I don't care if you, like, you can think what you want. You can, you're wrong. And so about, I guess it was like eight or nine years ago when, you know, Gwyneth Paltrow and Goop wrote this really like, nasty thing about me. I thought it was hilarious. So I was like, really? That's the best you came up with? Oh my God. Like I've had better, like I I, my kids have given me better insults, , what is, seriously you put no effort into this. And you know, they, they said, I was strangely confident

And the person who apparently was confident was the person selling jade eggs, which are total scam anyway. 'cause of course I followed up with a research study to show it . Um, but so, and I wrote back, I said, I'm not strangely confident. I'm appropriately confident and people have problems with an appropriately confident woman, right? And I'm like, I spent my whole life studying this. I was writing something about infectious diseases, which I had fellowship in. Like, what do you even, like, I'm not gonna back down and I'm not being overconfident. This is the appropriate level of confidence. And I think that it's because of the way that we are policed how we speak, we're made to feel that our, like we're like, you know, we shouldn't be claiming our confidence. And so yeah, I like, I I could care less what people think about that.

**Anne Mahon:**

Do you think that internet and social media are making information access better or worse? And, um, what is their global impact on truth?

**Dr Gunter:**

Yeah, I think so. I think it's the, there would be the ideal world where everybody would have access to quality information. The, the Star Trek future, you know, where the computer's never gonna lie to you and everybody just has goodness at their heart, um, except the villain of the weak, right? But, um, but the reality is, is there's a lot of people out there trying to make money. There's a lot of people who think they know better. There's, you know, I mean when the vaccine came out there were like Russian troll farms out there or bought farms, you know, creating misinformation. I think that what we need to do is teach people how to use it better.

So like every a car can be a terribly dangerous weapon if you don't know how to use it and when you know how to use it. It's an incredibly useful tool. And so I kind of think of the internet that way, that if you stumble into it and don't understand how to search for things, you don't understand how to look for quality information, you can end up with really bad stuff. But if you go in and you know how to set your search up so you can get the information that you need and you know which sites are safe to look at, it can be an incredible source.

Actually somebody did an amazing, I read about this, uh, professor who did this amazing assignment with his students. 'cause now we have chat G P T, right? It's a whole nother level of



disinformation. And what he did was he had the students, he gave them an essay prompt and he required them to do the essay in chat G P T. And the assignment was for them to then critically analyze the essay. And basically they were all left with, oh my God, chat G is terrible and look at all, look at all the errors and all that kind of stuff. And it was really an incredible teaching tool. Um, and so I just thought, wow, that's like a really, really powerful way to teach it. So yeah, I mean, Chad, g p t, we've got a lot of stuff coming down the pipeline we have to be worried about.

**Dr Gunter:**

So my one hack is if you're looking at women's health information, put whatever question you have in your toolbar or your search bar and then put S O G c Society of Obstetricians and Gynecologists. 'cause that will force everything that's S O G C content to come to the top. So right away you've pushed all their content to the top, uh, you know, or you can put a C O g, American College of Obstetrics and Gynecology. You can put my name, you can put the G. So pick what you, once, you know, some reliable sources, put your question in and then put the reliable source in. And it's a total game changer for, um, getting your information.

**Anne Mahon:**

Very good. That's my big take home tip.

Okay. You're launching your fourth book early next year, I think you said January,

**Dr Gunter:**

January 23rd.

**Anne Mahon:**

It's on menstruation. What can you tell us about it?

**Dr Gunter:**

Yeah, so it is, uh, it's called Blood. This, uh, the Science Medicine and Mythology of Menstruation. And it is everything that I want people to know biologically about how their bodies work and how to, how to use that information for navigating information that you'll, you read online. Like I bet most people don't actually know why they menstruate, right? Like people, most people think it's to do with the blood and it's not the blood's actually a byproduct. It's, um, all related to a process called decidualization, which is getting the lining of the endometrium ready. And it's uh, basically if you are a mammal that has menstruation, uh, you have spontaneous decidualization, meaning that the lining is there ready for the embryo, and there's all kinds of cool immune interactions that happen. The endometrium actually senses embryo quality. So all that, I mean, you've probably all heard that, you know, something like only 20 or 30% of fertilize eggs actually implant.

And that's because everything about evolution is geared to for success. Because being pregnant, having a child raising, getting a child till it's old enough to survive is a massive biological effort. And so evolution wants to give you the, the best chance. Uh, and so having



that, um, endometrium ready to go is, is what actually is the important thing. So if you don't get pregnant or if the pregnancy is not, um, of, of sort of sound quality, that evolution basically said, well, okay, you're just gonna have to deal with the blood because you can't, once you have all that thick endometrium, it's the, the only way to get rid of it is come out. I always tell people it's like baking a souffle. Um, it so if an mammals that menstruate, uh, when you get the endometrium ready, it's exactly like baking a souffle. And there's that like one minute of time where it's perfect to eat.

That's the time of implantation. But if you want to then bake another souffle, the only way you're gonna get rid of that stuff is by cleaning out the pan. That's the only way. But if you're an animal that doesn't menstruate and you have estrus, the souffle is only baked once the pregnancy happens. And so, um, so we have spontaneous de digitalization and other animals don't, so they never, if you, there's not a conception, there's no sick endometrium to get rid of. And so that's why they don't menstruate. And so I would say choice is coded into the system for mammals who menstruate. So that's kind of the, you know, the first chapters explaining all of that and how we know that. And um, you know, you think about the biology lessons that kids are taught in school and you know, they know more about frog biology than they do about their own.

## **MUSIC INTERLUDE**

**Anne Mahon:** Let's take a few questions if there are any. I'd love to hear from the audience.

### **Audience member 3**

Thank you so much for everything that you've shared today. During your talk, you had mentioned having to constantly sort of prove yourself-I'm just wondering how do you develop that appropriately confident self?

### **Dr Gunter:**

You know, I think part of it is I literally have been blessed with the not caring what other people think. Like I really, I think it's a sense of self and realizing that what matters is what I think about. You know, did I try to hurt somebody on purpose? No. Um, am I, you know, am I saying the right thing? Am I accurate and, and trusting myself? And I think that, um, you know, the people who don't ask those questions are always the people who you know, should be asking them, right? So I would say it's practice.

### **Dr Gunter:**

You can get better at everything with practice. Just start saying it. Just start speaking up in, in areas that maybe feel more comfortable for you or safer. But, um, but practice, really practice saying it, practice, you know, owning it. Say it in front of the, you know, say it in front of, um, the, you know, the mirror. And you know, if somebody makes a face a guy, I guess this is always gonna be a guy. You know what? Don't let a drop say what's the matter with you? What, like,



what's your problem? Like, people are afraid of confrontation. And obviously you don't wanna do that in a position where you feel that might be unsafe. 'cause that's obviously a different situation. But like, you know, I have had men smirk at me and I literally say right back to face, what's the matter with you?

**Dr Gunter:**

Come on, let's hear it out right Now, what did I say? That's not correct. 'cause I wanna learn. You have something you can teach me. Come on, go ahead. And, you know, they always shut up. So, um, so, you know, and I, so I think it's trusting your education. I think it really comes down to that.

**Anne Mahon:**

Well, thank you for sharing your wisdom tonight, and thank you for coming to Winnipeg. I you can, you can leave Winnipeg, but you clearly can't take the Winnipeg out of you . And I love that about you. And, um, we are just so grateful that, that we could have this conversation tonight. So thank you, Jen.

**Dr Gunter:**

Oh, thank you so much for having me.



## OUTRO

### OUTRO MUSIC FADES IN

**NARRATOR:** Thank you so much for listening to another episode of “What’s the Big Idea”. Today’s host has been with University of Manitoba Chancellor Anne Mahon.

If you enjoyed this episode, share it with a friend and make sure to subscribe, rate and review the series.

Next time, I’ll be back in the hosting seat and will be joined by Niigaan Sinclair who is Anishinaabe an Assistant Professor at the University of Manitoba. I’ll be speaking to Niigaan about how education plays a critical role in reconciliation.

For more information about the university and its global impact, visit [umanitoba.ca](http://umanitoba.ca). See you next time!

### MUSIC FADES