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The Politics of Transgender Health Misinformation

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The rapid increase in public awareness of and attention to transgender people in the United States of America has come with a commensurate increase in the amount of misinformation about trans people circulating in both media and the political arena. Specifically, *health* misinformation has become a central feature of public discourse on transgender rights, where it has been mobilized to advance state and federal policies that limit (or, in extreme cases, prohibit) the provision of transition-related health care. These policies not only deny trans people (and, in particular, trans youth) access to necessary care, but also diminish trans people's social outcomes and restrict their human rights (Billard, 2023; Hughto et al., 2021). For example, the Save Adolescents from Experimentation (SAFE) act signed into law in Arkansas in 2021 was motivated by a coordinated disinformation campaign, including sponsored posts on digital platforms like Facebook paid for by conservative advocacy organizations that contained misinformation about the safety and costs of care for trans youth. The SAFE law bans the provision of transition-related care for trans people under 18, prohibits doctors from referring patients to other providers for such treatments, and prohibits insurance from covering transition-related care. The SAFE law was also only one of over 150 misinformation-motivated bills targeting trans youth proposed in 2021. In 2023, as of mid-October, legislation targeting trans people has been introduced in 49 states and passed in 23, with a further 35 bills introduced federally in Congress. On July 27, the Republican-controlled U.S. House Committee on the Judiciary held a hearing on "The Dangers and Due Process Violations of 'Gender-Affirming Care,'" which claimed to "examine and expose how children are being coerced by adults in positions of authority into life-altering and medically questionable gender transition procedures without full understanding of the meaning or impact" (House of Representatives Judiciary Committee, 2023). The two-and-a-half-hour hearing, which featured testimony from four anti-trans campaigners (including a representative of a Southern Poverty Law Center-designated hate group, the Family Research Council), peddled known misinformation about the nature and process of transition-related care alongside demonizing myths about trans people.

What this recent spate of misinformation-driven legislative activity targeting trans people makes clear is the profound *political* significance of what might otherwise be considered merely *health* misinformation. In this essay, I expand upon this point, arguing that health misinformation has implications that extend far beyond health behavior,

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entwining with political misinformation in insidious ways that motivate hostile political actions and prejudicial opinion-formation. In short, I argue, health misinformation is not just a public health problem; it is a human rights problem of profound significance to the study of political communication.

The Health and Human Rights Perspective

My argument takes as its foundation a general Health and Human Rights (HHR) perspective, recognizing the complex interdependencies between the health of populations and the human rights due to all people. Since the late 1980s, when the Global Program on AIDS at the World Health Organization centered human rights concerns in its public health strategy for combatting HIV/AIDS, HHR has emerged as an expansive area of inquiry united by a number of shared premises (Mann et al., 1994; see also Gruskin & Tarantola, 2010; Gruskin et al., 2007): First, health is a human right. Second, the deprivation of human rights negatively impacts health. Third, human rights and access to health care are deeply entwined, as (a) various social, cultural, and political institutions structure access to health care and as (b) health care systems play an important role in determining what rights people get access to.

The link between health and human rights is particularly salient for transgender people globally (Marks, 2006; Winter et al., 2016). As articulated in the 2007 Yogyakarta Principles and their 2017 extension, trans people are consistently denied access to the care they need, the denial of that care often leads to barriers to accessing basic rights, and trans youth are especially deprived because they lack legal and medical autonomy (Suess Schwend, 2020; see also Inwards-Breland et al., 2021). Consider, for example, the push to depathologize transgender identity in the eleventh revision of the World Health Organization's Manual of International Statistical Classification of Diseases and Related Health Problems (ICD-11). Depathologization was achieved by removing gender identity from the chapter on mental disorders and placing it in a new chapter on sexual health. This depathologization (for countries that abide it) not only influences what care trans people are provided and can access, but also what rights they are afforded. In Russia, for instance, trans people are categorically denied access to driver's licenses on the grounds that their "mental illness" renders them unfit to drive. Reclassifying trans identity as a concern pertaining to sexual health (like reproductive care), instead of a mental disorder, would remove that barrier to obtaining government identification, which is often required to access basic rights.

In the United States, there are countless other ways that access to health care determines the rights trans people are afforded. For example, many states require multiple psychiatrists to authorize gender marker changes on identification documents (which already presupposes access to mental health care), and which in turn opens trans people up to harassment and discrimination in contexts where their lived gender identity is incongruent with the marker on the documents they present people (e.g., Mann, 2021). This state of affairs is still worse for trans people of color in the U.S., who have historically been less likely than their white counterparts to receive the legal and medical resources necessary to access care and care-dependent rights (Inwards-Breland et al., 2021), on top of the other racist human rights exclusions they experience (e.g., Singh, 2013).

In the context of transgender (in)equality, HHR serves as a conceptual bridge point between health and politics, providing as a lens that allows us to see how efforts to undermine trans rights are intimately tied to efforts to legally prevent access to transition-related care. Policies that prevent, if not prohibit, trans people from accessing necessary care deprive them of basic rights, and that deprivation of rights, in turn, diminishes basic quality of life. Moreover, the HHR framework allows us to see how the health misinformation mobilized to support anti-trans policies simultaneously and in mutually reinforcing ways targets both trans health care access *and* trans human rights.

The Nature and Consequences of Anti-Transgender Health Misinformation

I have argued elsewhere that misinformation has become "the defining feature of public discourse on transgender rights" in the United States (Billard, 2023, p. 235). That is to say, current public debate about trans rights is shaped by a variety of often health-related misinformational claims with which opponents justify their opposition to trans rights and which trans people and allies expend considerable efforts to rebut. The dominant types of transgender health misinformation include:

(1) **definitional misinformation**, which is misinformation about what transition-related health care actually is and what it does – such as claims that prepubescent children are being given harmful cross-sex hormones to induce puberty in the sex opposite to that which they were assigned at birth, when actually peripubescent youth are provided safe and reversible "puberty blockers" that delay the onset of the puberty their body would naturally induce until an age at which they are old enough to decide to either come off puberty blockers or undergo hormone replacement therapy (HRT) (e.g., Coleman et al., 2022; Mahfouda et al., 2019; Rew et al., 2021);
(2) **misinformation about the accessibility of trans care**—such as claims that youth who express inconsistencies in gender presentation are pressured by medical providers to undergo medical transition, when actually there are a limited number of providers from whom youth can receive gender-affirming care, which they generally must do with dual parental consent, after psychiatric assessment and a period of social transition, and with approval from health insurance providers (e.g., Coleman et al., 2022; Kimberly et al., 2018; Mahfouda et al., 2019);
(3) **misinformation about the safety of trans care**—such as claims that transition-related care (and in particular HRT) is experimental in nature and likely harmful to the body, when actually HRT (among other kinds of transition-related care) is medically safe and consists of treatments routinely provided to cisgender (i.e., non-transgender) patients (e.g., Weinand & Safer, 2015);
(4) **misinformation about the cost of trans care**—such as claims that providing transition-related care place financial burdens on public services like Medicare and military-provided insurance and drive up private insurance rates, when actually the cost to provide all members transition-related care equates to $0.22 per month per member (PMPM) for military-provided insurance and between $0.016 and $0.06 PMPM for private insurance (Baker & Restar, 2022; Belkin, 2015; Padula et al., 2016);
(5) **misinformation about "desistance,"** or the frequency with which people "cease to be trans" or "detransition" – such as claims that over half of youth who identify as

trans "grow out of it" by adulthood, when actually as few as 2.5% of youth who identify as trans in childhood (including those who never receive transition-related care) go on to later identify as cisgender (Olson et al., 2022); and

(6) **misinformation about the etiology or "cause" of trans identity**—such as claims that trans identity is a "social contagion" spread among youth with poor preexisting mental health, which have been thoroughly debunked (e.g., Ashley, 2020; Bauer et al., 2022; Coalition for the Advancement and Application of Psychological Science, 2021; Restar, 2020); among several others.

Importantly, much (though far from all) of this misinformation focuses on transgender youth, weaponizing "concern" for the welfare of children to advance transphobic ideas (Elster, 2022).

As I have previously discussed (Billard, 2023), much of this misinformation enters public discourse via "mainstream" media sources that are "invested with various forms of social, cultural, political, and economic power" (p. 237). Misinformational claims such as those listed above appear frequently in feature articles and op-eds in *The New York Times* and *The Atlantic*, with a consistent stable of misinformation-peddling authors including, among others, Jesse Singal and Abigail Schrier; in prime-time segments on news programs like *60 Minutes*; in best-selling popular press book like Schrier's *Irreversible Damage: The Transgender Craze Seducing Our Daughters* and Helen Joyce's ironically named *Trans: When Ideology Meets Reality*; and on some of the country's most popular podcast, like *The Joe Rogan Experience*, which audio streaming service Spotify paid approximately $200 million for an exclusive licensing deal. They also find purchase online, where they are spread by figures with large online followings, like Chaya Raichik (known by the username Libs of TikTok), Ben Shapiro, and Matt Walsh – and, perhaps more surprisingly, author J. K. Rowling and technology investor Elon Musk – through public Facebook, TikTok, Twitter, and YouTube pages. Moreover, in an ongoing content analysis project I am undertaking with a research team composed of scholars at Northwestern University and the University of Washington, we have found that far right political actors like the Alliance Defending Freedom, Concerned Women for America, and Prager U, among others, paid to run advertisements containing significant transgender health misinformation on Meta-owned platforms. These advertisements, which Meta classifies as sponsored posts relating to "social issues, elections, or politics," represent well-resourced efforts to ensure the wider spread of transgender health misinformation with the clear and express intention of justifying anti-transgender policies.

The effects of this misinformation are wide-ranging. Of course, as health misinformation, it has serious negative consequences for transgender people's health. Research has shown that living in a jurisdiction considering discriminatory legislation has negative impacts on trans people's mental health – ranging from increases in anxiety to increases in suicidal ideation – as does exposure to prejudicial media content (DuBois et al., 2023; Gonzales et al., 2022; Hughes et al., 2021; Hughto et al., 2021; Kidd et al., 2021; Park et al., 2021; Tebbe et al., 2022). Exposure to health misinformation makes parents more likely to dismiss their children's expressed needs for transition-related care and to withhold access to care providers (Ashley, 2019; Dubin et al., 2019; Shield, 2007). Care providers themselves are also often influenced by misinformation, making them unwilling to provide adequate or affirming care to trans patients, which in turn diminishes trans people's health outcomes

(e.g., Cicero et al., 2019; Johnson et al., 2020). However, health misinformation does not only have health consequences. It also, as the HHR framework suggests, has political consequences.

When transgender health misinformation is mobilized for political ends, it motivates anti-transgender policy and influences individual-level attitudes, opinions, and behaviors. For example, former President Donald Trump employed misinformation about the costs of transition-related care to motivate his decision to ban transgender servicemembers from the U.S. armed forces – a move that would have expelled 15,000 transgender people from their jobs and one that attempted to set a legal precedent for employment discrimination against trans people in the federal government (Billard, 2024). In the case of the SAFE law that opened this essay, the law was motivated by a coordinated disinformation campaign by supporters of the bill drawing on several types of misinformation listed above, including claims that the care provided to trans youth constitutes unethical experimentation on children's developing bodies, that trans youth are likely to desist in adulthood and so providing them "irreversible" care as youth is unethical, and that the costs of providing transition-related care is a burden on insurers and the state. This disinformation campaign obviously succeeded in getting the legislation passed, but it did several other things, as well. In essentially outlawing transition-related care, it made it impossible to receive the care necessary to receive legal name and gender-marker changes (including on federal documents); it increased the risk of exposure to discrimination in housing, employment, education, and public accommodations; and it laid the groundwork for further legislation targeting trans people both within Arkansas and in other states. The campaign to pass the law also introduced misinformation into public conversation, likely increasing or strengthening prejudicial attitudes, discriminatory public opinion, and trans-antagonistic intended political behaviors.

Conclusion

Mis- and disinformation are generally understood as being regrettably central to processes of contemporary political communication across the globe (e.g., Freelon & Wells, 2020). However, studies of health misinformation and studies of political misinformation have largely remained siloed from one another, only overlapping to the extent that scholars of each share interest in identifying the mechanics of misinformation flow and effects (e.g., Donovan, 2020; Vraga et al., 2019). In emphasizing the *political* part of what could easily be looked at as simply *health* misinformation, the case of anti-transgender misinformation makes clear that health misinformation and political misinformation intersect in important ways. Moreover, it emphasizes how ostensibly apolitical arenas of society (including, but beyond health) are increasingly imbricated with the political – particularly as far right actors wage war on social and cultural progress wherever it appears through the coercive power of the state – meaning that various forms of misinformation in society are being taken up as *political* misinformation. In the health context this essay focuses on, the HHR framework provides useful theoretical tools for linking health and politics, illustrating how and why health misinformation matters in and for institutional politics.

Furthermore, the turn to a rights-based approach to health represented by the HHR framework dovetails neatly with an emergent rights-based approach to misinformation. As legal experts Deirdre Mulligan and Daniel Griffin (2018) influentially argued on the basis of

the United Nations Guiding Principles on Business and Human Rights, misinformation is best understood as an issue of the "right to truth," which is "increasingly recognized in human rights law as both an individual and collective right" (p. 558). In health-specific contexts, misinformation has also been articulated as an issue of the inalienable "right to health" to the extent that misinformation influences policies, practices, and individual behaviors in ways that are detrimental to individual and collective health (Abrusci et al., 2020). Misinformation, then, deprives people of their rights to truth, to health, to non-discrimination, to safety, and so on. As the HHR framework makes clear, health misinformation specifically deprives trans people (and in particular, trans youth) of the variety of other rights entangled in the right to truth. In recognizing that health misinformation *is* political misinformation, political communication scholars can better attend to the role of media, technology, and communication in structuring the human rights due to all people.

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