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Introduction to Queer and Trans Health Justice

A Special Issue of RHM

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Introduction: Community as the Future

Futurity, an ever-present touchstone of queer studies, has been on our mind: the future of higher education, the future of the United States, the future of the planet, and the categorical future of what "healthy" means amid tarried climatological collapse across the biosphere. When we proposed this special issue of *Rhetoric of Health and Medicine*, we (McKinley and Wilfredo) sought to foment further the focus on queer and trans healthcare needs across rhetoric of health and medicine (RHM) scholarship as a springboard for building a future—that is, scholarship that seeks more than analysis and scaffolds the necessary moves needed to pave the way forward. This move, we hope, coheres for the field an ancestral foundation of sorts for more queer and trans approaches to understanding the rhetoricity of health and medicine. So, beyond the future of the planet, we are also thinking (and tinkering) around how we as rhetoricians of health and medicine might work together as queer and trans people and scholars to dream, to act, and to build.

On that note, we are reminded of how queer and trans people within our specific purview (i.e., the U.S.) have a much different relationship to the future at the interface of health and being healthy. Indeed, queer and trans bodies often suffer for the misalignment of their corporealities against cisheteronormative, white supremacist medicine. Providers of all sorts do not know what to do with our bodies (even more so the racialized queer/trans body), filing us into the rhetorical regime of the dis-eased body, "deviant shapes . . . symbolizing the presence of some debilitation that produces unease in the concept of health" (Spieldenner & Anadolis, 2017, p. 98). Neoliberal and white supremacist health logics routinely define wellness around axes of behavioral choice, individual hard work, and rhetorics of contagion, and beyond these incompatibilities, a hyper-surveillance of the queer and trans body perpetuates a totalizing glare of our lifeways. Despite this constrictive grip, however, we persist and flourish—we ease the suffering with a mixture of community and joy.

As Hil Malatino (2020) contends (and as Teresa Williams covers in this special issue in their book review of *Trans Care* from Malatino), queer and trans networks of care, across contextual foci, are vital to how we keep each other safe when medicine fails at best and harms at worst:

> From the community support group to the trans newsletters detailing supportive medical professionals and gender hacks to the Yahoo newsgroups and listservs of the early internet to current forms of transition-related crowdfunding, we have a long history of building solidarity as a direct response to the vagaries of the medical-industrial complex. (Malatino, 2020, pp. 7–8)

We've also seen *and* experienced how queer and trans bodies are often rendered il/legible through biomedical lenses, as well as how queer and trans communities often craft emergent and transgressive communication praxes to subvert and undermine these infrastructures (e.g., Edenfield et al., 2019; Jolly, 2019; Bennett, 2009). These moves toward a healthy future open space for RHM scholars to extend our critical, practical repertoires into the domain of future building. On that note, we asked a central question that we felt would engender the types of projects and perspectives that not only our contingent of rhetorical studies needs, but also the entire endeavor of understanding how rhetoric shapes (non) human livability: How can RHM scholars work to build healthy, just futures for and with queer and trans people and especially our BIPOC relatives?

As we move toward answering this question, we believe that the articles comprising this special issue of *Rhetoric of Health and Medicine* reveal how RHM (in all its interdisciplinary richness) can and should work toward concrete practices and perspectives that not only critique oppressive health conditions or discourse practices but also build those just, healthy futures for queer/trans/BIPOC communities. Here, we especially spotlight the identity confluences of these groups, and we use this special issue as a guidepost for future work to consider the interplay of identity and lived realities that refract against health and medicine as categories of "healthy" and "wellness." This special issue, as one starting point, mobilizes queer studies in a way that centers on contingent identity categories that work concomitantly with gender and sexuality to create particular subjectivities, specifically within health and medical contexts. Part of this work is recognizing how queer theory has often functioned as a proxy for whiteness and largely stemmed from white, Western epistemological traditions and, in so doing, pivoting from these intellectual formations. We therefore echo Dwight McBride (2005) and E. Patrick Johson (2001) in saying that when we use queer, we mean to pronounce it as "quare" and are always already talking about sexuality, gender, disability, class, and race in tandem.

Note, too, that we use this special issue as *a* starting point for more queer/trans-focused RHM scholarship and not *the* starting point; the difference between the (in)definite articles here is important, we feel, for establishing the kinds of genealogical alchemy that junior scholars of color especially must perform as they navigate a white terrain, which morphs around diversity and inclusion, though the map never changes. Every piece of scholarship, of course, will not work for every scholar in the future, but still we have hopeful, proud hearts for the work within this special issue. Though we do not pin these articles as some sort of beginning for a queer/trans renaissance in the domain of RHM, we do see them as incredible points of further inquiry regarding queer and trans issues within our corner of the intellectual landscape. Moreover, we see this special issue as a fomenting of community, one including the people who proposed but ultimately were not accepted, those who were accepted but needed to back out, and those whose writing appears in this final version. Each is a community member who, we hope, will find their work sequenced into the broader contingent of queer and trans scholars in RHM. So too are you, reader, invoked into community in reading this introduction and the pieces therein. Community has always been an integral component of queer thrivance, and we feel proud to carve some space out of the disciplinary landscape for friends and colleagues.

Indeed, for us, McKinley, Wilfredo, and Fernando, as queer scholars whose work focuses on health and justice, our commitments to our communities underpinned the central conceit of this special issue, continuing the critical work of our forebearers, "shifting out of neutral," and doing the deep, critical work that is required of us (Shelton, 2020; Walton et al., 2019). Many queer RHM scholars—whom we would deem as our queer elders—have been foundational to the overall scholarly trends in our field, including J. Bake Scott's (2003) *Risky Rhetorics* and Jeffrey Bennett's (2009) *Banning Queer Blood*, as well as more recent publications (e.g., Molloy et al, 2018; Nicotra, 2019; Yeargeau, 2017). We have also seen other, extra-rhetorical scholars resolving similar tensions, and their work offers a model for the inquisitive veins that could be further interrogated in this special issue and beyond. We are particularly guided by Sabrina Strings' (2019) work at the intersections of fatphobia and Black studies, Marlon Bailey's (2016; 2019) use of Black queer theory in relation to HIV-positive communities, pleasure, and surveillance, Jallicia Jolly's (2019) work with Jamaican women living with HIV, Christina Cedillo's (2021) work on the decolonial power of crip time and disability, and Avery Edenfield et al.'s (2019; 2019) research on trans technical communication (to name a few). Which, for us, point to vibrant opportunities to center queer/trans/BIPOC perspectives in RHM scholarship.

The Editorial Process: Fostering Community

As editors, we saw this special issue as not only an opportunity to highlight transformative queer research but also to enact more equitable editorial practices that exemplify the orientations toward justice outlined in our CFP. Editorial processes are often opaque, inhospitable, and exclusionary in a way that can occlude the voices of new scholars, those from other disciplines, or community members outside academia. The exclusionary practices of editorial work can result in insular scholarship that fails to engage meaningfully with the experiences of people most impacted by health disparities, reproducing the epistemological strains of academia that foreclose alternative discourses and otherwise genealogies, rather than introduce new voices, challenge established practices, or expand our scholarly purview beyond eurocentrism. To work toward a different approach, we enacted a more collaborative process in this special issue.

For example, we spoke with the editors of the Black Technical Communication special issue of *Technical Communication Quarterly* (McKoy et al., 2022), who, over the course of editing, offered to meet with authors and provide feedback on drafts. We pursued a similar ethos in our own practice, offering, for instance, a collaborative meeting where all the contributing authors could share their goals for the special issue and describe their research. As editors, we also offered to meet with authors throughout the drafting or provide feedback on drafts, with the hope that a more open, collaborative editorial process would lead to a better experience for contributors. We are indebted to the editors of the *Technical Communication Quarterly* special issue for sharing their insights with us and for establishing an approach to guest editing that we employed in this special issue of *RHM*.

Moreover, over the life cycle of the special issue, multiple contributors met with the three of us (McKinley, Wilfredo, and Fernando) for at least one group discussion early in the drafting process and several individual one-on-one consultations as they drafted and revised. These conversations were productive touchpoints to help us as editors stay committed to some of the guidelines in the Anti-Racist Heuristic (2021), to which the *RHM* journal strives to adhere. Namely, we saw these meetings as opportunities to “mentor authors on how to frame articles within the context of field conversations” and “frame reviewer comments to support author revisions”—particularly if contributors were new to submitting to the journal or field of RHM. These conversations proved generative and insightful for us, and we thus hope this trend continues for all co-editors. We similarly encourage editors for future special issues—as well as journal editors broadly—to be transparent about how editorial decisions can constrain or support equitable publishing practices and to reflect on the infrastructures in place for supporting scholars, particularly those new to the field or those who bring perspectives that do not easily fit within our disciplinary expectations for scholarly production.

Editing the special issue also surfaced tensions around the so-called anonymous peer review process. Existing structures for reviewing proposals, where authors’ identifying information was removed from their submission, prevented us from considering how authors’ positionalities might inform their interventions (in the case that authors did not self-disclose their positionality). This dynamic was crucial for us to consider when working around issues of gender, sexuality, and the intersecting structural violences of race, colonization, ability, and other systems that facilitate poor health conditions. Queer and trans communities—particularly those living with stigmatized health conditions like HIV—often live much of their lives under the gaze of researchers and health officials intent on studying their behaviors, cataloging their health outcomes, and monitoring their bodies. Despite the constant presence of research within their lives, communities at the margins often receive few material benefits or see significant improvements in their living conditions (Neufeld et al, 2019), and can be exploited, objectified, or silenced in pursuit of scholarly publication (Abdelnour & Abu Moghli, 2021). This dynamic is perpetuated by instances when researchers who have little or no connection to the community implement a study, collect data, and then leave, with little attention to the effects those research practices have on the people being "studied" (refer also to Tuck & Yang, 2014; Sukarieh & Tannock, 2013). With these histories in mind, we found it crucial to consider how authors' positionalities might inform their argument and to consider how their embodied connections to the people at the center of their research formed a basis for their scholarship. We recognize, though, how anonymized or so-called anonymized submissions prevent favoritism, bias, or nepotism from informing the selection process. To that end, we pose our experiences here as an opportunity to examine the existing infrastructure around anonymous review, to question how equity is currently fostered within editorial best practices, while also considering alternative arrangement that can account for the histories of extractive health research leveraged against communities at the margins. For now, we turn to the pieces within this special issue, offering summaries of the entries and highlighting salient takeaways.

Article Summaries

When we (McKinley and Wilfredo) proposed this special issue, we had originally planned for it to adhere to three themes: interventions, perspectives, and questions. With *interventions*, we sought action-oriented, original research projects grounded in collative advocacy, social justice, and on-the-grounds communicative work in the face of oppressive medical practices. In that sense, each author within this special issue offers wonderful entreaties into this theme. With *perspectives*, we sought critical, theoretical works that delimit the confluences of power that suppress queer/trans/BIPOC thrivance, the socio-material problems of systemic racism (i.e., anti-Blackness and Indigenous extermination), cisheteropatriarchy, and late capitalism that convene to lessen quality of life. The articles therein of course, offer wonderful perspectives on this issue, each laden with discrete approaches to rendering, powering, and offering the means by which we might counter it. With questions, we sought works that contour the issues, methods, theories, and histories that RHM has overlooked—pieces that ask "What else could be said and/or done here?" To that end, we feel each piece offers an answer to this question, gesturing toward that future that might be built among queer and trans scholars while engendering more strands of queer- and trans-specific scholarship in RHM. To that end, we present a few summaries.

Jo Hsu

Beginning this special issue, Jo Hsu renders the classificatory power of Western medicine to mold normative categories of sex and gender—the so-called "transnormative" system of assessment for transgender people. In so doing, Hsu demonstrates how such approaches justify tracts of discrimination against trans youth in particular, backdropping such antagonism against ongoing efforts to subjugate trans youth through legislation. Hsu focuses on the notion of trans tricksters, a term they borrow from medical sociologist stef shuster, which functions as a rhetorical figure for medicine to consolidate competing definitional regimes of gender and trans identity, appending internal disputes among early psychology and psychiatry around trans medicine with the overall function of shutting down any form of gender diversity beyond cis norms. For Hsu, transnormative medical models based upon cis bodies unduly silhouette trans people against such norms, a gatekeeping function that relegates trans existence to diagnoses and treatment interventions while foreclosing agency amongst trans people. Put simply, the discourses around normativity function as containment rhetorics, which according to Hsu, flowed along the ways the trans trickster as rhetorical function was used to perpetuate rigid standards early in the life of trans medicine.

Through a review of historic documentation and studies surrounding early efforts to define so-called "Gender Identity Disorder" and then

"Gender Dysphoria," Hsu deploys the sociological concept of "looping effects," which are used to showcase how categories are not only wrought from states of being (such as that of trans people) but also shape the lives of people by their very instantiation according to the discourses surrounding them. Homing in on the circulation patterns of the desistance mythos amongst trans youth—that is, the recurring misuse of purportedly sound research and statistics—Hsu tracks the looping effect of normalizing discourses that are then upcycled into political spaces, which both, in turn, legitimize these discourse while creating a demand for their negation. Such looping effects, Hsu reveals, underpinned much of anti-trans legislation across the U.S. in 2021, and though they highlight the discursive circulation of anti-trans antagonism in 2021, cursory reviews of today's legislative landscape sadly reveal similar efforts continuing. Hsu therefore ultimately argues for a breaking of these lopping effects, moving beyond discourses of medical legitimacy regarding the future of trans people and instead a focus on how trans creativity reveals for us the way forward.

Ela Przybylo

Drawing on fields of feminist, queer disability studies, and crip studies, Ela Przybylo develops a menstrual methodology that seeks to ungender menstruation, recognize pain, and promote menstrual justice. After giving a historical account of the troubling association that menstruation has had with inferiority and uncleanliness, Przybylo notes the harm that comes from historically and linguistically associating menstruation solely with cisgender women given that trans and nonbinary people menstruate and, conversely, cisgender women sometimes do not. Yet as Przybylo notes, these simplistic narratives of what bodies should do are not always clear and sometimes require treatment that providers cannot comprehend. This is something that comes to the forefront in Przybylo's own experiences with toxic shock syndrome (TSS) from menstruating and having to, to paraphrase Hil Malatino, take biology into one's own hands.

A menstrual methodology also asks us to consider pain on various levels. Firstly in the sense of being attuned to the pain that individuals experience but also to sit with pain and discomfort and to forgo superficial positive thinking. "Positive thinking will not make pain go away," Przybylo writes that "Positivity will not provide equal access to menstrual technologies." As such, there is a motivation that undergirds this pain associated with a menstrual methodology—one where, as researchers, we remain uncomfortable with the status quo and use this discomfort to advocate for menstrual justice, including some of the issues that Przybylo draws our attention to.

Przybylo concludes by applying a menstrual methodology to Edelman et al.'s (2022) study on menstruation and COVID-19 vaccines. She notes that while the study does use gender-neutral language, use of concepts like "fertility" by the researchers throughout the study still link gender to menstruation even without making this association explicit. Przybylo also wonders why the experiences of the menstruators in terms of pain and pain management were overlooked. She notes that while much demographic information was collected, the study "does not think about disability or sexuality" and thus much information is lost in terms of the health risks and symptoms that are linked and associated therein. Finally, Przybylo suggests that a menstrual justice approach would go beyond simply measuring the length of menstruation post-vaccination and would instead consider the broader impact on the menstrual experience, including factors such as pain, mental health, access to menstrual products, and care. She raises questions about how longer periods might affect different groups of menstruators, including those with disabilities or in marginalized situations, and also encourages a more intersectional and inclusive approach to research on menstruation.

Ruby Mendoza

Ruby Mendoza's work, "Toward a Queer and (Trans)Formative Methodology for Rhetoric of Health and Medicine: Institutional Critique," offers methodological orientation for scholars in RHM. Mendoza argues that RHM, as a field, has yet to develop research practices that center disempowered, devalued, and structurally vulnerable communities, particularly queer and trans Black, Indigenous, and other people of color (QTBIPOC). Extending on Mohan Dutta's (2022) critique, Mendoza traces out RHM's epistemological commitments to whiteness and tendencies toward eurocentrism, and they show how these research practices have created hostile conditions for queer and trans communities of color. Mendoza forwards a difference approach—which they name "institutional critique"—to "begin creating queer and transgender methodologies for RHM that attend to QTBIPOC lives."

Mendoza defines four areas of institutional critique: infrastructural, structural, institutional, and interpersonal. First, infrastructural approaches critique the settler colonial conditions that permeate medical care settings: the naturalization of colonialism in medicine, the histories of genocide and violence at the hands of Western medical researchers, and the way historical trauma manifests in the ongoing health outcomes of queer and trans people of color, among others. Second, a structural lens attunes to the policies—laws, administrative guidelines, rules, procedures, and their implementations—that facilitate health disparities. Mendoza points toward health contexts that are intimately tethered to structural conditions, including health disparities around gender, race, and ability. Third, institutional areas for research focus on specific healthcare organizations (medical centers, hospitals, insurance companies, etc.), and the way those sites manifest oppression. This institutional focus is particularly important when centering on queer communities, as many queer and trans people of color seek out alternative forms of care due to traumatic and harmful experiences within these medical sites. Last, interpersonal foci are even more specific, identifying how oppression manifests between caregiver and patient and naming the ways that local healthcare practices manifest or reflect larger injustices. Mendoza intertwines these methodological opportunities with their own experiences, storying the ways medical institutions fail queer and trans patients and pointing the field toward research perspectives that may cultivate better experiences for those at the margins.

Sarah Price and Richard Mocarski

Our fourth article, "Bodies of Knowledge: Biomarkers and Rhetoric of the Body" by Sarah Price and Richard Mocarski stems from their work on the longitudinal Trans Resilience Study that records the biomarkers of transgender and gender diverse (TGD) individuals; the study emphasizes the importance of fluidity and adaptability in research to better understand the physical and mental health of TGD individuals—particularly within the context of social and political stressors. The Trans Resilience Study launched shortly after Dr. Jae Puckett (Department of Psychology at Michigan State University) and Dr. Zachary L. DuBois (Department of Anthropology at the University of Oregon) had read in the *New York Times* that the Trump administration was attempting to roll back protections for transgender individuals and narrowly define sex and gender based on sex assigned at birth in 2018 (Green, Benner, & Pear, 2018). In a leaked memo, the Department of Health and Human Services argued that government agencies should adopt, according to the *NYT*, "an explicit and uniform definition of gender as determined 'on a biological basis that is clear, grounded in science, objective and administrable." Seeing this as an attack (one of many) on trans and nonbinary individuals, Puckett and DuBois launched the Trans Resilience Study (https://transresiliencestudy.com/) to collect as many meaningful stories about how trans individuals "defined, thought about, experienced, and lived their resilience as transgender and gender diverse people."

Although data collection included interviews and surveys, another key component was the collection of biomarker data—the aspect of the study that Price and Mocarski detail in their work. The primary reason for the collection of biomarker data was to study TGD individual's allostatic load (AL), which indexes the "wear and tear of stress on the body over time" and that researchers have hypothesized can serve as a measure for mapping out the "embodied impacts of stigmatization, discrimination, and oppression on multiple systems of the body." As Price and Mocarski note, the Trans Resilience Study is important in that it explores the relationship between body rhetoric, biomarkers, and allostatic load, emphasizing how the body is central to constructing personal and social identity. Because TGD individuals often face cis-sexist health practices and policies that control and label their bodies as abnormal, the Trans Resilience Study aims to deconstruct these norms and center the needs of TGD participants in health data collection.

Price and Mocarski's contribution in this special issue highlights the importance of biomarkers in making trans bodies more visible in otherwise "hegemonic baseline measurements of the healthy/unhealthy body." Moreover, their article underscores the participatory role that TGD individuals played throughout the resilience study itself. For example, the authors note that despite how expedient it would have been to collect biomarker information via hair samples, the plan was changed to a saliva-sample collection process after members of the Nebraska TGD board expressed race-based concerns over hegemonic control of Black hair, among other concerns. Price and Mocarski describe other ways that TGD individuals remain in control throughout the study, even making data accessible to participants immediately one readings are produced. The authors conclude by emphasizing the aims of the Trans Resilience Study to challenge the traditional binary understanding of health and the body by centralizing the experiences of TGD participants.

Teresa Williams: Review of *Trans Care* by Hil Malatino

Rounding off this special issue is Teresa Williams with a book review of Hil Malatino's (2020) *Trans Care*, an incredible text that undoubtedly holds much potential for RHM scholarship that constellates around queer and trans lives, bodies, feelings, and webs of care. As Williams notes, "centering biological family when considering care was reductive and for many of us not a reality," though this central conceit animates Williams' broader reflection of Malatino's book to render mundane pain points around trans life and futures in relation to care. Williams contextualizes Malatino's, frankly, incredible book within our current social milieu—of anti-trans agitation across the country compounded with COVID-19 and its seemingly never-ending mutations; despite only two years passing since the publication of *Trans Care*, Williams' contextualization belies the concerning pace at which anti-trans legislation has compelled the political imaginary of the U.S, which likewise highlights the inability to be *there* at the risk of viral harm. More importantly, in reviewing the book and applying its conceits to their life, Williams reveals the greater need for "care as a collective need in the pursuit of a more just society." We echo Williams in repeating this need: we need more collective forms of care to build a future together.

Conclusion

Finally, this special issue comes shortly after Veronica Joyner et al.'s (2023) foundational work on racial justice in RHM, "In Living Color: Amplifying Racial Justice Work in RHM." In their introduction, the guest editors make a case for intersectional approaches to researching health inequity:

> "to talk about marginalized BIPOC experiences in health and medicine is to also acknowledge and recognize that this includes bodies who identify as LGBTQIA. We need to hold space to recognize the intersections of identities and cultures and how those lived experiences impact persons when seeking health care" (Joyner et al., 2022).

We hope the works included in these special issues offer initial illustrations of research that takes up such perspectives. Deion Hawkins et al. (2023), for example, identify how a grassroots coalition of HIV healthcare workers, advocates, and researchers—called HIV Racial Justice Now!—has decentered whiteness within a domestic healthcare system that routinely burdens communities of color with a disproportionate weight of the HIV epidemic. Their work illustrates how HIV, an issue that often motivates scholarship within queer circles and has been a defining communal experience for many in the queer community, requires an intersectional intervention that addresses structural and persistent antiblackness within the epidemic's response. Similarly, in Mendoza's methodological brief (published in this special issue), we see how adopting an infrastructural approach to research can call into question the interlocking systems of oppression that particularly harm queer and trans people of color. These works, among others across both special issues, take up approaches that illustrate how RHM scholars can center difference, intersectionality, and power within their work.

To that end, you might be tempted to view *RHM*'s most recent special issues—ours and Joyner et al.'s (2023)—as discrete efforts that are extraneous or secondary to each other, as work that is delegated to special issues rather than what, we argue, should be at the core of RHM's identity as a field. The work is never finished. Specifically, as authors in this special issue have noted, RHM has grounded its work in white, Western, and eurocentric understandings of medicine without enacting scholarship that reshapes power to change the social conditions of our lives, which in turn shape our material conditions. Frankly, we argue for less scholarship on how so-called marginalization operates and more dedicated to disempowering anti-queer, transphobic, racist people and ideas. As such, questions about cisheteropatriarchal white supremacy in relation to health cannot be siloed in special issues, superficially engaged with through a chain of parenthetical citations, or acknowledged with asterisks or footnotes. We echo Joyner et al. (2023): "it cannot be a passing interest." Therefore, we hope this special issue both highlights the work occurring around health inequity in RHM and reshapes the parameters of our field's disciplinary purview and commitments. Again, we believe that the pieces in this special issue offer an entry point to these efforts. Our hearts are steadfast and hopeful.

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