Bigotry, bills, and medicine: lessons from the USA

Lesbian, gay, bisexual, and transgender (LGBT) individuals in the USA have benefited recently from unprecedented expansions in rights, with attendant improvements in health outcomes. This evolving story highlights the links between rights and health,[1] creating opportunities to better serve the unique medical needs of transgender people. Yet the passage of House Bill-2 (HB2) in the US state of North Carolina exposes the fragility of these hard-fought gains, reminding onlookers how the policy effects of bigotry can quickly ripple through to all patients.

Although HB2 was purportedly designed to stop individuals from using bathrooms that do not correspond with the sex on their birth certificate, the final bill stretched far more broadly to pre-empt all local antidiscrimination protections (restricting localities from creating their own antidiscrimination policies) and force antidiscrimination claims into federal court (where it is more difficult to bring a case). HB2 goes well beyond other recent US state bills, such as the one in Indiana, that have promoted transgender discrimination. As a result, the UK issued a warning to LGBT tourists travelling to North Carolina and the *New York Times* called North Carolina a "pioneer in bigotry".[2]

HB2 supporters say that it will prevent men from entering women's bathrooms, but this faulty logic relies upon three misunderstandings. First, transgender individuals are far more often the victims of sexual violence,[3] not the perpetrators. Second, many transgender individuals have long used bathrooms that match their gender identity without confl ict and, in most cases, without notice. Third, sexual violence in public bathrooms is rare and unrelated to antidiscrimination laws, with no detected influence of transgender antidiscrimination laws on sexual assault.[4]

HB2 undermines already weak legal protections that prevent gender discrimination and promote LGBT health.[5] For transgender patients, this long-standing neglect has often been intentional, with transgender populations amended out of antidiscrimination ordinances to achieve political compromise on protections for lesbian, gay, and bisexual populations. Even when the omission of transgender rights was unintentional, it suggests a still incomplete public understanding of the obstacles faced by transgender people. Entrenched medical discrimination and ignorance of LGBT medical needs is the unfortunate norm in US medical schools. Transgender training is nearly absent in most medical schools, and the results are predictable. A nationwide

survey of transgender individuals found that 19% had been denied access to health care because of their gender identity and 28% reported verbal harassment in a medical setting.[6]

While we await the overturning of HB2, the vicious cycle that links institutionalised discrimination and transgender harm needs to be broken. Establishment of mandatory transgender training in medical schools and clarification of hospital discrimination policies are two key steps. These steps will become more important in 2017 when the Affordable Care Act prohibits health insurers from discrimination against transgender individuals. Health professionals in North Carolina and around the world have a responsibility to serve the needs of all, including transgender people. North Carolina's bigotry bill serves as a powerful reminder of the need to ensure the rights that underlie health.

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1 Winter S, Diamond M, Green J, et al. Transgender people: health at the margins of society. *Lancet* 2016; **16:** 683–88.

2 Transgender Law Makes North Carolina Pioneer in Bigotry (Editorial), *The New York Times* (New York), March 25, 2016. http://www.nytimes.com/2016/03/25/opinion/transgender-law-makes-north-carolina-pioneer-in-bigotry.html?_r=0 (accessed Aug 5, 2016).

3 Wylie K, Knudson G, Khan S, Bionerbale M, Watanyusakul W, Baral S. Serving transgender people: clinical care considerations and service delivery models in transgender health. *Lancet* 2016; **16:** 682–86.

4 NCAVP. Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence: national coalition of anti-violence programs, 2012. New York: New York City Anti-Violence Project, 2012.

5 Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Washington, DC: National Academies Press, 2011.

6 Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. Injustice at every turn: a report of the National Transgender Discrimination Survey. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.