

How Passive Eugenics Kills Transgender Reproductive Rights

Trans people are often forced to choose between transition and procreation due to inequalities rooted in eugenic ideologies past and present



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SEP 30, 2023



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In a 2012 [article](#) titled *The transgenering of children: Gender eugenics*, famously transphobic academic Sheila Jeffreys argues that transgender healthcare is a form of modern eugenics.

Jeffreys doesn't quite miss the point with her article, as much as play a game of chicken with it before recklessly reversing away at speed.

She erases the existence of trans people, who she argues are all just confused homosexuals or heterosexual fetishists, while claiming that medical transition is really aimed at sterilising gay and lesbian kids by “transgenering” them (but not bisexuals—it will shock no one to learn that Jeffrey is also incredibly [biphobic](#)).

Of course, past eugenics [efforts](#) absolutely were aimed at gays and lesbians (some have even [argued](#) that eugenic attitudes to homosexuality are the root of modern homophobia).

Likewise, the [history](#) of transgender medicine (*vis a vis* [sexology](#)) is bound up with the pathologisation of transgender identity, as well as eugenic ideas.

Even pioneers of radical and inclusive ideas about sexuality and gender, such as [Magnus Hirschfeld](#), were influenced by eugenic ideologies, as so many were in the early 20th century, complicating the history of transgender medicine.

In the latter half of the 20th century transgender identity was designated as a disorder by the psychiatric establishment, both as a sub-category of homosexuality (which was also classed as a disorder until 1979), and then as the disorder “[transsexualism](#)” from 1980 onwards.

It wasn't until 2013 that the diagnosis of “gender identity disorder”, the successor to transsexualism, was replaced with “[gender dysphoria](#)” shifting the focus to the distress that transgender people experience rather than their gender-nonconformity (though some argue this is still only a “[battle half won](#)”).

In her work, Sheila Jeffrey reproduces many of same medical narratives which have been used to pathologise both transgender people and gender-nonconforming gays and lesbians, views that even the psychiatric profession have moved away from.

And, while Jeffrey is wrong to assert that transgender healthcare is a eugenic practice aimed at gays and lesbians, the medical and legal establishments, as well as the state, do nonetheless practice various forms of eugenics against transgender people today.

Eugenics: not just for nazis

Eugenics has its roots in imperialist, colonialist ideologies, mixing middle-class social norms with a faulty understanding of genetics, in an attempt to **promote** or reduce reproduction among certain groups of people deemed “fit” or “unfit”.

In the past (and, arguably, the present) “fit” generally meant White, “morally upstanding”, intelligent, successful and economically productive. Positive eugenics aimed to increase the birth rate of such people, via financial incentives and breeding programmes.

Conversely “unfit” referred to the mentally ill, disabled, Indigenous and people of colour, the “morally degenerate”, the urban poor, “criminals”, and the sexually perverted (which often meant **queer people**). Negative eugenics aimed to reduce the “unfit” population via **birth control**, sterilisation, segregation (e.g. in asylums) or “involuntary euthanasia” (also known as murder).

Although eugenics is most often associated with the Nazis, eugenic ideas were first developed in Britain (where the term was coined by Charles Darwin’s cousin, **Francis Galton**) and quickly spread, finding particular **favour** in the U.S.

And despite later being discredited as a legitimate science, eugenic ideas have never truly went away.

The US and Canada still practice the eugenic policy of forced and coerced sterilisation of female **prisoners**, **immigrants** and **Indigenous** people in the 21st century.

The U.K. government forcibly sterilised a **woman** with intellectual disabilities as recently as 2015, though they denied it was for eugenic reasons.

Many other **countries** around the world maintain some form of state-sanctioned sterilisation policies today, including the coerced sterilisation of transgender people.

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Coercive "equality"

Transgender people have **historically** been viewed as mentally ill, and unable to form attachments or provide love or affection. Consequently it was assumed we would likely produce dysfunctional children, making us unfit for parenthood.

Not only has trans sterilisation been justified on this basis, according to queer feminist researcher **A. J. Lowik**, but on the basis of the medical community's belief that "trans people should desire the reproductive capacities associated with their gender identities". Consequently:

laws that mandate this relationship between identity and embodiment, rely on and replicate "the genitocentric couplings of man/penis and woman/vagina" to which one could arguably add husband/father and wife/mother [which] has been enshrined in law in many ways.

Today, several countries, as well as several **U.S. states**, require proof of gender-affirming surgery (GAS) to change legal gender marker. Since these types of surgery can cause sterility, this amounts to a policy of coerced sterilisation to attain legal recognition equal to that of cisgender people.

The impact of such policies is highlighted by a Dutch [study](#), which found that requests for GAS declined after surgery ceased to be a requirement for legal gender recognition, highlighting that “this kind of legislation can lead to people undergoing irreversible procedures, with far-reaching consequences and for nonintrinsic motives, and should be abolished”.

None of this is a criticism of some transgender people’s desire for GAS, but of the complex interaction between intrinsic desire and coercive laws, and their impact on the reproductive rights of trans people.

In an ideal world, this issue could be addressed, pre-hormones or pre-surgery, by fertility preservation; however, when it comes to transgender rights, we don’t live in an ideal world.

Anti-trans (passive) eugenics

[John E. Bowman](#), a physician specialising in pathology and genetics, coined the term [passive eugenics](#)—a form of eugenics which results from a lack of state action in addressing the negative impacts of social and economic policy. In Bowman’s words:

Passive eugenics is the denial of appropriate medical care for more than 37 million Americans. Passive eugenics is the societal neglect of vaccination programs for millions of poor children, many of whom will die of preventable diseases... Passive eugenics is not the storming of abortion clinics and the murder of health care workers, but rather voting against welfare relief for children by the same anti-choice activists.

Bowman is referring to the U.S., but the concept of passive eugenics applies equally to many other countries—not least the U.K., with its increasingly underfunded and under-resourced National Health Service (NHS).

If healthcare is generally inaccessible in many modern capitalist economies, transgender healthcare is even more scarce due to a lack of trained staff or facilities, meaning waiting lists for treatment are often years-long.

Many trans people finally accessing gender-affirming care are faced with a [stark choice](#)

between the right to treatment (and our health and wellbeing) or our reproductive rights.

This isn't a concern for all trans people, but some of us would like to be parents. And despite the fact that hormones and surgery can impact fertility, there is a solution: freezing sperm or eggs, a process which is **viable** for most people, even for many of those who begin medical transition earlier in life.

Unfortunately, this often requires money. If you're someone who has been struggling with dysphoria and mental health issues, which tend to impact your ability to work, not to mention the employment **discrimination** we often also face, then fertility preservation is likely unaffordable.

Of course, the U.K. has a nationalised healthcare system, and you might assume that fertility preservation services are offered via NHS gender clinics, but despite prior **legal battles** provision is very **patchy** and often nonexistent.

The fact that fertility preservation is funded for those undergoing things like **cancer treatment** demonstrates the unequal treatment of trans people's reproductive rights compared to cis people.

While gays and lesbians still have to **fight** for equal access to fertility services via the NHS, they do nonetheless have access; the reproductive rights of trans people are much more restricted.

Meme created on imgflip.com by author

In the U.S. the situation is similar, albeit for different reasons: there is no **federal law** mandating that insurance companies provide coverage for fertility preservation for transgender people, and so access is precluded for those who can't afford it.

Desperate for transition care, many on long-waiting lists or those denied treatment via insurance providers choose to self-fund via private health services (if they can afford to), which further limits finances available for expensive fertility preservation services.

Ultimately many transgender people are **forced** to accept infertility and the preclusion of parenthood as the price to pay for gender-affirming care, largely as a result of passive eugenic attitudes towards our right, suitability and desire to have children.

Ironically, the issue of sterilisation is often used as a justification by those calling for a ban on transgender healthcare. But if these people really cared they would be calling for better provision of fertility preservation—not the removal of already scarce gender-affirming

treatment.

An unequal choice

And so transgender people are left with the impossible choice of transition or procreation: suffer now to (maybe) have kids in the future (if you have a future), or proceed with treatment that will benefit you and let you live an authentic and fulfilling life, while foregoing your reproductive rights.

That choice is overwhelmingly influenced by the fact that our ability to reproduce is less valued by the state compared to that of heterosexual, and even cisgender homosexual people.

This situation arguably results from lingering eugenic beliefs about our fitness for parenthood and the complex, often transphobic, history of transgender medicine, as well as unaddressed inequalities which impact so many aspects of our lives as transgender people—in this case, literally our right to *produce* life.

The reality for transgender people, then, is quite the opposite of Sheila Jeffrey's transphobic assertions: transgender treatment isn't a eugenic practice aimed at gays and lesbians, but a lack of fertility preservation to go along with that treatment means our reproductive rights are impacted in a way that is unmistakably, albeit passively, eugenic.

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