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## Public health politicised: A response to the politics of CDC language and implications for global health, wellbeing and inequalities

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In this response we address how the recent language controversy surrounding the Center for Disease Control and Prevention (CDC) must be considered as part of a broader politicisation of public health services used by women and minority groups in the US context, which has international implications given the influential position of the CDC in global health governance. Our individual areas of expertise in medical anthropology (BK), public health and policy (MG), and sociolinguistics (JK) inform our collective position on this issue.

### Politics of public health language

On 15 December 2017 *The Washington Post*<sup>[1]</sup> reported that the US Department of Health and Human Services, which includes the CDC, were being prevented from using specific terms in documents by the Trump administration. These documents would apparently be circulated at the federal government level in relation to the Trump administration's 2018 budget, and the terms in question included:

- Foetus
- Transgender
- Evidence-based
- Science-based
- Vulnerable
- Entitlement
- Diversity

The CDC Director, Brenda Fitzgerald, flatly denied this report in a series of Tweets and stated 'there are no *banned* words at CDC.' Whilst the above terms may not have been banned per se, the CDC may have been advised to 'reconsider' the language it uses when engaging with politicians and policy-makers.<sup>[2]</sup> It is important to stress that these politicians would include socially-conservative Republicans, some of whom

direct economic decision-making by virtue of their dominant party position in both the Senate and the House of Representatives. It is also in the public interest to highlight that some of these individuals maintain oppressive positions on women's sexual and reproductive health and rights, especially when it comes to restrictive access to abortion care. It is no surprise then that accommodating socially conservative values (prevalent among Republicans) within public health language has resulted in *verbal hygiene*, that is, attempts at 'cleaning up' language to make its use more acceptable from the perspective of the dominant group. Practicing verbal hygiene might result from different motivations, but in the context of sexual and reproductive health and rights, it reflects opposing positions on abortion that are rooted in deeper socio-political and moral anxieties. Our concern is the implications of verbal hygiene for sexual and reproductive health and rights, which are increasingly under threat in the US context and internationally.

Verbal hygiene has been employed here as a strategy to render these specific CDC outputs more palatable to Republicans responsible for making budgetary decisions. Yet the suggestion that the CDC should revise (or conceal) its language is serious because it would cultivate a public health infrastructure that is embedded in socially conservative values that infringe on human rights. Moreover, it would legitimise the damaging actions that have already been implemented across the US and specifically by the Trump administration in the context of women's health and welfare at the global level.

**Our point of departure in this response is the fact that public health and language share a commonality in the way they are political and *politicised*, and the interaction of which can be seen clearly in restrictions enforced over sexual and reproductive health and rights.**

Let us take the term '**foetus**' as one example, and let us imagine that the CDC acted upon cautions to instead use 'unborn child' in documents submitted to politicians and policy-makers. The consequences of using 'unborn child' might, at first glance, be glossed over by many people who are not active in sexual and reproductive health and rights-based issues. It might even be interpreted to some as a pragmatic step to obtain necessary funding for the CDC's research into the Zika virus, which is known to cause birth defects (and has primarily affected areas with dangerously restrictive abortion legislations).

Closer attention, however, illustrates how using the term 'unborn child' in CDC outputs would tread further down a dangerous path for women's health and rights. Using the term 'unborn child' in place of 'foetus' is not a synonym: it carries a very different semantic value. Adopting (or suggesting as an alternative) 'unborn child' would be part of a

systematic, intentional and politicised attempt to restrict access to abortion care and target the sexual and reproductive health and rights of women. The term 'unborn child' is prolific in anti-abortion discourse, both in the US and the UK, and its use attempts to shift the conceptual focus away from the welfare, health and rights of a pregnant women.

Women in certain US states, for instance, are compelled to undergo ultrasound screening in order to access abortion care as part of an abhorrent attempt to dissuade women from making sexual and reproductive health decisions under the guise of 'informed consent.'<sup>[3]</sup> Texas recently attempted to enforce laws that would see aborted foetal tissues and remains treated as deceased people and legally entitled to a funeral (e.g. burial or cremation), which would bestow the foetus with social personhood and political rights.<sup>[4]</sup> None of these interventions are informed by **evidence-based** and **science-based** research that might benefit women accessing abortion care, but only to serve the political interests of the anti-abortion lobby. Little wonder then that such lexical items are clustered together and discouraged by a US administration that has already deliberately dismissed empirical research holding inconvenient truths for its policy making (e.g. climatology, climate change, and the politicisation of the Paris Climate Accord during the 2016 election campaign).

Earlier in January 2017 the President of the United States made the regrettable decision to reinstate and widen the Mexico City Policy (also termed 'global gag rule'), which withholds funding from NGOs in low- and middle-income countries which actively perform or promote abortion care as part of sexual and reproductive health and rights programmes. It is worth noting that restricting access to safe abortion care does not deter women from needing abortions, and only forces women to seek out unsafe abortions at great risk to their lives and health. Reducing abortion rates is complex, and requires structural, social, and political changes surrounding reproductive rights and gender equity. The World Health Organization, for instance, estimates that up to twenty million women will have to resort to unsafe abortions, and almost fifty thousand of those women will die as a result of complications.<sup>[5]</sup> So, if CDC outputs frame the foetus as an 'unborn child', it supports, like the Mexico City Policy, a discourse and a culture that designates rights to a foetus, while subverting women's reproductive rights.

We can further consider any attempt to avoid using the term '**transgender**' in CDC outputs within a deeper social and political history concerning how people identifying as (or identified as) LGBT were stigmatised through the politicisation of public health language. The emergence of the HIV/AIDS epidemic in the 1980s brought tremors to the CDC at a time when healthcare professionals, policy-makers, and

politicians struggled to grasp the enormity of a disease that had never been encountered before. Public health ‘facts’ conditioned HIV/AIDS as an exclusively ‘gay disease’ in the early 1980s, which were, in reality, not built on evidence but on misinformation, and institutionalised homophobia. Recognising the specific and diverse health needs of transgender and LGBT people entails recognising them as people, and this is fundamentally achieved through language.

Our position on the politicisation of public language is clear and unequivocal. Public health bodies such as the CDC are mandated to meet the needs of all people, in all their **diversity**. Access to quality healthcare services and the enablers of health is the **entitlement** of everybody, and public health language is the basic mechanism through which inequalities and inequities are made visible and addressed. The type of socially-conservative language ideology that is being conveyed by the Trump administration serves only to intentionally erase realities that stand in opposition to Republican worldviews and political agendas. All persons can use language to support and shape culture, and with greater awareness of the power language has we can all more actively participate in creating the kind of world we want.

### **Restoring public confidence: Our recommendations**

In light of recent events we recommend the following actions to restore international confidence and credibility in the important work of the CDC and its public health outputs, which may have been undermined by the language controversy:

1. The CDC should unequivocally and transparently state whether it was advised to review or reconsider the language it uses, and to clarify whether it intends to act accordingly.
2. If the CDC confirms it will be reconsidering the language used in documents submitted to politicians and policy-makers then this should be made public knowledge.
  - The CDC should conduct a review into the possibly unintended consequences of revising the specific language used in documents that are submitted to politicians and policy-makers.
  - If said language is reconsidered, then the CDC should make it clear that public health bodies in low- and middle-income countries should not adopt the revisions in kind, particularly at a time when global sexual and reproductive rights are under attack.

3. The CDC should meet with leading NGOs and stakeholder groups to offer reassurance that public health policies and guidelines will continue to be designed in consultation with the intended beneficiaries, especially those groups concerned with gender, equality, and diversity.
4. The CDC will continue to ensure that its work is grounded in research- and science-based evidence, including qualitative research, to ensure its policies are informed by a full range of academic interfaces.

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## Notes

[1] The Washington Post, 15 December 2017. [https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec16379010\\_story.html?utm\\_term=.926d414288ef](https://www.washingtonpost.com/national/health-science/cdc-gets-list-of-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec16379010_story.html?utm_term=.926d414288ef)

[2] The Guardian, 17 December 2017. <https://www.theguardian.com/us-news/2017/dec/17/health-leaders-report-fetus-transgender-cdc-banned-words>

[3] Rewire, 20 April 2017. <https://rewire.news/legislative-tracker/law-topic/forced-ultrasound/>

[4] New York Times, 30 Nov 2016. <https://www.nytimes.com/2016/11/30/us/texas-burial-aborted-fetuses.html>

[5] World Health Organization, no date. [http://www.who.int/reproductivehealth/topics/unsafe\\_abortion/hrpwork/en/](http://www.who.int/reproductivehealth/topics/unsafe_abortion/hrpwork/en/)

**AMA citation**

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