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**From “Wonderful Americans” to the AHCA: Contrasting Trump’s Nomination
Acceptance Address and his Administration’s Actions on LGBTQ Health**

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Abstract

Donald Trump’s 2016 Nomination Acceptance Address at the Republican National Convention explicitly mentioned LGBTQ people as Trump promised to “protect our LGBTQ citizens” and called LGBTQ people “wonderful Americans.” However, since Trump’s inauguration, he has appointed anti-LGBTQ leaders, proposed cuts to HIV research, and offered his support for a ban on transgender recruits to the military. This essay begins with a close reading of Trump’s speech, showing how Trump expresses ostensible support for LGBTQ Americans only to capitalize on the deaths of queer and trans people of color at the Pulse Nightclub in Orlando mere weeks before the convention by pitting LGBTQ people against “Islamic terrorism.” The second half of the essay then examines the effects of Trump’s appointments and policy priorities on LGBTQ people and their families. The contrast between Trump’s speech and his presidency reveals that Trump values the deaths, but not the lives, of LGBTQ people.

Key words: Donald Trump, Nomination Acceptance Addresses, Presidential Rhetoric, LGBTQ Policy, Health care

**From “Wonderful Americans” to the AHCA: Contrasting Trump’s Nomination
Acceptance Address and his Administration’s Actions on LGBTQ Health**

“As your president, I will do everything in my power to protect our LGBTQ citizens,” said then-candidate Donald Trump in his nomination acceptance address at the Republican National Convention (RNC) in the summer of 2016. After the crowd cheered, Trump acknowledged this break from the norm for his party: “As a Republican, it is so nice to hear you cheering for what I just said. Thank you.” In the United States, homophobia has served as a reliable electoral impetus for Republicans for several years, featuring prominently in George W. Bush’s national strategy in 2004, for instance, when anti-gay ballot initiatives in several key states increased Bush’s numbers at the polls (Campbell & Monson, 2008; Stuckey, 2005). More recently, states like Indiana, home to U.S. Vice President Mike Pence, have passed laws allowing businesses to discriminate against lesbian, gay, bisexual, transgender, and queer (LGBTQ)¹ customers under the guise of religious freedom (Webster, Yen, & Hji-Avgoustis, 2016). How, then, did a seemingly supportive phrase end up in such a major speech by the Republican presidential nominee?

The simple answer to this question acknowledges that this section of Trump’s speech specifically addressed the event of a few weeks before where a gunman shot several patrons during Latin Night at Pulse, a queer nightclub in Orlando, Florida. This essay traces how, by identifying the shooter as an “Islamic terrorist,” Trump capitalizes on xenophobia, Islamophobia,

and White supremacy by creating a hierarchy of values and identities. Trump’s hierarchy Others the identities of the shooter and minimizes the identities (especially the racial/ethnic identities) of the victims, labeling the victims as “wonderful Americans.” But, we ask, how do the policies Trump supports line up with his purported adulation for these “wonderful Americans”? Our essay unfolds in a series of movements. After a brief note on method, we elucidate the context for Trump’s ostensibly pro-LGBTQ remarks. Next, we offer a close reading of his speech to support our claim about Trump’s deployment of discourses of xenophobia, Islamophobia, and White supremacy. We then look to executive appointments and policy specifics as a metric against which we may judge the sincerity of Trump’s nominally LGBTQ-friendly statement. Finally, we conclude by showing that the contrast between Trump’s speech and his policies reveals that Trump values LGBTQ deaths (when he can use them to foment fear of religious and racial others) rather than LGBTQ lives.

A Word on Method

As a communication scholar and a social work scholar collaborating to write an article for an interdisciplinary special issue of a family studies journal, we choose to embrace an epistemologically capacious and creative method that combines our respective expertise and offers accessible findings for readers from any discipline. The first section of the essay engages in a close reading of Trump’s nomination acceptance address, drawing on a rich tradition of the rhetorical analysis of public address. Rhetorical criticism, suggested Bonnie Dow (1996), involves making an argument for a way to understand a text. Evidence from the text itself supports the argument. For readers from the hard sciences or social sciences, these sort of claims may not seem like empirical conclusions, but David Zarefsky (2004) explained,

The field of rhetorical studies, by and large, makes different ontological assumptions [than effects-based social science research] and relies on a more complex view of the rhetorical transaction. It emphasizes contingency and choice rather than predictability and control. According to this view, the rhetor (speaker or writer) makes choices, with an audience in mind, about the best way to achieve his or her goals in the context of a specific situation. (pp. 608-609)

The job of the critic involves highlighting those strategies, examining their strengths and weaknesses, and analyzing their political implications. In our particular case, we offer an especially close reading of one section of a speech, within the context of the whole speech, and informed by the wider contemporary political context from which the speech itself emerged.

Following the rhetorical criticism, we examine appointments and policies from the first few months of Trump’s presidency as a way to measure his actions against what he said in the speech. Although Trump’s time in office is yet young, we acknowledge the “first 100 days” as a standard heuristic in gauging an early presidency. The time period we consider includes approximately six months, so we look a bit beyond the first 100 days. Because of the theme of the special issue and the focus of the rhetorical analysis in the earlier part of the essay, we closely examined the president’s appointments and policy priorities that related to the health of LGBTQ persons and their families and selected relevant examples for analysis. Our goal in this section is not empirical policy analysis (though we cite others’ empirical policy analyses to support our claims), but rather juxtaposition. We suggest that several of Trump’s appointments and supported policies speak directly to the promise he seemed to make in his convention address and help us assess the sincerity of purported commitment to LGBTQ persons.

Taken together, the two analytical sections of this essay offer a set of claims with what Manning and Kunkel (2013) have called qualitative generalizability rather than statistical or quantitative significance. Qualitative significance emerges in part from comparison and may then apply to novel contexts as theory develops (Manning & Kunkel, 2013; see also, Ellingson, 2009). So, for our purposes, comparing Trump’s speech with his appointments and policies allows us to make analytical claims in this essay that likely (and unfortunately) predict a pattern of behavior throughout his presidency. We invite readers of this special issue to join us in embracing the issue’s avowed epistemological pluralism—even and especially if the sort of claims we make here differ from the ones expected in readers’ normal disciplines and discipline-specific publication outlets.

The Summer of (Republican) Love (for LGBTQs)?: Pulse and the 2016 RNC

On June 12, 2016, a few weeks before the RNC, a gunman killed 49 people and injured several others at the Pulse nightclub in Orlando, Florida. Politicians offered their usual fare of thoughts and prayers, but conspicuously erased the sexualities, gender identities, races, and ethnicities of the victims for whose families they invoked God’s comfort (Bennett, 2016). Ninety percent of the victims were Latinx, and 23 of them Puerto Rican (La Fountain-Stokes, 2016). The sexual, gender, and racial/ethnic identities of the victims disappeared not only in politicians’ tweets, but in news coverage of the event as well (La Fountain-Stokes, 2016)—a silence made obvious when contrasted with the media focus on the identity of the shooter, Omar Mateen. Mateen’s U.S. American citizenship gave way in mediated and political framings to his alleged religious radicalism and to rumors that he visited queer nightclubs as a patron and used hookup applications for gay men (Steinmetz, 2016).

Ruth Wodak’s (2015, p. 71) observation that “identities are always (re)created in specific contexts” and “co-constructed in interactive relationships” applies here. The confluence of violence, identities, and politics made the tragedy of the Pulse shooting especially fraught, particularly for those of us deeply concerned with taking intersectionality seriously, resisting stereotypes, and mitigating statist violence. News coverage of the event tended to adopt either a homophobic hate crimes frame or an Islamic terrorist attack frame (Walter, Billard, & Murphy, 2017), both of which downplay or erase the victims’ racial/ethnic identities. Meanwhile, politicians deflected the sexualities, gender identities, and racial/ethnic identities of the victims and overstated the religious affiliation of the shooter, and the shooter’s father insisted religion did not play a role in his son’s action (but admitted that homophobia did) (Chávez, 2016; Morris & Sloop, 2017). The temptation to use the event to turn marginalized groups against each other seemed to rage among activists, political leaders, and commentators—itsself a common trope in maintaining White supremacy, patriarchy, heteronormativity, and cisnormativity (Han, 2013; Martínez, 1998). Ahmet Atay (2016) explained the confusing combination of factors in trying to make sense of the tragedy:

Several pieces uncomfortably came together to create an elusive postmodern collage: the event, the context surrounding it, the place, the victims, their stories, the media framing of the shooting, the story of the gun man, the role of religious radicalization, the gun control discourse, and the queer community itself. How could I make sense of all these interlocking facets of a tragedy that hits home, hard and real? (p. 171)

Against that complex backdrop, Donald Trump arrived in Cleveland, Ohio to accept the Republican nomination for the presidency of the United States. Nominating conventions, argued Trent and Friendenberg (2008), play an important symbolic role in U.S. politics, including

establishing party unity (particularly important after long and divisive primary campaigns like the Republican primary in 2016), legitimating the candidate, and affirming the democratic process itself. Nominating conventions normally have a laudatory tone where parties celebrate their own nominee and platform and sometimes roast the other party to the cheers of an enthusiastic audience (Trent & Friedenber, 2008).

While the 2016 RNC certainly featured a fair share of roasting and cheering, the tone of Trump’s acceptance address departed sharply from these speeches’ normal affect. Nearly from the start, immediately after formally accepting the party’s nomination, Trump lugubriously framed his whole speech around a theme of nationalism coupled with law and order, decrying imagined increases in domestic violent crime and “Islamic terrorism” in the US and abroad. One generic purpose of the acceptance address, wrote Trent and Friedenber (2008), includes previewing the themes of the general election campaign. Disproportionately, the speech made clear that nationalism, violent crime, and international terrorism would reside at the top of the Trump campaign’s priorities. Focusing on domestic crime and terrorism from a nationalist lens allowed Trump to work toward a number of interrelated goals during the speech, including appealing to fear to persuade the “soccer mom,” safety-concerned demographic so important in Bush’s 2004 reelection (Kumar, 2017); blaming Barack Obama and Hillary Clinton for increased violence and terrorism; and justifying symbolic, material, and legislative violence against immigrants, Muslims, and people of color, an increasingly popular strategy among right-wing and populist politicians worldwide (Wodak, 2015). To accomplish these goals, Trump relied on what Kenneth Burke (1966) called terministic screens, or language choices that reflect some realities, carefully select certain details, and deflect elements not helpful to the rhetor’s case.

Terministic screens, in Amanda Nell Edgar’s view, “highlight particular aspects of reality while obfuscating others” (2014, p. 141).

Throughout the speech, Trump overstated the problem of violent crime, cherry-picking certain cities where violence increased in the previous year to make sweeping claims about rates of violence affecting the whole country:

In our nation’s capital, killings have risen by 50 percent. They are up nearly 60 percent in nearby Baltimore. In the President’s hometown of Chicago more than 2,000 people have been the victims of shootings this year alone. And almost 4,000 have been killed in the Chicago area since he took office. (Trump, 2016)

Carefully selected statistics and decontextualized large numbers, of course, suggest an exigence but do not innately represent one. The 2,000 shootings Trump references, for instance, did not all result in deaths, but the shift from shootings to the number who have “been killed” in the following sentence invites the interpretation that deaths by gun violence grew at exponential rates under the Obama presidency and constitute a crisis in need of a “Law and Order candidate” (as Trump called himself) who “alone can fix it” (as Trump claimed). Such dramatic framing obscures the fact that nationally, rates of violent crime are markedly lower now than they were twenty-five years ago (Pew Research Center, 2017). Statistics like Trump’s may certainly pass the fact checking process to the degree that they do reflect one reality, regardless of the larger patterns they deflect.

Besides inspiring fear generally, Trump endeavored to place the blame for the crisis he constructed squarely on the shoulders of the Obama administration, especially but not exclusively related to Clinton’s role as Secretary of State in the first term of Obama’s presidency:

In 2009, pre-Hillary, ISIS was not even on the map. Libya was stable. Egypt was peaceful. Iraq was seeing a reduction in violence. Iran was being choked by sanctions. Syria was under control. After four years of Hillary Clinton, what do we have?

Trump commits a classic *post hoc* fallacy here, selecting certain events and ordering them in a particular chronology that invites the inference that Clinton holds responsibility for the emergence of ISIS simply because ISIS became politically salient toward the end of her term as Secretary of State. Trump also asserts that Clinton’s immigration proposals will permit lawless immigrants to commit violent crime, that Clinton will not take ISIS seriously, and that Clinton wants the government to make every decision in Americans’ lives. Support for these claims matters far less to Trump than the work the claims cohere to do in the speech, i.e., contributing to Trump’s narrative of a United States doomed to a future of violence and terror, to which Clinton contributes and he singularly stands prepared to remedy.

While Clinton and Obama receive the blame from Trump for the violent and out-of-control status quo, the agents of violence and terror in the parlance of Trump’s nationalism always occupy non-White and usually foreign and/or Muslim bodies and identities. Trump used the word “Islamic” five times in the speech, each time as a descriptor for *terrorism*, *terrorist*, or *radicals*. Immigrants fare no better, as nearly every reference to immigration in the speech frames immigration as unrestrained and dangerous:

Nearly 180,000 illegal immigrants with criminal records, ordered deported from our country, are tonight roaming free to threaten peaceful citizens. The number of new illegal immigrant families who have crossed the border so far this year already exceeds the entire total from 2015. They are being released by the tens of thousands into our communities with no regard for the impact on public safety or resources.

Again, Trump’s careful language choices deflect the reality that many of the large number he references have nonviolent criminal offenses on their records and as such represent no threat whatsoever to “peaceful citizens,” or that immigrants are no more likely than citizens to commit violent crimes; in fact, research in criminology has found that increases in immigration correlate with lower rates of violent crime (Adelman, Reid, Markle, Weiss, & Jaret, 2017). Moreover, as in the previous example, Trump here juxtaposes statistics misleadingly to support a nationalist agenda. By first mentioning the number of immigrants with criminal records and then discussing the number of new undocumented immigrants, Trump invites the inference that the increased number of undocumented immigrants have a disposition for criminal activity, yet “roa[m] free to threaten peaceful citizens.” As president, Trump has held true to some of his promises in this speech, for instance, by creating a special resource office for victims of crimes committed by immigrants, a move that grossly overstates the harms of immigration, fosters stereotypes and racism, and misdirects valuable resources (Doubek, 2017). “The citizenship of brown folks in the United States,” observed Bernadette Calafell (2017), “particularly those who are Arab and Latinx, is continually called into question at the governmental level and in daily microaggressions in an environment that becomes increasingly dangerous for us” (p. 198). Trump’s hotline represents both these sources of precarity as a government-sponsored program that foments citizen vigilantism based on people’s appearances and perceived countries of origin.

The goals of inspiring fear, blaming Obama and Clinton, and denigrating Muslims, immigrants, and people of color coalesced in the speech when Trump addressed the Pulse shooting. Including interruptions for applause, Trump spent one minute and 42 seconds of his 76-minute speech addressing the Pulse shooting:²

Only weeks ago, in Orlando, Florida, 49 wonderful Americans were savagely murdered by an Islamic terrorist. This time, the terrorist targeted our LGBTQ community. No good. We are going to stop it. [20 seconds of cheering and applause] As your President, I will do everything in my power to protect our LGBTQ citizens from the violence and oppression of a hateful foreign ideology, believe me. [19 seconds of cheering and applause] And I have to say as a Republican it is so nice to hear you cheering for what I just said. Thank you. [8 seconds of applause]

Notably, the first identity Trump mentions in this section applies not to the victims, but to the shooter: “Islamic terrorist,” an identity Trump imposes despite Mateen’s father’s disavowal of a religious motive in his son’s crime. Although Trump implicitly acknowledges the sexualities and gender identities of the victims by referencing the initialism *LGBTQ*, his awkward and belabored pronunciation of the abbreviation betrayed his discomfort: Trump clearly speaks a language not his own here. Trump’s next mention of the acronym *LGBTQ*, no more smoothly pronounced than the first, figures himself as the protector of vulnerable LGBTQ “citizens” from “the violence and oppression of a hateful foreign ideology.” Here, Trump’s use of the word *citizen* invites special curiosity, as Omar Mateen was irreducibly a U.S. citizen, but not all of the Pulse victims held U.S. citizenship. Nevertheless, Trump figures Mateen’s hate as stemming from a “foreign ideology” that threatens U.S. citizens. To acknowledge Mateen’s U.S. American citizenship or the foreign citizenship of some of his victims (rendering them, presumably, less than the “wonderful Americans” Trump mentioned in introducing the topic) would cause Trump’s argument to unravel. Yet, the contradictions reside under the surface of the speech: the agent of evil in this story, in contradistinction to the rest of Trump’s speech, holds U.S. citizenship; (some of) the innocent victims do not.

Moreover, Trump erases not only the citizenship and ethnicity, but also the race of the victims: those killed, though overwhelmingly Latinx, get marked only as *wonderful, Americans*, and *LGBTQ*, a colorblind move that downplays the racialized character of the attack and the intersectional precarity of LGBTQ persons of color, who move through the world perpetually more at risk of violence than White LGBTQ folks or cisgender and heterosexual persons of color (Gallagher, 2003; Hill Collins, 2013). In combination with such Whitewashing, Trump’s use of the LGBTQ acronym flattens the variances within the different subject positions hailed by the abbreviation (Spencer & Patterson, 2017). Insidiously, then, Trump’s ostensibly racially neutral reference to *LGBTQ citizens* hails white, cisgender gay men—not unlike Peter Thiel, who also spoke at the RNC and used his speech to disparage the importance of safe restroom access for trans folks. Thiel and other White cisgender gay men seem all too willing to close ranks with other White people, even at the expense of queer and trans folks, especially those of color (Han, 2013). In his book *The Politics of Resentment*, Jeremy Engels (2015) explained that politicians effectively turn oppressed groups against each other to distract from the power and wealth of those at the top: “the politics of resentment has been employed to uphold elite, corporate rule over the nation by keeping citizens angry, resentful, frustrated, and acquiescent. The politics of resentment might feel like resistance to power, but its result is the reification of power relations that are harmful to citizens” (p. 6). In Trump’s case, Peter Thiel might gain power and wealth, with his tokenized cisgender White gayness propped up to illustrate Trump’s inclusiveness of diverse sexualities, no matter what Trump does that further marginalizes the most socially vulnerable queer and trans folks.

Furthermore, Trump’s professed claim to protect LGBTQ people from harm might have merit if Trump talked about actual risks facing LGBTQ people, particularly poor LGBTQ

people, LGBTQ people of color, and those without access to healthcare. Forty-nine LGBTQ people and their friends and family members died in the Pulse nightclub on that evening, but far more LGBTQ people die by suicide, or because of underemployment, poverty, and a lack of adequate health coverage. Concerns related to employment, mental health, access to healthcare, and the intersection of racism, xenophobia, and classism with homophobia and transphobia produce far direr exigencies for LGBTQ folks of color than do terrorist attacks. Trump, of course, addresses none of these more complex questions. Focusing on “Islamic terrorism,” which Trump connects in the next section of his speech to foreign policy, allows Trump to continue the rhetorics of xenophobia, Islamophobia, and White supremacy that characterized his campaign from the beginning—but more than that, Trump attempts to enlist unlikely allies in “LGBTQ citizens” (read: monied, White cisgender gay men) under the guise of keeping them safe from those not like them. Beyond the harms more likely to devastate LGBTQ people of color, even the violence the victims experienced deserves a more critical view than Trump takes. Mateen’s ideology of hate, rather than coming from some foreign source, can be understood as one outcome of a life in the United States, where he learned harmful stereotypes about race, nation, gender, sexuality, and gender identity. Discussing conservative Christian universities that ban lesbian, gay, and bisexual students, Spencer and Barnett (2013, 2016) invoked the metaphor of toxicity to refer to contexts that teach homophobia; unfortunately, various religious traditions and political parties have worked to teach homophobia and justify homophobic and transphobic violence in the United States—lessons too often enforced and reinforced in schools, playgrounds, locker rooms, and private homes as well. To protect LGBTQ people from harm, then, requires a radical reorientation to understandings of gender, sexuality, and gender identity, complete with nuanced and intersectional analyses of the ways different systems of oppression overlap,

interlock, and mutually constitute one another. Exacerbations of the war on terror, fomenting xenophobia and Islamophobia, and stoking fear of the Other—despite Trump’s assertion—will do nothing to resist oppression or produce the conditions of liberation.

We opened this essay by suggesting that Trump creates a hierarchy of values, grafted onto identities, and uses LGBTQ people in the process. As our close reading of Trump’s speech makes clear, White U.S. American citizens occupy the place at the top of Trump’s hierarchy, and by including the phrase *LGBTQ* in his speech, Trump opens that top spot to people like Peter Thiel. Though he invokes the phrase in the context of talking about Pulse, he does not mean to include those victims, their friends and families, or others who look like them. Those with citizenship in other countries, for instance, may have been among the first Trump deported during his presidency, had they survived the attack. Even those with U.S. citizenship, visibly raced as Other, would not have had an easier life under the Trump presidency than they had before, especially as 2017 has witnessed increasingly bold acts of White supremacist terror, racial harassment, and public Islamophobia—at least some of which seems to have the president’s sanction. At the lowest rung of Trump’s hierarchy lives “Islamic terrorism,” figured as a “foreign ideology” but manifested, on June 12, 2016 at least, in the person Omar Mateen, an American born in New York. Hierarchies of values often function in public address to transcend differences and point audiences to higher values that constitute “a new common ground on which a rhetor can build his/her persuasive appeal” (Cisneros, 2009, p. 120). Such higher values supposedly “subordinat[e] whatever internal issues divide” the audience (Spencer, 2013, p. 450), but Trump’s hierarchy works toward another purpose: one that allows him to collapse all the victims into a Whitewashed category of “wonderful Americans” and group all immigrants,

Muslims, and persons of color in a way that justifies violence against anyone perceived to fit a combination of those identities.

The Proof is in the Policies: “Pudding” Trump to the Test

Values, of course, sometimes clash, and priorities become clear when a clash of values requires a decision of one or the other (assuming mutual exclusivity and no possibility for compromise). Trump seems to suggest that he places value on protecting LGBTQ citizens—a proposition our foregoing analysis has already refuted. Even beyond our analysis of the speech, though, we contend that we may discern the extent to which President Trump and his administration value the literal lives of queer and transgender people and their families, at least in part, by examining the health policies they champion, as well as the leaders they appoint to oversee health programs. As suggested by the rhetorical analysis, Trump has consistently addressed the needs and desires of constituencies other than queer and transgender U.S. Americans.

Trump’s choice to lead the U.S. Department of Health and Human Services (HHS) was Tom Price, a physician and congressperson from Georgia’s 6th district. The Human Rights Campaign’s (2016) Congressional Scorecard showed that Price voted against all pro-LGBTQ legislation during the 114th Congress (2015-2016). This included the Equality Act, which would have established protection from discrimination on the bases of sexual orientation and gender identity in various sectors, as well as amendments to prohibit discrimination by federal contractors in transportation, housing, military construction, and other areas. While none of these measures related to health, it is unlikely that Price’s positions will translate into support for LGBTQ programs at HHS. One policy change that has occurred on his watch is the omission of questions about sexual orientation on a proposed draft of HHS’s National Survey of Older

Americans Act Participants, though no other questions were removed from the previous year’s survey (Sedensky, 2017). Removing such questions functions as a kind of symbolic annihilation in the research process, whereby lesbian, gay, and bisexual identities in particular get erased. Material effects of such symbolic erasure may appear to the degree that such health research will not be able to differentiate health outcomes or risk factors by sexual orientation.

Perhaps more troubling is Price’s co-sponsorship of the First Amendment Defense Act (FADA), a bill that would affect queer and transgender families’ access to healthcare altogether (“First Amendment Defense Act,” 2015). FADA—similar to the Religious Freedom Restoration Acts (RFRA), signed by then-Governor Mike Pence in Indiana and on the books in other states, allows individuals, religious bodies, and—starting with the Indiana bill—corporations (Epps, 2015) to refuse services if providing those services might violate one’s “free exercise of religion.” FADA goes beyond this, however, to prohibit federal action on discrimination against any individual who “believes or acts in accordance with a religious belief or moral conviction that marriage is or should be recognized as the union of one man and one woman, or that sexual relations are properly reserved to such a marriage” (“First Amendment Defense Act,” 2015, § 3a). This could allow healthcare providers to offer services only in accordance with personal beliefs, which could interfere with fertility treatments, HIV care, or potentially any medical services for queer or transgender patients and families (Murray, 2017).

Another of Trump’s appointments, Roger Severino, formerly of the Heritage Foundation, now leads the Office of Civil Rights in the U.S. Department of Health and Human Services (“Roger Severino,” 2017). While at the Heritage Foundation, Severino coauthored a report titled “Proposed Obamacare Gender Identity Mandate Threatens Freedom of Conscience and Independence of Physicians,” (Anderson & Severino, 2016). The report described the authors’

opposition to regulations to prevent discrimination in “sex-reassignment” (para. 3) treatments based on gender, as proposed by the HHS Office of Civil Rights, which Severino now heads. To summarize, Trump has nominated a FADA cosponsor to lead the nation’s health department and a leading critic of a gender-based nondiscrimination interpretation of the Affordable Care Act (ACA) to the Office of Civil Rights—appointments we regard as clearly in opposition to President Trump’s alleged commitment to “protect our LGBTQ citizens.” Indeed, LGBTQ citizens seem to need protection *from* the sorts of policies championed by Price and Severino.

Beyond disconcerting appointments, Trump’s support for proposed healthcare legislation has been problematic as well. The American Health Care Act (AHCA), sometimes called Trump Care because of Trump’s campaign promises to repeal and replace the Affordable Care Act, passed the House. The Senate’s attempts to repeal and replace the Affordable Care Act have thus far failed, but any repeal of the Affordable Care Act would have disproportionately negative effects on LGBTQ folks, especially those of color and those living in poverty. The AHCA, for instance, posed several threats to LGBTQ health, especially related to HIV treatment and coverage for people with HIV. Under the Affordable Care Act, more people with HIV have access to health insurance due to three factors: the elimination of pre-existing conditions as justification for denying health insurance, the availability of subsidies to cover health care premiums for people whose incomes fall between 100% and 400% of the federal poverty level, and—perhaps the most important factor—Medicaid expansion (Kates & Dawson, 2017). An analysis of a sample of both Medicaid expansion (n=10) and non-Medicaid expansion states (n=6) showed gains in coverage for people with HIV receiving medical care through private insurance in non-Medicaid expansion states from before implementation of the ACA (2012, 26%) to after implementation (2014, 32%), most likely due to coverage of pre-existing

conditions and access to subsidies (Kates & Dawson, 2017). In sampled states that expanded Medicaid, rates of coverage for the same population through private insurance declined over the same period (from 34% in 2012 to 29% in 2014), but the percentage of people with HIV in care covered by Medicaid increased from 39% (2012) to 51% (2014), a statistically significant change. This indicates the primary importance of Medicaid expansion for insurance coverage for people with HIV (Kates & Dawson, 2017).

Because of Republicans’ lack of a supermajority in the Senate, they can only pass budget reconciliation legislation, not other types of legislation, without votes from Democrats. Since no Democrats supported the American Health Care Act, the AHCA could only address aspects of the ACA related to funding (Wang & Cahill, 2017). The AHCA could not change regulations on pre-existing conditions, for example. The American Health Care Act, then, threatened coverage for people with HIV insofar as the bill reduced or removed federal support for Medicaid expansion and altered subsidy payments to make private insurance more affordable (Kates & Dawson, 2017; Wang & Cahill, 2017). While states that expanded Medicaid would have had the option to maintain more generous eligibility criteria and continue to provide current levels of coverage, it is likely that at least some states would have discontinued these benefits if federal monies no longer funded them. This would probably have affected many low-income people with HIV by rescinding access to health insurance unless individuals become sick enough to qualify based on disability, which becomes more likely if HIV treatment is not affordable.

It is also likely that replacing subsidies for health care premiums with tax credits would have negatively influenced the ability of lower income people with HIV who were ineligible for Medicaid to purchase private insurance (Wang & Cahill, 2017). This could have had a significant impact in states that did not expand Medicaid (Kates & Dawson, 2017). The AHCA proposed

basing tax credits on age, not percentage of income spent on health insurance premiums, as under the ACA. These tax credits would have ranged from \$2,000 (youngest group) to \$4,000 (oldest group). Not only are these amounts less, on average, than received under the ACA (Cox, Claxton, & Leavitt, 2017), but it is more helpful to lower income people to receive immediate subsidies for purchase of health insurance rather than to be reimbursed with a tax credit up to a year after purchasing insurance. In contrast, the AHCA would have extended eligibility for partial tax credits to higher earners than the ACA—up to \$95,000 per year (younger adults) and \$115,000 per year (older adults) for individuals, and \$190,000 (younger couples) to \$230,000 (older couples) for those filing jointly (Cox et al., 2017). As HIV treatment is expensive at any income level (currently estimated at \$379,668 over a lifetime of treatment [Centers for Disease Control and Prevention, 2017]), the AHCA may help higher income earners better afford treatment for HIV. Notably, these patients are least in need of financial assistance when compared to people with HIV in middle or lower income brackets. If, then, we consider Trump’s supposed promise to protect “our LGBTQ citizens” in light of the health care legislation he champions, we see that Trump’s protection applies, at best, to the wealthiest LGBTQ citizens. Again, those Trump considers Other get left out.

Besides health care legislation, research related to LGBTQ health may also face a threat under Trump. President Trump’s proposed “America First” budget cuts the allocation for the National Institutes for Health (NIH) by over 5 billion dollars, or 18.3% (Katz & Wright, 2017). Potentially, this would affect research on HIV/AIDS, as well as population-based research on the unique health needs of queer and transgender people. Though NIH-funded research led to the development of zidovudine (AZT) to treat HIV (Katz & Wright, 2017), only 0.5% of NIH-funded studies from 1989-2011 addressed LGBT health (Coulter, Kenst, Bowen, & Stout, 2014).

Notably, the National Institute on Minority Health and Health Disparities (NIMHD, 2016) recognized sexual and gender minorities as a “disparity population for research purposes” (para. 5) as recently as 2016. Without a long-standing commitment to research sexual and gender minority health, and with new leadership at HHS in Tom Price, it is likely that cuts to the NIH budget would negatively affect research to benefit queer and trans people.

Beyond health care concerns related to HIV/AIDS, the AHCA would have eliminated Medicaid payments to “prohibited entities,” as defined by a list of criteria intended to single out Planned Parenthood as a non-reimbursable health care provider (Wang & Cahill, 2017). One criterion—receipt of Medicaid payments in 2014 that exceeded \$350 million—was struck down from a Senate version by a parliamentarian for failing to comply with regulations for a budget reconciliation bill (Kliff, 2017). Thus, a lower threshold—\$1 million—was included in the Senate’s “skinny repeal” bill (the last health care bill that failed to pass the Senate in July 2017) in order to conform to parliamentary regulations, though this threshold included only a few more health care providers other than Planned Parenthood. In each iteration, the health care bills considered in 2017 attempted to prevent federal and state reimbursement of services provided by Planned Parenthood.

The availability of Planned Parenthood and other sexual health clinics is relevant to queer and trans family policy because of disparities between queer and non-queer women in sexually transmitted infections (STIs), preventive screenings, and risk factors for women’s health issues, as well as non-judgmental care provided by these sexuality-affirming clinics (Wang & Cahill, 2017). First, Planned Parenthood treats STIs and provides preventive sexual health education, which contributes to reduction in the higher rates of STIs experienced by bisexual women (CDC, 2015). Second, Planned Parenthood provides mammograms and Pap tests, which

screen for cancers specific to women’s health. A recent analysis indicated significantly lower rates of timely Pap tests among lesbian and bisexual women as compared to heterosexual women (Solazzo, Gorman, & Denny, 2017). This, combined with higher rates among lesbians of nulliparity—a risk factor for reproductive cancers—suggests an important role for women’s health clinics in improving access to cancer screenings for queer women (Wang & Cahill, 2017).

As an organization, Planned Parenthood is affirming of the spectrum of sexual orientations and gender identities (Planned Parenthood, 2017a): “Our health centers provide education, support, and sexual and reproductive health services for lesbian, gay, bisexual, transgender, queer, questioning, and intersex patients” (para. 2). O’Neil, Hamer, and Dixon (2013) found that a sample of lesbian women reported seeking health care providers who were “known to be sensitive and friendly to lesbian couples” when accessing prenatal care (p. 216), suggesting that Planned Parenthood’s supportive stance is important to improving access to care and addressing health disparities for lesbian, bisexual, and transgender women. Indeed, several websites offer anecdotal evidence of queer and trans women’s affirming health care experiences at Planned Parenthood, including “Six Reasons Queer Women MUST Stand with Planned Parenthood” (Wall, 2015), and “What Planned Parenthood Means to LGBT Women: The Roundtable” (Rios, 2015). Additionally, most Planned Parenthood clinics accept Medicaid, and/or have sliding fee scales or offer services at reduced costs (Planned Parenthood, 2017b). This indicates the importance of Planned Parenthood for women who are poor, a disproportionate number of whom are racial or ethnic minorities. Taken together, it is clear that defunding Planned Parenthood, as attempted by ACA repeal and replace bills, would negatively influence queer and trans women’s access to affirming health care, especially for those who have low incomes or are women of color.

Disastrous appointments and funding cuts for health research and service providers join with our rhetorical analysis to lead us to a different conclusion about Trump’s actual view of the “wonderful Americans” he touted in the summer of 2016—and his presidency is yet young. Just before the due date for articles for this special issue, the Trump administration scaled back Obama-era employment protections for LGBT people on federal contracts (Ford, 2017), and Trump declared in a threaded series of posts on Twitter that he wanted to ban trans recruits from entering the military because of the cost of their medical care (Cooper, 2017). We recognize and in many ways agree with the arguments of more radical activists who question the value of legislative employment protections (disproportionately helpful to monied White cisgender gay and lesbian workers) and who object to the expansion of U.S. imperial militarism (Conrad, Chávez, Nair, & Loeffler, 2014). Those critiques notwithstanding, we again notice a difference between Trump’s supposed vow on June 12, 2016 to protect LGBTQ citizens and his behaviors in the year since.

Conclusion

This article has compared Trump’s ostensible narrative of support for LGBTQ people in his convention address (“wonderful Americans”) to his appointments and the legislation he has supported in the first few months of his presidency. If, as Manning and Kunkel (2013) argued, comparison allows us to make generalizable qualitative claims, we predict the future of Trump’s presidency offers little hope of improvement for LGBTQ persons and their families. Trump is not protecting queer and trans Americans from known threats to well-being: access to nondiscriminatory and affirming health care, affordable treatment for HIV, and preventive services to address health disparities experienced by sexual and gender minorities.

While some may view Trump’s remarks and invocation of the LGBTQ moniker as progressive, we have shown that Trump values only the deaths, and not the lives, of queer and trans Americans (particularly those of color). Perversely, the queer folks of color killed at Pulse only figure as “wonderful” in Trump’s America when their deaths advance his nationalist agenda of stoking fears of immigrants and Muslims. In the waning weeks of the summer of 2017, just a little over a year after Trump’s convention speech, several avowedly White supremacist groups planned and led marches and demonstrations around the United States, with some of them crediting Trump as a source of inspiration. Our analysis suggests such attributions are unsurprising. Based on his actions and the legislation he champions, we reasonably conclude that Trump meant what he said in his convention speech about immigrants and Muslims, but not what he seemed to say about LGBTQ people. LGBTQ people functioned, for Trump, as a prop to hold up in service of anti-immigrant and Islamophobic sentiment. Observing similar trends across Europe, Wodak (2015, p. 2) argued that the politics of fear involves an effort to “instrumentalize some kind of ethnic/religious/linguistic political minority as a *scapegoat* for most if not all current woes and subsequently construe the respective group as a threat ‘to us,’ to ‘our’ nation” (emphasis in the original). Trump goes a step further, not only casting Muslims and immigrants as scapegoats, but using LGBTQ people as innocent victims to raise the stakes in the contrast he wants to draw. As such, we suggest that the consistency between Trump’s speech, appointments, and policies lies in the hierarchy of values he creates in the speech: in all cases, current power structures remain unthreatened, nationalism persists with greater strength, and multiply minoritized populations get relegated further to the margins.

Rejecting the idea that the mere mention of transgender identity is always progressive, Tristan Booth astutely observed that “visibility is a risky prospect, particularly with respect to

groups that are easily exploited” (2011, p. 191). We concur, and we aver that this analysis illustrates that even visibility in places as high profile as national nominating conventions for the presidency carries considerable risk. The benefits of Trump’s invocation of the LGBTQ initialism accorded to Trump, perhaps, but certainly not to LGBTQ people—especially those of color, of citizenship statuses other than U.S. citizens, those living with HIV, and those living in poverty. Creating a more livable world for LGBTQ people means engaging in nuanced and intersectional analyses of the conditions that oppress them; in both his speech and his presidency, Trump has done precisely the opposite.

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Notes

1. Throughout this essay, we mostly use the initialism LGBTQ because Trump invoked this stylization in his RNC speech, and we have the goal of juxtaposing for the sake of analysis Trump’s speech with his policies that affect LGBTQ persons and their families. We recognize that combining sexuality and gender identity into one monicker glosses over important differences, and we support the move toward precision in language use (Adams, 2015; Murib, 2014; Spencer, 2015; Spencer & Patterson, 2017). As such, when we make claims more specific to one group and/or not necessarily inclusive of all the identities captured in the acronym, we use the particular terms we mean rather than the full abbreviation. For example, we use the initialism LGBT (without a Q) when we summarize or cite research that does not refer specially to queer or questioning identities.

2. A video of this section of the speech is available on YouTube:

<https://www.youtube.com/watch?v=cilXJk2qfCE>