



## STP 2012 Campaign Communiqué, July 2011

### Reflections on Trans Depathologization and Health Rights

On October 23<sup>rd</sup> 2010 - the International Day of Action for the Depathologization of Trans Identities, which is coordinated by the International Stop Trans Pathologization (STP) 2012 Campaign - demonstrations and other actions in favor of trans depathologization took place in 61 cities of Africa, Asia, Europe, Latin America, and North America. The number of cities proves to be a significant growth in comparison to the mobilizations from the past year, when 41 cities organized demonstrations and other actions. To this date, more than 270 groups and activist networks from various regions of the world have joined the STP 2012 Campaign.

Additionally, during the past two years several statements for depathologization and/or depsychopathologization of transexuality have been published by international activist networks, among them Asia Pacific Transgender Network<sup>1</sup>, ILGA Europe<sup>2</sup>, ILGA-Europe / TGEU (Malta Declaration)<sup>3</sup>, MSM-GF<sup>4</sup>, ILGA Trans Secretariat<sup>5</sup>, STRAP<sup>6</sup>, and Transgender Europe<sup>7, 8</sup>, as well as international and national professional associations such as SOCUMES<sup>9</sup> and WPATH<sup>10</sup>.

Within the political sphere, over the span of these last two years, we have observed a growing inclusion of trans depathologization issues in national and international political agendas, as mentioned in documents, recommendations and statements issued by international organizations and governments; these include the *"Human Rights and Gender Identity"* Issue Paper by Council of Europe Commissioner for Human Rights, Thomas Hammarberg<sup>11</sup>, the Council of Europe Committee of Ministers' Recommendation CM/Rec(2010)5<sup>12</sup>, the Resolution 1728 (2010) of the Council of Europe Parliamentary Assembly<sup>13</sup> and the Human Rights Comment by Thomas Hammarberg *"Clear laws needed to protect trans persons from discrimination and hatred,"* published on July 26<sup>th</sup> 2011<sup>14</sup>, as well as statements issued by governments such as the Spanish Government<sup>15</sup> and the French Ministries of Health and Foreign Affairs<sup>16</sup>. Furthermore, on October 23<sup>rd</sup> of 2010, International Day of Action for Trans Depathologization, the European Parliament's Intergroup on LGBT Rights<sup>17</sup> posed a parliamentary question to the Council of Europe regarding their position on the subject of trans declassification, a question that was answered in January 2011 by the European Commissioner for Health and Consumer Protection<sup>18</sup>.

While observing a growing support to the STP 2012 demands from activists and professionals, and an increased presence of this issue in international political agendas, we are also noticing a lack of translation of these statements of interest into actual changes in the health and legal situations of trans people in various regions around the world. Thus, trans people's experiences continue to be characterized by



a logic of pathologization.

In February 2010 a draft of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)-5*<sup>19</sup> was published, which, besides some terminological modifications (“gender incongruence” instead of “gender identity disorders”) and changes in the diagnosis criteria, still maintained the classification of gender expressions, trajectories and identities as a mental health disorder. STP 2012 analyzed this draft in a communiqué<sup>20</sup> and in a letter directed to the American Psychiatric Association (APA)<sup>21</sup>. On May 4<sup>th</sup>, 2011, a new draft of the “gender dysphoria” chapter was published on the APA website dedicated to the development of the DSM-5<sup>22</sup>. This last version has new changes in terminology (“gender dysphoria” instead of “gender incongruence”) and includes new diagnostic criteria and additional specifications. It also changes its position in the general structure of the DSM-5 – “gender dysphoria” is now in a different chapter than the one “sexual dysfunctions” and “paraphilias” are in. Just like we did in 2010, STP 2012 sent a letter<sup>23</sup> to the APA regarding these last modifications with regard to the “gender dysphoria” chapter in the DSM-5 draft.

We as STP 2012 note with concern that, despite the recent modifications in the latest version of the draft, trans expressions, trajectories and identities continue to be classified as mental health issues, both through the diagnostic criteria of “gender dysphoria” and “transvestic disorder.” Therefore, we deem that the main demand of the STP 2012 Campaign still stands: that is, the removal of pathologizing diagnostic criteria related to trans expressions, trajectories, and identities (in their varying terminological terms) from the DSM and ICD psychiatric diagnostic manuals.

In addition to the ongoing classification of trans identities as mental health disorders in the DSM-5 draft, we also observe the persistence of pathologizing situations in trans persons’ daily lives, both in legal and health arenas. In many countries around the world, trans people have no access to good quality, state-covered trans-specific healthcare. In countries where the public health system does include trans-specific healthcare, access to services is often bound to psychiatric or medical monitoring.

Similarly, although most countries have no legislation whatsoever that allows recognition of sex and name modification in official documents, in countries where legislation recognizing gender identity exists it is, in most cases, bound again to pathologizing requirements, in some cases even including sterilization or trans-specific surgical interventions. The persistence of restrictions in accessing trans-specific healthcare, in combination with the continued presence of psychiatric impositions in Gender Recognition Laws, constitutes a clear violation of international human rights statements and recommendations (Yogyakarta Principles 2007<sup>24</sup>; Hammarberg 2009<sup>25</sup>).

Considering this constant categorization of trans identities as pathological and its strong connection to stigmatization, social exclusion and transphobic violence, STP 2012 will continue to demand declassification of trans expressions, trajectories, identities and bodies in the contexts of healthcare, law and social arenas. Due to the imminent release date of the next editions of the DSM and the ICD, 2013 and 2015 respectively, it is of utmost urgency that we lobby for trans depathologization now.

Acknowledging the complex, multidimensional and culturally differentiated nature of the struggle for



trans depathologization, we advocate for joint reflection so as to elaborate strategies that take into account the diversity of identities, and the distinct priorities and necessities that arise in different contexts for trans people.

In workshops and debates that we have shared with other trans activists at meetings, symposiums and conferences, one main concern arises: how will our health rights be guaranteed after the removal of the “disorder” category? The significance of access to high-quality, state-covered trans-specific healthcare turns this question into a central one in current conversations.

In hopes of opening up a space for discussion, below we will attempt to summarize the main positions of this debate.

### **Trans-specific Healthcare Rights: Current state of the debate**

We see various threads in the debate regarding strategies to justify state-covered, trans-specific healthcare. STP 2012 does not agree with justifications that continue to classify trans bodies, expressions, trajectories and identities as diseases. STP 2012 does support a line of argument based on healthcare rights.

We believe it is important to be knowledgeable on the various stances within the debate and, thus, below we offer a summary of the main positions we have observed:

- Reform of the current mental health disorder classification:
  - Proposal of a reform of the diagnostic criteria in the DSM and ICD, avoiding pathologizing terminology, while maintaining the current classification of mental health disorder.
- Abolition of the current mental health disorder classification and replacement for some other diagnosis of disease or clinical discomfort:
  - Replacement of the mental health disorder diagnosis for a neurological disease diagnosis.
  - Replacement of the mental health disorder diagnosis for an organic disease diagnosis.
  - Healthcare coverage justification through recognizing some type of disability status.
  - Healthcare coverage justification through a model of clinically significant psychosocial stress and/or discomfort.
  - Struggle for recognition of trans identity in health contexts prior to/regardless of body modification, and healthcare coverage of trans-specific treatments through utilizing existing codes in the ICD.
- Abolition of the current mental health disorder classification and healthcare coverage without the use of disease-related diagnostic criteria.
  - Healthcare coverage justification through a cost-efficiency analysis (estimation of lower costs for trans-specific healthcare in comparison to higher costs related to potential health risks in case of non-intervention).



- Healthcare coverage justification through the World Health Organization's health definition: *"A state of complete physical, mental and social well-being."*<sup>26</sup>
- Healthcare coverage justification through a prevention model.
- Abolition proposal of the current criteria in the DSM and in the mental health disorder section of the ICD. Healthcare coverage justification through the inclusion of a non-pathologizing mention of trans-specific healthcare in the ICD chapter about health processes not based on disease or illness.
- State-covered healthcare justification through a human rights lens, through considering the right to a free expression of gender identity, the right to access the highest-quality healthcare possible and the right over one's own body as basic human rights, endorsed by various international declarations.

### **Trans-specific Healthcare Rights: reflections from STP 2012**

STP 2012 would like to add some thoughts with regard to the current debate on trans-specific healthcare rights, as well as specific proposals for change.

Firstly, we consider it relevant to begin with acknowledging the wide range of situations, priorities and healthcare needs that trans persons around the world have, and the importance of this consideration in an international activism for trans depathologization and trans-specific healthcare rights. Thus, we identify distinct activist priorities among countries where, after years of struggle, state-covered trans-specific healthcare has been achieved; countries that are currently struggling for the inclusion of trans-specific needs in the public health systems; countries where basic healthcare needs for the majority of the population and, hence, for trans people, are not covered; and those countries in which genital surgical interventions are penalized. Similarly, activist priorities are different in cultural contexts in which the Western model of transsexuality gathered in diagnostic criteria and standards of care does not meet the needs and priorities of people in transition processes with regard to their gender assigned at birth, or in contexts with different healthcare and community models related to gender transitions.

These diverse situations increase the complexity of an international struggle for trans declassification and show the need for an ongoing consideration concerning activists' priorities and their socio-political and cultural contexts. Nevertheless, we believe it is important to situate the struggle for trans depathologization within the broader struggle against stigmatization and transphobic violence, as well as within a criticism of the Western mental health disorder model and the colonizing tendencies inherent in the expansion process of the Western diagnostic classification model.

Secondly, in opposition to a line of argument based on the incompatibility of the goal for depathologization and the goal for guaranteed trans-specific healthcare, we consider both – the right to depathologization and the right to trans-specific healthcare – to be basic, non-mutually exclusive, human



rights. Obtaining both rights continues to be STP 2012's main priority.

In the debate about the different strategies in this double struggle, we propose to make two distinctions. The first distinction is between joint strategies on the international level and locally differentiated strategies adapted to specific socio-political and cultural contexts. The second distinction is between short-term and long-term strategies, noting that short-term concrete strategies should not necessarily invalidate the proposal of broader changes on a medium and long-term span.

Finally, it is imperative to stress the distinctions between the struggle for the right to accessible and state-covered trans-specific body modification, and the struggle for a greater social recognition of the diversity of trans expressions, trajectories, identities and bodies. Both demands should not be understood as opposed, but as complementary dimensions of the activist movement for trans depathologization.

### **Trans-specific Healthcare Rights: STP 2012 proposals**

Among the various lines of argument to justify healthcare coverage for trans people stated previously, STP 2012 considers the **right to high-quality state-covered trans-specific healthcare to be a fundamental human right**, endorsed by international statements, and coherent with the WHO's definition of health. We understand that a reform of the current diagnostic criteria within a psychiatric classification - such as its replacement by an organic or neurological disease diagnosis, a pathologization of body characteristics or a disability status attribution - would construe a continuation of pathologizing situations for trans people that may advance a risk to discrimination, transphobia and social exclusion.

On account of this, we demand the **removal of the diagnostic criteria related to trans identities from the DSM and from the ICD's chapter on mental health diseases**. Moreover, as we have affirmed in prior statements<sup>27, 28</sup>, and with the goal of facilitating the guarantee for trans-specific healthcare, we propose the inclusion of a non-pathologizing mention of trans-specific healthcare in the ICD-11 as a health process not based on a disease.

In addition to this, we continue to demand the **introduction of changes in the WPATH's Standards of Care**<sup>29</sup>, of which a new edition is due September 2011, within its role in developing trans-specific healthcare protocols in many countries around the world. In this regard, we demand the replacement of the present evaluation model - in which access to trans-specific hormonal and surgical treatments is limited to a fulfillment of the diagnostic criteria of the DSM and/or the ICD - for a model based on the right to personal autonomy for those who wish to engage in trans-specific body modification procedures, by means of information and optional counseling processes. Furthermore, we deem necessary the substitution of the current triadic therapy model for one that takes into consideration the diversity of trans persons' trajectories, identities and health priorities, as well as the cultural differences regarding healthcare needs and models. Also, we believe it is urgent to replace the current evaluating role of health professionals for an informational and counseling one, as well as the abolition of the mandatory nature of



the “Real Life Experience” and its use as diagnosing criteria.

At the present moment, we think it is important to accompany depathologization demands of trans identities with a process of elaboration and shared debate around **new proposals for trans healthcare models** based on a depathologizing perspective that takes into consideration the diversity of priorities and situations of trans persons around the world.

This process has already begun, as is shown by the local manifestos published for the annual STP 2012 Campaign calls for action, as well as by other documents and proposals issued by trans activist groups from various regions, such as the “*Best Practices Guide to Trans Healthcare in the National Health System*,” published in November 2010 by the Spanish Network for Depathologization of Trans Identities<sup>30</sup>.

We encourage trans groups, networks and activists around the globe to continue sharing their thoughts on priorities related to the struggle for trans depathologization within their contexts, their locally specific experiences of healthcare models and their proposals for change, in order to create a shared space for debate and reflection.

### Planned events for 2011

**The International Day of Action for Trans Depathologization** will take place this year **on Saturday, October 22<sup>nd</sup> 2011**. We invite all activist groups around the world to participate in this call for action and go out into the streets for trans depathologization.

To participate, please contact: [contact@stp2012.info](mailto:contact@stp2012.info)

Apart from this international day of action, STP 2012 will continue working, in collaboration with other activist networks, in international forums in favor of trans declassification, and through participating in groups and work commissions. We will also continue to participate in regional and international meetings, symposiums and conferences, with the objective of spreading the word about STP 2012 and creating spaces for debate regarding trans depathologization.

### International Stop Trans Pathologization Campaign - STP 2012, July 2011

[www.stp2012.info](http://www.stp2012.info)

Contact: [contact@stp2012.info](mailto:contact@stp2012.info)

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