



Reflections on the ICD Revision Process
from a Depathologization and Human Rights Perspective
STP 2012, International Stop Trans Pathologization Campaign

1. Introduction: The State of Debate

Two **key dates** for trans¹ depathologization are approaching: The DSM-5 publication announced for May 2013², and the presentation of ICD-11 in the next World Health Assembly, whose celebration is previewed for May 2015³.

While the reading of the DSM-5 drafts shows that the principal demand of the STP 2012 Campaign, the removal of diagnostic criteria related to gender transition from DSM, continues to be unfulfilled, in the present moment, trans depathologization activism is focusing on the ICD revision process.

As in case of the DSM, we demand the removal of the diagnostic categories F64 *“Gender Identity Disorders”* and F65.1 *“Fetishistic Transvestism”* from the ICD. Similarly to other activist networks, we propose the introduction of a **non pathologizing reference of trans-specific health care**⁴ in ICD, as a health care process not based on illness, with the objective of facilitating public coverage of trans-specific health care from a depathologization perspective.

¹ In this text, the ‘trans’ term refers to those individuals who choose a gender expression or identity different from the gender they were assigned at birth, including, among others, transsexual and transgender people, travestis, hijra, fa’afafine, two spirits, cross dressers, gender queer and other related self-denominations or alternative identities.

² Following the information available at: <http://www.dsm5.org> (retrieved: June 2012).

³ See: <http://www.who.int/classifications/icd/revision/timeline/en/index.html> (retrieved: June 2012).

⁴ By “trans health care” we understand those treatments and procedures related to the health of trans people, as well as those related to the development in their chosen gender, such as trans-specific body modification processes (hormonal treatment, chest surgery, hysterectomy, genital surgery, electrolysis, post-surgical follow-up, etc.), and specific aspects to consider in a general health care directed to trans people (gynecological / urological care, sexual and reproductive health, oncologic prevention, counseling and psychotherapy, etc.).



During the past few years, the demand of de-psychopathologization of trans expressions and identities has achieved an increasing support, from international activist networks⁵, professional associations⁶, governments⁷, as well as international bodies, including the Council of Europe⁸ or the European Parliament⁹. Furthermore, several international declarations and strategic documents¹⁰ support the need of **public coverage of trans health care**, as well as the importance of abolishing pathologizing requirements in the current laws that regulate the name and gender registry change.

In **multiple discussion forums**¹¹, we have had opportunity to talk with trans activists from different world regions about priorities and strategies in the activism for trans depathologization and trans health rights.

While observing an increasing **consensus** regarding the need to remove current diagnostic categories, we became aware of the existence of **different proposals** regarding the introduction of a non pathologizing code in the ICD which vary depending on the situation of health care access and the characteristics of public health systems in different parts of the world¹².

Therefore, we were confronted with the challenge to develop **proposals** for the introduction of a non pathologizing reference of trans health care in the ICD-11 taking into account 1. the principle of depathologization, 2. the right of access to state-covered health care, 3. the characteristics of health care systems in different parts of the world, 4. the diversity of trans trajectories and identities and 5. the culturally specific character of health care needs of gender transitioning persons.

Taking into account this complexity, from the perspective of the STP 2012 coordination team, we would like to share some **reflections** related to the ICD revision process, the proposal of

⁵ Andía Pérez (2009); APTN (2010); ILGA-Europe (2010); TGEU / ILGA-Europe (2009); MSM-GF (2010); STRAP (2010); TGEU (2009; 2010).

⁶ SOCUMES (2010); WPATH (2010).

⁷ Gobierno español (2010); Ministère des affaires étrangères et européennes et du ministère de la santé et des sports (2010).

⁸ Council of Europe (2011); Hammarberg (2009; 2011).

⁹ European Parliament (2011).

¹⁰ Council of Europe (2010a, 2010b; 2011); European Network of Legal Experts in the non-discrimination field (2012), Hammarberg (2009); European Parliament (2011); Yogyakarta Principles (2007).

¹¹ Among other events, in November 2011 STP 2012 participated in a working meeting in The Hague, organized by Global Action for Trans* Equality (GATE) with the goal of discussing and elaborating proposals for the inclusion of a non pathologizing reference of trans health care in the ICD-11.

¹² In 2011, we published a reflection text that revises different argumentation lines to justify public coverage of trans health care (STP2012 2011).



introducing a non pathologizing reference of trans health care in ICD-11 and the elaboration of a framework for its public coverage from a depathologization and human rights perspective.

2. Reflections on the ICD Revision Process

2.1. The Present Situation

Our reflection starts from the revision of the **present health care situation** of trans persons in different parts of the world¹³, of which we observe:

- A lack of access to public health care in general, and to trans health care in various regions worldwide.
- In some countries, a continued legal prohibition of genital surgery and/or cross-dressing.
- The presence of self-medication, self-intervention and medical treatments in unsafe conditions, fostered by the lack of access to a state-covered, high-quality trans health care.
- Experiences of discrimination in the health care context that may limit future health care access.
- A continued existence of 'conversion therapies' or 'reparative therapies' and other forms of institutional violence and non-consensual treatments directed towards trans persons.

In the few countries of the world where public coverage of trans health care exists, the following aspects can be observed:

- Access barriers related to the restrictive character of diagnostic criteria.
- Continued presence of an external evaluation model¹⁴ in accessing trans-specific treatments.
- The presence of practices of self-medication and self-intervention, fomented by the difficulties in access to trans health care.

¹³ The description of the current situation is based on multiple conversations we maintained with trans activists from different parts of the world. Furthermore, an analysis of the health, legal and social situation of trans persons can be found, among others, in the following studies and revisions: Alessandrin in: Espineira, Macé, Guillot, Thomas, Reucher, Alessandrin (2011); Cabral, Hoffman (2009); Council of Europe (2011); Grant, Mottet, Tanis, et al. (2011); Hammarberg (2009); Human Rights Commission (2008); Human Rights Watch (2011); O'Flaherty, Fisher (2008); REDLACTRANS (2010); Russian LGBT Network (2011); Sood (2010); Whittle, Turner, Combs, Rhodes (2008); Winter, Chalungsooth, Teh, et al. (2009).

¹⁴ With the concept "external evaluation model" we are referring to the regulation to access hormonal treatment and surgical interventions by means of an assessment process carried out by mental health professionals and other specialized professionals who obtain the role of accrediting the fulfillment of diagnostic criteria and established requirements, in contrast to approaches based on a process of information, optional counseling and informed consent.



- Insufficient quality of trans-specific surgeries in the Public Health Systems and, in consequence, persistence of social inequality in the access to a trans health care of the highest attainable quality.
- The risk of pathologizing, medicalizing and invisibilizing the gender expressions and identities of children and adolescents who do not correspond to binary and heterocentric social norms as established by the present categorization.

We observe a close interaction between a classification of trans expressions, trajectories and identities as mental disorder and **stigmatization, discrimination and social / labor exclusion** of trans persons¹⁵, including risks of exposure to situations of **transphobic violence** and **institutional abuse**, as well as forms of internalized transphobia and self-injuring practices, with associated **health risks**.

At the same time, we note an influence of psychiatric classifications in the current **gender recognition laws** by means of diagnosis requirements. Furthermore, in many of the laws enforced today, requirements such as sterilization or genital surgery continue to be present, thus limiting the exercise of full citizenship and violating trans people's human rights¹⁶.

Therefore, we consider that the **main demands of the STP 2012 Campaign**¹⁷ continue to be valid:

- Removal of the *"Gender Identity Disorders"* block and of the *"Transvestic Fetishism" / "Fetishistic Transvestism"* category from the DSM and the ICD.
- Access to state-funded trans health care of the highest attainable quality, by its recognition as a fundamental human right.
- Introduction of a non-pathologizing reference of trans health care in the ICD-11.
- Change of the present evaluation model of trans health care towards one based on informed decision making.

Furthermore, we demand the removal of the F66 block *"Psychological and behavioural disorders associated with sexual development and orientation"*, for considering it based on social preconceptions about the stability of sexual preferences and practices.

¹⁵ See Winter, Chalungsooth, Teh et al. (2009).

¹⁶ In the Issue Paper *"Human Rights and Gender Identity"* published in 2009, the Council of Europe Commissioner of Human Rights points to the violation of human rights by means of current requirements of sterilization and genital surgery in many gender recognition laws enforced to this date in the European context.

¹⁷ See STP 2012 Objectives (www.stp2012.info/old/en/objectives), as well as various Communiqués published by STP 2012 over the past years (International Network for Trans Depathologization 2009, 2010; STP2012 2011).



2.2. Revision of Proposals for the ICD Reform Process

Observing the discussion about possible alternatives to the current classification, we have started a **reflection process**, beginning from a place of awareness at how complex it is to elaborate proposals that take into account the diversity of situations and health care models existing throughout the world, while avoiding the risk of a repathologization of trans expressions, trajectories and identities.

In the first place, we can identify some **proposals** which, from a depathologization perspective, **we cannot agree on**.

- For the above mentioned reasons, and with the aim to avoid a future psychopathologization of trans expressions and identities, we do not support the proposal of maintaining the F64 and F65.1 code while reforming their content or language. Instead, we demand their complete removal.
- Furthermore, we do not agree on the proposal of introducing a new block or category focused on the psychotherapeutic and psychiatric care directed to trans persons in the ICD Chapter V *"Mental and Behavioural Disorders"* (F codes), because of the risk of a continued psychopathologization of trans expressions, trajectories and identities. Instead, we consider it to be important that the trans individuals who approach mental health services seeking for help due to experiences related to gender transition processes or discrimination from the social context, should be able to count on professionals with training from a depathologization perspective and an attitude of recognition of their gender identity.
- We do not consider convenient the proposal of introducing a specific category related to gender transition in children or adolescents in the ICD Chapter V, because this could enhance the risk of psychopathologization of a high diversity of gender expressions in children and adolescents that differ from established social norms.
- Furthermore, we consider that introducing new blocks or codes in Chapter IV *"Endocrine, nutritional and metabolic diseases"* (E codes), Chapter XIV *"Diseases of the genitourinary system"* (N codes) or Chapter XVII *"Congenital malformations, deformations and chromosomal abnormalities"* (Q codes), or using existent codes in these chapters, in order to justify trans health care coverage, entails serious risks of repathologizing gender transition processes and trans persons' bodies. Furthermore, we are concerned that the use of current categories or the introduction of new codes in the Chapters IV, XIV or XVII as a justification for trans health care coverage could reinforce dynamics of pathologizing intersex persons, by fostering social assumptions and norms regarding the gendering of body characteristics or hormonal levels.



2.3. Proposal for a Non-Pathologizing Reference of Trans Health Care

Apart from revising the proposals that we consider incompatible with a depathologization perspective, we discussed the possibilities of **including a new code or block in ICD** from a **depathologization and human rights perspective**.

We identified **Chapter XXI** *“Factors influencing health status and contact with health services”* as the least pathologizing section for introducing a new **“Trans Health Care” block** in the ICD. In the process of elaborating a new trans health care block we consider it important to take into account the following aspects:

- The inclusion of an explication at the beginning of the new block / code stating that *“trans health care”* comprehends a health care that recognizes and affirms the chosen gender of the persons, independently of their birth-assigned gender.
- The inclusion of a description not based on etiological hypothesis or diagnostic criteria, but on a reference of procedures that are relevant for trans health care.
- The inclusion of transition related treatments (hormonal treatment, chest surgery, hysterectomy, genital surgery, electrolysis, post-surgical follow up, etc.), as well as specific aspects to consider in a general health care directed to trans persons (gynecological / urological care, sexual and reproductive health, counseling and psychotherapy, etc.).
- The voluntary character of access to the listed procedures, within a model of information, counseling and informed consent.
- The right for children and adolescents to access trans health care, based on their right to participate in a process of informed decision and protection of not consensual treatments, while avoiding medicalizing diverse gender expressions and identities.
- The adoption of a non-pathologizing language and recognition of the non-discrimination principle in health care settings.
- The high variability that exists in the present moment regarding health care models and degrees of access to general health care and, in consequence, to trans health care, in different regions of the world.
- The importance of cultural diversity regarding gender transition processes, their cultural significance, as well as culturally specific models of health care and community services.

2.4. Depathologization and Health Care Coverage: A False Dilemma?

In the discussion forums we had the opportunity to be present at, frequently an important **preoccupation** is expressed regarding the proposal of a new code of trans health care in Chapter XXI as risking the continuity of **public coverage** in those health care contexts in which coverage is based on the diagnosis of an illness or mental disorder.



This argumentation places us in a **complex situation**: On one hand, we consider it crucial not to risk access to state-covered trans health care for any person. At the same time, we think that the right to access trans health care should not depend on a continued pathologization and psychopathologization of trans people. We must remember that today, in many parts of the world, trans people do not have access to state-funded trans health care, yet are being exposed to a psychopathologization of their identities and the associated stigmatization.

We do not conceive both demands, the demand of depathologization and the demand of access to public health care, as irreconcilable and mutually exclusive, but as two fundamental rights¹⁸. Therefore, we would like to propose that trans health activism focus on achieving the highest level of fulfillment of both of those rights, through combining short-term strategies with a proposal of longer-term transformation.

Taking into consideration the widespread use of diagnostic criteria as requirements for legal recognition of name and gender registry change, we demand the abolition of all medical requirements in these current laws, and, in those contexts that presently do not have them, the approval of gender recognition laws based on a depathologization and human rights perspective.

In this sense, while addressing the needs of trans persons in the present moment, we consider it of utmost urgency to develop **new theoretical models and frames** in health and legal contexts.

As a potential future model for trans health care on a depathologization perspective, we propose a **human rights-based approach to health**, which presently constitutes a relevant WHO health topic¹⁹.

In the next chapter, we will try to draft an application of a depathologization and human rights perspective to the context of trans health care. This proposal is not meant to be a closed model, but a draft aimed to help to develop strategies with the goal of providing access to state-funded trans health care of the highest available standard without a pathologization of trans expressions and identities.

¹⁸ See also STP 2012 (2011).

¹⁹ See WHO (2002).



3. Trans Health from a Depathologization and Human Rights Perspective

Our model of trans health is based, among others, on the following principles:

- A depathologization perspective.
- The recognition of gender transition processes as a human right.
- An approach to trans health care based on autonomy and informed decision.
- The recognition of multiple gender expressions, trajectories and identities.
- The right to access state-funded health care of the highest attainable quality.
- The attention to social determinants of health.
- The principle of harm reduction.
- Cultural diversity of gender transitions.
- The protection against non-consensual treatments.
- The right to no-discrimination in health care settings.

In the last few years, international bodies, such as the United Nations, the Organization of American States, the Council of Europe and the European Parliament, have published strategic documents that include explicit references to trans rights, contributing tools for their defense.

These documents include references with regard to the following aspects:

- Condemnation of discrimination and violence based on gender identity²⁰.
- Recommendation of a revision of the present classification of gender transition in the ICD²¹.
- Affirmation of the right to informed consent and protection against medical abuse²².
- Recommendation of an abolition of pathologizing requirements present in the current gender recognition laws²³.
- Proposal of anti-discrimination and social / labor inclusion measures for trans people²⁴.
- The right to citizen participation in health care management²⁵.
- The right to state-funded trans health care of the highest attainable standard²⁶, without a need for a mental health diagnosis²⁷.

²⁰ OAS (2008, 2009, 2010, 2011, 2012); UN (2008, 2009, 2011).

²¹ Council of Europe (2011); European Parliament (2011); Hammarberg (2009, 2011).

²² Council of Europe (2010a); Hammarberg (2009); ONU (2009b); Yogyakarta Principles (2007).

²³ Council of Europe (2010a, b); Hammarberg (2009); European Parliament (2001); Yogyakarta Principles (2007).

²⁴ Hammarberg (2009); European Parliament (2011).

²⁵ Hammarberg (2009); Yogyakarta Principles (2007).

²⁶ Council of Europe (2010a, 2010b, 2011); Hammarberg (2009); European Parliament (2011); Yogyakarta Principles (2007).

²⁷ Hammarberg (2009).



Within this wider frame of trans rights, we will focus on the arguments for a public coverage in recent strategic documents, with the aim to contribute tools for its justification from a depathologizing and human rights perspective.

3.1. Arguments for Public Coverage of Trans Health Care from a Depathologization and Human Rights Perspective

We propose a justification of public coverage of trans health care of the highest attainable quality using arguments based on:

- The concept of **health and wellbeing** established in the Constitution of the World Health Organization: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."* (WHO 2006 [1946]).
- The role of the **Public Health Systems**, whose mission is not limited to the treatment of diseases, but includes goals such as prevention, health promotion, improvement of health and quality of life, as well as rehabilitation, with a repartition of available resources in each context weighting various criteria, among them equity, social inequality reduction and response to population needs and expectations (WHO 2010).
- The recognition of **personal autonomy, free personal development and wellbeing** as grounds for the access and public coverage of health care processes that are not based on illness, already currently present in various Public Health Systems (see 3.2. Present Examples).
- The consideration of the influence of socio-economic conditions in the health status, and the recognition of health care access as a **social determinant of health** (WHO 2009).
- A **Human Rights-Based Approach to Health**, developed in collaboration between the WHO and the United Nations High Commissioner for Human Rights (Nygren-Krug 2008; WHO/OHRC s.a.; WHO 2002), based on the consideration of the health consequences of a violation or lack of fulfillment of human rights, the role of health politics in their promotion or violation, as well as the possibility of reducing vulnerability by means of a fulfillment of human rights. Within this human rights framework, the right to access health care becomes a relevant role. In its defense, various strategic documents, published by different UN bodies, are referenced, for instance:
 - ✓ Universal Declaration of Human Rights (UN 1948), Article 25.1: *"Everyone has the right to a standard of living adequate for the health and well-being of*



himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."

- ✓ International Covenant of Economic, Social and Cultural Rights (UN 1966), Article 12.1.: *"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."* (UN 1966).
 - ✓ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Art. 12.1.: *"States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."* (UN 1979).
 - ✓ Convention on the Rights of the Child, Article 24.1.: *"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health"* (UN 1989).
 - ✓ General Comments of the United Nations Committee on Economic, Social and Cultural Rights related to the International Covenant of Economic, Social and Cultural Rights, specifically: General comment N° 14: *The right to the highest attainable standard of health* (UN 2000) and General comment N° 19: *The right to social security* (UN 2007).
 - ✓ Annual Reports, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (UN 2003a, b; 2004; 2006).
- The application of Human Rights principles to the context of sexual orientation and gender identity in the **Yogyakarta Principles** (2007), elaborated by an international group of experts and presented in 2007 at the United Nations General Assembly. The document includes a reference to the right to access trans health care in Principle 17: *The Right to the Highest Attainable Standard of Health*.

Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity.

(Yogyakarta Principles 2007: 22)

States shall: (...)

G. Facilitate access by those seeking body modifications related to gender reassignment to competent, non-discriminatory treatment, care and support; (Yogyakarta Principles 2007: 22)



- The recommendation from **European Union** bodies directed to the member states to guarantee public coverage of trans health care in their specific contexts, including the affirmation of the right to access trans health care without need of a mental health diagnosis.
 - ✓ Council of Europe (Hammarberg 2009; Council of Europe 2010a, 2010b, 2011)

From a human rights and health care perspective no mental disorder needs to be diagnosed in order to give access to treatment for a condition in need of medical care. (Hammarberg 2009: 24)

Member states of the Council of Europe should: (...)

5. Make gender reassignment procedures, such as hormone treatment, surgery and psychological support, accessible for transgender persons, and ensure that they are reimbursed by public health insurance schemes; (Hammarberg 2009: 44)
 - ✓ European Parliament (2011)

The European Parliament, (...)

13. Roundly condemns the fact that homosexuality, bisexuality and transsexuality are still regarded as mental illnesses by some countries, including within the EU, and calls on states to combat this; calls in particular for the depsychiatrisation of the transsexual, transgender, journey, for free choice of care providers, for changing identity to be simplified, and for costs to be met by social security schemes; (European Parliament 2011)

3.2. Present Examples

The World Health Organization developed applications of a human rights-based approach to health, as well as a perspective on social determinants of health for several health contexts (WHO 2002, 2009). Furthermore, in the present moment, some health care processes not based on illness exist, in which the justification for public coverage includes human rights principles, such as the reference to the principle of dignity, free personal development and autonomy in the public coverage of voluntary interruption of pregnancy²⁸.

In the context of trans health, the recently approved Gender Identity Law of Argentina (Law N° 26.743) can be named as an example of an application of a human rights perspective. The law is based on the principle of the rights to *“gender identity”*²⁹ and *“free development of their person according to their gender identity”*, as well as on a definition of gender identity as the *“internal and individual way in which gender is perceived by persons, that can correspond or not to the gender assigned at birth, including the personal experience of the body”* (Congreso Argentino 2012; English translation: Translingua 2012).

²⁸ As an example, see, in the Spanish context, the Law for Voluntary Interruption of Pregnancy: Ley Orgánica 2/2010, de 3 de marzo, *de salud sexual y reproductiva y de la interrupción voluntaria del embarazo*.

²⁹ Non-official English translation of the Gender Identity Law of Argentina: Translingua (2012).



Article 1 – *Right to gender identity*. All persons have the right,

- a) To the recognition of their gender identity;
- b) To the free development of their person according to their gender identity;
- c) To be treated according to their gender identity and, particularly, to be identified in that way in the documents proving their identity in terms of the first name/s, image and sex recorded there.

Article 2 – *Definition*. Gender identity is understood as the internal and individual way in which gender is perceived by persons, that can correspond or not to the gender assigned at birth, including the personal experience of the body. This can involve modifying bodily appearance or functions through pharmacological, surgical or other means, provided it is freely chosen. It also includes other expressions of gender such as dress, ways of speaking and gestures.

(Congreso Argentino 2012; English translation: Translingua 2012)³⁰

The registry change of name / gender is regulated by means of an administrative procedure without medical requirements, taking as reference the “*self perceived gender identity*” (Congreso Argentino 2012; English translation: Translingua 2012).

Article 3 – *Exercise*. All persons can request that the recorded sex be amended, along with the changes in first name and image, whenever they do not agree with the self-perceived gender identity.

(Congreso Argentino 2012, English translation: Translingua 2012)³¹

Furthermore, public coverage of trans health care will be guaranteed by means of its inclusion in the “*Compulsory Medical Plan*”. This measure is based on the recognition of the rights to “*free personal development*” and “*holistic enjoyment of their health*” (Congreso Argentino 2012; English translation: Translingua 2012).

Article 11 – *Right to free personal development*. All persons older than eighteen (18) years, according to Article 1 of the current law and with the aim of ensuring the holistic enjoyment of their health, will be able to access total and partial surgical interventions and/or comprehensive hormonal treatments to adjust their bodies, including their genitalia, to their self-perceived gender identity, without requiring any judicial or administrative authorization. (...)

All medical procedures contemplated in this article are included in the Compulsory Medical Plan (that is, they are not subjected to additional costs

³⁰ Original text: Artículo 1º- Derecho a la identidad de género. Toda persona tiene derecho:
a) Al reconocimiento de su identidad de género;
b) Al libre desarrollo de su persona conforme a su identidad de género;
c) A ser tratada de acuerdo con su identidad de género y, en particular, a ser identificada de ese modo en los instrumentos que acreditan su identidad respecto de el/los nombre/s de pila, imagen y sexo con los que allí es registrada.

Art. 2º- Definición. Se entiende por identidad de género a la vivencia interna e individual del género tal como cada persona la siente, la cual puede corresponder o no con el sexo asignado al momento del nacimiento, incluyendo la vivencia personal del cuerpo. Esto puede involucrar la modificación de la apariencia o la función corporal a través de medios farmacológicos, quirúrgicos o de otra índole, siempre que ello sea libremente escogido. También incluye otras expresiones de género, como la vestimenta, el modo de hablar y los modales.

(Congreso Argentino 2012)

³¹ Original text: Art. 3º- Ejercicio. Toda persona podrá solicitar la rectificación registral del sexo, y el cambio de nombre de pila e imagen, cuando no coincidan con su identidad de género autopercebida.

(Congreso Argentino 2012)



for those having private or trade union-run insurance plans), or in whatever system replaces it, as decided by the enforcing authority.
(Congreso Argentino 2012; English translation: Translingua 2012)³²

We consider the recently approved Gender Identity Law of Argentina a reference for global trans rights activism that may contribute to the development of gender recognition laws without medical requirements, as well as to the guaranteed access to state-funded trans health care from a depathologization and human rights perspective.

In this process we believe it is crucial to have the support of international institutions and the political will of national governments.

4. Conclusions

We stress the importance to combine activism for trans depathologization with the elaboration of proposals for a trans health model from a depathologization and human rights perspective, including the right to access state-funded trans health care of the highest attainable quality through a non-pathologizing framework.

Therefore, we demand of the World Health Organization the following actions:

- The removal of the blocks and categories F 64, F65.1. and F66 from the ICD.
- The inclusion of a new block of *“trans health care”*, as a health care process not based on illness, disease or mental disorder, in the ICD Chapter XXI.
- The publication of a recommendation directed to the member states to establish measures that guarantee public coverage of trans health care of the highest attainable quality.
- The participation of the trans movement in all stages of the revision process of categories related to gender transition in the ICD.

Finally, we would like to announce that the upcoming **International Day of Action for Trans Depathologization** will take place on **Saturday, October 20th, 2012**. As in previous years, we invite activist groups and organizations worldwide to organize demonstrations and other

³² Original text: Art. 11.- Derecho al libre desarrollo personal. Todas las personas mayores de dieciocho (18) años de edad podrán, conforme al artículo 1° de la presente ley y a fin de garantizar el goce de su salud integral, acceder a intervenciones quirúrgicas totales y parciales y/o tratamientos integrales hormonales para adecuar su cuerpo, incluida su genitalidad, a su identidad de género autopercibida, sin necesidad de requerir autorización judicial o administrativa. (...)

Todas las prestaciones de salud contempladas en el presente artículo quedan incluidas en el Plan Médico Obligatorio, o el que lo reemplace, conforme lo reglamente la autoridad de aplicación.
(Congreso Argentino 2012)



actions in support of trans depathologization within the framework of this day of international mobilization.

Coordination Team, STP 2012, International Stop Trans Pathologization Campaign, July 2012.

www.stp2012.info

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