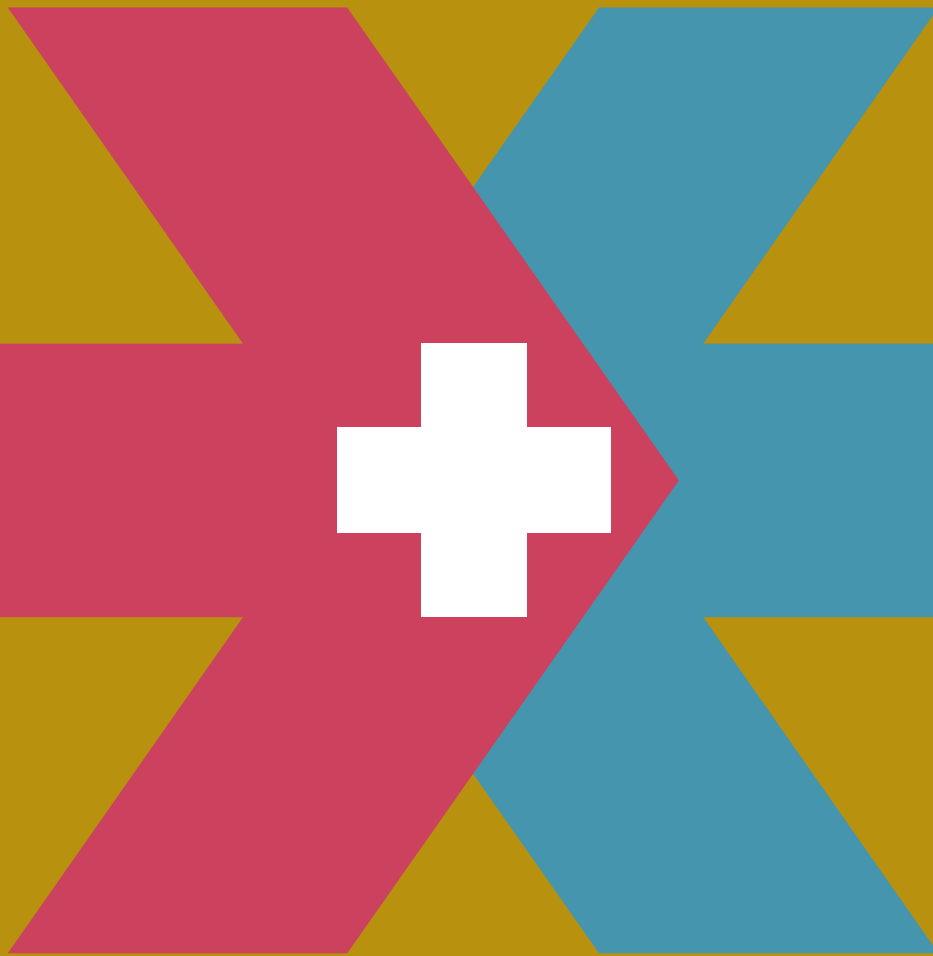


OPEN SOCIETY FOUNDATIONS PUBLIC HEALTH PROGRAM



Transforming Health

International Rights-Based Advocacy for Trans Health



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Glossary and List of Acronyms

Assigned Sex

The sex assigned to an individual by medical, legal, or other social authorities. Assigned sex is often determined to be either male or female on the basis of genitalia at birth, and it may not align with gender identity.

Diagnostic and Statistical Manual (DSM)

A classification standard for psychiatric disorders, published by the American Psychiatric Association and currently in its fourth edition (DSM-IV-TR). The DSM-IV-TR includes the diagnosis of gender identity disorder (GID).

Gender

The socially constructed roles, behaviors, and personal characteristics that a given society considers appropriate for men, women, and others. People whose gender is neither man nor woman may describe themselves as being in an intermediate state between man and woman, being both man and woman, being neither, or belonging to another gender altogether. Some examples of genders aside from man and woman include two-spirit among Native North Americans, muxe in southern Mexico, hijra in South Asia, genderqueer in North America and Europe, and many others in societies around the world.

Gender Dysphoria

A diagnostic label used to describe the distress and discomfort experienced by some trans people as a result of an incongruence between their gender identity and their assigned sex.

Gender Expression

An individual's personal traits, mannerisms, and other manifestations of gender identity.

Gender Identity

An individual's deeply-rooted internal sense of gender. For most people, gender identity aligns with assigned sex, but this is often not true for trans people.

Gender Identity Disorder (GID)

A controversial psychiatric diagnosis for trans people listed in the DSM-IV-TR and the ICD-10.

Gender Nonconformity

Having a gender identity or gender expression that does not conform to a given society's dominant gender roles.

Genderqueer

Genderqueer is a Western term for people who identify as a gender other than male or female.

Harm Reduction

Policies and programs that help manage the potential health risks of actions such as self-medicating with off-prescription hormones or relying on sex work for income. A core principle of harm reduction is helping individuals take whatever steps they can to protect their health, rather than rejecting, criminalizing, or punishing their behavior.

Health

A concept of physical, mental, and emotional well-being that comprises health status, health disparities, the socioeconomic determinants of health, and health care services.

Health Care Services

Services used to protect or promote health, such as preventive screenings, health education, and treatment. Health care services may be delivered in formal medical settings (such as hospitals or doctors' offices), or they may be services provided in other settings by fellow community members (such as community health workers) or purchased on the street (such as off-prescription hormones). Important aspects of health care services include availability, quality, and cost.

Health Disparities

Avoidable differences in health status that are linked to persistent socioeconomic disadvantages such as racism, poverty, transphobia, and other forms of discrimination and inequality.

Health Equity

The goal of achieving equality in health status for all by promoting access to high-quality health care services, improving the socioeconomic determinants of health, and eliminating health disparities.

Health Status

The measure of an individual's overall degree of physical, mental, and emotional health.

Homophobia

Prejudice and hatred directed at someone because of their actual or perceived sexual orientation.

Informed Consent

A model of providing transition-related care that supplies each individual with the information necessary to choose how to navigate transition, rather than requiring adherence to a single standard approach.

International Classification of Diseases (ICD)

The international standard classification for diseases and other health problems; maintained by the World Health Organization and currently in its tenth edition (ICD-10). The ICD-10 includes the diagnosis of gender identity disorder (GID).

Intersex

An adjective referring to a person who has some mixture of male and female genetic and/or physical characteristics. Many intersex people consider themselves to be part of the trans community.

LGBT

A blanket term that refers to people who identify as lesbian, gay, bisexual, and/or trans. Despite the often substantial overlap between sexual orientation and gender identity in community organizing and around health issues such as violence and discrimination, gender identity and sexual orientation are different aspects of individual identity and should not be conflated.

Sex

The classification of people as male or female. Most individuals are assigned a sex at birth based on a combination of bodily characteristics such as genitals and internal reproductive organs.

Sex Reassignment Surgery

Any of a range of reconstructive surgical procedures that help bring anatomy into alignment with gender identity; also called gender affirmation surgery or gender confirmation surgery.

Sexual Orientation

An individual's sexual, physical, and/or romantic attraction to other people of the same or different gender; usually described as gay, lesbian, bisexual, or heterosexual.

Socioeconomic Determinants of Health

The social and economic circumstances in which people are born, live, work, and age. These circumstances, which strongly affect who stays healthy and who gets sick or injured, include income, occupation, housing, political systems, and social forces such as racism, sexism, and transphobia.

Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

Clinical guidelines maintained by the World Professional Association for Transgender Health for the treatment of gender dysphoria; currently in its seventh edition.

Structural Violence

Violence or suffering caused by unequal and unfair distribution of power and resources.

Trans

An umbrella term used by many people who do not identify with their assigned sex; frequently understood to include both transgender and transsexual people.

Trans Woman

A transgender individual who identifies as a woman.

Trans Man

A transgender individual who identifies as a man.

Transgender

An adjective referring to a person whose gender identity or expression is different from their assigned sex.

Transition

The process that many trans people undergo to physically, legally, and/or socially change from one sex or gender to another.

Transphobia

Prejudice and hatred directed at someone because of their actual or perceived gender identity or expression.

Transsexual

Another term for transgender; usually refers to people who have undergone or want to undergo transition-related medical procedures such as sex reassignment surgery.

World Health Organization (WHO)

The arm of the United Nations concerned with international public health; the WHO also publishes the International Classification of Diseases.

World Professional Association for Transgender Health (WPATH)

An international professional association devoted to transgender health.

Yogyakarta Principles

A set of principles outlining the application of international human rights law to gender identity and sexual orientation.

Executive Summary

Trans people worldwide experience substantial health disparities and barriers to appropriate health care services that keep them from achieving the highest possible health status. Among other disparities, trans people are significantly more likely than the general population to be targeted for violence and harassment, to contract HIV, and to be at risk for mental health concerns such as depression and attempted suicide. Barriers to health care experienced by trans communities include discriminatory treatment by health care providers, a lack of providers who are trained to offer appropriate health care to trans people, and refusal by many national health systems and health insurance programs to cover services for trans people.

Other barriers to health and health care are the numerous socioeconomic determinants of health that legally, economically, and socially marginalize trans people. These include discrimination in employment, education, housing, and relationship recognition; police harassment, often as a result of actual or assumed association with sex work; and identity document policies that deny many trans people legal recognition in their true gender. They also include aspects of structural violence such as racism, violence against women, and poverty.

Despite the magnitude of the challenges they face, trans communities around the world are building alliances to promote trans health, fighting to end the violence and invisibility that erase trans lives, and organizing for policies that respect gender diversity and the full human rights of trans people. This report presents 16 case studies submitted by organizations from nearly a dozen countries. These studies offer examples of efforts, most of them led by trans people themselves, to improve the circumstances of trans people's lives within the contexts of different health systems, resource levels, social settings, and legal frameworks. The organizations represented in this report include local, national, and international advocacy organizations; health care facilities; and the World Health Organization.

Together, the case studies form the basis for a set of themes that describe major areas of focus for local, national, and international trans health work and help frame recommendations for the future. These themes include:

- Providing health care services not related to transition, including preventive and primary care, sexual and reproductive health services, and mental and behavioral health services;
- Providing health care services related to transition, including hormone therapy, mental health services, and reconstructive surgeries;
- Training health care providers to respect and respond appropriately to the health needs and concerns of trans people;
- Conducting public education aimed at raising awareness of trans experiences and discrimination against trans people;
- Pursuing community-based research projects in collaboration with trans communities and collecting data on the demographic characteristics and health needs of trans communities;
- Organizing and mobilizing trans communities and allies; and
- Advocating for policy change aimed at reforming the legal, medical, and other structures that impact trans people's lives, including policies regarding gender markers on identity documents.

In August 2011, a seminar meeting of the case study contributors and other invited trans health experts provided a forum to discuss the case studies and these themes, identify other areas of work, and engage in critical conversations about strategies for making sustained progress in promoting the health, human rights, and self-representation of trans communities. Together, the case studies and the seminar participants identified many opportunities for governments, funders, human rights advocates, health care professionals, and trans communities to advance a trans health and human rights agenda grounded in respect for the decisions that trans people make about their own lives.

KEY RECOMMENDATIONS

To advance trans health and human rights, this report recommends the following actions. These recommendations are discussed in detail on pages 25-28.

TO GOVERNMENTS:

- Protect transgender people from discrimination.
- Ask the right questions through trans-inclusive community research projects and national data collection efforts.
- Invest in evidence-based and rights-based programs to achieve health equity for trans communities.
- Create trans-friendly identity document policies.

TO HUMAN RIGHTS ADVOCATES:

- Integrate trans issues into human rights agendas by consistently including trans community concerns and recognizing gender diversity.
- Actively partner with trans communities.

TO TRANS COMMUNITIES:

- Ground activities promoting trans human rights in the language of health.
- Form alliances across cultures, countries, generations, and identities to amplify trans voices.

TO HEALTH PROFESSIONALS:

- Train providers to care for trans people and integrate trans services into relevant fields of medicine.
- Promote trans cultural competency.
- Build trans-friendly health systems that rely on informed consent.
- Use the principles of harm reduction to address the health needs and experiences of trans people who access health care services, particularly transition-related services, outside of medical settings.

TO THE WORLD HEALTH ORGANIZATION AND THE AMERICAN PSYCHIATRIC ASSOCIATION:

- Stop pathologizing gender diversity and trans identities.

TO FUNDERS:

- Support innovations in trans health advocacy and health care services.
- Invest in building local, national, and global trans health movements.

CASE STUDY CONTRIBUTORS

To facilitate the development of this report and to foster a deeper discussion of current and emerging work in the field of trans health, the Open Society Foundations convened a seminar meeting of the case study contributors and other trans health experts in San Francisco, California on August 21-24, 2011. Over these three days, the participants shared information about their work; discussed the structure, content, and goals of this report; and began to lay the groundwork for a strategy to build closer ties between local, national, and international advocacy efforts around trans health.

The case studies in this report come from organizations in Bangladesh, Canada, Kyrgyzstan, Moldova, Nicaragua, Serbia, South Africa, and the United States, as well as the World Health Organization.

Contributors

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 Gender Health Center – United States
 Mitr Trust – United States
 Gay/Bi/Queer Trans Men’s Working Group – Canada
 Trans-Gayten – Serbia
 GenderDoc-M – Moldova
 Kyrgyz Labrys – Kyrgyzstan
 Gender Dynamix – South Africa
 STP 2012, International Stop Trans Pathologization Campaign
 World Health Organization

METHODOLOGY

This report is based on case studies submitted by organizations working in the field of trans health. The call for case studies was open between March and May 2011, and it requested case studies describing concrete initiatives aimed at improving health for trans communities or expanding access to health care for trans people. Case studies could be submitted by local, national, or international organizations or individual activists. The call was available in English, French, Russian, Hindi, Mandarin, and Spanish, and respondents were invited to submit written or videotaped submissions in any of these languages.

The call was designed to particularly encourage the submission of projects that use a human rights approach, that are clearly driven by the needs of trans individuals in their local communities, and that have had or that demonstrate potential for having a significant impact on improving health or access to health care for trans individuals. It was disseminated via email to a range of lesbian, gay, bisexual, and trans human rights and advocacy listservs that reach trans advocates, allies, and organizations working to advance trans health in different regions of the world.

REPORT LIMITATIONS

This report has several limitations. From the beginning of the case study process, compromises and oversimplifications that limited the pool of potential case studies had to be made. These included the decision to disseminate the call for studies over the internet and the limited number of languages in which the call was available. The method of internet dissemination was chosen because the breadth of the internet's international reach was a top priority. The number of languages in which the call was available and in which submissions could be made was capped at six because of the expense involved in translation.

Another limitation noted by seminar meeting participants in San Francisco was that many organizations serving trans people have few resources that can support taking time away from providing services or pursuing advocacy to write up a case study submission. Seminar participants also noted that the term "case study" can be unnecessarily formal and off-putting and suggested using words such as "project" instead.

Moreover, the themes that were developed to help organize the report and to understand the various kinds of trans health work being undertaken by the organizations who participated in this project are neither mutually exclusive nor collectively exhaustive. There is significant overlap between the different kinds of trans health work described in this report, and it is impossible to use any one set of themes to completely capture the details of any single organization's work or to reproduce the diversity of the field of trans health.

Ultimately, this report cannot paint a complete picture of trans health advocacy around the world. Such a task would be impossible with only one country or region under consideration, and the international scope of this report means that it can at best only skim the surface of the variety of trans people's lives and experiences and the complexities of trans health work. The purpose of this report is to serve as fuel for continuing discussions and to prompt the dedication of further resources for deeper exploration and meaningful action in support of trans health and human rights worldwide.

Linking Trans Health and Human Rights

ROBERT EADS LIVED IN A SMALL TOWN IN THE UNITED STATES, close to where he had grown up and raised his own son. In 1998, Robert, a white trans man, was diagnosed with ovarian cancer. He contacted more than twenty doctors in search of care, but all refused to treat him. One doctor, in a moment of candor, told him it would simply be too much of an embarrassment for the women in the waiting room of his gynecologic practice to see a man waiting alongside them.

ROBERT DIED OF CANCER just over a year after his diagnosis. In the film *Southern Comfort*, which chronicles the last year of his life, he reflects on the doctors who turned him away:

“I wish I could understand why they did what they did, why they had to feel that way... But I don’t hate them. I guess what makes me most sad is that they probably feel like they did the right thing.”

INTRODUCTION

Gender identity is a person's internal sense of being a man, a woman, or another gender, and gender expression refers to the external expression of gender identity through social cues such as mannerisms, behavior, clothing, or hairstyle.

ACCORDING TO THE WORLD HEALTH ORGANIZATION, the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. But health is not only a human right—it is a powerful tool for understanding and advancing a broad human rights agenda. The power of health as a tool for human rights advocacy is based on the simple understanding that human rights violations hurt people, make them sick, and sometimes even kill them. The lens of health, comprising health status, health disparities, the socioeconomic determinants of health, and health care services, thus has a unique ability to focus attention on the serious and far-reaching human consequences of a lack of respect for rights and dignity.

This report draws on the concept of the human right to health to identify strategies that trans communities and their allies are using to expand access to the full spectrum of health care services for trans people and to help create neighborhoods and societies where trans people can lead safe and healthy lives. Though the field of trans health is currently dominated by medical models that focus on mental health diagnoses and specific procedures involved in transition, there are equally important aspects of promoting trans health that happen outside of specialized clinics and doctors' offices. These include addressing the discrimination, violence, unemployment, and poverty that affect trans communities; removing barriers to health care; and building well-resourced and active networks of trans leaders to guide governments, funders, health care providers, and allied human rights advocates in advancing the health and human rights of trans people. Fundamentally, the goal of trans health work is to achieve health equity for trans communities—and health equity is nothing less than justice.

The case studies included in this report do not describe the full spectrum of trans health work, and they are not presented as idealized models or best practices. Rather, this report sheds light on some existing advocacy efforts and describes common themes running through current work in the field of trans health. This report is intended to contribute to the forging of a global network of trans activists working to create strategies for expanding access to health care, ending discrimination against trans communities, and advancing trans health and human rights by helping trans individuals embody the conviction that every person has the human right to live a full and healthy life.

UNDERSTANDING TRANS HEALTH

HISTORICALLY AND ACROSS CULTURES, there have been many different ways of conceptualizing gender and describing the process of creating and crossing socially determined gender boundaries. However, a common thread in the experiences of many trans people is an understanding that assigned sex may not correspond either to that person's deeply held sense of their own gender or to the gendered social role in which that person lives.

The meaning of trans

Over the last century, the term *transgender* has evolved into an umbrella term for people whose gender identity or expression is different from that typically associated with their assigned sex. Gender identity is a person's internal sense of being a man, a woman, or another gender, and gender expression refers to the external expression of gender identity through social cues such as mannerisms, behavior, clothing, or hairstyle. Some people claim a trans identity, while others are identified as trans by their society on the basis of social definitions of masculine and feminine.

The richness of terms that trans people use to identify themselves reflects the diversity of trans communities.

Transgender frequently replaces the term *transsexual*, which was introduced in the 1940s to describe people who seek medical intervention to transition from one sex to another. Transsexual people are often considered to be a subgroup within a larger transgender population. For purposes of simplicity and inclusivity, this report uses the term *trans* to include both transgender and transsexual people.

Because of its broad global circulation via Westernized media and international advocacy efforts that most visibly involve activists from the Global North and West, the term *trans* has come into use worldwide in academia, medicine, the media, and policy. However, it is not universally recognized, and different languages and cultures have different words for describing people whose gender identity or expression does not align with their assigned sex. The constantly evolving terminology around trans identities is a factor that must be considered in organizing and public outreach efforts, particularly internationally.

The richness of terms that trans people use to identify themselves reflects the diversity of trans communities. Trans people, like any other group of people, come from a wide range of backgrounds. They live in cities and rural areas; are young, elderly, and middle-aged; began to live as their true gender when they were children, teenagers, working adults, or much later in life; and live in families of all varieties. Trans communities are racially, ethnically, religiously, and socioeconomically diverse, and they also overlap with other marginalized communities, such as people with disabilities and people living with HIV or AIDS.

Some trans people also have close ties with lesbian, gay, and bisexual communities. Though sexual orientation and gender identity are different aspects of individual

CASE STUDIES

GENDER HEALTH CENTER

UNITED STATES

IN FOCUS

THE GENDER HEALTH CENTER PROVIDES culturally competent and affirming mental health services to trans people and their families in the Sacramento, California area. The center opened in 2010 and is operated by the founders of the Sacramento Transgender Coalition. The motivation for the founding of the center was the recognition that many mental health professionals, like other health care providers, exhibit anxiety around gender diversity and trans issues, and they consciously or unconsciously communicate their own unease to their clients. This dynamic often puts trans people in the uncomfortable position of having to reassure and educate their own providers and may discourage them from seeking mental health services.

The center provides mental health services, including letters of readiness to initiate hormone therapy or access transition-related surgeries, to trans people who are transitioning. Not all of the services it provides are related to transition, however: the center recognizes that trans people, like the general population, may seek mental health services for a variety of reasons, such as personal development, navigating intimate and family relationships, or negotiating workplace dynamics. The center thus provides an opportunity for therapists and counselors in training to gain experience in working with the trans population on a range of therapeutic issues. Moreover, the center's relationships with LGBT organizations and low-cost mental health clinics in the area has attracted a diverse non-trans client population, including gay men, lesbians, and bisexual people seeking culturally competent services and people with limited English proficiency who utilize the center's bilingual services.

...murder took the lives of more than 750 trans people in 51 countries between 2008 and 2011.

identity—trans people, like anyone else, may be gay, straight, or any other sexual orientation—the discrimination directed at trans people often mirrors that directed at lesbians, gay men, and bisexual people. In fact, rigid understandings of male and female gender roles in sexual relationships and fear of gender diversity are often the root of prejudice against lesbians and gay men. Trans people thus frequently experience violence or discrimination on the basis of their actual or perceived sexual orientation, and many gay men and lesbians are targeted as a result of their gender expression. Indeed, regardless of sexual orientation, feminine men and masculine women are often persecuted for how they express their gender.

Discrimination against trans people

As trans advocate and author Susan Stryker notes, many people have difficulty recognizing the humanity of another person if they cannot recognize that person's gender (Stryker 2008). As a result, trans people often experience extreme prejudice and even violence based on their actual or perceived gender identity, including discrimination when seeking health care or other services, emotional or physical violence at home, police brutality, and harassment and violence on the streets. According to Transgender Europe's Transrespect versus Transphobia Worldwide project, murder took the lives of more than 750 trans people in 51 countries between 2008 and 2011. This number likely represents only the tip of the iceberg, as it counts only cases that were reported in the media.

In 2011, United Nations High Commissioner for Human Rights Navi Pillay condemned the growing tide of violence against LGBT people around the world. Commissioner Pillay emphasized that transphobia and homophobia are no different from

GENDER DYNAMIX

SOUTH AFRICA

GENDER DYNAMIX (GDX) IS THE FIRST AFRICAN ORGANIZATION solely focusing on the trans community. Based in Cape Town, South Africa, GDX provides resources, information, and support to trans people; their partners, families, and employers; and the public. A major issue for trans work in South Africa is the diversity of languages and terminology related to trans issues, since the country recognizes 11 official languages, each of which has a different term for the concept of trans identity.

As part of its mission to work toward a society where everyone is free to choose and express their own gender, GDX undertakes activities such as international HIV/AIDS awareness activities; working with hospitals around improving care for trans people; documenting and reporting human rights abuses against trans people; organizing the first South African trans health conference; documenting discrimination and violence against trans people in employment, education, public accommodations, health care, identity document policies, policing, and commenting on the WPATH Standards of Care and the GID diagnosis in the DSM.

The 2010 South African Trans Health and Research Conference brought together trans community representatives, researchers, representatives from the Department of Health, health care providers, medical aides, traditional healers, and other stakeholders, including WPATH. The conference focused on six broad areas: general health services; hormones and surgeries; sexual health and HIV/AIDS; sexuality, pleasure, and reproductive capacities; indigenous and traditional knowledge and language; and depathologization. A major theme for the work of GDX is the degree to which a lack of attention to the needs of trans people overlaps with and exacerbates structural inequalities such as racism, poverty, and the broad lack of sufficient health care services in South Africa.

The term structural violence describes the systems of institutionalized discrimination that target trans people in areas of everyday life such as health care, housing, employment, education, and legal identity status.

sexism, racism, or prejudice against immigrants. Violence against trans people, like violence against women or racial minorities, feeds into a cycle of inequality in which established social and economic structures determining the distribution of power and resources ensure that those who have more advantages continue to profit, while those who have less are continually pushed further toward the margins.

The scholar and physician Paul Farmer describes violence that tracks the fault lines of social and economic inequality as structural violence. Structural violence is a broad umbrella term that includes “a host of offensives against human dignity: extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence that are uncontestedly human rights abuses” (Farmer 2005). The term structural violence describes the systems of institutionalized discrimination that target trans people in areas of everyday life such as health care, housing, employment, education, and legal identity status.

Despite the magnitude of physical and structural violence directed at trans people, there are very few jurisdictions where basic human rights protections for trans people exist, and even fewer where protections that do exist are enforced. Nevertheless, international rights bodies such as the Council of Europe are increasingly recognizing the basic human rights of trans people, including the right to life, the right to health, and the right to physical integrity. The Yogyakarta Principles, which outline the applications of international human rights law to gender identity and sexual orientation, additionally clarify the right of trans people to the highest attainable standard of health and to protection from medical abuses. Of particular importance is principle number three, which states that everyone, including people of diverse gender identities, has the right to recognition as a person before the law. In

CASE STUDIES

COALITIONS IN ACTION FOR TRANSGENDER COMMUNITY HEALTH

UNITED STATES

THE CENTER OF EXCELLENCE FOR TRANSGENDER HEALTH (COE) is based at the University of California at San Francisco. Beginning in 2007, the CoE and its National Advisory Board developed a statewide community mobilization initiative, Coalitions in Action for Transgender Community Health (CATCH). This initiative was designed to address structural barriers that hinder access for trans people to HIV prevention and health care services. These barriers include a lack of culturally and clinically competent providers, inadequate data on the demographics and health needs of the trans population, and scarce funding for trans-specific HIV prevention activities.

To address these challenges, CATCH builds local coalitions of trans community leaders, health departments, and other key stakeholders to facilitate access for trans people to HIV prevention services, train providers, develop leadership and advocacy skills in trans communities, collect data on available resources and service gaps, and provide HIV/AIDS training and funding recommendations to state governments. The CoE also supports the local coalitions in organizing conferences and meetings focused on trans health, and it maintains a website for disseminating information on the health needs of the trans population, particularly HIV prevention.

The CATCH model has five guiding principles: local coalitions are driven by the needs and leadership of trans community members themselves; coalition priorities are data-driven; coalition strategies for increasing access to and utilization of HIV prevention services, including testing, are comprehensive and include a specific focus on particularly marginalized groups within the trans population, such as trans women of color; coalition activities are regularly evaluated, and evaluation results are used to continuously improve programs and other activities; and coalition activi-

The full picture of trans health thus involves broad recognition of all the services, protections, and resources that trans people need to live healthy lives in safe communities

June 2011, the United Nations Human Rights Council affirmed this principle by passing a groundbreaking resolution condemning human rights violations based on gender identity or sexual orientation and clarifying that universal human rights frameworks include protections for trans people.

What is trans health?

The common conception of trans health is that it refers only to medical procedures involved in transition. However, trans health is a much broader field. As the World Health Organization recognizes, health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. The full picture of trans health thus involves broad recognition of all the services, protections, and resources that trans people need to live healthy lives in safe communities. This includes a range of primary and other health care services, as well as a focus on socioeconomic determinants of health such as identity document policies, poverty, employment, housing, and public acceptance of trans people.

According to the Yogyakarta Principles, respect for each individual's self-defined gender identity is one of the most basic aspects of dignity and self-determination. As such, the exact nature of transition differs for each individual, and no one should be forced to undergo transition-related medical procedures as a prerequisite for legal recognition of their true gender. Some trans people transition socially through a change of name, dress, or other aspects of gender expression without using any medical procedures. Reasons for doing so may include beliefs about body modification, concerns about being able to have children, or a lack of the resources necessary to afford medical services that are typically expensive and often not covered for trans

ties focus on increasing capacity for health promotion among trans community members. The CoE received federal funding to expand the CATCH program to other states in 2010, and there are currently CATCH-supported activities in New Mexico, Maryland, and Florida.

KYRGYZ LABRYS

KYRGYZSTAN

KYRGYZ LABRYS STARTED AS AN ADVOCACY AND SUPPORT GROUP for lesbian and bisexual women, but in 2005 the organization launched a support group for both trans women and trans men. Preliminary contacts between Kyrgyz Labrys and government entities such as the National Center for Mental Health and the Ministry of Health quickly demonstrated that misinformation and stereotypes about trans people were rampant in the Kyrgyz health system and that few doctors felt comfortable treating trans patients.

In response, Kyrgyz Labrys launched trainings for medical providers across the country, including psychiatrists, endocrinologists, surgeons performing hysterectomies and mastectomies, and other medical specialists. Since undergoing the training on trans issues, several surgeons have expressed interest in learning more about the procedures involved in transition-related surgeries. Working with the Ministry of Health, Kyrgyz Labrys has also developed a protocol that would allow trans people to legally change their name and sex on government-issued identity documents. This protocol addresses health and human rights issues such as sterilization, sexual orientation, and parenting. A major aspect of the organization's work is documenting its activities and strategies so that they can serve as a model for trans community organizing and policy advocacy in other countries, particularly those in the former Soviet Union.

Trans communities, like other marginalized communities, face particular challenges in accessing affordable and appropriate health care,...

people by national health systems or health insurance programs.

For many other trans people, medical services such as hormone therapy, mental health services, and reconstructive surgeries are an important aspect of optimal health. Professional bodies such as the World Professional Association for Transgender Health (WPATH) and the American Medical Association have determined that transition-related care is safe and medically necessary for trans people whose health and well-being depends on bringing their physical body into alignment with their gender identity.

MAJOR THEMES IN TRANS HEALTH

THE CASE STUDIES SELECTED FOR THIS PROJECT illustrate a variety of strategies for advancing trans health and human rights, including expanding access to primary and other health care services through building infrastructure and capacity; raising trans visibility to address issues of safety, violence, and community acceptance; training providers to work with trans patients; and developing policy and programmatic approaches to removing legal, financial, and other obstacles to health care for trans people.

Each case study describes a unique effort to address the circumstances of trans people's lives within the contexts of different health systems, resource levels, social settings, and legal frameworks. The case studies testify to the breadth of trans health work that is being pursued by advocates and organizations in regions around the world. Out of the diversity of this work, several themes arise. These

CASE STUDIES

GENDERDOC-M TRANSGENDER SUPPORT GROUP

MOLDOVA

GENDERDOC-M IS MOLDOVA'S MAIN LGBT RIGHTS ORGANIZATION. On the initiative of a community volunteer, the Transgender Support Group was organized within GenderDoc-M in 2008, and since 2009 the group has been supported by funding received by GenderDoc-M for HIV/AIDS prevention and LGBT community organizing in the former Soviet Union. The major drivers behind the creation of this support group were the lack of legal and social recognition for trans people in Moldova, which contributes to high rates of attempted suicide and other physical and mental health concerns; a lack of medical professionals qualified to provide transition-related care; and the lack of an established legal protocol through the Moldovan Vital Statistics Records Service for allowing trans people who have transitioned to obtain appropriate identity documents in their true name and gender. The group has helped several trans people change their identity documents and has partnered with the Moldovan Ministry of Health to create a working committee tasked with developing a protocol for resolving the legal issues facing trans people in obtaining identity documents and accessing transition-related medical services that are covered by health insurance.

In addition to the legal and psychosocial support it provides to trans people, the Transgender Support Group organizes information sessions for various groups of professionals who come into contact with trans issues, including social workers, medical providers, journalists, and police officers. The group also engages in international network building for trans advocacy. In 2010 it organized a meeting called "Addressing the Challenges Faced by Transgender Individuals in the Post-Soviet Region," which included participants from Moldova, Ukraine, Georgia, Kazakhstan, Kyrgyzstan, Russia, Poland, the United Kingdom, and representatives of the LGBT advocacy organization ILGA-Europe. A major future area of advocacy for the group is helping Moldovan surgeons receive training abroad in transition-related surgical techniques.

...as the discrimination directed at them encourages policymakers to direct resources away from meeting their health needs and allows many providers to refuse to treat them.

themes provide an organizing principle for describing major focus areas of local, national, and international trans health work and framing recommendations for future work. These areas of focus include transition-related and other health care services, provider training, public education, research and data collection, trans community organizing, and policy change.

Health services

Ensuring that trans people are able to access the full spectrum of health care services that they need, including transition-related care and other services, is a major focus of the work described in the case studies. Trans communities, like other marginalized communities, face particular challenges in accessing affordable and appropriate health care, as the discrimination directed at them encourages policymakers to direct resources away from meeting their health needs and allows many providers to refuse to treat them. Under-resourced health systems further exacerbate these challenges.

The case studies document barriers to care for trans communities that are both direct and indirect. Direct barriers include poor treatment by providers who refuse to or do not know how to treat trans people, the short supply of providers worldwide who are trained to provide transition-related care, and refusal by many national health systems and health insurance programs to cover transition-related care and sometimes any care for trans people at all. Indirect barriers are the numerous forces that legally, economically, and socially marginalize trans communities. Such barriers include discrimination in employment, education, and housing; poverty; police harassment as a result of association with sex work; experiences of stigma and violence; and identity document policies that deny many trans people legal recognition as their true gender. In

PRIMED: THE BACK POCKET GUIDE FOR TRANS MEN AND THE MEN WHO DIG THEM

CANADA

THE GAY/BI/QUEER TRANS MEN'S WORKING GROUP was formed in Ontario in 2006 by trans men and their allies as part of the Gay Men's Sexual Health Alliance (GMSH), which is a community-based, government-supported organization dedicated to the sexual health needs of gay, bisexual, and other men who have sex with men (MSM). The working group aims to improve the health of trans MSM by focusing on HIV/AIDS prevention, living with HIV/AIDS, and other aspects of sexual health, as well as social determinants of health such as homophobia, transphobia, racism, and trans invisibility.

Recognizing that the majority of resources and research in HIV prevention for the LGBT community focus on non-trans MSM and trans women, the group created the HIV prevention resource *Primed: The Back Pocket Guide for Trans Men and the Men Who Dig Them*, which is the first guide of its kind focusing specifically on trans MSM. *Primed* has been translated from English and French into numerous other languages and is freely available online. In 2008, with support from GMSH, the group also conducted *Getting Primed*, a community-based needs assessment focused on better understanding the HIV-related experiences, knowledge, risks, and resource needs of trans MSM in Ontario. As a result of this research, the group recently received a grant from the Canadian Institutes of Health Research to conduct a study of the applicability to trans MSM of leading theories of HIV risk among non-trans MSM. This study will also explore trans-specific experiences and contexts of HIV risk and examine decision-making processes related to sexual health and behavior among trans MSM. The group has also conducted numerous trainings and presentations with AIDS service organizations and other service providers to increase their competency to offer appropriate and comprehensive sexual health services for trans MSM and their partners.

Many gender-nonconforming young people are subjected to dangerous reparative therapies that attempt to suppress or eliminate nonstandard gender identity or expression.

In addition, many of the case studies describe how structural inequalities that contribute to poverty and socioeconomic marginalization, such as racism, sexism, class-based discrimination, and immigration status, also prevent many trans people from accessing health care services.

Trans youth and their parents often have particular difficulty finding providers willing to take their concerns seriously and provide appropriate care. Many gender-nonconforming young people are subjected to dangerous reparative therapies that attempt to suppress or eliminate nonstandard gender identity or expression. Most providers and health systems will not provide transition-related care until the individual is over the age of 18, by which time puberty has already determined many gendered physical characteristics such as height, voice pitch, hair growth, and breast development. Some of these changes are permanent and may require extensive medical intervention as part of transition later in life. Recognizing the advantages of not forcing trans adolescents to go through puberty as the wrong sex, some providers have begun using hormone blockers to delay puberty until the trans young person has reached the age of legal self-determination regarding the decision to transition.

The case studies describe a range of efforts to remove barriers preventing trans people from accessing general health care and transition-related services. In some cases, trans advocates and their allies have established clinics specifically to offer services to trans people, such as the Gender Health Center, which provides mental health services, and Shustha Jibon, which provides sexual health and HIV/AIDS care. In other cases, existing clinics and clinic networks such as the St. James Infirmary and Planned Parenthood have recognized the need to provide a broader spectrum of services to the trans people who were already coming to them with other health care

CASE STUDIES

PROJECT HEALTH

UNITED STATES

THE TRANSGENDER LAW CENTER (TLC) is a California-based legal services and advocacy organization. Together with Lyon-Martin Health Services, an LGBT community health center in San Francisco, TLC created Project HEALTH (Harnessing Education, Advocacy, and Leadership in Transgender Health) to improve access to health care for trans people across the state. Project HEALTH provides technical expertise to clinics to increase capacity to serve the trans community, supports advocacy by local trans leaders, and engages in trans-inclusive health policy efforts.

A major focus of Project HEALTH is addressing the particular barriers to good health and affordable, high-quality health care that trans people in rural areas of the U.S. experience. These barriers in rural areas include few jobs and low wages; high rates of poverty; few educational opportunities; and a general lack of health care providers, particularly providers familiar with trans issues. In rural areas such as Humboldt County in Northern California, Project HEALTH operates local HEALTH Councils that engage trans people, allies, and service providers in efforts to improve trans health by developing the capacity of trans community members as leaders and policy advocates, creating trans-inclusive health infrastructure, and changing local policies to protect trans people.

The Humboldt HEALTH Council was created in 2010. Since then, the council has succeeded in amending the nondiscrimination policy of Humboldt County, the region's largest employer, to include gender identity. The council also worked with Open Door Community Health Center, the area's main source of care for medically underserved residents, to improve trans cultural and clinical competence among clinic staff and to set aside specific clinic hours every month for serving the trans community.

In some areas...people must go without care; buy hormones and other transition aids, such as injectable silicone, illegally on the street; try to educate providers by themselves; or find creative ways of connecting with providers who do have experience in trans care.

concerns. These organizations have developed protocols, many of them based on the principle of informed consent, to guide the provision of hormone therapy and other transition-related services for trans people. These clinics also provide referrals to other providers, including mental health providers who can write the letters of readiness for transition-related surgeries described in the WPATH Standards of Care.

Many trans people travel long distances to find clinics that can provide appropriate care. In some areas, no such options are available at all, meaning that trans people must go without care; buy hormones and other transition aids, such as injectable silicone, illegally on the street; try to educate providers by themselves; or find creative ways of connecting with providers who do have experience in trans care. Mitr Trust, for example, uses Skype to connect a family nurse practitioner from Callen-Lorde Community Health Center, an LGBT community health center in New York City, with a hijra¹ community in Delhi. During live video chats every two weeks, the nurse practitioner prescribes and monitors hormones and provides other medical advice as necessary. Mitr Trust partners with a local provider in Delhi to make sure that labs and medications are available.

In an effort to remove financial barriers to care for trans people, many clinics charge for their services on a sliding scale based on how much their patients can afford to pay. They may also work with insurance carriers and programs such as California's Medi-Cal, which provides coverage for people with lower incomes and no private

1. Hijra is a term commonly used in South Asia to describe people who are assigned male at birth but who live and often identify as women; some hijras consider themselves trans women, while other hijras consider themselves to be a third gender.

STRIDE PROGRAM

UNITED STATES

THE ST. JAMES INFIRMARY IN SAN FRANCISCO, CALIFORNIA, is the only health clinic in the United States run by and for sex workers. It opened in 1999 with the support of the San Francisco Department of Public Health Sexually Transmitted Disease Control and Prevention Unit and provides services to current and former sex workers of all genders and sexual orientations, their partners, and their adolescent children. A significant proportion of the clinic's staff and clients are gay, lesbian, bisexual, and/or trans-identified. The decision to begin offering trans-specific health care services, primarily hormone therapy, was motivated by the clinic's peer-based harm reduction approach to providing comprehensive health care services for all of its clients.

The St. James Infirmary began offering drop-in trans-specific health care during dedicated clinic hours in 2003. In 2009, appointment-based clinic hours were added and the trans health program was renamed the STRIDE Program. The appointment-based model allowed St. James to expand its capacity to treat trans clients, to provide them with more privacy in the health care encounter, and to offer more comprehensive primary care, educational sessions, and a fixed number of visits during the intake process for beginning hormone therapy. The intake process now consists of an informed consent model involving peer counseling, lipid panels, HIV and other STI testing, and a physical exam.

Seventy percent of the STRIDE Program's participants are trans women; 23 percent are trans men, and 7 percent identify as genderqueer. The program experienced a surge in new clients when it began offering HIV and STI testing on an appointment basis in 2010. Two other areas of growth identified by Saint James Infirmary are organizing more in-house community support groups and offering services that are attractive to trans people who have already begun using hormones without a prescription.

Frequently... reimbursement from insurance programs or national health systems is not possible as a result of policies that explicitly exclude coverage for care provided to trans people

health insurance, to negotiate reimbursement. Frequently, however, reimbursement from insurance programs or national health systems is not possible as a result of policies that explicitly exclude coverage for care provided to trans people. Many organizations are working to eliminate these policies, as well as to address poverty, discrimination, and other barriers that prevent many trans people from accessing health care services in the first place.

Provider training

The case studies emphasize that trans cultural and clinical competence among providers must be addressed as part of efforts to remove barriers to health care for trans people and to promote the health of trans communities. Cultural competence involves educating providers about the concerns and experiences of trans people, as well as addressing the discrimination and harassment that trans people frequently experience when attempting to access health care services. As reported in many of the case studies, many health care administrative staff and providers are openly hostile to trans patients. According to Gender DynamiX, senior staff at a major South African hospital where many trans people must seek care routinely tell trans patients that their health care needs are not medically necessary and are a waste of time and resources. Clinics such as Planned Parenthood and the St. James Infirmary and community organizations such as Kyrgyz Labrys and the Transgender Law Center report that even some of the most basic needs of trans people are often not addressed by medical providers, including the need to feel comfortable in a medical environment and to trust that confidentiality will be respected.

A lack of respect among staff and providers for trans people can be deadly, as in the

CASE STUDIES

SEXUAL HEALTH AND HUMAN RIGHTS: LEGAL AND JURISPRUDENTIAL RESEARCH AND ANALYSIS

WORLD HEALTH ORGANIZATION

THE DEPARTMENT OF REPRODUCTIVE HEALTH AND RESEARCH at the World Health Organization (WHO) includes a Special Programme of Research, Development, and Research Training in Human Reproduction. This program was established by the WHO in 1972 and became a joint program of the United Nations Development Program, the United Nations Fund for Population Assistance, and the World Bank in 1988. According to the international agreements adopted at the 1994 International Conference on Population and Development and the 1995 Fourth World Conference on Women, as well as the 2001 Millennium Development Goals, this program is the main instrument within the United Nations system for research and programming on human sexual and reproductive health.

This program recognizes that each person's free exercise of their human rights, including the right to control their own sexual and reproductive lives and to access health care services, is an essential component of sexual health. Some of the human rights issues involved in promoting sexual health that particularly affect trans people include instituting nondiscrimination on the basis of gender identity and sexual orientation; encouraging social respect for diversity in gender identity and expression; creating civil status regulations that acknowledge the lived reality of trans people and allow them to change their name and gender on identity documents as appropriate; decriminalizing aspects of gender expression such as cross-dressing; and ensuring access to and insurance coverage for all medically necessary health care services, including services related to transition.

In 2008, this program convened a meeting of international and national NGOs, academics, and public health experts to launch the WHO Project on Sexual Health and Human Rights. The first step of this project is legal and jurisprudential research and

A lack of respect among staff and providers for trans people can be deadly, as in the well-known case of Tyra Hunter in Washington, D.C.

well-known case of Tyra Hunter in Washington, D.C. Tyra was on her way to work in 1995 when another car broadsided the car in which she was a passenger. Emergency personnel soon arrived and pulled Tyra from the wreckage. A firefighter, Adrian Williams, began to administer first aid to Tyra—until, upon cutting open her clothing to assess the extent of her injuries, he discovered that she was a trans woman. For almost ten minutes, Williams mocked Tyra as she lay bleeding on the street, semi-conscious and begging for help. Finally, an ambulance took her to D.C. General Hospital, where she was left unattended on a gurney because the doctor refused to treat “it.” Tyra died within the hour. In the investigation following her death, two expert medical witnesses testified that she would have had an almost 90 percent chance of survival had she received appropriate medical care after the accident.

Tyra’s story was cited by the Transgender Resource Center of New Mexico as part of its rationale for developing a Speakers Bureau to educate health care professionals about culturally competent care for trans people and to provide the general public with exposure to a range of trans narratives. Other organizations, including the Transgender Law Center, the Gay/Bi/Queer Trans Men’s Working Group, and Kyrgyz Labrys, also work closely with providers to develop trans cultural competence, which includes providing basic terminology and explanations for commonly asked questions about trans communities, conducting training for providers and other staff on how to behave appropriately toward trans people who need health care services, and offering trans-inclusive information materials for providers to use and share with their staff and patients. Such materials include intake forms that allow trans people to list preferred pronouns and both legal and preferred names, HIV prevention and other health-related materials that include information relevant to trans people, and referral networks that include trans-friendly providers.

analysis into relevant international human rights principles and regional and selected national practices in various areas of the overlap between human rights and sexual health. Several papers will be produced on the basis of this research. These papers will be the first WHO publications to include a specific focus on the human rights of trans people and to call for international application of human rights standards to trans health.

TRANSGENDER RESOURCE CENTER OF NEW MEXICO

UNITED STATES

THE TRANSGENDER RESOURCE CENTER OF NEW MEXICO is the only state-wide trans community organization in New Mexico. The center’s executive director formerly participated on an LGBT Speakers Bureau organized by the local PFLAG (Parents, Families, & Friends of Lesbians and Gays), where he found that the majority of questions were for him: audience members tended not to be familiar with trans issues, and many wanted to learn more.

The center developed a presentation, “Transgender Cultural Competency: Transgender 101,” and launched its Speakers Bureau in 2009. A major tenet of the center’s mission is to work with health care providers to address disparate and discriminatory treatment of trans people in health care settings, so its staff members and volunteers frequently present at medical schools, nursing schools, health clinics, graduate schools of clinical psychology, and other health-related venues. In addition to health care providers, the Transgender Resource Center of New Mexico also works with law enforcement and social service providers who may encounter trans people, such as suicide hotlines, organizations serving the homeless, and HIV/AIDS service organizations. In addition, the center regularly holds presentations for students at universities and high schools throughout New Mexico.

Trans clinical competence is closely related to cultural competence.

Trans clinical competence is closely related to cultural competence. Many of the services that trans people need to stay healthy and to transition to whatever degree is appropriate for them, including hormone therapy, reconstructive surgeries, and basic primary and preventive care, are routinely provided to non-trans people. However, providers may express uncertainty about how to deliver these services to trans people. This is sometimes due to provider discomfort disguised as concern, but there is also little research into the clinical aspects of trans health, including the long-term effects of hormone therapy. Some surgical procedures that may be involved in transition, such as genital reconstruction, also require specific technical competence for which training is not readily available. Clinical competence challenges thus involve both expanding opportunities for providers to gain training in the specific medical needs of trans people and helping providers understand that many aspects of medical care for trans people are similar to the services they offer to non-trans patients.

Several of the case studies describe initiatives that involve helping providers develop the knowledge necessary to offer a full range of appropriate services to trans people and to develop patient-centered informed consent models that emphasize respect for the individual instead of a rigid one-size-fits-all approach to transition. Organizations developing these initiatives, such as Gender DynamiX, the Transgender Law Center, and Trans-Gayten, all emphasize the importance of engaging providers in a constructive manner and building networks that share clinical knowledge—such as surgical techniques or recent research on hormone therapy—so that providers can deliver optimal care to their patients.

A major controversy in efforts to develop trans clinical competence among medical providers is whether providers should follow specific trans health care protocols

CASE STUDIES

STP 2012, INTERNATIONAL STOP TRANS PATHOLOGIZATION CAMPAIGN

STP 2012 IS AN INTERNATIONAL CAMPAIGN working for the depathologization of trans identities and the removal of the diagnostic criteria of gender dysphoria and gender identity disorders from the DSM and the ICD. The STP 2012 campaign also works to secure public coverage of trans-specific health care and for the recognition of trans identities as a human rights issue rather than a disease. In 2010, STP 2012 disseminated the “Best Practices Guide to Trans Health Care in the National Health System,” which proposes a non-pathologizing health care model developed by the Spanish Network for Depathologization of Trans Identities on the basis of the experiences of trans people in the Spanish national health care system. This guide argues for removing the gatekeeping aspect of trans health care and replacing it with informed consent, optional counseling, and the right to freely choose the desired degree of body modification. The campaign encourages activists to freely adapt the principles in the guide to their own national health care frameworks.

The release of the guide in October 2010 coincided with the International Day of Action for Trans Depathologization, which was coordinated by STP 2012. On this day, demonstrations and other actions took place in over 60 cities internationally, with more than 270 activist groups and networks from different world regions supporting the campaign. In 2011, groups in 70 cities participated, and over 300 groups signed on in support. As one of the highest-profile advocacy campaigns for trans health and human rights, the STP 2012 Campaign brings together trans activists from around the world in local and international expressions of global solidarity. The campaign is also building relationships with activists working on intersex issues and those working to end discrimination on the basis of sexual orientation.

This classification of trans people as mentally ill persists even though the accepted treatments involved in transition include physical interventions such as hormone therapy and reconstructive surgeries that lie outside the field of psychiatry.

and, if so, what those protocols should look like. Many of the roots of this issue lie in the history of the complicated relationship between trans communities and medical providers. Ever since gender diversity and the existence of trans people came to the attention of Western medical professionals, many psychiatrists, psychologists, and other providers have pathologized gender diversity and argued that being trans is inherently a disease or disorder.

In 1979, a group of medical professionals called the Harry Benjamin International Gender Dysphoria Association (HBIGDA), now known as WPATH, published a set of clinical protocols intended to guide the provision of a standard course of care to trans people under a formal diagnosis of “transsexualism.” Because gender identity is an internal characteristic, psychiatrists and other providers frequently described a gender identity at odds with birth-assigned sex to be a “belief” or “delusion” related to an inability to properly adjust to normative gender roles. As a result, the diagnosis of transsexualism, which made its way into the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM) in 1980, is classified as a mental disorder.

This classification of trans people as mentally ill persists, even though the accepted treatments involved in transition include physical interventions such as hormone therapy and reconstructive surgeries that lie outside the field of psychiatry. A psychiatric diagnosis for gender nonconformity is included in the World Health Organization’s International Classification of Diseases, and the updated *WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* still advocate compliance with established protocols in national health systems or health insurance programs, many of which mandate mental health treatment before the provision of physical treatments such as hormones or reconstructive surgery.

SHUSTHA JIBON

BANGLADESH

SHUSTHA JIBON IS A COMMUNITY-BASED ORGANIZATION in Dhaka that provides health services, including HIV/AIDS testing and treatment, other sexual health services, and tuberculosis treatment, to a population of approximately 2,100 hijras every year. Shustha Jibon was founded in 2001 by trans community members in response to the recognition that although the HIV/AIDS prevalence in Bangladesh is low, the environment in which many trans people live puts them at high risk of a potential HIV epidemic. Shustha Jibon’s clients are socially and economically marginalized by stigma and discrimination; they tend to have low levels of literacy, to have migrated to Dhaka from other parts of the country, and to work in the sex industry, where they report high levels of unprotected anal intercourse with multiple partners. In Bangladesh the law generally views hijras as men, and sex between men is criminalized.

Because of the scarcity of resources for trans-oriented public health work, the Shustha Jibon was originally established as a project of the Bandhu Social Welfare Society, which provides HIV/AIDS prevention and other services to men who have sex with men (MSM). Shustha Jibon became an independent, hijra-managed organization in 2005. It now has two clinics that see more than 1,000 clients each month, of which approximately 60 percent have sexually transmitted infections (STIs). In addition to direct health services, the organization works to increase awareness of HIV and to promote condom use and voluntary STI testing among trans communities. It also advocates for awareness and acceptance of gender diversity and for the promotion of human rights for trans people.

...national health system[s] should replace the current use of a mental health diagnosis with a non-pathologizing principle of access for trans people to any treatments that they need in order to fully express their gender identities.

Many trans health advocates, including the International Stop Trans Pathologization (STP) 2012 campaign and WPATH itself, maintain that not all trans people have gender dysphoria and that gender nonconformity is not a disorder. The STP 2012 campaign further argues that any gatekeeping by mental health professionals both obstructs access for trans people to safe and effective physical treatments and exacerbates mistrust between trans communities and medical professionals. To address this issue, the Spanish Network for Depathologization of Trans Identities has developed the *Best Practices Guide to Trans Health Care in the National Health System*, which is available on the STP 2012 campaign website (www.stop2012.info). This guide argues that Spain's national health system should replace the current use of a mental health diagnosis with a non-pathologizing principle of access for trans people to any treatments that they need in order to fully express their gender identities. It emphasizes that trans people should not be forced to choose only between the two choices of male or female, and that sexual orientation, gender expression, and gender identity do not need to correlate according to any set stereotypes of heterosexuality, masculinity, or femininity. In terms of clinical approaches, the guide calls for replacing the current system of medical evaluation and diagnosis with an informed consent model in which the role of the provider is focused on offering information and supporting trans people in giving their own meanings to their bodies, their gender identities, and the process of transition.

Not every country is in a position to move away from medical diagnoses and protocols. Many national health systems and insurance programs require diagnostic codes reflecting a need for treatments such as hormone therapy or reconstructive surgery before trans people can access transition-related health services. Trans people who do not have a diagnosis of gender identity disorder (GID) and who cannot

CASE STUDIES

TRANS-GAYTEN

SERBIA

SERBIA IS ONE OF A HANDFUL OF COUNTRIES home to several surgeons who are known internationally for their skill in transition-related surgeries. Trans-Gayten, the trans arm of Serbia's national LGBT rights organization, has been working with these providers for 14 years to improve the care that they offer to trans people from within Serbia, from across the region, and from other parts of the world.

This team of providers has used the WPATH Standards of Care since the 1980s, but the application of the standards has historically been too rigid to take into account the reality of individual trans people's lives. In particular, the medical team expected that their trans patients should be heterosexual after transition and required them to go through a standard course of transition that included genital surgery (phalloplasty or metoidioplasty for trans men and vaginoplasty for trans women, as well as sterilization), regardless of the individual's desire for surgery and concerns about the success and patient satisfaction rates for these procedures. The team also had a monopoly on the provision of transition-related services in Serbia.

Trans-Gayten has succeeded in convincing the government and the medical team to loosen the requirements for completing a course of transition-related treatment, so trans people in Serbia no longer have to undergo sex reassignment surgery in order to legally change their name and sex on identity documents. The team now also accepts referrals from Trans-Gayten's trans support group and does not require candidates for transition to affirm that they will be heterosexual after transition. Trans-Gayten also encourages trans cultural competence and continued training in the latest surgical techniques for the members of the medical team.

Another major area of work for Trans-Gayten is negotiating with the medical team

...public education is similar to cultural competence for providers: both involve addressing discrimination and transphobia by humanizing trans people...

or do not want to access a standard treatment menu of therapy, hormones, and sex reassignment surgery are often denied financial assistance with the costs of medical care or government recognition of their true gender.

Kyrgyz Labrys, for example, is working with the government of Kyrgyzstan to issue a progressive protocol guiding trans people, providers, and government ministries through a formal process of legal and medical transition. In order for trans people to change their identity documents and access transition-related care, this protocol relies on a diagnosis of GID and completion of the course of care outlined in the WPATH standards. In the context of Kyrgyzstan, this represents a positive step forward, since most medical professionals and government officials in Kyrgyzstan—as in many other countries—still refuse to recognize the existence of trans people, let alone their need for a clear pathway to medically necessary services, legal recognition of their true gender, and protection from discrimination.

The U.S.-based Center of Excellence for Transgender Health, in partnership with the Open Society Foundations and organizations in Peru, South Africa, and Kyrgyzstan, is working on a similar project to develop national culturally competent protocols for transgender health. These protocols are intended to be largely universally applicable, with substantial segments that can be adapted to different country settings. The ultimate goal of this project is to train medical providers in each country to provide appropriate and comprehensive care to trans individuals.

Public education

Many of the case studies emphasize that social attitudes strongly affect how healthy

and with Serbia's national health insurance system to keep transition-related services affordable for everyone who needs them. The original medical team began treating trans people more than 20 years ago through a government clinic, but now all of the providers except the psychiatry team work in private clinics. The prices that the Serbian surgeons are able to command from wealthier foreign patients threaten to make transition-related care unaffordable for people from Serbia and other countries in the former Yugoslavia.

REDTRANS NICARAGUA (NICARAGUA)

MEMBERS OF THE TRANS NETWORK OF NICARAGUA (REDTRANS Nicaragua) from the cities of Managua, Leon, and Chinandega, as well as the town of Chichigalpa, collaborated with the gay and lesbian advocacy group Gay Somotillo and the lesbian group Grupo Safo to organize a public march in the town of Somotillo. The purpose of the march was to raise public awareness of trans people in Nicaragua and issues affecting them, which include high rates of violence and discrimination in access to jobs, public accommodations, and legal documentation. The theme of the march was "we are not the problem—we are part of the solution," referring to violence against people of diverse sexual orientations and gender identities. The groups also arranged a beauty pageant to demonstrate that "art has no borders" and to show solidarity between lesbians and trans women.

There is a global lack of data on even the most basic demographic and health characteristics of trans populations.

and safe trans people are able to be in their neighborhoods and communities. Thus, public education about the experiences, challenges, and needs of trans people is a cornerstone of trans health work. In many ways, public education is similar to cultural competence for providers: both involve addressing discrimination and transphobia by humanizing trans people for those who may not understand or be familiar with trans concerns. Public education also involves engaging those who may not believe that trans people deserve the same rights and protections as other members of society.

Much of the public education work described in the case studies relies on personal testimonies and outreach efforts of trans individuals or small groups of trans advocates and allies. Such education efforts can be broadly directed at society at large, such as the work of advocacy organizations in various countries that engage with government ministries, law enforcement, schools, and the public to present trans narratives, educate people on how to interact with trans communities, and raise the visibility of trans people and trans issues.

Public education can also be conducted within institutions that provide health care services or work with the broader LGBT community, such as the work of Trans-Gayten within Gayten LGBT, the STRIDE Program at the St. James Infirmary, the Gay/Bi/Queer Trans Men's Working Group within the Gay Men's Sexual Health Alliance, and the Transgender Health Care Program at Planned Parenthood. All of these initiatives involve familiarizing staff, volunteers, and other community members with trans issues and working to ensure that trans people and trans concerns are integrated throughout the work of a larger organization.

CASE STUDIES

TRANSGENDER HEALTH CARE PROGRAM AT PLANNED PARENTHOOD

UNITED STATES

PLANNED PARENTHOOD CLINICS ARE MAJOR PROVIDERS of sexual and reproductive health services across the United States. In 2007, the national Planned Parenthood Federation of America (PPFA) developed *Medical Standards and Guidelines for Transgender Health Care*, a protocol to help its regional affiliates become culturally and clinically competent to meet a fuller range of trans people's health care needs. This guide was based on the Transgender Health Care Program that Planned Parenthood Mar Monte (PPMM), one of PPFA's affiliates in California and northern Nevada, launched in 2005 on the recognition that many trans people were already using its general health services and that the trans population has specific health care needs that are often stigmatized, neglected, and unmet.

The Transgender Health Care Program at PPMM uses this protocol as a guide for providing trans people with transition-related hormone therapy and general sexual and reproductive health services, including birth control, STI screening and treatment, and physical exams. The program has spurred the creation of a Trans Therapist Group and a Transparent Group (for parents of trans and gender-nonconforming children), as well as trainings for all PPMM staff and trainings for other providers such as "Primary Care for the Transgender Community" and "Trans Training for Psychotherapists." It also includes a mental health services referral network to help trans clients obtain a letter of readiness that may be required before hormone therapy is initiated.

One of the biggest challenges for trans people and for providers such as PPMM has been securing insurance coverage for transition-related health care services. Public programs in some U.S. states, including California, may cover some services related to reproductive health (such as Pap tests). However, they must be billed according

The heavy burden of HIV on transfeminine communities has meant that much of the research that does exist is in the field of HIV/AIDS.

Research and data collection

There is a global lack of data on even the most basic demographic and health characteristics of trans populations. This information gap includes qualitative data about aspects of trans health work such as important themes, successes, and challenges in environments with different cultures and levels of resources. The information gap also involves a lack of consistent, comprehensive, and standardized quantitative data on trans populations, to the point where even trans health researchers and advocates are not able to accurately assess how many trans people live in their communities or what their needs are. Because trans populations remain largely invisible, little heed is paid to addressing their concerns. Though trans communities can often testify eloquently to their own needs, governments, providers, and funders frequently base their willingness to pay attention to these needs on the basis of standards of data and evidence that organizations working on trans health do not have the resources to meet.

Very little research funding currently supports trans health work anywhere in the world, meaning that the body of research upon which organizations in this field can draw to develop evidence-based interventions is almost nonexistent. The heavy burden of HIV on transfeminine communities has meant that much of the research that does exist is in the field of HIV/AIDS. However, as organizations like the Center of Excellence for Transgender Health and the Gay/Bi/Queer Trans Men's Working Group note, HIV/AIDS research done without clear principles guiding the accurate inclusion of trans populations frequently results in inaccuracies such as the lumping of trans women together with men who have sex with men or a complete erasure of HIV risk for trans men. This results in an incomplete and inaccurate picture of HIV in trans communities and means that much existing research fails both to acknowledge a pressing trans health issue and to accurately describe a significant aspect of the HIV/AIDS epidemic.

to assigned sex, which for many trans people is different from their gender identity and which may even conflict with their legal sex if they have succeeded in changing identity documents. Most private insurers in the U.S. deny coverage for transition-related care and sometimes for any health care service rendered to a trans individual. As part of the Transgender Health Care Program, PPMM clinic staff help trans clients navigate insurance systems to ensure that inadequate financial resources are not a barrier to health care.

PROVIDING MEDICAL CARE LONG-DISTANCE

UNITED STATES

A U.S.-BASED FAMILY NURSE PRACTITIONER created this telemedicine project for Mitr Trust, a community-based organization for trans women living in Western Delhi, India. Approximately twenty-five patients, the majority of whom are HIV-positive, receive medical consultation via live video streaming for services such as hormone therapy. Patients' physical transition is monitored through yearly phlebotomy to rule out possible health complications, and a local medical provider provides on-site collaboration as necessary. The Delhi-based staff also includes a translator and outreach coordinator hired specifically for the project.

Over the last two decades the opportunities for long-distance connection and mass information sharing created by the internet have substantially contributed to the rapid growth of international trans health advocacy.

Two of the case studies featured in this project describe efforts by trans community members themselves to collect data on the challenges their communities face. The Center of Excellence for Transgender Health and the Gay/Bi/Queer Trans Men's Working Group both started with a focus on HIV/AIDS, but they are working to incorporate a broader lens to assess the health of trans communities and to develop evidence-based resources that trans people and their allies can use for public education and advocacy. Both case studies indicate that community-based needs assessments can be difficult and expensive to create, implement, and analyze, but that such studies are a natural place to begin trying to systematically understand particular issues in trans health. They are also helpful in attracting broader attention to trans health issues, as demonstrated by the trans community needs assessment being conducted by the Center of Excellence. This study is based on community-based participatory research methodology, which is a particularly effective method for research involving marginalized communities. In addition to the Center of Excellence, the community stakeholders involved in the study include the Program for Trans Latinas and members of the trans community, as well as the San Francisco Department of Public Health, the HIV Health Services Planning Council, and the Center for AIDS Prevention Studies at the University of California at San Francisco.

Trans community organizing

Trans community organizing is a particularly strong focus of the case studies. To a degree, all of the work described in this report is the fruit of efforts to organize members of trans communities and their allies to advance trans health concerns. The strategies behind these efforts vary between different kinds of organizations and across different countries. For instance, some groups organize trans community members around public policy advocacy and public education, such as the efforts by the Transgender Law Center and the Center of Excellence for Transgender Health. Other organizations, including many clinics and others that interact frequently with medical providers, such as Trans-Gayten and Kyrgyz Labrys, include a trans community support group component in their work. Such support groups contribute to community-building by providing trans people with a forum in which to identify and express concerns and to develop personal or community-based strategies to address them.

Because of the small size of trans populations and the extreme degree of marginalization that trans people commonly experience, building relationships with allies is a critical component of trans community organizing. Many case study contributors, including Trans-Gayten, Transgender Law Center, REDTRANS Nicaragua, and Gender-Doc-M, support their trans health activities by working with or within LGBT organizations. Others, such as Shustha Jibon, the Gay/Bi/Queer Trans Men's Working Group, and the Center of Excellence for Transgender Health, grew primarily out of HIV/AIDS advocacy. Still other organizations, including Planned Parenthood, St. James Infirmary, and Kyrgyz Labrys, describe working in the larger fields of sexual and reproductive health or LGBT issues and recognizing an imperative to specifically serve the trans people in their client populations.

Over the last two decades the opportunities for long-distance connection and mass information sharing created by the internet have substantially contributed to the rapid growth of international trans health advocacy. The potential of the internet to advance trans health advocacy is clear in projects such as the STP 2012 campaign, which effectively spreads calls to action and coordinates advocacy efforts in countries around the world via online outreach.

The internet has made possible new approaches to overcoming specific challenges in the field of trans health. Such efforts include Mitr Trust's telemedicine project, which, as discussed previously, tries to address the global lack of culturally and clinically com-

For example, because America's persistent racial inequalities are so deeply intertwined with socioeconomic disparities, many trans activists in the U.S. emphasize race and ethnicity in assessments of representation and accountability.

petent trans care providers by connecting a provider in the U.S. with a trans community in India. Online channels also help disseminate trans health resources such as *Primed: The Back Pocket Guide for Trans Men and the Men Who Dig Them* and community-oriented data collection efforts such as *Getting Primed*, the HIV needs assessment study developed by the Gay/Bi/Queer Trans Men's Working Group.

Another core principle in trans community organizing is trans human rights. This framework is used particularly in international organizing efforts such as the STP 2012 campaign and the World Health Organization's research into the intersections of gender, sexual health, and human rights. Rights-based organizing work aims to secure and promote the human rights of trans people, including the rights to life, health, and bodily integrity. A major benefit of the human rights framework is the many linkages between trans health and women's rights, poverty, sex workers' rights, HIV/AIDS, disabilities, and sexual orientation discrimination.

As emphasized by many trans health advocates, a particular challenge for trans community organizing involves disparities of global representation. Activists from the Global North and West, especially the U.S. and Western Europe, tend to have access to more of the resources necessary to engage in national and international trans advocacy. As a result, resources and recognition frequently cluster around a handful of voices, leaving many others unheard. Efforts to balance representation, however, need to take into account that the historical and transnational scope of global inequalities, particularly with regard to the Global South and East, means that immediate proportionality is not possible. Rather, it will require substantial capacity building and resource transfers, and it cannot be done only on the basis of concepts that tend to predominate in social justice work in the Global North and West. For example, because America's persistent racial inequalities are so deeply intertwined with socioeconomic disparities, many trans activists in the U.S. emphasize race and ethnicity in assessments of representation and accountability (Hwahng and Nuttbrock 2007). Activists in other countries, however, may find differences on the basis of factors such as religion, class, or geography to be more significant in their local organizing efforts.

Policy change

As has been discussed throughout this report, bias against trans people is embedded in policies and practices that structure many of the routine activities of daily life, such as forming a family, obtaining an identity document, using a public restroom, having a job, accessing health care, or even walking down the street. Many trans people, particularly those who are visibly trans, experience extreme discrimination and social marginalization. For example, the representative of REDTRANS Nicaragua was unable to attend the seminar meeting in the U.S. because of the difficulties she experienced in applying for a visa. These difficulties included a lack of appropriate identity documents in her true name and gender, inadequate financial resources for application fees, and the stress of the discrimination and harassment she continually encountered on the street and even in government offices.

At the root of many challenges facing trans people in these and other areas of life are policies governing how governments define sex. Sex, and consequently transition, is defined differently according to different legal systems. Many jurisdictions, particularly in Europe, require trans people to undergo specific medical procedures, often including sterilization and genital reconstruction, in order to change their sex marker on government-issued identification. Other jurisdictions, such as Kyrgyzstan and many U.S. states, have no formal protocols for granting a change of legal sex for trans people, meaning that each applicant must gamble on the chance of encountering friendly bureaucrats in government offices.

At the root of many challenges facing trans people in these and other areas of life are policies governing how governments define sex.

Another major policy concern for many trans health advocates is medical protocols that guide the treatment of trans people by providers, insurance programs, and other health system actors. WPATH encourages providers and other stakeholders to adapt the Standards of Care to local contexts, but concerns remain among many trans advocates regarding whether the Standards can truly be flexible enough to tailor services for the widely varying circumstances of trans individuals in different countries.

Moreover, trans people frequently reject the two prevailing international diagnostic standards in trans health (the DSM and the ICD) as unnecessarily focused on psychiatric pathologization of what many see as a medical condition with well-accepted physical treatments. The DSM focuses exclusively on psychiatric diagnoses, but even the ICD-10, which includes many diagnoses not related to mental illness, includes gender identity disorders (F64) under the rubric of mental and behavioral disorders. Trans advocates such as the STP 2012 campaign, the Global Action for Trans* Equality, and WPATH, supported by international bodies such as the European Parliament, are encouraging the World Health Organization to remove or modify these mental disorder diagnoses in the ICD-10 revision process that is ongoing as of spring 2012. A similar effort is also underway with the American Psychiatric Association, which is expected to change its primary diagnosis for gender nonconformity from GID to gender dysphoria in the fifth revision of the DSM.

Some advocates argue for replacing the current mental health framework with an alternative means of encouraging insurance programs and national health systems to cover transition-related care. One suggestion is to use the diagnostic codes for physical conditions such as endocrine disorders that correspond to the treatments needed by many trans people. These advocates also note that the experiences of trans people with mental health diagnoses should serve as a cautionary tale for all groups who will be affected by proposed expansions of mental disorder classifications to include an ever-larger proportion of the human population, particularly in the revised DSM.

RECOMMENDATIONS FOR BUILDING THE FUTURE OF TRANS HEALTH

The case studies and the seminar meeting provide the basis for the following recommendations that aim to promote the health of trans communities and strengthen trans health advocacy efforts worldwide. These recommendations are directed at governments, human rights advocates, trans communities, health professionals, the World Health Organization and the American Psychiatric Association, and funders.

To governments

Protect transgender people from discrimination. Governments should incorporate international human rights standards that include protections on the basis of gender identity into national and local nondiscrimination laws, and ensure that these protections are enforced. Guides for governments include the Yogyakarta Principles and the issue paper “Human Rights and Gender Identity” released in 2009 by the Council of Europe Commissioner for Human Rights. Governments should also promote protections for trans people with international bodies such as the UN Committee on the Elimination of Violence against Women (CEDAW) and the UN Economic and Social Council (ECOSOC), which have increasingly begun to address trans issues in the context of other human rights issues.

Ask the right questions. Without accurate data on the health-related needs and experiences of trans people, it is difficult to design programs and policies that truly protect

Governments should implement policies that allow trans people to carry identity documents, including passports, birth certificates, and ID cards, that reflect their true name and gender.

and promote trans health. Governments should invest in innovative community-oriented research projects and national data collection efforts that provide a better understanding of the diversity of trans communities and illuminate the health issues facing trans people. Research entities, particularly in fields such as HIV/AIDS where trans populations are known to experience substantial disparities, should consistently involve researchers and community advocates from trans communities to ensure that their research methodologies accurately and respectfully include trans people.

Invest in evidence-based and rights-based programs to achieve health equity for trans communities. Governments should dedicate financial resources to partnering with trans communities and other health and human rights advocates to address the full range of trans health issues, including the availability of health care services and socioeconomic determinants of trans health such as unemployment, poverty, and discrimination.

Create trans-friendly identity document policies. Governments should implement policies that allow trans people to carry identity documents, including passports, birth certificates, and ID cards, that reflect their true name and gender. There should not be any prerequisite of sex reassignment surgery, sterilization, or other compulsory medical procedures before these documents can be updated.

To human rights advocates

Integrate trans issues into human rights agendas by consistently including trans community concerns and recognizing gender diversity. Civil society organizations and other human rights advocates working in areas such as health, domestic violence, women's rights, racial justice, police brutality, and poverty should explicitly integrate trans issues into their work. These issues include unobstructed access to the full range of appropriate health care services; the ability to work, marry, study, and walk down the street without fear of harassment or violence; and the right to accurate identity documents. Efforts to decriminalize sex work; being HIV-positive; and being gay, lesbian, or bisexual also significantly overlap with the promotion of trans human rights.

Actively partner with trans communities. A key part of incorporating trans issues into human rights work is partnerships between human rights advocates and trans communities in which trans people are involved as leaders, not victims. Such partnerships contribute to broader understandings of the relationships between trans health issues and other human rights issues and help develop leadership capacity in trans communities.

To trans communities

Ground activities promoting trans human rights in the language of health. Because it so starkly underscores the human consequences of human rights violations against trans people, health is a particularly powerful lens for highlighting linkages between human rights and trans issues and emphasizing the importance of the right to bodily self-determination. Trans advocates should draw on this understanding of health to promote health equity and human rights for trans communities.

Form alliances across cultures, countries, generations, and identities to amplify trans voices. Trans advocates should continue to develop the potential of tools such as the internet to bring together trans people from different parts of the world and to help ensure that all trans voices are heard. Particular attention must be paid to the voices of trans people from rural areas, from the Global South and East, and from segments of trans communities that tend to be most severely marginalized, such as

Health care providers, including clinics, hospitals, and individual providers, should partner with trans communities to develop and consistently implement cultural competency trainings.

sex workers, racial and ethnic minority groups, and lower-income people.

To health professionals

Train providers to care for trans people and integrate trans services into relevant fields of medicine. Schools and education centers for health professions should partner with trans communities to develop trainings for doctors, nurses, physician assistants, psychologists, and other providers about the range of appropriate health care services for trans people. These trainings should be integrated into relevant areas of medicine such as preventive and primary care, endocrinology, mental health, pediatric and adolescent health, and reproductive and sexual health. These efforts should also support the creation of channels for circulating new information, building strong referral networks, and disseminating examples of best and worst practices in trans health.

Promote trans cultural competency. Health care providers, including clinics, hospitals, and individual providers, should partner with trans communities to develop and consistently implement cultural competency trainings. These trainings should include information about other segments of diverse patient populations, such as gay, lesbian, and bisexual people; members of racial and ethnic minority groups; and people with disabilities. Such trainings help providers recognize that these populations overlap and equip providers with the tools to more fully understand the needs of their individual patients. They also support providers in acting as advocates for trans people navigating insurance programs, national health systems, and referral networks.

Build trans-friendly health systems that rely on informed consent. Health system administrators, providers, and government officials should partner with trans communities to develop culturally and clinically competent trans care protocols for national health systems and insurance programs. These protocols should be based on informed consent and should facilitate access for trans people to comprehensive, affordable health care services, including services related to transition and other services that promote life-long health and well-being.

Use the principles of harm reduction. As discussed throughout this report, discrimination and other obstacles prevent many trans people from getting a job, finding secure housing, and accessing safe health care services in medical settings such as doctors' offices or clinics. As a result, they may live, work, or transition in circumstances that can have serious negative consequences for their health. Health professionals should use the principles of harm reduction to help manage these risks appropriately and to seek to connect every trans person with a high-quality, reliable source of care.

To the World Health Organization and the American Psychiatric Association

Stop pathologizing gender diversity and trans identities. The World Health Organization should revise the International Classification of Diseases to remove diagnoses that classify trans identities as mental health disorders. Groups such as Global Action for Trans* Equality and WPATH are developing proposals for the ICD revision. Similarly, the American Psychiatric Association should revise the Diagnostic and Statistical Manual to emphasize mechanisms for connecting trans people with the mental health services and other care they need, rather than continuing to pathologize gender diversity.

The World Health Organization should also take a stand for trans health by issuing a statement about the importance of access to the full spectrum of health care for trans people, including care related to transition, and the importance of coverage

The trans advocates whose work is described in this report, as well as the many whose stories have not yet reached a larger audience, have developed creative and innovative ways to tackle many complex issues with very few resources.

for all medically necessary trans health services by insurance programs and national health systems. Ultimately, such efforts to remove barriers to health care services for trans people complement and reinforce larger initiatives focused on improving access to affordable, high-quality health care for all, particularly for overlapping underserved populations such as women and lower-income people.

To funders

Support innovations in trans health advocacy and health care services. Together with governments and providers, funders should support innovative ways of integrating trans health and other health care services, as well as exploring how to provide health care to hard-to-reach trans communities. Examples might include integrated primary and speciality care networks, informed consent models, telemedicine, and international provider exchanges that offer opportunities to learn about different aspects of trans health.

Invest in building local, national, and global trans health movements. Implementing these recommendations and developing a strong, sustainable movements for trans health cannot happen without dedicated resources. Funders should build specific portfolios that directly support trans health and human rights advocacy locally, nationally, and internationally and that help strategically build vibrant trans health movements. This includes trans leadership development and support for organizations that focus specifically on trans issues.

The trans advocates whose work is described in this report, as well as the many whose stories have not yet reached a larger audience, have developed creative and innovative ways to tackle many complex issues with very few resources. Continuing to build a strong movement for trans health advocacy and to develop policies, health systems, and social environments that value the needs and lives of trans people is a long road. But each success in improving the lives of trans people is another success in building a world that truly honors every human being—and that is a world worth working for.

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APPENDICES

Appendix A: English-language call for case studies

GLOBAL CASE STUDY PROJECT: RIGHTS-BASED APPROACHES TO HEALTH AND HEALTH CARE FOR TRANSGENDER PEOPLE

Call for Case Study Submissions

DEADLINE for Submission: May 13, 2011

Submit to: kellan.baker@gmail.com

The Open Society Foundations' Sexual Health and Rights Project (SHARP) is collecting case studies from organizations or individual activists who have implemented concrete initiatives that have improved health and access to health care for transgender people. This call for case study submissions has a global scope, with a focus on projects that have been successful in settings with limited resources.

Goals of the case study project are:

- to identify effective models for increasing access to health and appropriate health care services for transgender people;
- to develop innovative ways to disseminate this information among allied organizations and activists; and
- to contribute to the building of a global network of transgender activists who are prepared to serve as international advocates on issues related to the health and human rights of the transgender community.

WHAT IS THE CASE STUDY?

Your case study should describe a project that you have implemented that focused on increasing access to basic health care services or effecting local policy change around safety, health, or health care access for transgender people. We are particularly looking for projects that used a human rights approach, that were driven by the needs of transgender individuals themselves, and that had a significant impact on improving health or access to health care for transgender people. Possible areas of work may include:

- expanding access to basic primary care through building infrastructure (for example, opening a clinic or setting aside hours at an existing clinic for transgender people)
- developing tools and training providers on how to offer respectful, appropriate basic care for transgender people
- removing legal or other obstacles to care
- addressing issues of safety and violence against transgender people
- facilitating access to appropriate mental health services
- facilitating access to transition-related care such as hormone replacement therapy
- human rights documentation and advocacy projects

HOW CAN YOU SUBMIT A CASE STUDY?

Submissions may be written in English, Spanish, French, Russian, Hindi, or Mandarin. In order to provide a safe environment, elements of the final case studies may be made confidential and anonymous for dissemination (for example, individual or organization names, localities, etc). It is up to you to decide what degree of anonymity is necessary – please indicate this in your submission.

All submissions should be emailed as an attachment or in the body of an email to Kellan Baker, case study project manager, at kellan.baker@gmail.com.

Except for identifying information withheld for confidentiality reasons, all submissions must contain the information outlined in the section below.

- Contact person
- Country
- Organization or group name (if any)
- Position in the organization (if relevant)
- Contact information (e-mail and telephone)
- Please describe your project in no more than 1,000 words, being sure to address all of the following points:
 - When and where was it started?
 - Why was it started? What problem was it designed to address? Where did the motivation to address that problem come from?
 - Who were the key players (organizations, individuals) who helped start and operate this project?
 - What successes has this project had? Please be as specific as possible.
 - What has changed in the lives of transgender individuals as a result of this project?
 - What challenges has this project faced, and how have they been overcome?
 - What is the future of this project?
 - What non-financial resources would help strengthen this project?

WHAT WILL SHARP/OSF DO WITH THE CASE STUDIES?

SHARP will identify 6-8 case studies that will be included in a publication intending to document how projects have successfully improved the health of transgender individuals and/or increased access to health care for the transgender community. The publication will be developed in collaboration with the organizations submitting case studies. There will be a meeting of case study authors to discuss similarities and differences in the examples, and what overall themes are relevant for a broad discussion on improving the health of transgender individuals. In addition to a hard-copy publication, SHARP hopes to use the internet, blogging and other tools to disseminate the case studies to a wide audience. Individuals and/or organizations will be highlighted through the case studies, unless security concerns require anonymity.

APPENDICES (continued)

Appendix B: Seminar meeting agenda and list of invitees

INTERNATIONAL BEST PRACTICES FOR EXPANDING ACCESS TO HEALTH CARE FOR TRANSGENDER COMMUNITIES

SAN FRANCISCO, CA, USA; AUGUST 21-24, 2011

OBJECTIVES

- Solicit feedback on the design and dissemination of an Open Society Foundations publication and related materials on innovative approaches to promoting the health of transgender communities in different regions of the world.
- Explore global, regional, national, and local advocacy and programming opportunities in transgender health.
- Develop strategies for building leadership and communication networks across international and local trans movements to advocate for better health and access to health care for transgender communities.

Sunday, August 21 - Welcome

- 4:30-5:30 – Registration in 2nd floor lobby area
- 6:00 PM – Welcome reception

Monday, August 22 – Case Studies and the Landscape of Trans Health Advocacy

- 8:00-9:30 Breakfast at the hotel
- 9:30-10:30 Introductory session
 - Welcome and introductions
 - Overview of the draft Sexual Health and Rights Project (SHARP) report on trans health
 - Themes identified for the report thus far (please note that part of the purpose of this meeting is to discuss and add to these themes):
 - Data collection
 - Organizing and community mobilization
 - Direct legal and medical services
 - Policy advocacy around legal and medical norms, including health insurance
 - Documentation issues
 - Medical education, including trans health in the context of other health fields (sexual and reproductive health, mental and behavioral health, primary care, etc.)
 - Human rights documentation

- 10:30-10:45 Coffee break
- 10:45-12:45 Session 1 – Understanding each other’s work: panel discussions of case studies
 - Group 1
 - Masen Davis, Transgender Law Center
 - Robert Hamblin, Gender DynamiX
 - Anna Kirey, Kyrgyz Labrys
 - Amets Suess, STP 2012, International Stop Trans Pathologization Campaign
 - Group 2
 - Ben Hudson, Gender Health Center
 - JoAnne Keatley, Center of Excellence for Transgender Health at UCSF
 - Adrien Lawyer, Transgender Resource Center of New Mexico
 - Zack Marshall, Gay/Bi/Queer Trans Men’s Working Group
- 12:45-1:45 Lunch at the hotel
- 1:45-2:00 Logistical updates
- 2:00-3:00 Session 2 – Understanding each other’s work, continued
 - Group 3
 - Jennifer Hastings, Planned Parenthood of Mar Monte
 - Cyd Nova, St. James Infirmary
 - Ronica Mukerjee, Mitr Trust
 - Kristian Randjelovic, Gayten LGBT
- 3:30-7:00 Session 3 – Site visit to the St. James Infirmary with Naomi Akers, SJI Executive Director

Tuesday, August 23 – Advocacy Opportunities and Strategies

- 8:00-9:30 Breakfast at the hotel
- 9:30-10:00 Recap of Monday, including materials from the small group work
- 10:00-12:30 Session 4 – Developing data sources for trans health advocacy, featuring invited guests from the Center of Excellence in Transgender Health and the San Francisco trans community to discuss the role of data in trans health advocacy.
- 11:00-11:30 Coffee break
- 12:30-1:30 Lunch at the hotel (with Session 4 participants)
- 1:30-3:30 Session 5 – Mapping advocacy opportunities, featuring an interactive panel discussion with the following participants:
 - Julia Ehrt, Transgender Europe (TGEU)
 - Eszter Kismodi, World Health Organization (WHO)
 - Jamison Green, World Professional Organization for Transgender Health (WPATH)
 - Amets Suess, STP 2012, International Stop Trans Pathologization Campaign
 - Justus Eisfeld, Global Action for Trans* Equality (GATE)

APPENDICES (continued)

- 3:30-4:00 Coffee break
- 4:00-5:30 Session 6 – Advocacy strategies
- 7:00-8:30 Group dinner

Wednesday, August 24 – Priority Issues in Trans Health

- 8:00-9:30 Breakfast at the hotel
- 9:30-11:30 Session 7 – Discussion of priority issues in trans health
- 11:30-12:00 Wrap-up and final thoughts
- 12:00-1:00 Group lunch at the hotel

PARTICIPANTS

CASE STUDY CONTRIBUTORS

Nadine Chilianu*, Transgender Support Group Coordinator at GenderDoc-M (Moldova)
 Masen Davis, Executive Director at the Transgender Law Center (USA)
 Robert Hamblin, Advocacy Manager at Gender DynamiX (South Africa)
 Jennifer Hastings, Director of Transgender Health Care Program at Planned Parenthood (USA)
 Bobby Hijra*, Executive Director at Shustha Jibon (Bangladesh)
 Ben Hudson, Executive Director at the Gender Health Center (USA)
 JoAnne Keatley, Director of the Center of Excellence for Transgender Health at UCSF (USA)
 Anna Kirey, Board Chair at Labrys Kyrgyzstan (USA/Kyrgyzstan)
 Adrien Lawyer, Director of the Transgender Resource Center of New Mexico (USA)
 Zack Marshall, Member of the Gay/Bi/Queer Trans Men's Working Group (Canada)
 Silvia Martinez*, National Coordinator of REDTRANS Nicaragua (Nicaragua)
 Ronica Mukerjee, Family Nurse Practitioner working with Mitr Trust (USA/India)
 Cyd Nova, Coordinator of the STRIDE Transgender Health Program at St. James Infirmary (USA)
 Kristian Randjelovic, Coordinator of Trans Section at Gayten LGBT (Serbia)
 Amets Suess, Member of the Coordination Team of STP 2012, International Stop Trans Pathologization Campaign (Spain)

* denotes case study authors who were not able to attend the seminar meeting

INVITED GUESTS

Silvan Agius, Policy Director at ILGA-Europe (Belgium)
 Hua Boonyapisompan, General Manager at Trans Dignity (USA/Thailand)
 Mauro Cabral, Co-Director of Global Action for Trans* Equality (Argentina)
 Charles Cloniger, Clinical Director at St. James Infirmary (USA)
 Julia Ehrh, Co-Chair of Transgender Europe (Germany)
 Justus Eisfeld, Co-Director of Global Action for Trans* Equality (USA)
 Rebecca Fox, Program Officer at Wellspring Advisors (USA)
 Nick Gorton, Physician at Lyon-Martin Health Clinic (USA)
 Jamison Green, President-Elect of the World Professional Organization for Transgender Health (USA)
 Sel Hwahng, Social and Behavioral Scientist at the Center for the Study of Ethnicity and Race at Columbia University (USA)
 Ksenia Kirichenko, Legal Assistance Program Coordinator at the Russian LGBT Network (Russia)
 Eszter Kismodi, Human Rights Advisor at the World Health Organization (Switzerland)
 Tatiana Lionço, Professor of Psychology at the University Center of Brasilia (Brazil)

PARTICIPANTS (continued)

OPEN SOCIETY FOUNDATIONS REPRESENTATIVES

Kellan Baker, Consultant with the Sexual Health and Rights Project

Brett Davidson, Director of the Health Media Initiative

Heather Doyle, Director of the Sexual Health and Rights Project

Romina Kazandjian, Assistant with the Sexual Health and Rights Project

David Scamell, Joint Program Officer for the Law and Health Initiative and the Sexual Health and Rights Project

Simona Sileikyte, Seminar Coordinator

Paul Silva, Senior Communications Officer

Ian Southey-Swartz, Program Coordinator for the LGBTI Special Initiative at the Open Society Initiative for Southern Africa



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