In Transition: Gender [Identity], Law & Global Health Research Symposium

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0:00 – 0:10 My name is Sofia Gruskin and I direct the Institute for Global Health and the program on global health and human rights at the University of Southern California.

0:10 – 0:20 In 2017, we conducted a research symposium with the name In Transition: Gender Identity Law and Global Health.

0:20 – 0:32 That symposium was our capstone event which really brought together the culmination of a years worth of activities and events focused on the health, rights, and needs of transgender populations.

0:32 – 0:53 We brought together people with different disciplinary perspectives working at this intersection and working from places all around the globe who were really concerned with what would it mean for research to be most useful and most appropriate in terms of the way in which was organized to best serve the needs and rights of transgender populations.

0:53 – 1:05 Key to being able to do that was really to ensure that the voices of transgender populations drove the research and drove the way of thinking in terms of how it is that people talk and work together.

1:05 – 1:16 Ultimately our goal was to think for a University genuinely concerned with the health rights and needs of transgender populations what role could you most usefully play?

1:17 – 1:24 Welcome everybody to this capstone research symposium of the law and global health collaboration.

1:24 – 1:37 My name is Sofia Gruskin and along with Charlie Kaplan, who is sitting there, and other members of the steering committee for the law and global health collaboration, its a great privilege to welcome everybody here.

1:37 – 1:52 We have been meeting monthly over the past year with speakers from very different disciplinary perspectives who have been shedding light on the legal and health issues that impact the transgender population across the globe.

1:52 – 2:09 We don't see anyone coming to the table as "the" expert, we all have the potential to bring something to the table and everyone brings a different piece of the

puzzle to contribute and that's really how it is that we hope to be able to have the conversation today and how it is that we have been working over the last months.

2:09 – 2:23 It's been about trying to move us beyond disciplinary boundaries and its about how we think about engaging with topics, even topics we know very well, beyond the discipline that we bring to those conversations.

2:24 – 2:36 One of the questions that led to today was "What can we as a University community, concerned about the health and rights of transgender people, what role can we usefully play?"

2:37 – 2:41 How can we usefully, from within the context of the University, do something?

2:41 – 2:54 Our first speaker is Diana Feliz Oliva and her talk is going to focus on denial and discrimination of care addressing the unmet needs for transgender health and will you join me in welcoming Diana.

2:54 – 3:05 (applause) As a trans woman of color, when I think of research, I think of oppression. I think of exploitation.

3:05 – 3:17 I'm thinking always that how are these researchers in these academia institutions going to tokenize me once again.

3:17 – 3:26 So, I'm going to be talking about what research means to the transgender community, also what researchers get published, and unfortunately transgender communities continue to perish.

3:26 – 3:42 Also research tends to use the cis hetero normative perspective and really does not include trans identities or our lived and experiences or our narratives.

3:42 – 3:53 Also the lack of data representation of trans identities in many national studies, for example in the US census study, gender identity is not included.

3:53 – 4:08 In the city of Los Angeles, job application personel forms, there is no gender identity description, you can't even tell from the city of Los Angeles, how many trans people are employed in the city of Los Angeles.

4:08 – 4:10 If we are not counted we're invisible.

4:10 – 4:20 There is many systematic barriers in place nationally that continues to oppress us and make us invisible and really eradicate us as human beings.

4:20 – 4:23 My approach is intersectionality.

4:23 – 4:32 Intersectionality is a tool for analysis, advocacy, and policy development and also research that addresses multiple discriminations.

4:32 – 4:36 People are more than just trans identities, you know?

4:36 – 4:58 We live in impoverished communities, we lack housing, we are immigrants, we are monolingual Spanish speaking, we are formally incarcerated or HIV positive, we are substance users, we are professionals, we are moms, we have so many multiple and overlapping identities that researchers and policy developers need to consider.

4:58 – 5:13 What happens when you don't work from an intersectional approach? It justifies the exclusion of those who have been left behind by the global economy and advocates poverty in equality and human rights violations and it continues to layer on gender identity and expression.

5:13 – 5:19 Oppression can even get more severe if you add these identities that were vulnerable and marginalized.

5:19 – 5:26 Think of how you view this work personally, why did you come into the work that you are engaged in now?

5:26 – 5:39 Think of how you participate in your work and your position and how you need to think about the gradience of privilege that you hold as cis gender folks.

5:39 – 5:48 And how you interact with trans identities or gender nonconforming or gender non-binary populations.

5:48 – 6:08 You also need to ask yourself as a cis-gender folk or as a cis-gender person or researcher or future provider or mental health practitioner, when as a cis-gender person you need to step down and allow the trans and gender non-binary person to step up and share their lived experiences and share their narrative.

6:08 – 6:21 We need to learn new concepts and we need to unlearn the programs that we were trained to learn since we were toddlers.

6:21 – 6:26 We know that pink is meant for girls and blue is meant for boys.

6:26 – 6:34 I'm very grateful that Sofia and the USC was able to create these symposiums and these conversations.

6:34 – 6:37 Sometimes these conversations can be uncomfortable but we need to get comfortable.

6:37 – 6:50 Educate those around you, you have colleagues or fellow folks who are struggling with concepts of transgender or gender non-binary ideas and concepts.

6:50 – 6:55 Be the one to create these educational moments and help.

6:55 – 7:03 So help by getting involved, creating change, becoming an agent of change rather than being a bystander.

7:03 – 7:11 Also, what can organizations and academia do to invest in transgender community members and include them in program design and research?

7:11 – 7:18 Financially invest research that targets trans and gender non-binary communities so we know more, we gather more data.

7:18 – 7:21 There is a lack of data throughout the country.

7:21 – 7:28 Influence policies that include trans identities and gender non-binary, so be trans inclusive.

7:28 – 7:32 Continue to advocate when trans people are not at the table.

7:32 – 7:50 When you are designing research and developing programs and designs, if there is not a trans person there in creating research components and programs for trans people you need to ask yourself why isn't there a trans person at this table?

7:50 – 8:01 You really need to solicit the community involvement of trans people so that they can lead the research, they can lead the program design and implementation.

8:01 – 8:03 That's all I have, thank you.

8:03 – 8:17 (applause) Our next speaker is Stefan Baral, and he's going to be speaking to us on moving past gender binaries when assessing HIV risks and vulnerabilities across Sub-Saharan Africa.

8:17 – 8:20 I'll start by just sort of like three components of the talk.

8:20 – 8:46 In terms of challenging the assumptions about the epidemiology of HIV sort of broadly and the process we have been using over that time and then some of our work, really lead by Tonia Poteat, really differentiating the risk among trans women from cis men who have sex with men across southern Africa in terms of HIV risks and burden, burden of stigma, and also mental health, and then some quick thoughts on moving forward.

8:46 – 9:00 So the traditional view of the HIV epidemic focused mostly on the Eastern hemisphere is that there is about 1.5 million people living with HIV in the former Soviet Union and Eastern Europe and people will often talk about drug use.

9:00 – 9:08 So these are drugs that are coming up from Afghanistan through central Asia and that there is sort of an epidemic of drug use associated with that.

9:08 – 9:14 In south and southeast Asia you have nearly 8 million people living with HIV and there they talk about the epidemics that are more complex.

9:14 – 9:28 So there you have some heterosexual transmission, some drug use form drugs that come from Burma in and also from Afghanistan down, some infections related to gay men and also you will hear about the needs of trans women.

9:28 – 9:39 And similarly where I'll be focusing today really start to delineate what is happening in sub-saharan Africa cause I think that only if you really do that, can we get closer to thinking about what a meaningful response looks like.

9:39 – 9:49 We are sort of faced in this weird dynamic where we see, you know, a range of gender expressions in terms of the work and all these different settings, but really none of it is really being captured.

9:49 – 9:57 What we want to look at here again, what are the differences as we continue to understand the different needs between trans women and cis MSM.

9:57 – 10:04 We saw again, about a quarter of the sample were assigned male sex at birth but actually identified as women.

10:04 – 10:22 Using the PHQ, primary health questionnaire, we saw that there was increased amounts of depression, increased amounts of different kinds of stigma including physical abuse, verbal harassment, sexual violence, and then perceived stigma in terms of being afraid to seek healthcare.

10:22 – 10:31 What we saw here was that there is a significant variability in terms of those folks who identify as trans women as compared to cis MSM across these countries.

10:31 – 10:34 I think there is some truth and some artifact to this, right?

10:34 – 10:51 So there likely is some dynamic in terms of gender identity across settings, but there is also an element of, we don't know what networks we are in, because again, these are studies that are focused on cis MSM, there funded accordingly, there very hetero designed.

10:51 – 10:57 So they're not well suited for trans folk and I think that is part of this dynamic.

10:57 – 11:15 So what is some takeaways, I think that, you know, this finding I think is a really important message that we need to keep hammering in, is that overall,

about 1 in 5 of the folks that are enrolled for the studies for basically men who have sex with men across the continent are actually trans women.

11:15 – 11:31 There is clear independence in all of our studies of sexual positioning so I say that and I want to hammer it in because that if you do this work you will keep hearing that this is just a bottom dynamic and that folks who tend to bottom more are at higher risk in terms of that position in related HIV.

11:31 – 11:34 There is independence in terms of what we are talking about here.

11:34 – 11:49 What are starting to be some of these takeaways, that the world in general, I think that having done this run around the world, similar to Laura and Sara and others, in the last 16 years is the world is far more similar than it is different.

11:49 – 11:56 Gender binaries don't apply any more in sub-Saharan Africa as compared to any other place.

11:56 – 12:11 I think that another similarity is that when we study HIV, and it doesn't matter if your in Swaziland, the most widespread HIV epidemic, or Sweden, there is not an equal distribution of risks in the general population.

12:11 – 12:24 When we look at sub-saharan Africa, trans women are most burdened by HIV but just get virtually literally no very little research, and definitely very little programming.

12:24 – 12:33 Some thoughts about moving forward is that we want to understand the dynamic of the person in front of me. Don't assume.

12:33 – 13:02 Ask about the person, ask what, in terms of their gender expression, ask about in terms of their sexual practices, because often what you see is that when these studies are being done among men, they're assumed to be straight and they're assumed that their risks are related to acquisition risk for women when in fact many of them are gay, or otherwise MSM, and then separate from that there are folks that may be gender non conforming in terms of how they are dressing right now in front of you or how they are acting in front of you.

13:02 – 13:14 But actually identify as women and have a very different, sort of, pathway of experiences then do the cis MSM that they know.

13:14 – 13:28 So thoughts about a comprehensive research and program agenda should really think about how to address everybody living with HIV, because the statistics that we talked about in the beginning are not equally benefitting everybody there.

13:28 – 13:40 We have continued to see increased, standard increase, in incidence among folks we were talking about here whereas we are seeing fortunate decline and really precipitous ones amongst other populations.

13:40 – 13:44 So there just lots of people to thank, I won't go through all of them.

13:44 – 13:46 Thanks very much for your time.

13:46 – 13:53 (applause) So our third speaker is Eszter Kismodi who is going to be speaking to us.

13:53 – 13:58 I will talk about legal matters around transgender human rights.

13:58 – 14:12 Laws and policies are not necessarily ultimate goals, but the construct of social and political environments that are constantly changing it matters if it is human rights affirmative or violating human rights.

14:12 – 14:22 On one hand, its bad, its difficult, it’s challenging because these laws always subject of political construct.

14:22 – 14:38 On the other hand there are important for these policies because they can be challenged, they can be contextualized, they can be analyzed, and they are providing an opportunity for rights claiming on one hand.

14:38 – 14:50 On the other hand, identification barriers that in the law in the context provides an opportunity for identification of barriers and process for change.

14:50 – 15:06 In terms of the global sphere there is the ICD the International Classification of Diseases process happening now, the division of ICD 10 to ICD 11, and WHO is proposing the removal of transgender identity disorder from mental health disorders.

15:06 – 15:14 There is a huge preoccupation by activists, by public health folks, by politicians about making it happen.

15:14 – 15:23 Very few people are thinking about, if this change happens in 2018 by default nothing will change at the national level.

15:23 – 15:54 You need to pass the ICD through the parliament in most of their countries, and then you need to change laws and policies about how services are provided, eliminate legal barriers when public scientific opinion is required, eliminate systems that its not anymore but maybe its a private health provider who needs to provide the eligibility certificate for certain services.

15:54 – 16:12 So there is very little attention that actually when this huge enormous change is happening, how do we look at the lowest points of this calculations, that actually this huge change impact transgender people lack in many countries.

16:12 – 16:17 What is the scope, what can be a scope of a legal research?

16:17 – 16:29 Do we look at provisions, do we look at implementation, do we look at impact, do we look at stakeholders, who are responsible for the adoption and implementation of laws.

16:29 – 16:39 All of that matters, and ideally we look at all of this over time in connection and possible connections in the research.

16:39 – 16:52 In terms of implementation, its really important to look at implementation because the provisions themselves don't say anything about how laws impact on transgender people rights.

16:52 – 17:01 On one hand when there is a beautiful court decision on overall law, it doesn't matter that the implementation of human rights pays.

17:01 – 17:27 If you look at for example the Indian or the Nepal Supreme Court decision, it’s a beautiful not so judgement and you want to cry because its so beautiful in so many ways that its human rights affirmative, recognizing different gender expressions calling for affirmative actions, calling for sectorial implementation.

17:27 – 17:49 But when you are actually go and ask administrative, asking about administrative procedures, local laws, state level laws, you realize that health services are requiring mental health evaluation, they are requiring hormonal treatment, they are requiring castration.

17:49 – 17:57 On the contrary, when there is no overall law and policy, its really important to look at the sectorial law.

17:57 – 17:59 What happens in the health systems?

17:59 – 18:08 What happens in what kind of policies and tabulations exist in terms of placement in boards, placement in prison, in terms of marriage?

18:08 – 18:13 What happens with existing marriages when legal gender happens?

18:13 – 18:17 What happens with the custody of children in terms of guardianships?

18:17 – 18:42 All of these matter for the health and well-being of transgender population but its very overlooked in public health research because there is a certain preoccupation with morbidities and mortalities, when in fact the other

perspective very often are much more affecting people lives than the morbidities and mortalities they are facing.

18:42 – 18:49 Very often, we forget to talk about that actually the laws can provide protection even without specificities for the protection of transgender populations.

18:49 – 19:05 There are domestic laws, there are criminal laws, there are rape laws, there are other laws that can be protecting, however they can be exclusionary as well.

19:05 – 19:24 One aspect, very often, because when those who are decision makers don't even understand gender gender expression and identity, they don't understand the anatomy and gender expression and what does it mean that a transgender man or a transgender woman is being raped.

19:24 – 19:28 So, so much education is needed about gender expression and identity.

19:28 – 19:40 The last point is about inclusiveness, we really need to look at laws and policies that are and how they are inclusive of all gender expressions and identities.

19:40 – 19:45 Without creating privileges or excluding certain people.

19:45 – 19:57 One more challenge that I would like to recognize in terms of human rights based legal research is that we still miss the human rights based at the global level.

19:57 – 20:06 So we are still working on developing international human rights standards that can be a benchmark for national legal standards.

20:06 – 20:11 We still don't have solid international human rights standards.

20:11 – 20:27 So, just in terms of concluding, I think we need more spaces like this that is in the community and we need more inclusion of transgender communities in terms of designing and identifying important points of transgender research.

20:27 – 20:55 We need training at the university level, those who are specialists, those who are experts, training about gender diversity, trans issues, and also we need more capacity building to transform unity why legal research matters, why laws and understanding the laws and policy matters in terms of the affirmation of human rights.

20:55 – 20:59 Thank you very much. (applause)

20:59 – 21:08 So our final speaker for this panel is Sari Reisner who's talk is about transgender public health: a participatory population perspective.

21:08 – 21:12 That’s a lot of P's, I did that intentionally.

21:12 – 21:14 So a participatory population perspective.

21:14 – 21:34 So I trained as a social and psychiatric epidemiologist, so a fancy word for saying basically that I'm looking to understand the distribution of health and wellness in populations, but really focused on social factors and the psychiatric piece is really looking at deep theologies on gender, so that last talk we heard was especially poignant.

21:34 – 21:45 There's a lot of, you know, there's not a lot of, there's conflict, I guess you would say, or conversation in the community about the language and words that we use.

21:45 – 21:51 What we use here on the west coast may be different than what we use on the east coast, where I'm from and other countries.

21:51 – 21:58 So the term transfeminine, some people don't refer to themselves as being transfeminine. Some people say its an academic term.

21:58 – 22:01 I'm just giving you a backdrop for how complex all of this is.

22:01 – 22:06 Gender affirmation is one of the most critical, I think, social determinants of transgender health.

22:06 – 22:11 Its the process by which individuals are affirmed in their gender identity or expression.

22:11 – 22:14 It can be multi dimensional and is multi dimensional.

22:14 – 22:16 It's also everybody has gender affirmation going on.

22:16 – 22:21 If you go to CVS no matter who you are, you are going to be affirmed, or not, at the pharmacy checkout counter.

22:21 – 22:32 The specific rights that we are talking about are going to differ depending on the context, right, so thats an important piece, and I think there is a very a disconnect right now when we are talking about transgender public health.

22:32 – 22:34 When we say human rights, its like oh its just like human rights.

22:34 – 22:46 Well there is specific aspects of the legal science that are not, I would say, well inclined and kind of integrated, so I think that represents a very important piece that has come up for today.

22:46 – 22:50 I'm a trans man myself, I'm the white trans guy that has a very different experience.

22:50 – 22:52 I'm privileged, I'm in Harvard, all this stuff, right.

22:52 – 23:00 Very different experience than trans women of color living in LA, lets say, engaging in sex work to be able to pay for her phone bill.

23:00 – 23:02 Like this is a very different lived experience.

23:02 – 23:11 But that doesn't mean that we all can't all be at the table, but it does mean that we need to be very careful and deliberate about our community capacity building.

23:11 – 23:14 And how we go about engaging with those communities.

23:14 – 23:17 Trans communities are not a one size fits all kind of thing.

23:17 – 23:24 So one of the things that the community wanted to learn was how does public accommodations and discriminations impact health.

23:24 – 23:31 Well, public accommodations and discrimination, when you start talking to people, people didn't know what it was, people didn't know what public accommodation was.

23:31 – 23:34 I will be totally honest with you, I didn't really know what it was, I just sort of flew it around.

23:34 – 23:39 So its discrimination happening any where open to the public, pretty vague.

23:39 – 23:43 So that includes health care it turns out.

23:43 – 23:48 So that’s really what we wanted to do was to assess peoples experiences and perceived discrimination.

23:48 – 24:00 In this sample about a quarter endorsed discrimination which was defined here as the mistreatment on the basis of gender representation or identity and included verbal harassment or physical assault.

24:00 – 24:09 So those who had experienced discrimination in the last 12 months, so this is the law had been passed already, right, without the public accommodations part in it.

24:09 – 24:13 Those who had experienced discrimination had worse health.

24:13 – 24:28 A higher level of mental health symptoms, a higher level of physical symptoms, like a level of anxiety and panic, also asthma which is kind of a stress response health indicator, GI intestinal symptoms, also a stress response health indicator.

24:28 – 24:38 And then here what I'm showing for example are those who are postponing care, postponing care that resulted when needed care and then emergency, or when sick.

24:38 – 24:43 Past experience of discrimination, no surprise, are going to pattern current health seeking behaviors.

24:43 – 24:47 So that's where we get this anticipatory process.

24:47 – 25:05 When were asking what are some of the reasons that you think, when your transgender, that you are experiencing this, there's actually a whole set, its adapted from David Williams measure of everything discrimination, attributes, you know gender identity, how masculine or feminine you are, sexual orientation, sex, age, other, weight, education, disability, and so on.

25:05 – 25:08 You could add more here if you wanted to do some validation work.

25:08 – 25:11 But the mean here was 5 in this sample.

25:11 – 25:18 So its not that trans people were worse in a single thing, it wasn't just like I'm a trans person this is why I'm experiencing discrimination.

25:18 – 25:28 So PTSD symptoms are symptoms first of all, on average what we see is that 10% of trans people have a diagnosis of the few studies that there have been of PTSD.

25:28 – 25:34 In the screener that we used, 44 men had probable PTSD.

25:34 – 25:46 Lastly I wanted to point out here that social gender affirmation, that is to say being socially like affirmed so that could be name or pronoun living in ones gender, was associated with increased PTSD symptoms.

25:46 – 25:48 But medical gender affirmation was associated with decreased.

25:48 – 25:56 So its kind of a complicated story, right, on the one hand, social transition or social affirmation are increasing risk.

25:56 – 26:06 On the other hand the medicalization part of it is decreasing risk and, you know, its a more complicated story than just one dimension of gender affirmation is what I'm trying to say.

26:06 – 26:14 So we talk about this social, medical, legal, psychological, all are important for our understanding the health and well-being of transgender people.

26:14 – 26:32 I think I'm going to leave you with that, and this is a info graphic that was part of the Lancet series and I'm hoping that we can continue to have the conversation about what does it actually look like when we engage in participatory work, and how participatory is participatory.

26:32 – 26:37 Thank you. (applause)

26:37 – 26:53 Panel I: Q: I'd like to hear more about the participatory method, especially in terms of when you said aide 0, how does that fit into with your concept of participatory here.

26:53 – 26:59 A: (Sari Resiner) So there is participatory from the perspective of bringing people together to talk about the certain issue.

26:59 – 27:06 Of course when we are writing a grant for example, somebody has to write the grant, so in this case, your trusting some white trans man to write the grant.

27:06 – 27:18 There is some idea that I have from wherever it came, okay, but I'm just saying that whoever that person is in that genesis of the group, I have a team of folk who are trans who I work with and we kind of come together and deliberate and brainstorm.

27:18 – 27:21 We do needs assessment like the one I showed you and other ideas for research.

27:21 – 27:26 Basically, usually, there is a configuration of a task force, a community task force.

27:16 – 27:39 If there is for example, the issue, lets say we are talking about clinical health care, I will do a task force of both trans people and providers because that community that I'm talking about is actually the community of providers that are going to be serving trans people.

27:39 – 27:42 So I want go back to that point about allies, where that’s part of it.

27:42 – 27:47 So it's in terms of the survey method, what method are we going to use to answer this question.

27:47 – 27:55 Like "Oh I want to individually randomize these people to intervention or control" and people in the community are going no your not, that makes no sense.

27:55 – 27:59 So these kinds of things, so there's a check and a balance for research.

27:59 – 28:05 (Stefan Baral) For program, right, there's problem a guarantee outcome at the end, right?

28:05 – 28:08 Some pot of money has been set aside for some program.

28:08 – 28:12 You're engaging people and the program is going to come.

28:12 – 28:17 I think to Sari point earlier, there's a very different dynamic with research in terms in types of grants that we write.

28:17 – 28:26 Which is that, we write a grant and most likely it will not be funded, and the time lines in which it will not be funded can be pretty shocking to folks.

28:26 – 28:31 How many folks have written an NIH grant in this room?

28:31 – 28:37 For example, the deadline is coming up, its three cycles a year, there's a May deadline.

28:37 – 28:40 The grants will be reviewed in July.

28:40 – 28:48 We will get our scores after that and we'll find out if we were funded in September and money, never mind what's going on right now, but money wouldn't flow until the following year.

28:48 – 29:00 Best case scenario, by the way no grant is funded the first time you've submitted it, so you're really talking about having people engage in a process that may or may not result and most likely will not up to a year and a half later.

29:00 – 29:29 I mean, I think this idea about really building something functional and sustainable means ensuring that you have enough money to engage in a process, your not just asking people to volunteer in developing a meaningful proposal, but actually ensuring like this unfunded mandate for people to engage, and then really ensuring throughout that you communicate these timelines to folks because its really hard for people to understand how extreme they are.

29:29 – 30:07 (Diana Feliz Oliva) Creating research modalities and methods that are more less intimidating and daunting for trans person of color who has a history of

HIV, incarceration, substance abuse, you know, and having a grant process or research process where there is less writing and more of a vocal presentation or a telephone teleconference where people can actually engage in person rather than on paper, because sometimes those methods are very discriminatory and very intimidating for trans populations.

30:07 – 30:25 Panel II: (David Cruz) It reminds us that all of this is very political and since all politics are local, if we're thinking about global health that means we might be thinking about very different responses in very different nations or subparts of the nations.

30:25 – 30:39 All of this then has to do with what we do with laws of justice, laws relationship to it, human rights I think are one of the clear instantiations exist that there is a connection, that laws are not just arbitrary enactments.

30:39 – 30:43 But what about domestic constitutions, what about the U.S. constitution.

30:43 – 30:46 What does it have to say?

30:46 – 30:58 This connects up to issues, again, that we have heard from various presenters about medicalization versus depatholigization and access to medical care, access to health care, which is very critical.

30:58 – 31:18 What positive rights to care, for example, are recognized, be it a human rights instrument or unfortunately the U.S. constitution the answer is not much, we've been very deficient, but that's something I think particularly for us who have the privilege of teaching law students about constitutional law in the U.S. can push on.

31:18 – 31:24 Also then there is great matter of statutory rights than can be positive, rights to things.

31:24 – 31:46 (Laura Ferguson) And I also think that we need to contextualize within our current political climate, and what does it mean to be trying to push forward a progressive agenda that is an inherently political issue at a time where there is a real tendency towards conservatism, and I think that's going to be a challenge for all of us moving forward.

31:46 – 32:04 I do think that this is an important thing to throw into the discussion at this point, which is, there is a huge, we can't do this kind of work without looking at a broader political, social, legal, cultural historical environment.

32:04 – 32:17 That means that if you start in terms of intervention studies playing around with any one of those dimensions, how can you ultimately say that that is what's having an effect on health outcomes at the end of the day.

32:17 – 32:19 Its super complicated, yeah.

32:19 – 32:31 But that doesn't mean that we shouldn't be trying to do it, I think there is a real need to be linking these kinds of legal policy changes, health systems changes, any of those interventions with health outcomes.

32:31 – 32:38 I think that mixed methods is going to be a useful way of exploring some of these issues.

32:38 – 32:57 I want to kind of end with the idea of the purpose of doing all of this, like why are we here, why are we do we care, and I think the idea is to affect positive change, this is not about research for the sake of research or research for the sake of publication, or tenure, or whatever, strange metrics exist in the world.

32:57 – 33:03 This is really about how we create positive change in peoples lives and in the world.

33:03 – 33:08 She said, action is the key word. I think that we really need to remember that.

33:08 – 33:12 This isn't just about learning, its learning so then being able to do.

33:12 – 33:26 (Michael Reich) In transition, and here it is, in transition, it makes me think that in some way we're all in transition. Even if we are not aware of it.

33:26 – 33:38 It also made me think that even though we are in transition, social systems are sticky, the resist transitions.

33:38 – 33:51 So I'm going to talk, that was my prologue, I will talk as a political scientist and someone who looked at health systems and changing health systems as social processes.

33:51 – 33:57 My first point is that every system is biased and resists transition.

33:57 – 34:05 The second point is that if you want to change the bias it requires multiple policy changes.

34:05 – 34:15 If you want to change fundamental biases, its not a single thing thats going to change, it require multiple strategies for policy.

34:15 – 34:20 The third is that if you want to change policies you have to do it with politics.

34:20 – 34:35 Q: I'm wondering from your experiences in your different disciplines and your different fields, what happens when your desires, your individual

assumption about self, about what is needed, actually contradicts what someone says.

34:35 – 34:39 Cause I know there's a lot of like, we must listen, but we are people.

34:39 – 34:47 So sometimes when we listen, what they say might challenge what we think is the best in our own fields, right.

34:47 – 34:53 So were like I know what's best for you in this way, because that's what's best for me and I know that your constantly trying.

34:53 – 34:59 I wonder if people can actually talk about experiences in which this might have happened, because I'm thinking about what you said.

34:59 – 35:08 A:(Laura Ferguson) What I need to be really careful about is that I do not understand the lived experience and the cultural specificity of the people to whom I am talking.

35:08 – 35:16 And that my interest as a researcher is learning about that and therefore how to be open and listening to that.

35:16 – 35:26 (Michael Reich) There are multiple transitions going on at the same time and it makes researchers in that sense have more responsibility as well as more challenges.

35:26 – 35:33 Because they are just taking a picture no matter how hard they try, even if they do it longitudinally.

35:33 – 35:41 They are still taking a picture at one point of time without knowing what's going to happen and how things are going to evolve.

35:41 – 35:46 Q: What does trauma look like when you are talking about trans populations?

35:46 – 35:48 What does trauma mean?

35:48 – 35:50 What does it mean to not have trauma discussed?

35:50 – 35:58 If you want to bring it back to the ICD, should everything be under trauma instead, or?

35:58 – 36:01 Bigger question but you can take it where you want to.

36:01 – 36:08 A: (Eszter Kismodi) Recognize gender identity and gender expression as a matter of self determination and dignity.

36:08 – 36:13 How much can we experience can be categorized as a disease or a disorder?

36:13 – 36:22 So, but then the huge question and the preoccupation in the past 7 years were we had to move it in order not to remove it.

36:22 – 36:29 And there are some movements in the world like population organization company in Spain.

36:29 – 36:40 They want it to be removed completely and saying that whatever transition related services or rather services maybe needed should be accessed over the existing code.

36:40 – 36:52 Some of the top WHO people immediately came and put it endocrinology because they are understanding roles that you need hormones that's why your code should be under endocrinology.

36:52 – 37:32 Then there is this, almost before it came out, that lets, that piece is politically incorrect, there was a proposal for a new charter from sexuality perspective and scientists in the trans community and public health persons came together that we understand the trans issues and then sexually created issues, but if we create sexual condition such that it could link condition charter it still is a condition, its not a disease, its not stigmatizing trans experiences.

37:32 – 37:39 It's opening up whether someone wants to receive services or someone doesn't want to receive.

37:39 – 37:59 What's happening today that the sexual health charter is in danger has the transition of the code, not is in danger, not because people disagree but because of the current politics, they don't want to see any sexual on the ICD.

37:59 – 38:03 So the trauma is that where to put it and then it came back.

38:03 – 38:06 Why don't you put it back on its track?

38:06 – 38:23 And then you are repsychopatronizing transgender experience assuming that any transgender experience associated with trauma or that the transition itself was a trauma.

38:23 – 38:35 And the others want to put it charter gynecological system because eventually you want biological changes, so whether you move from.

38:35 – 38:44 So the whole cluelessness about trans experience within the health system is just happening in real time.

38:44 – 38:57 And these questions keep coming up and something so significant is happening why the discussion is a little bit beyond what would be needed at this point of time.

38:57 – 39:05 (Sofia Gruskin) You all have a ton of thinking related to this area, we've also heard each other for the whole afternoon. We've kind of been here this afternoon.

39:05 – 39:15 Q: If you were to asked to kind of prioritize, and say look here is the one thing I really think we all kind of need to be thinking about, we all kind of need to be getting around.

39:15 – 39:17 What would that be?

39:17 – 39:36 A: (Avery Everhart) I want to echo a point that Diana made earlier, is that there is a devaluation of lived experience and that there is an emphasis placed on a research paradigm in which we have to be able to convert lived experience into something digestible and not just digestible but usually quantifiable.

39:36 – 39:42 We want to be able to say 79% of people experience discrimination, harassment or violence.

39:42 – 39:59 The problem is that when ever we talk about knowledge of it, I walk into some of these things sometimes and its like by way of being a community with other trans people from vastly different backgrounds, trans people of color, other trans people who have a history of sex work, those types of things that when I see on paper its like I know that.

39:59 – 40:00 You know what I mean.

40:00 – 40:02 Trans people, we know that.

40:02 – 40:10 A lot of us do know that, there are some who may not know every experience personally, of course, but if your in community with trans people you know this stuff already.

40:10 – 40:22 The problem is getting the powers that be so to speak, or institutions that have the power and the funding to recognize what we already know, be able to turn it into something they can use to continue the paradigm of research and funding.

40:22 – 40:45 So for me I think the biggest priority, not just participation, but participation toward what, don't blame me because this is the hard part, is social and culturally change, not just policy and outcome change, but toward a epistemic or paradigmatic shift where we actually value peoples lived experiences at least as much as we value our ability to turn them into data.

40:45 – 41:13 Q: My question, or reflection, was when I was listening to these fascinating presentations, is there anything that people who are working on these issues, on gender identity, if one thinks of the amazing progress that has occurred in the last 20 years, certainly in the last 5 years, in the realm of sexuality rights.

41:13 – 41:24 5 years ago there was no right to same sex marriage in this country and many other countries around the world and suddenly it seems to be like a universal or global obvious thing to do, right.

41:24 – 41:27 It's a matter of equality and autonomy.

41:27 – 41:31 How couldn't we recognize the same sex couples to marry.

41:31 – 41:49 Is there anything that those social processes and social engagement, are there any lessons to draw for the advancement of a better understanding which is localized on gender identity instead of sexuality.

41:49 – 42:16 Are there any obstacles that were overcome by local engagement, with politics, with petitions, with local groups that could serve, and I don't want to say model, but as experiences that people would say, this is what we did right, this is what we did wrong, this is how we could change the language and how we understand this social processes.

42:16 – 42:22 A: (Diana Feliz Oliva) Be our allies, build coalitions with us, develop partnerships and networks.

42:22 – 42:32 One of the things that has really worked with a lot of local policies that have been effective in change, is grassroots organizing and mobilizing.

42:32 – 42:50 But many institutions or entities do not invest in trans communities to increase civic engagement and leadership development, and I think that is hugely important, is developing programming and research where trans people and gender non-binary people are actively civically engaged.

42:50 – 43:00 There’s a lack of representation in the politics realm because its very cis-gender heteronormative spaces.

43:00 – 43:04 Were not looking for captains and saviors.

43:04 – 43:11 We are capable, were able, were powerful, we want to work, and we just want coalitions.

43:11 – 43:31 Cis-gender people have the power, you have the privilege, so how to leverage that power and privilege in order to change those power and imbalances in

order to affect change for trans and gender non-conforming, and not only for trans but for all the vulnerable populations we see in this country.