Preparatory note for exchange of views ENVI, LIBE and EUC

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Main talking points for the EoV:

1. The rights of trans people, including the right to the highest attainable standard of health, are human rights - demands for depathologisation are about ensuring those rights for all
2. Depathologisation is about ensuring non-discrimination in healthcare - trans and non-binary people are not mentally ill simply for being trans and non-binary

Elaborations on main points:

It is vital to focus on pro-trans messaging and not get caught up in responding to anti-trans messages. (GATE's 2017 report "Gender is not an illness" is a really good primer)

- Being trans is not a mental illness – the WHO determined this after a rigorous 10-year process reforming the International Classification of Diseases to arrive at ICD-11
- The movement for de(psycho)pathologisation is about ensuring that access to trans-specific healthcare is based on the individual needs of the trans person, and that their access cannot be linked to receiving a mental illness diagnosis
- Depathologisation does not mean that someone should be able to get access to trans-specific healthcare without medical oversight, but rather that the role of the doctor is to ensure that the trans person thoroughly understands the treatment, including possible risks
- States in the EU should be already working to implement ICD-11 in their countries. ICD-11 implementation means, for trans people, that:
    - A diagnosis exists in the chapter on *Conditions related to sexual health* that will ensure access to healthcare and insurance coverage
    - The necessary diagnosis focuses on when a trans person needs trans-specific healthcare but does not need to follow them as a life-long diagnosis
    - The diagnosis is not of a mental or behavioural disorder, keeping with modern medical opinion on trans health
    - Other useful facts are in Dismantling misconceptions about gender and trans rights report, especially Section 1 which focuses on pathologisation among other issues.
- More recently, reporting on detransition finds that less than 5% of trans people detransition or regret transitioning (opposition will probably quote literature from the 80s and 90s which says this number is 80%, but that work had serious methodological issues and is not considered sound)
- "Rapid-onset gender dysphoria" is not a viable diagnosis, and both published papers on this have been withdrawn by their respective journals due to methodological flaws so severe that the work was undermined

Questions to ask the Commission:

1. Who bears the responsibility for the implementation of morbidity-related diagnoses in ICD-11?

    Background information: Previously, DG SANTE informed civil society that EUROSTAT is the responsible body for the implementation of ICD-11 in EU member states. However, the EUROSTAT has clarified that they are focusing

only on the mortality elements of ICD-11 and not morbidity. Depathologisation of trans-specific healthcare is a morbidity element under ICD-11.

2. Under the LGBTIQ Equality Strategy 2020-25, trans-specific healthcare is a key priority and the strategy refers to organising exchanges on validated health-related good practices that MS can implement. Can the Commission comment on their plans to conduct this exchange or on other steps they intend to take on trans-specific healthcare?
3. Can the Commission comment on its ongoing or proposed research initiatives on (de)pathologisation and how it affects trans people's access to healthcare?
4. What is the Commission's current approach to intervening in ongoing discussions around barriers to access to trans-specific healthcare in EU member states?

Potential opposition arguments and how to react

Trans issues are an easy target for centre-right to far-right politicians to score points with their constituencies, and I would expect many of the following arguments to be made. It is important **to not give these arguments too much oxygen**, so the table that follows gives concise responses, and then MEPs are encouraged to move on and talk about pro-trans arguments.

Quick responses to anti-trans arguments

In each of these situations, the arguments are not about who is "right" or proving that the assertions are false – the trans "debate" is not about right and wrong right now, and trying to prove, in limited intervention time, that anti-trans statements are false means focusing on what anti-trans actors want the debate to be about, rather than on what trans people need. If anti-trans arguments are made and you have the opportunity to respond, we encourage keeping the response very focused and concrete, and then moving back to the main talking points (see the beginning of this preparatory document).

If this argument is made	Respond with this
Assertions of trans people being sexual predators, paedophiles, groomers	• Trans and non-binary people are radically over-exposed to sexual violence - with more than 50% having experienced sexual violence in their lifetimes • The vast majority of perpetrators are **cisgender men**
Assertions that trans women seek to compete in women's sports because they can win there due to biological advantages	• Trans women, as with all people, have the right to participate in sport • Scientific meta-analyses indicate that trans women do not have blanket physical advantage: https://www.cces.ca/sites/default/files/content/docs/pdf/transgenderwomenathletesandelitesport-ascientificreview-e-final.pdf
Assertions that medical views on the treatment of trans people and whether or not trans people are mentally ill are not settled science	• The positive impacts of trans-specific healthcare are overwhelmingly evidenced in scientific literature: https://whatweknow.inequality.cornell.edu/wp-content/uploads/2018/04/PDF-Trans-well-being.pdf

Assertions that trans people and other pro-trans actors (donors, doctors working with trans people) are forcing surgeries and other irreversible treatments on children	• Children are not being coerced into treatment • Trans and non-binary children primarily need love, support, information, and respect for their identities • Children may want to access hormone blockers to pause puberty, which are entirely reversible, or hormones to begin an appropriate puberty for their identities - surgeries for minors, however, are extremely rare and only undertaken when there is clear certainty from the trans or non-binary person themselves that they understand the consequences and want the intervention
Veiled anti-Semitism such as references to the “well-funded trans lobby” and “billionaires funding trans organisations” (referencing Soros)	• In 2019-2020, the Global Philanthropy Project found that $28.9M went to trans-specific work (p. 51) • In 2018, the European Parliamentary Forum for SRHR found that $96M went to anti-gender actors in Europe alone
Trans and non-binary people are often pressured into treatment or experience regret for treatment, so psychiatric diagnoses can help to avoid this	• Trans-specific healthcare has **very low** regret rates - less than 1% in a meta-analysis: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099405/ • Regret is most often linked to **social rejection**; most people who detransition or retransition do so because of rejection by family, friends, or society in general