AFRICA RIGHTS TALK - SEASON 2 EPISODE 5

The need for inclusive spaces for Trans women in Africa
In conversation with Dr Anastacia Tomson

Africa Rights Talk is a Centre for Human Rights podcast series exploring human rights through conversations with academics, practitioners and activists. The Africa Rights Talk series is hosted by Tatenda Musinahama. Each episode offers insight into the African human rights system and the state of human rights in Africa, and globally.

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Thiruna: My name is Thiruna Naidoo, and I am from the Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC) Unit at the Centre for Human Rights and today I am in conversation with Dr Anastasia Thomson. Anastasia is a medical doctor, author and activist and she is with us today to speak about transgender rights.

Anastacia: Hi Thiruna. It's wonderful to be in the studio with you today and thank you for giving me the opportunity to have this very important conversation with you.

Thiruna: At what age did you realise your gender identity, does not align with the sex assigned to you at birth?

Anastacia: It's an important question but it's a difficult one to answer. I was aware from a very young age that I was different, and that I didn't fit in with society's expectations of me based on my sex assigned at birth. But of course I didn't have the resources or the tools or the language to really articulate or understand that to any significant degree so I spent a good portion of my life upwards of two decades, trying to avoid attention, fly under the radar and just generally not attract attention as much as possible. It was really only later in life that I was able to make sense of all of these experiences through the lens of

actually having lived experience as a trans identified person.

Thiruna: Okay. What are some of the common misconceptions about transgender people?

Anastacia: I think we could speak for that for hours and hours on end. There are so many misconceptions around trans people and it's always difficult to try and create any kind of hierarchy around this. I think some of the most pervasive myths are that gender identity has something to do with sexual orientation, and certainly we know that the two are completely separate from one another. People who are trans can also identify as straight, as lesbian, as gay, as bi, as pansexual, and the list goes on.

In addition to that, I think it's important to recognise that being trans is not a mental health condition or mental illness, and we know that it's a condition that's been listed in the DSM which, for those who aren't aware, is the Diagnostic and Statistical Manual; basically the, the telephone directory of psychiatric illness, which practitioners and specifically psychiatrists and psychologists have leaned on for many years. And we know that homosexuality was listed as a diagnosis in the DSM until as recently as the 1970s. There are still entries and listings in the DSM that correspond to trans identified people and this is one of the root causes of stigma.

And then I think the third misconception that I really like to try and dismantle a little bit here and like I alluded to earlier, there are such a long list of misconceptions and a pervasive ideas about what being trans is and isn't, but I think it's important to really acknowledge the idea that trans people are not moving from one predefined point to another predefined point. Labels like MTF male to female or FTM female to male do not adequately describe the journey of so many people in this community. Sure, there are some who will take those labels but for many of us, we don't identify at all with the sex that was assigned to us at birth and we don't see transition as a single step, or one moment in time at which we stop being one thing and start being another thing. So I think it really makes sense to dismantle that idea and to pay respect to the breadth of different experiences that every transgender person has. Each and every one is unique and valid in its own right, even if it doesn't conform to the ideas that we've all become so exposed to in the media and our social circles and throughout history.

Thiruna: Thank you. I think often society tries to pathologize trans identifying individuals, and I wanted to hear your opinion on that.

Anastacia: Certainly society does, and we know that being trans is not a matter of disease or pathology. Having said that there is a double edged sword to the discussion

and it is a very nuanced one that has to be treated with the requisite sensitivity and compassion, because for so many trans identified people across the world, the only pathway to gender affirming intervention; whether that's hormonal, surgical, or even legislative is through this gateway that is that is labelled as a diagnosis. So whenever we talk about the argument for de- pathologising; and of course I wholeheartedly believe that there is nothing pathological about trans identity, I think all of the associations that we have with mood disorders or substance use, or attempted suicide all of these things that are pervasive in the trans community, these are a result of social processes that are not accepting and inclusive of trans people rather than as a product of trans identity itself. So I do wholeheartedly believe that and I stand for that argument as an activist, but I'm also sensitive to the idea that sometimes completely de- pathologisation will result in a limitation of access for some transgender people. And I think that one has to strike a balance or dismantle the stigma and all of the prejudice around trans identity but we also make sure that we don't compromise, any group's access to the current services that they need, especially in settings other than our own.

Thiruna: Earlier, you touched on the DSM, and I wanted to hear your thoughts on gender dysphoria and whether it is something that most or some trans people are still struggling to adequately deal with, and whether access to health care has contributed to the worsening of that condition for individuals who experience it?

Anastacia: I hate so much that we need to define trans experience through a lens of trauma, suffering and dysphoria. And this is not to say that gender dysphoria isn't real and that it doesn't affect trans people it affects so many of us, and it can be crippling and debilitating. There's no doubt about it, but we also need to not invalidate the experience of trans people who don't have dysphoria, and to cast the whole community under this all- encompassing label of gender dysphoria really does serve to invisibilise so many of the experiences, and it leads to this harmful and toxic process where trans people come out and come to terms with the fact that they're trans, but have to question "Am I trans enough, have I suffered enough?" And it's defining the validity of our identity through trauma which really plays into this toxic narrative that society has created for transgender people; that unless there is sufficient tragedy in your story and in your background, the experiences that you have aren't valid. \

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I really wish that we can move forward towards a model where we define trans experience by wellness and by health, and by moving towards a goal of gender euphoria, rather than defining it as a necessary kind of support; that support or intervention is necessary in order to avoid dysphoria because I think it's when we do that, that we start to create spaces that are truly inclusive. And certainly society's lens, most probably has required a significant proportion of trans

people to really unpack their experiences and want to define themselves by the trauma and the dysphoria and I think that's unfortunate.

Thiruna: I think that's the unfortunate reality of the LGBTIQ+ community; whether you believe in the inclusive value of putting us all together into one category, we unfortunately have suffered a lot of violence and trauma at the hands of the systemic nature of oppression against being different and being diverse. You've spoken about how diverse the trans community itself is and I wanted to ask, what some of the challenges are for diverse trans identities in accessing adequate healthcare, both locally and across the continent?

Anastacia: There are huge challenges, and certainly I can tell you I'm not qualified to speak on all of them because I come from a lived experience yes I am trans identified but I'm also white skinned, and I'm college educated and I come from an upper middle class family and I have a medical degree to my name, and I live in a nice neighbourhood in Cape Town. So my experiences are not reflective of the trans community at large in South Africa or indeed in the region. Certainly even within the realm of trans experience and identity I identify inside the binary, I'm a binary identifying trans woman and my struggles look different.

I think what we have to recognise is that every person brings a unique intersection of experiences, that incorporates factors like age and skin colour and ethnicity and culture and sexual orientation and disability and the list goes on and on and on into the sphere of trying to gain access. We need to really appreciate the breadth of those different experiences in order to understand what the challenges are that face them, and I'm always the first one to say that you can't imagine for yourself what someone else's experiences are like. So until we extend the table and give a seat and voice to people who are marginalised and who do suffer oppression and discrimination and really ask them about their experiences and find out how we as people who hold a greater degree of power in this space and, yes, we too suffer oppression where we are but we have a degree of power given our backgrounds given our platforms given our voices. And we have a responsibility. If we are to label ourselves as activists or as defenders of human rights, we have to speak for people whose experiences are different from our own, and we have to use our voices, not to tell our own stories because we've had the chance to tell those stories. I know that I've had the chance to tell my story. And the only value in it now going forward is for me to think about ways that I use that platform that I have and the voice that I have, and the trauma in my own narrative to really open up the door and amplify the voices of other people.

Thiruna: Can you please expand on some of the healthcare services and the health care issues that trans identifying people face today in South Africa?

Anastacia: That's very important for us, and, you know, of course I have to speak a little bit about access to gender affirming care whether that means hormonal intervention, surgical intervention, speech therapy, etc, etc, which, for so many trans people is a desire or a need that they might have and they don't always have access to. Having said that, it's important to recognise that not all trans people want hormones, not all people want surgery and we shouldn't be validating someone's trans experience based on what kind of medical interventions they've had.

I also think that too often we limit the scope of this discussion to only include gender affirming care, without recognising that transgender people have general health care requirements that are not too different from the rest of the population, transgender people are also at risk of sexually transmitted infections. They're also susceptible to HIV and AIDS, they might have diabetes or hypertension or they might be involved in motor vehicle accidents and new treatment for bone fractures, and even access in general health care needs, visiting a clinic or a doctor's office to get treatment for a common cold, or being admitted in a hospital ward for the removal of an appendix can become a significant challenge to transgender people, and we don't often acknowledge that sufficiently. So whenever we talk about access to health care we rarely have to start on the ground and we have to think about what happens to a trans person in their community on the way to the clinic, when they get to the clinic, when they have to identify themselves to security guards or admin clerks, when they have to present ID documents, when they might have to be hauled out in front of a full waiting room of people by a dead name or with the title that mis genders them. Having to navigate interactions with the healthcare profession that might want to fixate on a person's trans experience without paying adequate attention to the presenting complaint, you know if I'm showing up at clinic with a broken leg, I really don't need someone asking me about gender identity or my trans experience because it's not relevant to why I'm accessing a healthcare service.

So, the barriers are tremendous and we really need to take a holistic approach in improving access. Having said that, to speak a few sentences about access to gender affirming care specifically in South Africa, there are two public health care facilities that are offering gender affirming care services in South Africa with possibly one or two other facilities are offering, let me say unreliable or unofficial care to trans people, meaning that if you know who to look for and on which day to show up, you might be lucky and get access. And then we have a handful of non- governmental organisations who have received funding to start rolling out gender affirming services in some areas of the country. But by and large, there are huge swaths of South Africa, that are absolutely devoid of access to any kind of gender affirming care and even in the few centres that are providing care. There are significantly long waiting periods that are involved,

and a lot of barriers and gatekeeping that have to be navigated. So certainly, this is one of the areas where we really need to do better and recognise that if we are failing to provide adequate health care services to trans folks, this is a public health care matter but it's also civil rights and human rights matter.

Thiruna: So in South Africa we do have access to getting your sex description altered on your birth certificate and on your identity documents. However, there are strict requirements along how you can do that- how that process works. And one of them is that you have to see, I think, two medical practitioners and they need to certify that what you are presenting to the government and why you're requesting this change is indeed valid and true. There is also the requirement to, at least be on hormones, if I'm correct. I wanted to know, do you think that we can overcome what I see as barriers in the legislation, in gatekeeping identities and get to a place where the country is ready to accept that self-determination is the most important aspect? And when an individual states that I identify in this specific way there is no requirement to go through invasive processes, and get other people to validate your claim?

Anastacia: Yeah, you're a hundred percent right. The Alteration of Sex Description and Status Act 29 of 2003 is a huge step forward in legislative terms, from what we had before and what some other countries have. But it is now in 2020, the limitations of this act and its effect on people are absolutely apparent. The act excludes people with a non-binary identity. You have to choose and you can have an M or an F. You can't have an x you can't have a gender marker removed from your ID document, and we have to ask ourselves, what is the purpose of that why do we need this information? Why are we so fixated on sex assigned at birth and certainly other countries have led the way in providing an example? Now, in certain parts of Britain and Canada and the rest of the world you can register a birth without put in a gender marker on that birth certificate and the fabric of society hasn't crumbled.

As you correctly say the processes is gate kept because you need to have some kind of medical intervention, and the legislation doesn't clearly define what constitutes medical gender reassignment but the letter has to state that you've undergone that. And as you've correctly said you need two letters from healthcare professionals, one of which has to be the doctor who, administered the medical treatment or who performed the surgical procedure and another one that has to corroborate that. Health professions are defined in South African legislation and include everything from physiotherapists to dietitians to speech therapists to psychologists but yet, the Department of Home Affairs routinely rejects application letters, even when one of those letters comes from a psychiatrist, a qualified medical doctor with a specialisation, the Department of Home Affairs has been known to reject those on the basis that a psychiatrist isn't qualified as a medical doctor to make that assessment. So we have this

wonderful legislation that is progressive that could be better, but still, even if we take the legislation as being unmalleable the implementation of the legislation is not being carried out in the spirit with which it was intended.

Still, today transgender people will show up at the Department of Home Affairs and be asked if they've had surgery and be turned away if they haven't. So, the process doesn't follow the letter of the law and even if it did, the letter of the law excludes people who do not want to undergo medical treatment or surgical treatment or those who would love to but don't have access to it. Self-determination is the only way to uphold all groups' human rights without infringing on the autonomy and their agency and while preserving the spirit of justice. And until we got to a point where we recognise that queer and LGBTQI+, and especially trans identified people in Africa and in Southern Africa are not the threat, but rather the group who is threatened and the group who needs to be empowered. We don't need to protect the rest of society from trans folk we need to protect trams folk. We need to work so much harder to ensure that the human rights as enshrined in the South African constitution are upheld with dignity and respect. We really aren't meeting the needs of this marginalised group.

Thiruna: The Maputo Protocol guarantees comprehensive rights to women; including the right to take part in the political process to social and political equality with men, improved autonomy in their reproductive health decisions and an end to female genital mutilation. As a trans identifying woman are you able to find your rights accessible to you under the Maputo protocol?

Anastacia: It's interesting to reflect on the Maputo Protocol certainly and you know that it was adopted and ratified in 2003 and we stand now in 2020, 17 years later, and I think it is one of the unfortunate realities of this world, that when we interact with women, we still pick and choose selectively which of those women are acceptable in the eyes of society and which ones deserve to have the human and civil rights upheld. And I think this is definitely part of the problem; that until we really take a very holistic view and expand that definition and include trans identified women under that banner, we're not living up to the spirit and philosophy with which the Maputo Protocol was intended. And I think that given the acceptance and ratification of this very important document by so many member states, it provides a useful vehicle and tool that could be used to advocate for greater access than it currently is.

So I think definitely it is at a point where projects like the trans Maputo project are starting to recognise the potential of this document as a tool to help those women who are most marginalised including transgender women. But certainly I can say that in my experience, up to this point, I don't think that potential has

been fully realised, and certainly this is something that I'd hoped to see change in the months and years to come.

Thiruna: Our LGBTIQ+ community is so diverse and often people have the misconception that we only sit under one box within the range of identities commonly known. Can you reflect on identifying with various labels or boxes and the impact it's had on your interpersonal relationships?

Anastacia: So of course, we alluded to this a bit earlier with misconceptions around trans people. And the idea about being trans has inherently got some effect on your sexual orientation or defines what your sexual orientation must be. I often reflect when I do workshops and lectures on the LGBTQIA+ acronym that we use, the umbrella term and that the common thread that links, all these diverse identities is not what they are but what they are not namely being that they are not simultaneously cisgender heterosexual and asexual. And it is because of what they are not that any one, finding themselves under this moniker LGBTQIA plus is at risk of being seen in the eyes of society as the either or as the abnormal and not having their rights respected and not having their voice heard with dignity and not being treated with compassion and care in the same way that other people in society would be.

Certainly we have to recognise that between these diverse identities there are numerous intersections and someone who is trans identified might simultaneously identify also as asexual possibly as intersex possibly as lesbian or along any other axis that you might be able to conceive of. And as someone who occupies several of these labels myself, I'm at a point where I recognise, both the value in labels and the danger in them. And I think the conversation comes back to a power dynamic. We know that so often society wants to put a label on someone and put them into a box because that enables society to know how to treat this person, how much respect to afford them, how much difficulty or barriers to put in their path to access some services. But at the same time claiming labels for oneself- labels that one identifies with, labels that resonate with one- can be very empowering and liberating and there is a tension between those two processes that needs to be navigated.

Still in this day and age I find people who are flabbergasted to find out that I'm a transwoman but I also identify as a lesbian. And I often have to challenge them on it and remind them that my sexual orientation has to do with the kind of people that I'm in relationships with, with the sort that I'm attracted to. While my identity is a sense of knowing who I am, and the two are not intricately linked to one another- they function independently. It becomes even more difficult when I out myself as being asexual at least on the asexual spectrum. So there are a lot of misconceptions and a lot of conflation between people who, who occupy multiple intersections under the LGBTQIA+ umbrella. And I think that this really

speaks to the need that we have for improving understanding and education and access to information about what diversity is and all of the nuances that it encompasses.

Another example of a product of these misconceptions is the idea that in South Africa we have a civil union act that allows people of the same sex to marry each other and thus, the human rights struggle for queer identified people in South Africa is over. And of course we know that this couldn't be further from the truth. We might have marriage equality and perhaps you'll invite me back onto your podcast someday to discuss why South Africa's marriage equality isn't true marriage equality. But that is the conversation beyond the scope of this interview, but that notwithstanding, there are so many civil rights struggles that queer people face in South Africa and, and to write them all off as completed because we have gay marriage is a disservice to so many people in the community. So we really need to do better at unpacking and delineating the differences between these vastly diverse groups, while still recognising that common thread of being people who are have experience that is marginalised in the eyes of society.

Thiruna: Thank you very much for your time today.

Anastacia: It's been an absolute pleasure talking to you.