

Background Information: New Developments in the ICD Revision Process

The International Statistical Classification of Diseases and Related Health Problems (or ICD) is a compilation of health related categories, globally used for diagnosis, monitoring and statistics, public policy, access to healthcare, reimbursement and other associated uses. The ICD is produced by the World Health Organization (WHO).

The tenth version of the Classification, or ICD-10, is under a major revision process. **This process has been scheduled to be completed in 2017, when the World Health Assembly is expected to approve ICD-11.**

So far, **trans*-related categories** were included in the ICD-10 **Chapter V 'Mental and behavioural disorders'**¹. This inclusion means that, by definition, **ICD-10 conceives us as mentally disordered people just because of who we are and how we express ourselves.** These codes and categories are:

F64. Gender identity disorders
F64.0 Transsexualism
F64.1 Dual-role transvestism
F64.2 Gender identity disorder of childhood
F64.8 Other gender identity disorders
F64.9 Gender identity disorder, unspecified

F65 Disorders of sexual preference
F65.1 Fetishistic transvestism

F66 Psychological and behavioural disorders associated with sexual development and orientation
F66.0 Sexual maturation disorder
F66.1 Egodystonic sexual orientation
F66.2 Sexual relationship disorder
F66.8 Other psychosexual development disorders
F66.9 Psychosexual developmental disorder, unspecified.

Historically, these categories have been used to regulate trans* people's access to gender affirming healthcare and its coverage, as well as to legal gender recognition –which means, in practice, they have been used to diminish or annul

¹ WHO, World Health Organization (2010 [1990]). ICD-10.
<http://apps.who.int/classifications/icd10/browse/2010/en> (retrieved: August 17, 2014).

trans* people's autonomy and dignity, and deprive us from basic human rights. For this reason, the ICD revision process is a key opportunity for change.

In the scope of the DSM and ICD revision processes, over the last years an international trans* depathologization activism has emerged.

The removal of trans*-related categories from DSM and the ICD Chapter 'Mental and behavioural disorders', as well as state-funded access to trans* health care are two of the main objectives of STP, International Campaign Stop Trans Pathologization². In order to facilitate public coverage, since 2009 STP proposes the inclusion of a non-pathologizing mention of trans* healthcare in ICD-11, as a healthcare process not based on disorder or disease.^{3,4,5,6,7}

In November 2011 GATE, Global Action for Trans* Equality convened an International Meeting in The Hague focused on the elaboration of recommendations for the revision of trans*-related categories in ICD, and produced a comprehensive document on the process that was submitted to WHO shortly after.⁸

Almost a year after that, three members of the WHO Working Group on the Classification of Sexual Disorders and Sexual Health (WGSDSH) published a paper⁹ where they made public their recommendations on trans* related categories.

² STP-2012, International Campaign Stop Trans Pathologization (2010 [2009]). *Objectives*. www.stp2012.info/old/en/objectives (retrieved: August 17, 2014).

³ International Network for Trans Depathologization (2009). *Press Release: International Network for Trans Depathologization: Action Day October 17th 2009 – STP 2012*. http://stp2012.info/old/en/news#october_17_2009 (retrieved: August 17, 2014).

⁴ STP-2012, International Campaign Stop Trans Pathologization (2011). *STP 2012 Campaign Communiqué, July 2011. Reflections on Trans Depathologization and Health Rights*. http://stp2012.info/STP2012_Communique_July2011.pdf (retrieved: August 17, 2014).

⁵ STP-2012, International Campaign Stop Trans Pathologization (2012). *Reflections on the ICD Revision Process from a Depathologization and Human Rights Perspective*. http://stp2012.info/STP2012_Reflections_ICD.pdf (retrieved: August 17, 2014).

⁶ STP, International Campaign Stop Trans Pathologization (2013a). *Recent Developments related to the DSM and ICD Revision Processes*. http://stp2012.info/STP_Communique_DSM_ICD.pdf (retrieved: August 17, 2014).

⁷ STP, International Campaign Stop Trans Pathologization (2013b). *Reflections from STP regarding the ICD revision process and publication of the DSM-5*. http://stp2012.info/STP_Communique_August2013.pdf (retrieved: August 17, 2014).

⁸ GATE, Global Action for Trans* Equality (2011). *It's time for reform. Trans* Health Issues in the International Classifications of Diseases. A report on the GATE Experts Meeting. The Hague, November 16-18, 2011*. <http://globaltransaction.files.wordpress.com/2012/05/its-time-for-reform.pdf> (retrieved: August 17, 2014).

⁹ Drescher, J.; Cohen-Kettenis, P.; Winter, S. (2012). Minding the body: Situating gender identity diagnoses in the ICD-11. *International Review of Psychiatry* 24(6):568-577.

These recommendations included:

- Deleting all existing trans*-related categories from ICD-10 chapter V.
- Introducing two new categories: 'Gender incongruence of adolescents and adults' and 'Gender incongruence of children'.
- Locating these new categories in a different placement in ICD-11. New suggested placements included, in descending order of preference: a new stand-alone chapter, a new chapter on 'sexual health and sexual disorders' or the already existent chapters IV 'Endocrine, nutritional and metabolic diseases' (E codes), XIV 'Diseases of the genitourinary system' (N Codes) or XXI 'Factors influencing health status and contact with health services' (Z codes).

In various documents published over the last years^{10,11,12}, **STP** contributes proposals regarding the placement, terminology and focus of a non-pathologizing mention of trans* healthcare in the ICD-11, a **review** of the information published by the WHO Working Group members, as well as an **argumentation** for the public coverage of trans* healthcare based on a human rights and depathologization perspective.

In May 2012 Argentina passed **the first gender identity law in the world that does not require a diagnosis, neither to have access to legal recognition nor to trans*-specific healthcare.**¹³

In April 2013 GATE organized a second International Meeting in Buenos Aires, to analyze the proposals on trans*-related categories for the ICD-11 and the impact of the Argentinian gender identity law in the ICD revision process, as well as to contribute critically to the ICD reform process. Participants agreed unanimously that **the proposed category of 'Gender incongruence of childhood' must be**

<http://informahealthcare.com/doi/abs/10.3109/09540261.2012.741575> (retrieved: August 17, 2014). See also Drescher, J. (2013). Controversies in Gender Diagnoses. *LGBT Health* 1(1):10-14. <http://online.liebertpub.com/doi/pdf/10.1089/lgbt.2013.1500> (retrieved: August 17, 2014).

¹⁰ STP-2012 (2012), op. cit.

¹¹ STP (2013a), op. cit.

¹² STP (2013b), op. cit.

¹³ Congreso Argentino (2012). Identidad de Género. Ley 26.743. *Boletín Oficial de la República Argentina* N° 32.404.

<http://www.boletinoficial.gov.ar/Avisos/VerPDF.castle?f=20120524&s=01&pd=3&ph=0> (retrieved: August 17, 2014). English non-official version (translation: Sarda, A.; Chandiramani, R. Translingua – Traducciones feministas multigenéricas; GATE, Global Action for Trans* Equality). *Gender Identity Law*.

<http://globaltransaction.files.wordpress.com/2012/05/argentina-gender-identity-law.pdf> (retrieved August 17, 2014).

rejected, and after the meeting a new document was submitted to WHO, explaining that position.¹⁴

In the document, the demand of removal of the category ‘Gender incongruence of childhood’ is based on the consideration that the category is not adequately supported by scientific evidence, irrelevant in terms of access to healthcare and legal recognition, lacking clinical utility, inconsistent with other proposals that are part of the ICD revision process and severely compromised by cultural bias and conflicts of interests. Furthermore, bioethical and human rights concerns are raised, in the sense of an increased risk of discrimination and pathologization related to the diagnostic classification. In order to provide information, counseling and support to gender diverse children and their families, if they require it, the use of already existing codes in the chapter ‘Factors influencing health status and contact with health services’ is proposed.

In February 2013 WPATH, World Professional Association for Transgender Health convened an international meeting on ICD to consider the suggestions produced by the WHO Working Group. Even when the members agreed on the other suggestions made by that group, there was no consensus on the deletion or retention of the proposed category of ‘Gender incongruence of childhood’, and final votes were divided 14/14.¹⁵

During the last year and a half there have been new public statements against the category ‘Gender incongruence of childhood’, including GATE Press Releases published in May¹⁶ and October 2013¹⁷, the position expressed by STP, International Campaign Stop Trans Pathologization in August¹⁸ and October

¹⁴ GATE, Global Action for Trans* Equality (2013a). *Critique and Alternative Proposal to the “Gender Incongruence of Childhood” Category in ICD-11*. GATE Civil Society Expert Working Group Buenos Aires, April 4-6, 2013. <http://globaltransaction.files.wordpress.com/2012/03/critique-and-alternative-proposal-to-the-gender-incongruence-of-childhood-category-in-icd-11.pdf> (retrieved: August 17, 2014).

¹⁵ WPATH, World Professional Association for Transgender Health; De Cuyper, G.; Knudson, G.; Green, J. (2013). *WPATH Consensus Process regarding Transgender and Transsexual-Related Diagnoses in ICD-11*, 31 May 2013. http://www.wpath.org/uploaded_files/140/files/ICD%20Meeting%20Packet-Report-Final-sm.pdf (retrieved: August 17, 2014).

¹⁶ GATE, Global Action for Trans* Equality (2013b). *GATE Statement on the International Day Against Homophobia and Transphobia 2013*. <http://transactivists.org/2013/05/17/idahot2013/> (retrieved: August 17, 2014).

¹⁷ GATE, Global Action for Trans* Equality (2013c). *GATE Statement on the International Day of Action for Trans* Depathologization*. <http://transactivists.org/2013/10/19/gate-statement-on-the-international-day-of-action-for-trans-depathologization/> (retrieved: August 17, 2014).

¹⁸ STP (2013b), op cit.

2013¹⁹, the TGEU, Transgender Europe statement circulated in June 2014²⁰, and the 'Cape Town Declaration Gender Incongruence in Childhood' submitted to WHO in July 2014.²¹ Sam Winter published an extensive analysis supporting this position.²² The International Day of Action for Trans Depathologization 2013, called by STP, was celebrated under the slogan 'Stop Pathologizing Gender Diversity in Childhood' in different world regions²³, and the STP Call to Action 2014 reiterates this demand²⁴.

The proposed categories are being field tested by WHO in different countries, such as Mexico, Brazil and South Africa, but outcomes from this process have not been published yet.

In April 2014 WHO published a paper²⁵ supporting the deletion of F66 codes, as proposed by their Working Group. The article makes reference to the following codes and categories:

- F66.0 Sexual Maturation Disorder
- F66.1 Egodystonic Sexual Orientation
- F66.2 Sexual Relationship Disorder
- F66.8 Other Psychosexual Development Disorders
- F66.9 Psychosexual Developmental Disorder, Unspecified.

¹⁹ STP, International Campaign Stop Trans Pathologization (2013c). *International Day of Action for Trans Depathologization 2013. Press Release of STP, International Campaign Stop Trans Pathologization, October 19, 2013.*

http://stp2012.info/old/en/news#STP_Press_Release_Oct2013 (retrieved: August 17, 2014).

²⁰ TGEU, Transgender Europe (2014 [2013]). *TGEU's Position on the revision of the ICD 10.* http://www.tgeu.org/sites/default/files/TGEU%20Position%20ICD%20Revision_0.pdf (retrieved: August 17, 2014).

²¹ Gender Dynamix (2014). *Cape Town Declaration Gender Incongruence in Childhood.* <http://www.genderdynamix.org.za/wp-content/uploads/2014/07/Cape-Town-Declaration-29-July-2014.doc> (retrieved: August 17, 2014).

²² Winter, S. (2014). *Gender Troubles: What's Wrong with the WHO Proposal for Gender Incongruence in Childhood.* <http://www.gidreform.files.wordpress.com/2014/07/20140717samwintergicd.pdf> (retrieved: August 17, 2014).

²³ STP (2013c), op. cit.

²⁴ STP International Campaign Stop Trans Pathologization (2014). *STP launches the Call to Action for the International Day of Action for Trans Depathologization 2014.* http://www.stp2012.info/old/en/news#call_to_action2014 (retrieved: August 17, 2014).

²⁵ Cochran, S.D. et al. (2014). Proposed declassification of disease categories related to sexual orientation in the *International Statistical Classification of Diseases and Related Health Problems (ICD-11)*. Bulletin of the World Health Organization. http://www.who.int/bulletin/online_first/BLT.14.135541.pdf?ua=1 (retrieved: August 17, 2014).

However, WHO remained silent about the categories included in ICD-10 blocks F64 and F65.

In August 2014 GATE, STP and the GATE ICD Working Group members submitted an official letter to WHO requesting the publication of the proposal in the online ICD-11 Beta Draft.

By mid-August 2014 WHO finally made public the proposals elaborated by the WHO Working Group. As this publication is **still a draft**, the content will probably change in the future. In the meantime, it's clear that:

- All **previous trans*-related categories have been deleted** from the Chapter 'Mental and behavioural disorders'.
- **New proposed trans*-related categories have been introduced:** 'Gender incongruence of adolescence and adulthood' and 'Gender incongruence of childhood'.
- These new proposed categories have been included in a **new chapter, called 'Conditions related to sexual health'**.

This means that for the first time in history trans* related categories **are not considered to be mental disorders** by the World Health Organization. It also means that these categories **are not considered to be organic disorders** either. As a result, the combination of both implies that we are definitively on a better ground now and more positive changes can be produced.

We still have much work ahead. It is necessary to analyze and discuss collectively the category of 'Gender incongruence' and its risks of re-pathologizing trans* issues in ICD-11. It is also essential to continue to insist that **health access and gender identity recognition are human rights and their realization must not depend on diagnostic categories.** It is necessary to consider the very construction of the proposed chapter, to advance towards the depathologization of body diversity, and break the association between trans* health issues and other pathologizing categories. We must ensure that the new version of ICD does not reproduce gender stereotypes. And above all, we must work together to avoid the inclusion of the category of 'Gender incongruence of childhood' in ICD-11.

This is the best possible moment for you to join this process!

If you are interested in knowing more, getting access to more documents and/or toolkits to work with those documents; if you want to start talking with others around you about this process, or want to take the conversation into a deeper



level, if you want to participate in this international movement for trans* depathologization, don't hesitate to contact us.

Global Action for Trans* Equality

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