



PEAMUN XIV



United Nations General Assembly
Transgender Healthcare



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Letters From The Dais

Dear Delegates,

Welcome to PEAMUN! My name is Natalie Welling and I am super excited to be one of the chairs of this committee. I am a junior from Massachusetts, and have been a part of Model UN since my freshman year at Phillips Exeter. Outside of MUN I love math and physics, and am involved in clubs such as democratic club, GSA, and Geometry club.

Transgender healthcare is a crucial topic, and I am so grateful to be able to watch as you all work together to tackle such a complex issue. The issues we will discuss are deeply ingrained within nations, and while they will not be easy to fix, the fact that you all are working hard to research and discuss them is incredible. I have faith that you'll be able to work collaboratively to find creative and innovative solutions!

I also want to help ensure that this committee is a positive environment for all delegates, regardless of past MUN experience. If you are confused in your research, have questions during committee, or are curious about anything, please do not be afraid to reach out!

I am really looking forward to meeting you all soon,

Nat
Nwelling@exeter.edu



Dear Delegates,

I am beyond thrilled to welcome you to PEAMUN! My name is Parmis Mokhtari-Dizaji, and I am honored to be one of your chairs for this committee. I am a Junior from Boston, MA. I look forward to seeing what all of you will come up with throughout the weekend. I hope it will be a memorable learning experience for all, and I'm more than happy to answer your questions before, during, and after the conference. Throughout this conference, I encourage you to be brave: talk, debate, and converse with other delegates.

My love for Model UN began early in middle school, and I have since continued my involvement with Model UN at Exeter. I have had a lot of experience being a delegate in a committee (General Assembly, Crisis, you name it!) and a chair, too! Model UN has provided me with many great opportunities for self-improvement and has truly shaped me into the person I am today. All in all, I hope that your time at PEAMUN will foster a strong passion for debate and world issues in all of you as it has for me.

Outside of MUN, I am passionate about architecture, technical design, and business, which I am thoroughly involved in through my clubs, extracurriculars, and classes!

If you have any questions, please do not hesitate to contact me, and I'd be happy to help you out. I am looking forward to an awesome PEAMUN with all of you!

Best Wishes,
Parmis
pmokhtari@exeter.edu



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Committee Expectations and Content Warning

This background guide will discuss violence against transgender and LGBTQ people, mental health and suicide rates of transgender and LGBTQ people, and examples of homophobia and transphobia. No delegate will be penalized if they find themselves having to take a step back during committee, and the chairs would like to encourage all delegates to approach this serious topic in a respectful and appropriate manner.

All delegates should be familiar with PEAMUN's Code of Conduct, which can be found on our website. At no point during or before the conference should any delegate find themselves arguing *if* trans, LGBTQ, or marginalized people deserve rights, protection, or healthcare. Rather, the goal of this committee is to work collaboratively to figure out *how* to get such individuals the rights, protection, and healthcare that it is already established they deserve. Delegates should also be sure that they are using up-to-date and accepted terminology within their debate, which has been laid out below. If any questions arise, please do not hesitate to contact the chairs!



Glossary of Acceptable Vocabulary

Quoted directly from Yale Medicine¹

“Gender ~ Behavioral, cultural, and/or psychological ideas associated with a particular gender identity

Gender Binary ~ The idea that there are only two genders, male and female, and everyone must fall into one classification or the other.

Nonbinary ~ A person whose gender identity doesn’t fit into the traditional gender binary structure of man or woman

Cisgender ~ Adjective used to describe a person whose gender identity is congruent, in a traditional sense, with the sex assigned to them at birth

Gender expression ~ Ways of expressing and interpreting one’s gender through clothes, hairstyles, mannerisms, body modifications, or names. Gender expression varies, depending on culture, context, and historical period

Gender affirmation ~ The process of making changes to recognize, accept, and express one’s gender identity

Gender Affirming Care ~ A range of social, psychological, behavioral, and medical interventions designed to support and affirm an individual’s gender identity when it conflicts with the gender they were assigned at birth.

Transgender (sometimes shortened to “trans”) ~ Describes the full range of people who identify with a different gender than the sex assigned to them at birth. A transgender person may or may

¹Katella, Kathy. “Transgender Glossary: Terms You Can Learn.” Yale Medicine. Yale Medicine, March 21, 2022. <https://www.yalemedicine.org/news/transgender-guide-terms-you-can-learn>.



not identify on the (traditional male or female) gender binary. They may or may not use hormones or undergo surgery to achieve a new gender identity.

Deadnaming ~ The practice of calling or referring to a transgender person by the name they used at a previous time in life and are no longer using, whether or not calling them by that name is intentional. The best practice is to use the name the person has chosen.

Gender dysphoria ~ Distress experienced by some people whose gender identity and sex assigned at birth don't match.

Intersex ~ From a medical perspective, the term describes a group of congenital (or at-birth) conditions in which the reproductive organs, genitals, and/or other sexual anatomy do not develop according to traditional expectations for females or males. Intersex can also be used as an identity term for someone with one of these conditions.

LGBTQ ~ Lesbian, Gay, Bisexual, Transgender, and Queer/questioning.

Transition ~ The process of moving from the gender assigned at birth to becoming aligned with another gender identity (which could be anywhere along the gender spectrum). This happens over time and the trajectory is unique to each transgender person. Some may make a “social transition,” taking personal and legal steps such as changing their name, pronouns, and gender expression, as well as telling family and friends, but undergo no medical interventions.

Transgenderman (or transgender man) ~ Someone assigned female sex at birth (AFAB) who now identifies as a boy/man/male, regardless of whether they have had surgery. Avoid using the term female-to-male (FTM).

Transgenderwoman (or transgender woman) ~ Someone who was assigned male sex at birth (AMAB) but now identifies as a girl/woman/female, regardless of whether they have had surgery. Avoid using the term male-to-female (MTF).”



Topic Overview

Global Healthcare

Internationally, healthcare was first written about in the 1946 Constitution of the World Health Organization (WHO). It was written that “the enjoyment of the highest attainable standard of health is one of the

fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”² Therefore, the global healthcare sector plays a critical role in providing intervention to the



health problems that affect the well-being of a society.

The health care system in the past, according to research done by the National Center for Biotechnology Information³, was not as successful and multifaceted as it is today. The quality of this system is vital to an individual’s quality of life and their ability to function in society, since such things are dependant on one’s health and well-being. As such, the 1948 Universal Declaration of Human Rights mentioned health as a part of one’s right to an adequate standard of living. The OHCHR notes that “health services, goods, and facilities must be provided to all

²Ibid.

³“The Root Causes of Health Inequity - NCBI Bookshelf,” accessed August 16, 2022, <https://www.ncbi.nlm.nih.gov/books/NBK425845/>.



without any discrimination”⁴ and that “all services, goods, and facilities must be available, accessible, acceptable and of good quality.”⁵ However, such services and goods often aren’t available for transgender and LGBTQ individuals in our society. They continuously lack the same quality of care given to their cisgender peers, and face discrimination simply because of who they are.

⁴“Convention on the Rights of the Child - Office of the United Nations ...,” accessed August 16, 2022, <https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/crc.pdf>.

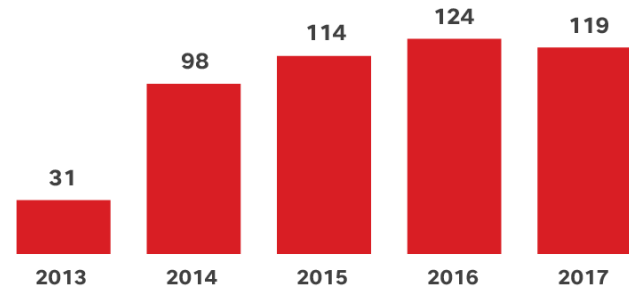
⁵ Ibid.



Transgender and LGBTQ Discrimination

No matter one's age, background, or global location, existing as a transgender person comes with a unique and challenging set of difficulties and disadvantages. A combination of homophobia, transphobia, and a lack of anti-discrimination legislation often exposes such

Gender-identity hate crimes grow



SOURCE Federal Bureau of Investigation Hate Crime Statistics reports, 2013-2017
Karl Gelles/USA TODAY

individuals to horrific violations of their human rights. This discrimination can exist anywhere and everywhere, but it is most prevalent in the workforce, schools, homes, and hospitals/medical centers. While some nations have been working to improve the rights and lives of LGBTQ individuals; there is still a lot of work needed to be done when it comes to implementing laws that ban or penalize discrimination and hate crimes.

One 2021 study showed that 375 transgender people were killed around the world in 2021, which is 25 more than the previous year.⁶ 25 % of such murders happened within the victims' own homes, and the majority of victims were black and migrant transgender women of color and transgendersex workers. 90% of the victims were transgender women or trans-femme individuals.⁷ While this data on its own is horrifying, it likely does not illustrate the full story, and there are believed to be a large number of similar murders and hate crimes that are never reported.

⁶Jamie Wareham, "375 Transgender People Murdered in 2021-'Deadliest Year' since Records Began," Forbes (Forbes Magazine, December 10, 2021), <https://www.forbes.com/sites/jamiewareham/2021/11/11/375-transgender-people-murdered-in-2021-deadliest-year-since-records-began/?sh=68c5abea321c>.

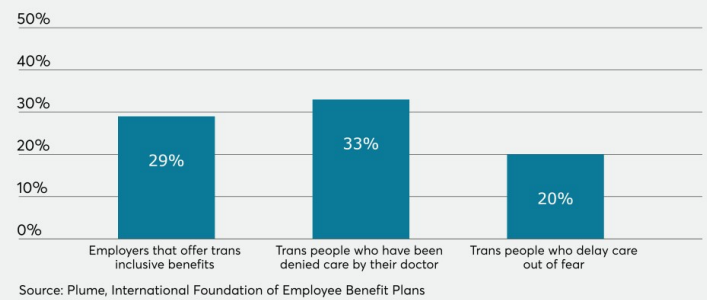
⁷Office for Victims of Crime (OVC), "The Numbers," Sexual Assault: The Numbers | Responding to Transgender Victims of Sexual Assault, accessed August 16, 2022, https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/forge/sexual_numbers.html.



Transgender Healthcare

Transgender and gender-expansive people already face a disproportionately high risk of physical and sexual violence in our society, and their unique experiences with healthcare only make matters worse. They often have less access to health services due to

The transgender community is underserved by healthcare benefits



issues such as “violence, legal barriers, stigma, and discrimination,”⁸ and even those who are able to access medical professionals may choose not to because they have had negative experiences with doctors in the past. This may be because there is a low amount of medical professionals who are educated on transgender and LGTBTQ issues. Receiving medical care from a doctor who does not understand one’s experiences is not easy, and only makes it harder for transgender people to receive the best quality of care.

⁸ “Transgender People,” World Health Organization (World Health Organization), accessed July 5, 2022, <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/transgender-people>.



Mental Healthcare

Transgender people also have a much higher risk of developing serious mental health disorders. This could be due to a number of causes, examples being a lack of access to gender-affirming physical or mental healthcare, discrimination, societal prejudice, and a lack of acceptance from family and friends. One US study found that transgender people who experienced trauma in the form of discrimination were 29.9% more likely to engage in self-injurious behavior.⁹ The same study found that transgender people faced high physical abuse rates, high unemployment rates, and large barriers to adequate healthcare.

Within the United States in 2020, 52% of and nonbinary individuals considered suicide, and 20% of those individuals attempted suicide.¹⁰ In India, 50% of transgender people have attempted suicide before the age of 20, and 30% of the total transgender population has committed suicide. In another study done in Brazil, 47.25% of Transgender participants reported feelings of suicidal ideation, and 27% of participants reported attempting suicide. One New Zealand study done in 2022 showed that 20% of transgender students had attempted suicide within the past year.¹¹

Mental distress among transgender populations is not evenly experienced among all people. Unsurprisingly, studies show that minority LGBTQ people are at an even higher risk for mental health disorders or suicide. Within the United States 21% of African American youth, 31% of Indigenous youth, and 18% of Latin American youth have all attempted suicide.¹²

⁹“Home - PMC - NCBI,” National Center for Biotechnology Information (U.S. National Library of Medicine), accessed August 16, 2022, <https://www.ncbi.nlm.nih.gov/pmc/>.

¹⁰“The Trevor Project National Survey 2020,” The Trevor Project, accessed August 16, 2022, <https://www.thetrevorproject.org/survey-2020/>.

¹¹“2022 National Survey on LGBTQ Youth Mental Health,” The Trevor Project, accessed August 16, 2022, <https://www.thetrevorproject.org/survey-2022/>.

¹²Ibid.



There is no quick or easy solution to the expansive problem of mental distress among transgender populations. However, data has shown that access to inclusive and gender-affirming healthcare *does* make a difference. According to the American Academy of Pediatrics, transgender people who have received gender-affirming care are shown to have a 60% decrease in depression.¹³ Youth who have received gender-affirming care have been seen to have a 73% decrease in suicidality.¹⁴ The same study also reaffirmed data that disproves arguments against such care. It stated that post-transition regret is very rare, gender-affirming care and puberty blockers are safe and effective, and such care has a significant positive impact on the livelihoods of those who receive it.

¹³MPH Diana M. Tordoff, “Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care,” JAMA Network Open (JAMA Network, February 25, 2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2789423>.

¹⁴“PBS NewsHour,” PBS (Public Broadcasting Service, February 8, 2014), <https://www.pbs.org/video/unemployment-rates-are-higher-for-youth-minorities-1399071103/>.



Past UN Action

While UN action for transgender individuals in the past has not been extensive, much positive change has occurred in recent years. Just three years ago in 2019, the UN got rid of the term “gender identity disorder” as an official diagnosis for transgender individuals.¹⁵ This was done in an effort to reduce stigma, and the reclassification of being transgender from a mental illness to a gender identity was huge in bringing transgender people acceptance and visibility.

Moreover, in September of 2015, twelve UN entities released a joint statement calling for an “end to violence and discrimination against lesbian, gay, bisexual, transgender and intersex people.”¹⁶ This statement was ultimately for the intention of calling into action states and other stakeholders to do more to protect individuals from discrimination and violence. During the same month, “OHCHR organized the first UN meeting on the human rights of intersex people.”¹⁷

¹⁵ (“A major win for transgender rights: UN health agency drops 'gender identity disorder', as official diagnosis” 2019)

¹⁶“The Role of the United Nations in Combatting Discrimination and Violence against Lesbian, Gay, Bisexual, Transgender and Intersex People”, OHCHR, accessed September 14, 2022, https://www.ohchr.org/sites/default/files/Documents/Issues/Discrimination/LGBT/UN_LGBTI_Summary.pdf

¹⁷ Ibid.



Issues and Questions to Consider

It was reported in a 2015 survey by the National Center for Transgender Equality (NCTE) that nearly one-third of transgender individuals were harrassed or refused care by medical professionals.¹⁸ Healthcare systems are already under enormous stress, and taking the time and energy to improve them is not easy. Specific, expensive, and well thought out programs will be necessary in order to address the large disparities that exist within such systems.

Furthermore, according to the US National Transgender Discrimination Survey Report on Health and Health Care (NTDS), transgender individuals may be at a higher risk when it comes to specific health concerns. Data showed that within the United States, transgender people experience over four times the national average of HIV infection According to the Center for Disease Control, these infections are likely due to high risk factors that transgender people face as a result of marginalization and transphobia.¹⁹ These risk factors include “higher rates of drug and alcohol abuse, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of familial support, violence, stigma and discrimination, limited health care access, and negative health care encounters.”²⁰ If less stigma and discrimination existed, transgender people would not be forced into such unsafe situations, and rates of infection would be lower as a result.

Delegates should consider how they may try to improve healthcare systems as a whole within their countries. They should be creative in their solutions, and brainstorm ways to incentivise countries to implement legislation which reduces discrimination. They may also want to explore ways in which medical professionals may be better educated on transgender and

¹⁸“U.S. Transgender Survey,” National Center for Transgender Equality, accessed August 16, 2022, <https://transequality.org/issues/us-trans-survey>.

¹⁹“Transgender People and HIV: What We Know,” Human Rights Campaign, accessed August 24, 2022, <https://www.hrc.org/resources/transgender-people-and-hiv-what-we-know>.

²⁰ Ibid



LGBTQ clients, as well as ways in which medical centers may provide access to gender affirming care. Such care may include transition-related and gender-affirming surgeries, prescribed hormone therapy, or even access to binders for trans-masculine individuals. All of these can be expensive though, and high costs are a huge barrier to healthcare for many transgender people. A third of the individuals who took the NCTE survey said they had skipped getting medical care due to how expensive it was. Even for those who have insurance, transition services might not be covered well, or even at all, creating a significant disparity between upper/middle and lower class transgender people.



Questions

1. How can delegates improve healthcare systems as a whole within their countries?
2. How can delegates ensure that transgender individuals have the same access to healthcare as cisgender individuals within their countries?
3. How can access to gender-affirming and transition-related care be improved, especially in countries with stigma and discrimination against transgender people?
4. How can systemic discrimination against transgender and LGBTQ people be addressed, especially when this discrimination overlaps with other forms of prejudice?
5. How can doctors be better educated to treat transgender and LGBTQ clients?



Possible Solutions/Bloc Positions

Solutions to the issue of access to healthcare for transgender people should be narrowly tailored and specific to the needs of individuals country's, as well as detailed and well thought out. Delegates should also consider a combination of “health interventions” and “structural interventions” in their solutions.²¹ Health interventions are things that work to improve the immediate health of transgender people, such as std prevention, harm reduction, HIV screenings, HIV treatment, mental healthcare, etc. Structural interventions, such as policy to decriminalize drug use sex work, available and accessible health services, and community work, work instead to tackle the systemic and structural roots of the issue. Delegates should consider the ways that they can center transgender communities within their solutions in order to ensure that they are working and effective.

Delegations may form blocs in whichever manner they please, although there may be some benefit in forming groups on the basis of certain characteristics, such as current level of acceptance/policy supporting trans individuals, or the state of healthcare within countries. More progressive countries may want to work on resolutions which help to both improve transgender healthcare within their countries and elsewhere. Less progressive countries should not advocate against transgender healthcare or individuals, but rather work to examine ways in which they can improve the lives of LGBTQ individuals within their nations, recognizing that they exist and are underserved. At the most basic level, we encourage these nations to think and discuss this issue with the idea that they have citizens who need appropriate healthcare.

²¹“Transgender People,” World Health Organization (World Health Organization), accessed July 5, 2022, <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/transgender-people>.



Position Paper Policy

At PEAMUN XIV, we believe that position papers are crucial in encouraging delegates to have a thorough understanding of their delegation and the topic. In addition, they will help you think of solutions and possible talking points. We look forward to reading your one-page, single spaced, 12pt Times New Roman papers with proper Chicago footnotes. Please submit papers to pmokhtari@exeter.edu and nwelling@exeter.edu by October 30 (one week before our conference).

Feedback from the dais will be available upon request, though timing of feedback is at the chair's discretion due to the potential for volume of requests exceeding the dais's capacity.



Helpful Resources

1. <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations/transgender-people>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7035595/>
3. <https://www.forbes.com/sites/jamiewareham/2021/11/11/375-transgender-people-murdered-in-2021-deadliest-year-since-records-began/?sh=4460c202321c>
4. <https://www.gendergp.com/what-is-the-transgender-suicide-rate/>
5. <https://ihpl.llu.edu/blog/transgender-discrimination-healthcare>
6. [https://www.thelancet.com/article/S0140-6736\(16\)00684-X/fulltext](https://www.thelancet.com/article/S0140-6736(16)00684-X/fulltext)
7. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/transgender-health-what-you-need-to-know>
8. <https://www.dovepress.com/the-need-for-transgender-healthcare-medical-education-in-a-developing-peer-reviewed-fulltext-article-AMEP>
9. <https://www.un.org/en/fight-racism/vulnerable-groups/lgbtqi-plus>



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