

**SOCIO-MEDICAL STATUS OF
TRANSGENDER PERSONS IN
INDIA-**

SEX RE-ASSIGNMENT SUGERY

**Jointly organised by National Institute
of Mental Health and Neuro-Sciences
(NIMHANS), Ondede and Swatantra**



Planning meeting held at Bangalore Medical College with support of NIMHANS, Bangalore Medical College, Victoria Hospital, M. S. Ramaiah Hospital, and Ondede along with the community members took part in the meeting.



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EDITED BY

Ms. Jayna Kothari - Senior Advocate at Supreme Court of India and High Court of Karnataka; Founder of Centre for Law and Policy Research (CLPR)

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5. Department of Anatomy- Bangalore Medical College, Karnataka
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7. Department of Plastic Surgery, Victoria Hospital, Government of Karnataka
8. Department of Psychiatry, Victoria Hospital, Government of Karnataka
9. Department of Forensics, Victoria Hospital, Government of Karnataka
10. Dr. H.K. Nagaraj, Department of Urology, M.S. Ramaiah Hospital, Bengaluru, Karnataka
11. Dr. Pramila Kalra, Department of Endocrinology, M.S. Ramaiah Hospital, Bengaluru, Karnataka
12. Dr. Virupaksha, Department of Psychiatry, M.S. Ramaiah Hospital, Bengaluru, Karnataka
13. Dr. Om Prakash, Cosmetologist, Vikram Perfect Hospital, Mysore, Karnataka
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INTRODUCTION

The Supreme Court of India in 2014 passed a landmark decision in the case of *National Legal Services Authority vs. Union of India*¹ (*NALSA*) recognising the third gender and affirming the fundamental and civil rights of transgender persons. The judgment covers persons who want to identify as the third gender as well as persons who want to self identify their gender which is different from what they were assigned at birth, be it from male to female or female to male. The Supreme Court's decision in *NALSA* has upheld the fundamental rights guaranteed under the Constitution of India to be equally applicable to transgender persons, recording that the term transgender is an umbrella term encompassing all such persons who fall beyond the gender binary. The most significant outcome of the decision has been the recognition of an individual's right to self identification of gender, be it male, female, or the third gender, irrespective of their decision to undergo Sex Re-assignment Surgery (SRS).

The most powerful aspect of the *NALSA* judgment has been its sincere attempt at understanding "gender identity":

"Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, including the personal sense of the body which may involve a freely chosen, modification of bodily appearance and functions by medical, surgical or other means and other expressions of gender, including dress, speech and mannerisms. Gender identity, therefore, refers to an individual's self-identification as a man, woman, transgender or other identified category."

Although the verdict has beautifully articulated the term "gender identity" the reality with the unhinging patriarchy and gender-based discrimination tell a completely different story.

The most recent Transgender Persons (Protection of Rights) Bill, 2016², which is an attempt to translate the decision of *NALSA* into law, misses the mark significantly by not incorporating the right to self-identification for transgender persons. A right to self-identification would imply that the individual is at the liberty to choose their gender identity and the law recognises them by their own declaration, without demanding any third party to affirm the same. The Bill proposes for a screening committee to determine the genuinity of an individual's identity and it undermines the spirit of the *NALSA* Judgment.

The *NALSA* Judgment clearly instructs the government to take serious steps to integrate the community, not just within its planning and implementation of welfare policies, but more towards setting up procedures to both recognise the third gender and protect the gender identity of these individuals.

The *NALSA* judgment has been path breaking in many ways, decoupling medical notions of transgender and trans-sexualism from legal self determination. However there is low understanding of this among the health care providers and the

¹ *NALSA v. Union of India*, Writ Petition (Civil) No. 400 of 2012 : (2014) 5 SCC 438

² <http://www.prsindia.org/uploads/media/Transgender/Transgender Persons Bill, 2016.pdf>

transgender community itself. Most members of the transgender community come from challenging economic circumstances, and the social stigma barely allows them to access regular medical attention, let alone anything surgical or specialised.

This Report is an attempt to document and voice the experiences of members from the transgender community. It also documents two important meetings that were held on September 12th, 2017 and September 13th, 2017. On September 12th, 2017 with the joint efforts of NIMHANS, Ondede and Swatantra, a national meeting was organized where representatives from the States of Manipur, West Bengal, Delhi, Mumbai, Telangana, Karnataka, Pondicherry and Kerala shared the developments on availability of SRS for Transgender persons in their States. The main objective of the meeting is to bring focus of the State and private institutions on the lack of access to SRS for transgender persons in order to ensure the implementation of guidelines or policies in the context of NALSA Judgment and the Ministry of Social Justice and Empowerment.

The Transgender Persons (Protection of Rights) Bill, 2016 was tabled in the Lok Sabha by the Government of India and has faced opposition from members across the Transgender community in India. Hence Ondede, with the support of the Astraea Lesbian Foundation for Justice held a meeting on September 13th, 2017 to discuss the issue of Transgender rights beyond the NALSA Judgment and the Transgender Protection Bill, 2016. The community members from across the State and the districts of Karnataka participated.

SEX RE-ASSIGNMENT SURGERY

Sex reassignment surgery (SRS) is also known as gender reassignment surgery (GRS), genital reassignment surgery, gender confirming surgery. Simply put, it involves a sex change operation. SRS is a surgical procedure that entails removing the genitalia of one sex and constructing the genitals of the opposite sex. SRS is often the final stage in the physical transitioning for a male to female (MTF) or female to male (FTM). Sex reassignment surgery can be difficult to obtain, due to a combination of financial barriers and lack of providers. An increasing number of surgeons are now trained to perform such surgeries. In many regions, an individual's pursuit of SRS is often governed, or at least guided, by documents such as the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People ("SOC"). The most widespread SOC in this field is published and frequently revised by the World Professional Association for Transgender Health (WPATH), formerly the Harry Benjamin International Gender Dysphoria Association or (HBIGDA).

There are several national and international guidelines relating to health of transgender persons.

INTERNATIONAL GUIDELINES:

- WPATH'S Standards of Care- 7th version (SOC-7)
- Asia and the Pacific Trans Health Blueprint (2015)

In India, the Ministry of Social Justice and Empowerment convened a Transgender Experts Committee that held a series of meetings in 2013 and 2014 to discuss the issues relating to the transgender community. This report of the expert committee, released online in February 2014, speaks on the issues relating to transgender persons. It speaks about access to healthcare and gender transition services (sex reassignment surgery).

In India, there are regional guidelines formulated by SAPPHO for Equality, a Kolkata-based group. Institutions such as Mahatma Gandhi Institute of Medical Sciences and Research also have formulated internal guidelines. Draft guidelines were commissioned by UNAID about 4-5 years ago, and more recently, the government of Chhattisgarh has developed draft standards of care.

Testimony by Ms. Priya, Male to Female Transgender woman, Swatantra, Bengaluru

"My name is Priya. I live in Bengaluru. I run a beauty parlour and also work in an Organisation called Swatantra. I was born a male, but from the very beginning I had strong emotions and feelings of a woman. I enjoyed helping my mother in household chores. My parents and family were supportive of my feelings as a child and so were my friends and teachers in school.

I used to go to Bharatnatyam classes. One day my friend's mother took me to her house promising me to help me become a woman. I got very excited as I was just 15 years old and I wanted to become like a woman. My family was very upset, but I discontinued my studies and went with her. It turned out she did not help me out. Instead she made me do household chores and I did it for 5 years. I did not get paid for it either. I even asked her to send me to school, but she did not. Eventually, I came out of the house.

I have been working very hard ever since to save up money for my surgery. Two years back, with the help and support of my friend Akkai I went to M.S. Ramaiah Hospital for counselling. I have completed my process of counselling. During the process of my counselling, I was asked questions like if I really want to undergo the surgery or if I can stay the way I am. I got the certificate at the end of the process. But I had to discontinue the process as I do not have money for the surgery. I do not make so much to pay as much as Rs. 1,00,000/- for the surgery. During the process of counselling I was asked to take hormone injections only after the surgery. Although I took tablets for the growth of my breasts, I stopped as I want to undergo the surgery soon.

I feel the government should support us for this process. Money has also been allotted for the welfare of the transgender community and nothing has been done about it. With proper guidelines on the surgery, the government will be able to help us better.

It is only after the surgery I will be a woman completely and it is when I will fully be respected and accepted in the society.

For me, SRS is a complete process. It is a process to help us identify our feelings better. If we go through the process, it will be legal. We will also get expert opinion by the doctors. Most of the hospitals ask for a certificate and without which they will not support us. So I feel it is good to go through a correct process to undergo the surgery and for a gender certification."

Testimony by Ms. Rakshitha, Male to Female Trans-girl, Community Activist, Bengaluru

"My name is Rakshitha. I am from Bengaluru. I was born a male. I had strong female characteristics and I considered myself a female from the beginning and I wanted to undergo the surgery.

Although I wanted to undergo the surgery, I took almost 4 years for it. I consulted a lot of my transgender friends who have undergone the surgery for their suggestions. I took my time and did my research and I realised it differs from person to person.

So in October 2015, I registered myself for counselling at M.S. Ramaiah Hospital. I underwent counselling for 6 months. Before giving the summary, the doctors tried telling me not to undergo the surgery and to re-think about it. But I kept my stand and in the end I got a written summary from the doctors.

In May 2016, I underwent the surgery. I only got castration done although I wanted a vagina construction. I consulted for vagina construction, but a lot of people told me that the chance of it getting infected and septic is very high, and it requires a lot of maintenance so I backed out. I did not undergo hormone therapy and the reason is because I did not know if hormone therapy is important and necessary or not. There was no guidance given on this either. It took me around 6 months to recover completely and my friend Akkai helped me out during this time. One year after that, I got my breasts implants done. I spent around Rs. 2,00,000/- for the surgery and breast implant. I am happy that my father supported me through the process and not many can afford to it, so I feel the surgery should be free of cost for the community members.

I also feel that all hospitals- government and private should have proper guidelines and protocols for the surgery. They also should be able to explain the entire process during counselling. The doctors should also be able to explain the importance of hormone therapy, i.e. if it should be done before the surgery or after the surgery.

Now after the surgery, I feel more satisfied and happy as compared to before the surgery.

SRS process is very helpful and a very good process if done in the right way. I feel by going through the process, we will get proper counselling, medication and help which will not have any future complications. Concessions must definitely be given in private hospitals and the surgery must be done for free in the government hospitals."

Testimony by Ms. Seema, Male to Female Transgender woman, Community Member, Bengaluru

“My name is Seema. I live in Bengaluru. I have done my M.Com and now I beg for a living. I have always had feelings of that of a woman. As I grew, I knew I wanted to become a woman completely, but never got an opportunity.

A few years back, I went to Kempegowda Hospital and enquired about the surgery. They told me that I needed a lawyer and to get a health check-up done.

I am 37 years old now. I still have not undergone any counselling or hormone therapy or surgery for 2 reasons-

One, I do not have anyone to look after me after the surgery. It has been a very long time since I left my family and two, I cannot afford it. The doctors said it will cost me Rs. 30,000/-. I can barely afford to pay rent, so paying that much for a surgery is impossible.

Honestly speaking, I have never heard of SRS till now. So I have not received any suggestions or help on how to go about it. But all I know is I want to undergo the surgery to change my gender. I feel I will have a better stand in the society and I will be satisfied as I will become a woman completely.”

Testimony by Ms. Riyana, Male to Female Transgender woman, Swatantra, Bengaluru

“I live in Bengaluru and I am currently studying cosmetology in St. Josephs College, Bengaluru.

I started feeling feminine when I was quite young and my parents did not accept my gender. They did not like the way I behaved and they tried to change me. Since they did not accept my gender, they put me in rehabilitation centre from where I escaped. I thought the only way my parents would accept me was if I get my surgery done. It was a hasty decision I took only to be accepted by my parents. So I did not do any research, neither did I talk to anyone about it. I went to Satyam Shivam Hospital and got the surgery done. The doctors did not ask me to get any documents or certification. They did not suggest counselling either. I was only 18 years and all I wanted was to change my gender so my parents could accept me.

That time I did not know anything about Sex Reassignment Surgery. But after I have learnt about it, I now understand that it is the right way and a complete process- which is very important for the community members to know about. I also think that it should be made compulsory for all private and government hospitals to follow a process/procedure. Hence I feel guidelines are necessary.”

Testimony by Ms. Sindhu, Male to Female Transgender woman, Community member, Bengaluru

“My name is Sindhu and I live in Bengaluru. It has been 10 years since I have changed my identified my gender as a woman. Ever since I changed my gender identity, I want to undergo the surgery.

Two years back I went to Kempegowda Hospital where they asked me to undergo counselling and they said the surgery will cost me Rs. 50,000/-. I went to another hospital near Hennur cross. The doctors said I cannot stay in the hospital after the surgery and I will be sent home after an hour.

Now, I belong to the community. I live in a rented house where I pay Rs. 2,000/- as rent. Sometimes it even gets hard to pay the rent. How can I afford a surgery and who will look after me? If I don't beg, I will not have food and home. That is why I have not undergone the surgery yet. The hospital provided me with help, but they are charging me Rs. 30,000/-.

How can I afford a surgery by paying Rs. 30,000/-? I feel the government should help us financially. I even did not know that a procedure/process like SRS is even there. I only knew that we can go and get castration done.

But after knowing that there is a procedure to be followed, I feel it is good to undergo the entire process of SRS to avoid complications. I badly want to get a surgery done to lead a life respectfully."

Testimony by Ms. Sana, Male to Female Transgender woman, Director, Swatantra, Bengaluru

"My name is Sana and I am 27 years old. I am currently studying mass communication in St. Josephs College and I also the Director at an organisation called Swatantra.

In 2008, I one day decided to undergo nirvana as everyone around me were doing it. I did not know anything about the surgery. My friend and I took a bus to a village in Andhra Pradesh as they were doing the surgery there. It was not a well-equipped hospital, but they did my castration there. Within 5 hours of surgery, they sent me home. I was in pain and I was bleeding. Somehow I made it to my house in the community.

As the community members were not that aware about the surgery, in the name of tradition they troubled me by pouring hot water etc and because of that it took a very long time to get healed. After 40 days, they immediately sent me for sex work and it got worse.

It is only after I became a little independent, I could take good care of myself. I referred myself to doctors and it healed completely after that. I also had no idea about hormone therapy, so I did not undergo any. It is only for the last 3 years I am under hormones. Basically I did not undergo any counselling (pre or post surgery), hormone therapy etc. Because I did not undergo the process, I had infections, kidney stones etc.

It is about 3 or 4 years back I came to know about SRS. It is then I realised that SRS is a process that eliminates major infections and side effects as one undergoes counselling we can get a proper understanding of the process and also get referred to good and qualified doctors.

I personally feel the most important procedure is counselling. It enables one to understand and handle the surgery as the pros and cons of the operation are explained along with the process. I am not saying it is 100% right. There might be failures, but compared to any other procedure it is much better in terms of guidance, medication, hormones etc.

I feel most of the hospitals and doctors are not aware of SRS as well. It will be better if SRS is also included in the curriculum of MBBS. Then all the doctors will have a general idea about it.

Awareness among the community members and the government is also very low and most of them do not know about it. So spreading awareness among the community members, doctors, hospitals and government is very important and hence the guidelines and protocols will play a big role.”

Testimony by Mr. Midhunraj S.R, Female to Male Transgender man, Community Member, Kerala / Bengaluru

“My name is Midhun. I was born and brought up in Kerala and I am currently living in Bengaluru. I always liked getting dressed like a boy. But since I lived in a village, I could not do that.

In 2006 I moved to Bengaluru. The minute I came here, I first cut my hair and I started getting dressed like a boy. After sometime I started looking for hospitals that would do the surgery with the help of Akkai. Some private hospitals told they would charge about Rs. 2,00,000/-. It was a lot of money, but that was the only way I could get my breasts removed, so I considered it. In 2009 I went to NIMHANS. There Dr. Shekar Sheshadri recommended counselling and I underwent for counselling for almost two and a half years. I did not have the same doctor for all the sessions. The doctors kept changing and that is why it took so long. It also took some time for me to my certificate from NIMHANS. After I got my certificate, I went to M.S.Ramaiah Hospital and they started my hormone therapy. Even there, Dr. Pramila Kalra counselled me before the therapy. She explained the side effects of the therapy so I am aware of the same. I have to take the hormones till I am 40-45 years. I take hormones once in 3 months and it costs me about Rs. 700/-.

After I started my hormones, I wanted to get my breasts removed. I again approached M.S. Ramaiah Hospital and they said it would charge me a lakh. It was too expensive, so I went to Victoria Hospital. The doctors and the staff were very supportive and I got the surgery done within Rs. 30,000/-. I was the first female to male transgender to have undergone an operation there.

Dr. Pramila also suggested that I get my uterus removed as it would pose a lot of problems for me and have side effects. So I am thinking about getting my uterus removed soon.

Back then I used to think the process of SRS was very tedious and difficult. But the process has become quite simple now. When I went for counselling 10 years back it took a long time to get my certificate as my doctors kept changing. Now I think it has become easier. Because of SRS I could get my identity and I am very comfortable now. I want to get my penis constructed and it is very expensive. If the government could help us with it, it would be very helpful.”

Testimony by Mr. Christy Raj, Female to Male Transgender man, Community Member, Bengaluru

“I was born and brought up in Bengaluru. I ran away from home when I was 18 years. I worked in Sangama for a while. Since 2010, I am working in video volunteer. Now I am a freelancer there.

I had never seen or heard of a transgender man. But I met a transgender man for the first time in Mumbai and that is when I knew I could change my gender as well. In 2005 I went to NIMHANS for the first time. At that time, the counsellors did not have any idea about transgender. Instead of helping me out, they asked me to get married and have children. They even asked me not to do anything against the nature. I realised they would not be able to help me, so I stopped going there. I attended only 2 sessions. I was working in Sangama at that time and Dr. Shekar Sheshadri was part of the Board of Sangama. With his help, we held an awareness program in NIMHANS. But I never went back there.

In 2015 with Akkai Pdmadhali’s help, I went to Victoria Hospital. Dr. Chandrashekar counselled me. He asked me appropriate questions and explained everything I need to know in detail. Although I did not get any certificate from them, I got a green signal to go ahead with my top surgery in Victoria Hospital.

The surgery was not done completely. I feel that the doctors were experimenting on me as the trainees did my surgery, not the main doctor. We always have to go back there for the second time. So much money is spent on it only because they are not doing the process properly. There are no proper facilities provided and it is left in the hands of junior doctors. The doctors also do not explain the procedure to us as to how they are doing it. I had absolutely no idea.

They put my surgery under plastic surgery department. But under which department does it actually come under? The rates are also not fixed and it keeps changing as it does not come under a particular head or department. Lions Club helped me with my surgery.

I am under hormone therapy for the last 2 years. I got M.S. Ramaiah Hospital for the therapy. They are giving me the hormones based on the certificate from Victoria Hospital. I had to get my affidavit done as well.

I have not gone through the proper process of SRS. Many people call and ask me about it. I always recommend them to go through the process. I also feel that the process should be done in the same hospital- from counselling to the end process, so that all the documents will be maintained in the same hospital. As of now, we got to different hospitals for different processes. The doctors must also be more aware of this and have better clarity and the process to explain the implications of the surgery.”

MEETING ON SOCIO-MEDICAL STATUS OF TRANSGENDER PERSONS

The transgender community is a minority group that has borne a history of incessant discrimination, state sanctioned violence and systemic marginalisation. The inclusion and acceptance of the diversity of experiences under the umbrella of “transgender” can be realised fully only when there is a liberty to each individual to claim their identity and be legally recognised for it.

The right to self-identification and its inherent value is further elaborated through NALSA's reference to Principle 3 of the Yogyakarta Principles whereby:

"Everyone has the right to recognition everywhere as a person before the law. Persons of diverse sexual orientations and gender identities shall enjoy legal capacity in all aspects of life. Each person's self defined sexual orientation and gender identity is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom. No one shall be forced to undergo medical procedures, including sex reassignment surgery, sterilization or hormonal therapy, as a requirement for legal recognition of their gender identity."

It is also important to be conscious of fact that transgender persons are most vulnerable to physical violence, sexual violence, neglect, oppression and social stigma. In light of these challenges, forcing individuals to 'out' themselves or denying them of choosing their most comfortable identity, is inevitably placing them in detrimental circumstances.

The Supreme Court has held that the right to life includes the right to health and the same is protected under Article 21 of the Constitution. Taking all these points into consideration, a national meeting was held in NIMHANS on 12th of September where the experts from the medical fraternity, legal fraternity, community activists and the community members came together to discuss and share their experiences to help formulate a guideline for the State.

From the medical fraternity, we had-

- Dr. Umamaheshwar Rao, Director, NIMHANS
- Dr. Muralidhar, HOD of Psychiatric Social Work, NIMHANS
- Dr. K.T. Ramesh, Plastic Surgeon, Victoria Hospital, Government of Karnataka
- Dr. Prashanth, Psychiatrist, Victoria Hospital, Government of Karnataka
- Dr. Virupaksha, M.S. Ramaiah Hospital, Bengaluru, Karnataka
- Dr. Venkatesan Chakrapani, M.D, C-SHaRP, Chennai, Tamil Nadu
- Dr. L. Ramakrishnan, Vice President, SAATHII, Chennai Tamil Nadu
- Dr. Suresh Badamath, Professor, Department of Psychiatry, NIMHANS

From the government sector, we had-

- Mr. Ramaraja Urs, Chief Administration Officer, Karnataka Women Development Corporation (WDC), Bengaluru, Government of Karnataka

From the legal fraternity, we had-

- Ms. Jayna Kothari, Senior Advocate, Centre for Law and Policy Research

Among the State Transgender Community Representatives, we had

- Ms. Santa Khurai, AMANA, Manipur
- Ms. Sowmya Gupta, The Humsafar Trust Mumbai and Delhi
- Ms. Sheetal, Sahodaran Community Oriented Health Development (SCOHD SOCIETY), Pondicherry

- Mr. Avinash, Co-Founder Swatantra, Kerala
- Ms. Vyjayanthi, Telangana Hijra Intersex Transgender Samiti (THITS), Telangana
- Ms. Riyana, Swatantra, Karnataka
- Ms. Amrita Sarkar, SAATHII, New Delhi
- Ms. Anindya Hajra, Pratyoy, Trans-feminist, West Bengal

We also had Ms. Asma Sheikh, a senior Hijra community leader.

Department heads and students from NIMHANS, community members from different districts of Karnataka, journalists from Times of India, The Hindu, Deccan Herald and Bangalore Mirror were present along with the ever supportive friends and well-wishers.



Testimony by Ms. Asma Sheikh, Senior Hijra Community Leader

“India got freedom 70 years ago, but we transgender community people have still not got any freedom. We are still fighting for our rights and freedom. I sometimes feel God has made us all jokers in this circus called life. People look at us and laugh, call us names. But do people look at a woman and laugh? Do they look at a man and laugh? So where is our freedom?”

It is not easy for us to choose out an identity and step out. Sex Re-assignment surgery is critical for us to live our lives we the gender identity we choose. I also know that most doctors don't agree to do the surgery. They are scared about the legal complications that it will lead

to. But, no man will choose to be like us. Let our physical body have a name, our hearts and souls say something different. We will listen to that! It is a request to all the doctors to do the surgery and help our community.”

TESTIMONIES BY THE STATE REPRESENTATIVES

Testimony by Ms. Santa Khurai, male to female transgender woman, AMANA, Manipur

“I have been working with the community since 2008. I am the Secretary at AMANA (All Manipur Nupi Maanbi Association), a coalition working towards raising awareness of the rights of the transgender community and also currently working at SAATHII which is a national level organisation. SAATHII and AMANA have jointly been working together since 2007.

Talking about health care and mental health issues, I would like to share a few recent updates which have taken place in Manipur, with the help of SAATHII and AMANA.

- 1. We have started a small sexuality and gender sensitization workshop with the help of mental health experts and professionals. We have received a significant outcome from these workshops and one such outcome is that the doctors have become more supportive towards the issues of the transgender community members in terms of providing consultation whenever required and doing research on the issues of mental health.*
- 2. Because of our constant efforts and sensitization workshops at the district level, the district hospitals have promised to have separate toilets and OPD wards at the hospitals for the community members.*
- 3. In October 2016, a Transgender Welfare Board was formed, but it is not functioning as there are no policies and programmes formulated by the government.*

Talking about sex reassignment surgery, it is a very new concept in the State. The community members in Manipur do not get castrations done. Although a few of them have undergone the surgery, the doctors are not entirely aware of the procedures. Recently we have reached out to a few doctors who have started doing breast augmentation, vaginoplasty etc in the State. Earlier we had to go to big cities like Delhi, Bengaluru and Mumbai.

I must also mention that it is extremely difficult to mobilise doctors when we are organising sensitization programs. There is a system in place, but to be honest the government hospitals are deteriorating and private hospitals are mushrooming. The doctors are only looking at making money. For example, breast augmentation in a private hospital costs about Rs. 1,00,000/- and Rs. 40,000/- in government hospitals. There is a stark difference in these prices and because of this many community members cannot go for the surgery. Another problem is that the doctors are not qualified and trained. For example, I am under hormone therapy and it is self prescribed. It is because the doctors are not aware of it, they are not trained to give correct prescriptions and they do not help. So I googled it and asked my friends who are under hormones. I know it is not the right approach and I would like to go through the correct process of SRS. But I must mention that because of our sensitization

programs and workshops in the State and districts, some doctors have agreed to go for the training and understand the SRS process.

It will also be very helpful if SRS is added under certain schemes that are provided for the community by the Centre and the State, so that the community can get financial help for SRS.

Manipur is a State with a lot of political and cultural conflict. For example, talking about the oppressive law like section 377 of the Indian Penal Code (IPC) targeting the LGBTQI community, people in Manipur have not heard about this existing law. What I fear is, once the police personnel or the State activists hear of this law, they could target the transgender community as a tool for violating the law as there is a draconian law called as the Armed Forces (Special Powers) Act. If you look deeply into the Act, the community members will be severely affected by this law. Recently we were also looking for cases that are lodged under section 377 and we could not find a single case.

It is because these North-east States are religiously dominated; people do not come out openly. Therefore, SRS is important for many of the community members as we are the people who are in conflict with our body and our sex. On a positive note, I must say that Manipur is far more advanced than any of the other North-east States and our efforts in mobilising sexual and gender sensitization workshops will continue. “

Testimony by Ms. Sowmya Gupta, male to female transgender woman, the Humsafar Trust, Mumbai and New Delhi

“I am a transgender woman and the deputy manager of The Humsafar Trust’s Delhi office.

If we look at the brief history in Bombay/Maharashtra, social acceptance of the transgender community has slightly been better. But for the longest time medical and health care facilities has always been a tough access for the community members; whether it is to do with sex reassignment surgery or castration or hormone therapy.

If we look at the early 90’s and 2000’s, castration was conducted mostly by unqualified doctors and paramedical staff under unhygienic conditions. These led to a number of complications and infections especially urinary infections and we have addressed and filed a number of cases where the process has not been performed correctly leading to kidney and urinary infections.

In 2005 and post 2005, slowly laser treatments and the process of SRS started, although I do not have the correct data on SRS. These treatments were very expensive.

By 2010, most of the community members started undergoing castration which was not according to the SRS process and done under extremely dirty and unhygienic conditions. There have been situations where the community members have approached the hospitals and doctors for the surgeries to be corrected and due to various 2reasons; they have attacked the doctors if they disliked the treatment. Because of these situations, the doctors started avoiding surgeries or charged exorbitant prices, especially the private practitioners and hospitals.

Meanwhile the government hospitals like Lokamanya Tilak Municipal Hospital, Mumbai and Sir Gangaram Hospital, Delhi started talking about the process of SRS. But the downfall was the time taken and the long procedures by these hospitals. Hence, most of the community members underwent castration- whether they preferred it or not as the government hospitals had long procedures and private hospitals charged exorbitant rates.

It is also true that our community members have, or are under self prescribed hormones. We all know the side effects and implications of self medication, especially hormones. We have dealt with so many post surgery complications; mostly urinary problems and kidney infections and the doctors do not know how to deal with it. The reason is because there are no guidelines either at the State level or at the national level by the government.

Therefore guidelines on SRS are necessary and they have to be implemented by the government and private hospitals. It will definitely ease the community members financially and be beneficial in terms of providing better medical and health care. We from the Humsafar Trust have taken the initiative with the support of AIMS, Delhi to at least have a chapter of transgender and their anatomy and the process of SRS to be included in the medical curriculum. It is great that organisations like NIMHANS and Ondede have taken up the initiative to develop guidelines on SRS and provide help to the community.”

Testimony by Ms. Sheetal, male to female transgender woman, Sahodaran Community Oriented Health Development Society (SCOHD SOCIETY), Pondicherry

“If we look at the entire situation in India, we are still fighting for our rights in all the sectors. But if we look at Pondicherry, it is slightly better.

Pondicherry has implemented SRS policy and we have been undertaking SRS process and surgeries for the last 2 years. It takes a person a minimum of 2-3 years to be admitted for the process of SRS. If we also look at the cost and pricing in all of India, surgeries in Pondicherry is being done at a low and cost effective price of only Rs. 18,000/- (excluding GST) at Mahatma Gandhi Medical College and Research Institute. Exorbitant doctors’ fee is not charged, only the basic surgery cost for the material is taken. This is the reason the community members can afford the surgery as we have to keep in mind that they have to beg for it.

Another important point to consider is the complications that follow the surgery. Why there are these complications? If we look at the source, it is because the doctors themselves are not aware of these procedures and processes. What is SRS? Why SRS? First of all, I firmly believe that it should to be added in the MBBS curriculum for the students. At least the basics like who are transgender? What are the mental issues they face, etc? This makes it easier for the doctors to understand better and come forward to help us with our problems. This is something the government must seriously consider while also considering doing these surgeries for free of cost at government hospitals.

We do research and study the male or female genital part after it has been removed. These studies showed signs of cancer because of the wrong and self-prescribed hormones. Hence for this very reason, it is very important to have a protocol or policy in place for SRS.”

Testimony by Mr. Avinash, female to male transgender man, Co-Founder, Swatantra, Kerala

“I am a female to male transgender man.

My only request is, along with making guidelines for the doctors and the government, it is very important to have guidelines for us as well (community members) to know about SRS. Let me give you my example- I have undergone my hysterectomy and now I have no idea what the next step is and how to go about it. Hence awareness for the transgender persons is equally important as it is for the doctors.”

Testimony by Ms. Vyjayanthi, male to female transgender woman, Telangana Hijra Intersex Transgender Samiti, Telangana

“Sex reassignment surgery is not regulated in Telangana as it is the case with most of the other States. As for the first steps for both transgender man and transgender woman, gender publication in the official gazette has to happen. But with regard to the clinical evaluation by the psychiatrist or a clinical psychologist, there is not protocol even in the government hospitals like the Institute of Medical Health, Telangana. We filed RTIs to find out why there are no protocols but as we all know the information commissions around the States have been crumbling, so the RTIs are being escalated.

SRS and castration is very minimal in Telangana as is the case with most of the States. Even if it is done, it is done mostly in private sectors by private practitioners and they follow different methods without any regulations. We have also dealt with cases where vagioplasty is done and the vagina has shut despite dilating and placing a stent and for which the doctors take no responsibility. Although the doctors do the surgery, they indemnify themselves.

Because of these and many more reasons, it calls for guidelines on SRS.”

Testimony by Ms. Riyana, male to female transgender woman, Swatantra, Bengaluru, Karnataka

“I am a male to female transgender and I have studied cosmetology in St. Josephs College. I am currently working in Swatantra.

I mainly want to talk about ‘Operation Anandi’ case that happened last year in November and the effects it had on the community members. In this case the main allegations were against the transgender community and it was alleged that little children were kidnapped and made to undergo the surgery. And because of the media escalation on this issue, the transgender community faced a lot of problems from the society and the police.

After the Operation Anandi case, the doctors also refused to come forward to help the community and do the surgeries, due to the fear of being pulled into unnecessary controversies by the media. The SRS process, hormone therapy and the issuing of gender identity certificate stopped in Victoria Hospital. Because of this, large number of community members started

going to unrecognised hospitals where surgeries were done at subsidised costs and under unhygienic conditions. These surgeries were not done under the correct guidance and the process of SRS. Hence, it is a request to all the doctors to continue to provide your support to the community members.

It is also a humble request to the community members to go through the process of SRS. We need to remember that we are not in competition with the other community members. We should first learn about the process of SRS, its importance and go slow with the process by understanding it."

Testimony by Ms. Amrita Sarkar, male to female transgender woman, SAATHII, Delhi

"I was born and brought up in West Bengal and I currently live in Delhi. It took a very long time for me to decide and go ahead with my sex change and I believe it is one of the most important decisions of our lives. It is not something we decide over night and get a sex change operation done.

First we should correctly know what we want and secondly the doctors should know how to talk to the community members about the process of SRS, hormone therapy etc. When I decided to undergo the sex change operation, I did a lot of research. At that time there were no government hospitals in Delhi that did a sex change operation although there were talks on SRS. The private practitioners in Delhi charge about Rs. 3, 50,000/- and this rate is for a male to female operation. For female to male operations, they charge about Rs. 7, 00,000/- and if one has HIV AIDS, the prices are higher. These prices were ridiculously high. Luckily though a reference, I got my surgery done in Mumbai and thankfully I do not have complications.

One important thing everybody forgets before the operation is that we need 2 medical certificates for an expert. This even the doctors don't know sometimes. The certificate post surgery forms another important document. These 3 documents are the most important documents to get our IDs changed. These processes are very long, but worth the wait.

So all I can say is the process of SRS is happening at different levels in different States, but at a very minimal level. The rates are very high, the complications after the surgery are high and the awareness about SRS is very low. So a national level guideline is very necessary."

MEDICAL OPINION BY THE EXPERTS

Dr. Venkatesan Chakrapani, M.D, Centre for Sexuality and Health Research and Policy (C-SHaRP), Chennai; and Postgraduate- Institute of Medical Education and Research (PGIMER), Chandigarh

“First I want to start by defining who transgender persons are because when I started my MD first year, I was confused that transgender people are intersex people. So the doctors need to understand that we are talking about transgender people, we are not talking about intersex people. Intersex people are those people who are born with reproductive or sexual anatomy that does not fit the typical definitions of female or male and this may be because of chromosome or hormonal disorders. Because the operation procedures for intersex people which the doctors call as Disorders for Sex Development, is quite different from sex reassignment surgery that we are talking about.

The doctors are familiar with the term DSM (Diagnostic and Statistical Manual of Psychiatric Disorders) and currently there is DSM-V in which there is the usage of the term gender dysphoria and in the WHO’s International Classification of Diseases (ICD-10) there is still the usage of the term gender identity disorder. But ICD-11 which will be out in about 2-3 years is planning to use the term “gender incongruence” and want to move this gender incongruence from the list of psychiatry or mental health chapter to the sexual health chapter so the appropriate treatment can be provided but it does not give a label that it is a psychiatry disorder. This is one of the latest developments that are happening.

Both these ICD-10 and DSM-IV are diagnostic guidelines and they help with the diagnosis, but there are no explicit treatment guidelines from the government bodies. But there are some professional bodies like WPATH which have come up with guidelines called the Standards of Care. Now there is Standards of Care 8th version that will come out but the commonly used version is the 7th version which some of the Indian doctors are also familiar with and use it for SRS. There is also another regional guideline called the Asia Pacific Trans Health Blueprint. It is not specific to SRS but covers the basic health care for the transgender persons. The Ministry of Social Justice and Empowerment has a report and there is one chapter on health care, SRS and hormonal therapy for transgender persons.

The doctors are more familiar with the term “transsexuals” because the term transgender is coined by the activists and most often we do not see this term in the medical curriculum. According to the medical terminology, transsexuals are the people who want to change their sex but transgender persons include people who may or may not want to undergo a sex change operation, so it is a broader umbrella term. We also have to be clear that not all transgender persons will want to undergo sex change operation or want to undergo hormonal therapy. The idea is to provide options and if people want to undergo the operation, we should be in a position to provide it.

In some of my qualitative studies, I have had doctors arguing that if we do these operations, we are harming a normal body and it is unethical. But the fact is, it is a normal body from the point of view of the doctors but from a transgender person’s point of view, it is not a body

that they want to live with. For them it is a torture, so that is why they want to undergo the operation. So the doctors need to think from their point of view and it would be unethical if the doctors do not provide what a transgender person needs.

Traditionally the triad process was followed where first the person had to be assessed and given counselling. Then they would be under hormonal therapy and finally the surgery. But now days the three-step procedure is not necessary as some people may want to undergo the operation and not want hormones; or some people may want to have hormonal therapy, but not the surgery and there are people who want to live in the gender they identify with, but do not want to undergo the surgery or hormone therapy. All these decisions should be respected by doctors.

Now coming to hormonal therapy, it is true that many of them self-prescribe these hormones and I have seen people taking inappropriate doses and then suffering from jaundice because the liver is affected by it. There is also a misconception among some doctors that hormone therapy is given to correct the hormonal imbalance. It is not true. We are providing female hormones to a male-to-female transgender to feminise the person. Similarly, among female-to-male transgender persons, hormones are given for masculinisation.

Coming to SRS itself, if we look at it closely, no high skills are required for the doctors. For example, any plastic surgeon knows about vaginal atresia among females who are born without a vagina. The doctors know how to construct a vagina, so the same procedure can be adapted here. Again, for the removal of the male genitalia all the general surgeons know because they remove it for the male cancer patients. But for the vaginoplasty and construction of penis, some amount of skills is required so that the procedure is satisfactory, according to the expectation of the person. All this also depends on the age, time and if they have undergone hormone therapy.

These are the operations under SRS. First the penis and testicles is removed (penectomy and castration), then a vagina is constructed (vaginoplasty). Labia (labiaplasty) and clitoris (clitoroplasty) can also be constructed. We also have breast augmentation surgery which can be constructed by taking the abdominal or thigh muscles or one can also go for silicone or saline implants. These operations are for male-to-female trans-persons. For female-to-male trans-persons, options include removal of breasts (bilateral mastectomy), some may also want to remove their uterus (hysterectomy) and ovaries (oophorectomy) and have a penis (phalloplasty). Phalloplasty is very difficult, but it can be done by a skilled plastic surgeon.

We also have to look at the legal-gender recognition, that is, the documents required to change the gender in the legal identity documents. It is very different from the certificate needed by the doctors to perform SRS. Because according to the judgement, self-identification or one's gender is recognised and a certificate from the doctor to prove the self-assigned gender is not necessary.

So, we need to have a national guidelines or standards of care for gender transition, especially for SRS or gender-affirmative surgeries."

Dr. Ramakrishnan, Vice President, SAATHII, Chennai, Tamil Nadu

“I represent an organisation called SAATHII. The 2014 Supreme Court NALSA judgement says that an individual has the right to identify as a man, woman or a transgender/ third gender. So there is a limited role played by the medical establishment except in the case of psychological assessment, and the ruling clearly says insistence on hormones or surgery is not necessary for a legal gender identity. Ideally a transgender person should be able to change their name in gender change affidavit like how a cis man or woman does but some States like Delhi requires a certificate of gender dysphoria.

I want to flag a few issues on gender affirmation procedures and the first one is the gender dysphoria versus the most pathologizing gender identity disorder. Most guidelines are moving towards gender dysphoria or gender incongruence as diagnosis rather than gender identity disorder.

The second issue is the waiting period. According to the three step classical procedure one has to wait for a year or two prior to the surgery and undergo pre-periodic review to show the readiness for the surgery. In the traditional Hijra culture which is seen in most parts of India, apart from North-east is the transgender woman and transgender man living in the attire of the gender they identify themselves with. It does not make sense to subject them to another year or two of waiting. The risk of making people wait for a long time is that they might go out and get the castration procedure that is performed under unhygienic and non-sterile conditions which can lead to a lot of infections.

The third issue is the attitude of the health care professionals generally, which is very patriarchal and hetero-sexist. What I mean is that is a male dominated society and there is a notion that an ideal relationship is that of a man-woman relationship. The situation where this plays out is when we talk about sexual orientation (who you are attracted to) is different from gender identity (where you feel your true gender lies). However, there have been cases where the psychiatrist assessing a transgender woman- who was assigned as a male at birth and identify herself as a woman is attracted to other women and identifies herself as a trans-lesbian. The doctor promptly disqualified her because in his mind set- if you want to live as a woman and you are attracted to another woman, it is lesbianism and that is abnormal.

So this whole idea that a person can be a transgender and can be attracted to other transgender persons or other men or women who are androgynous, and that this is not a disorder, needs to be reinforced within the health care community.

The fourth issue is particularly relating to transgender men. We have a lot of doctors who are performing surgeries for transgender women but when it comes to transgender men the society, and family perceives them as women and they have very little social mobility which makes it difficult to go out and seek procedures. There is another example of a surgeon from Chennai who had a transgender man go to him with 2 certificates of gender dysphoria from the psychiatrist. The doctor dismissed it by saying a healthy uterus cannot be removed from someone who has not experienced the joys of child birth. This whole notion that a female body exists for the purpose of reproduction is something that has to be addressed.

The NALSA judgment has been path breaking in many ways and decoupling medical

notions of transgender and trans-sexualism from legal self determination. However there is a low understanding of this among the health care providers because in many cases the idea that a person can actually identify as a transgender without the doctors certifying is seen as a problem in the health care profession.

The fifth issue is the conflation of intersex with issues of transgender. In 2013, a committee was set up by the Ministry of Social Justice and Empowerment where the representatives from the Ministry of Family and Health Welfare said that they should determine if one is a transgender person or not by first doing a karyotypic analysis because they were under the idea that a transgender is associated with sex chromosome syndromes like Klienfelter and Turners etc. Even the recent version of the Transgender Bill that is pending in the Parliament and the Standing Committee reports give the definition of transgender which is totally wrong, misleading and aligned with intersex identity than a transgender identity.

Way back in 2008 a Transgender Welfare Committee was set-up in Tamil Nadu and it was example of a modern State. But if we look at the District Screening Committees that were set up to determine if someone is a transgender or not- is still doing physical examination in terms of feeling up breasts, so a lot of human rights violations are going on perpetrated by the medical doctors themselves.

We were hoping that the NALSA judgement would pave way for the community affirmative services whether it is legal, social or medical, but it is not there yet.

Mahatma Gandhi Institute of Medical Sciences and Research has formulated guidelines and SAPPHO for Equality has also formulated guidelines. So we should see how these guidelines can be synthesised technically and operationally which might be the way forward."

Dr. Virupaksha, Psychiatrist, M.S. Ramaiah Hospital, Bengaluru, Karnataka

"I primarily want to talk and discuss about the medical challenges we as doctors faced initially. The surgeons and physicians had no idea about gender identity, transgender persons or sex reassignment surgery. Things have changed drastically ever since and now we see transgender persons almost every week.

We have devised a mechanism in M.S. Ramaiah Hospital where Dr. H.K Nagaraj, a Senior Urologist; Dr. Pramila Kalra, endocrinologist and I work as a team and this mechanism is working quite smoothly. My colleague Dr. Mohan Raju is also involved in providing 2 certificates for those who seek SRS.

One of the challenges we face in the hospital is the period of time required for counselling. There are a very small percentage of people who are uncomfortable after the change. In their mind they are the gender they associate themselves with, but do not want any change in the body. In that context we felt at least 8-10 sessions would be appropriate for us to give them a certificate. After the certificate is given, they are put under hormone therapy. Once they start feeling comfortable and continue to attend the sessions regularly, they go for the final surgery.

In the last one year, we have had a couple of cases where the patients during the process of change had a few symptoms of depression or suicidal thoughts. So we make the certificate process very dynamic since there are no guidelines and we follow WPATH guidelines in our hospital. There are times people have got their certificate in 2 months and there are times where even after a period of one year, they have not received the certificate as we felt they needed more time. One more factor to be considered is as compared to western countries, there are a large percentage of people who have been cross dressing for 10-15 years and they are very comfortable with it. This also makes the process for certification a lot easier.

I come from a private hospital and I feel collaboration between private, semi-private and government hospitals will make this process easier. So taking all this into consideration, a uniform guideline is very necessary for common procedures and common usage of terminologies across the States."

Dr. K.T. Ramesh, Plastic Surgeon, Victoria Hospital, Bengaluru, Government of Karnataka

"I have been working with Akkai and doing surgeries for the last 4-5 years. Being a plastic surgeon and working in both government and private sectors, we are facing a lot of problems. The number of people undergoing SRS has increased in the last couple of years and so have the problems.

As many community members have shared, after the first procedure of surgery is done they do not know what to do next and I as a doctor, I am also facing the same problem. The last two years I have been trying to go the next step and since there are no guidelines- either from the government or the legal fraternity, it is difficult to go ahead with surgical procedures.

As doctors or plastic surgeons we can achieve the near normal physical structure what a male or female wants according to their desire. Whether it is genital reconstruction or hair transplant or facial surgeries we Indian plastic surgeons are well advanced to achieve anything as per the world standards. There are well trained doctors who achieve the desired results, but the problem is the lack of rules or guidelines from the government.

The cost for these processes are also not a problem as in a government set-up, it is done at free of cost. For example, the cost of implants is about Rs. 30,000- 40,000/- and that is what is charged in a government hospital. But the same implant is about Rs. 60,000/- to 1 lakh in a private hospital.

We also get some patients with kidney problems and urinal infections. It is because there is lack of education and awareness among the community members, they go to cheaper hospitals where sub-standard implants are used or unqualified doctors perform the operations and it leads to complications.

So there should be combined efforts from the doctors, government and the community members to set proper guidelines for a good outcome."

Dr. Suresh Bada Math, Professor, Department of Psychiatry, NIMHANS

I started working with the transgender community, when Akkai, reported to NIMHANS for certificate to undergo SRS. Prof. Shekar Sheshadri, guided and taught me in providing care and support to the Transgender Community. During the same time, a case came up where a 16 year old child got a gender transition done with the help of the transgender community. Simultaneously, parents also lodged a missing complaint and luckily POCSO Act was not there yet as this was before 2012.

Because of this incident, the transgender persons were arrested and two of them were put to jail for nearly 3 years. They were kept in the male cell and one of them was raped for many days inside the prison barrack. While this happened on one hand, on the other hand, the child was taken to the hospital to undo the surgery. The parents and the police again subjected the child for surgery to undo the SRS. A corporate hospital agreed and did the surgery free of cost in the name of social responsibility.

I was requested by Advocate Venkatesh BT to give expert evidence in this case at the session court. I agreed to provide the expert opinion based on the international guidelines of Harry Benjamin Protocol and according to the protocol; the transgender community did not follow it when the surgery was done. But big corporate hospitals also did not follow the protocol and did the surgery again; hence both the entities were equally punishable. That is when the court realised that neither the community nor the hospital followed the protocol. After this incident, we started thinking about forming guidelines and ever since we have been only discussing but no guideline or protocol have been formed.

When it comes to the social issues, there is a lot of disparity among the community members itself. Persons who have undergone the surgery and those who have not undergone the surgery fight to claim the benefits first. When this happens and the community is not united, invariably the bureaucrats will take over and decide it the way they want. The reason why I discussed this is because there is a long way to go and the community cannot be divided.

However, from our capacity what we have done is, a chair has been formed in the Indian Psychiatric Society and we are planning to form a guideline on transgender health. Currently, we are also mooting on a guideline called "Role of Psychiatrist in Providing Care to Transgender community" and this guideline should be out in a year. Also from NIMHANS, we are planning to coordinate with the surgeons, urologists, endocrinologists and gynaecologists to come up with a guideline that is acceptable to all. We have started this, we must take it forward to a logical end by drafting and implementing the guidelines in Karnataka and later it can be implemented at a national level.

LEGAL OPINION BY THE EXPERT

Ms. Jayna Kothari, Senior Advocate, Centre for Law and Policy Research (CLPR)

“The 2014 NALSA Judgement has clearly stated that the right to self-identification does not mandate that a person must undergo sexual re-assignment surgery or any medical transition. So the right to self-identification is not dependant on the sexual reassignment process. But if a person wants to undergo a transition from one gender to another, the courts have recognised that the right to SRS includes the access to quality care under right to health.

Under the Constitution of India, the right to health is protected under Article 21- Right to Life. Right to life includes everything that is needed to lead a dignified life and that means to lead a healthy life the way an individual desires. The lack of quality healthcare facilities available to the Transgender community in India and the further barriers that prevent access to SRS for those wanting to undergo the procedure in order to transition physically thus amounts to deprivation of the right to health for transgender persons. The transgender community continue to face discriminatory services from the medical practitioners. So when it comes to SRS, how do we make sure high quality services are rendered and all the requirements are met? We can only have that once the same is recognised as a component of one’s fundamental right.

Certain issues must be brought on record. On one hand a lot of people need to access SRS in order to transition from one gender to another but may not have the means to do so. On the other end, there are children who are intersex and families forcibly get SRS done for them because of the social stigma and discrimination. The point I am making here is that when it comes to a procedure like SRS the same should only be undertaken with the consent of the concerned individual, protecting each person’s right to a life of dignity and gender identity of choice.

Now the question arises, how do we determine consent? Should age be the guiding principle? When can minors who wish to undergo SRS do so? These are some questions that have to be answered by putting in place guidelines to ensure that persons willing to undergo SRS, whether major or minor, have the option to do so, with safeguards to ensure that such surgeries are performed with full and informed consent of the individual.

When we talk about SRS as a fundamental right, there are many aspects to it. First one is access. Both the availability of the service as well as the affordability must be emphasised. In order to make it affordable, the real demand will be from the government to make it free of cost or at a minimal cost. The issue of SRS is particularly important in the context of the Right to Health, which was held by the Supreme Court entitles an individual to seek medical services crucial to healthcare and life from any medical institution which must provide the same even if the individual may not be financially capable to bear the expenses.

The other issue is about medical insurance. The question is do the State Insurance Schemes provide for SRS? Or do private insurance schemes provide for it? Certain decisions of

foreign Courts have held that insurance cannot be denied under SRS as it is a fundamental right to health under right to life. So it cannot be excluded from insurance policies whether they are government or private policies.

Therefore, the decision in NALSA gives an individual who strongly aligns with a gender he or she may not have been assigned at birth, the option to self identify, further undergoing SRS in order to live a life with the gender he or she identifies with. This would mean that SRS may be a significant component for certain individuals in order to fully exercise their right to self-identification, and the same should therefore be affordable and accessible. At the present stage, lack of both accessibility as well as medical practitioners offering the service, as well as quality remain the core issues that need to be addressed. “

OPINION FROM THE STATE GOVERNMENT OF KARNATAKA

Mr. Ramaraja Urs, Chief Administrative Officer, Karnataka Women Development Corporation (WDC), Bengaluru, Government of Karnataka

“In the recent years, the government of Karnataka has provided for a number of development schemes for the transgender persons in terms of providing loans, housing etc. but when such help or schemes are provided; the transgender community should come forward to seek this help. Since many of the community members are not aware of it, they are not coming forward. So awareness of these schemes is very important.

Also, when it comes to SRS, the Women and Child Development will provide all the support and help required to take it forward.”

RESOLUTION

1. We will prefer the terms Gender Dysphoria and Gender Incongruence instead of the term Gender Identity Disorder because of its Pathological nature
2. We recognize that legal gender identity does not require endocrine therapy or surgery, and there is no role of medical gatekeepers for determining legal transgender identity.
3. We recognize that transgender individuals are diverse with respect to gender (binary, non-binary) and sexual orientation (heterosexual, bisexual, and homosexual, asexual) and will not use any particular sexual orientation as an aid to determine whether someone qualifies for medical procedures.
4. In referring to clients who come for medical support, we will respect their gender identity and preferred pronouns and not refer to them by their birth-assigned sex/gender in case records, talks and publications.
5. We commit to developing standards of care for gender affirming procedures that are client-centric and based on best practices in the field.

REGIONAL TRANSGENDER COMMUNITY MEETING

(Held on September 13th, 2017 at Student Christian Movement of India House (SCMI House). The session was moderated by Mr. Ramakrishnan and Ms. Anindya Hajra)

The Transgender Protection Rights Bill (2016) defines a transgender person as one who is partly female or male; or a combination of female and male; or neither female nor male. In addition, the person's gender must not match the gender assigned at birth, and includes trans-men, trans-women, persons with intersex variations and gender-queers.

The Bill also states that a transgender person must obtain a certificate of identity as proof of recognition of identity as a transgender person and to invoke rights under the Bill. The Bill prohibits discrimination against a transgender person in areas such as education, employment, and healthcare.

While the Supreme Court has held that the right to self-identification of gender is part of the right to dignity and autonomy under Article 21 of the Constitution, the Bill states that a person recognised as 'transgender' would have the right to 'self-perceived' gender identity. However, it does not provide for the enforcement of such a right. A District Screening Committee would issue a certificate of identity to recognise transgender persons. Though the Bill claims to be a principles follow-up of the NALSA Judgment, it fails to protect the right to self-determination and to uphold the legal identity of the transgender persons.

There is a huge movement that has started in India, a movement where gays, lesbians, bisexuals, transgender community have come together; not only in India but across the world. People from varied backgrounds like the English speaking, non-English speaking, literates, illiterates, Dalits, working class, Muslims are part of this movement.

The question is how do we take this movement forward? We have had various discussions, meetings and conversations on how to take this movement forward.

In 2014, the Supreme Court's NALSA Judgement for the first time gave rights to the transgender persons; there is also a report by the Ministry of Social Justice and Empowerment and we also have the Transgender Protection Bill 2016 and there are a lot of other State Policies for sexual minorities and Transgender persons. For example, Karnataka State has taken a lead ensuring and providing support to the transgender community by formulating a policy. After the Supreme Court NALSA judgement, Karnataka drafted a 'State Policy for Transgenders in Karnataka, 2014' and this policy is perhaps one of a kind policy in the country. Dr. Akkai Padmashali is also a member of the sub-committee.

Some of the major highlights of the draft are-

- Establishment of a cell for transgender in the Karnataka State Women's Development ... Corporation.
- Transgender support units at State and District levels.
- Counselling centres on the lines of Rape and Crisis Intervention Centre.
- Educational institutions and workplaces to have anti-discrimination cells.
- Action against parents who desert and abuse their transgender children.
- Police to compile crime against transgender persons.
- Education grants on the norms of scholarships given to OBC students.
- To be included in the healthcare schemes like the Rashtriya Swasthya Bima Yojana.
- Legal sanctity for partnership/marriage/live-in relationship for transgender persons.
- BPL cards to be given.
- Five shelters across the State exclusively for transgender persons.

The list goes on. As of now, this Policy is pending before the State's Women and Child Development Department.

The question is, are we only limited to these policies and bills? Will all our rights be granted only because we have a policy? Will the society accept us because there is a judgement recognising us? All these questions can be tackled and answered when we work and come together as one big movement.

So our main objective of this regional meeting is to build our perspective and think beyond the judgment and policies. So it is very important that new people step into the movement to take it forward. In June 2017 at United Theological College we had a discussion with our close allies about the movement and how to take it forward. This was our pilot meeting, so we discussed on how to take things forward. What we decided in those two days of discussion was to have regional meeting in 4 zones of India (north, south, east and west) and based on the outcomes and discussions in the regional meetings, a national level meeting to be organised.

One of the first regional meetings was organised in Manipur and the initiative taken by AMANA and SAATHII.

"There are a lot of cultural differences in the North Eastern States. These are the States that are also in political conflict. Because of these differences, we do not talk much about the process of castration; hence there are no cases of complications that follow after castration. But we have started engaging ourselves with different stakeholders about sex reassignment surgery, vaginoplasty, hormone therapy etc because it is very important to engage with the stakeholders and the community members as the community members are in need of it and awareness is very important. Recently we had a workshop where we had stakeholders from the legal fraternity, educational institutions, health care service providers, State Legal Services Authority, the community members and the activists from Assam, Arunachal Pradesh,

Mizoram, Nagaland, Tripura and Manipur were present and there was no representation from Sikkim.

We need to take into consideration that it is very difficult to work in the North East due to social, cultural and political differences, but we had a significant outcome from this meeting in terms of spreading awareness and sharing our experiences. For example, a couple of weeks back, I got information that at least 20 people came out as transgender persons in Nagaland. We still have a lot of work to be done in States like Arunachal Pradesh and Mizoram. It is very difficult to work in these States.

We also got positive responses from the legal fraternity who attended the workshop. They learnt about the gender identity certificate, the need and importance of the gender identity certificate for the community members to identify themselves as a transgender persons and they are also willing to help and support the community in terms of providing legal help and justice across the North Eastern States. These were the most significant outcomes of the regional workshop.

If I specifically talk about the State of Manipur, the visibility and tolerance towards transgender community is high, compared to other North Eastern States. Although there is a high visibility of the transgender persons, the number of school dropouts is also equally high. It is because of the social stigma, discrimination; negative attitude of the school authorities and the bullying that takes place in the schools.

We face similar discriminations even in the health care sector. The doctors are in a misconception that transgender persons are closely associated with HIV AIDS. We also faced a lot of issues while providing the gender identity certificate as to who are transgender persons and how to identify them? Are transgender persons those people who are 24/7 cross dressed or even the people who do not cross dress, but identify themselves with the other gender come also come within the definition of transgender. These were some of the issues that we discussed and debated during the meeting. “

■ **Santa Khurai, Transgender woman, AMANA, Manipur**

The transgender community is a minority group that has borne a history of incessant discrimination, state sanctioned violence and systemic marginalisation. The inclusion and acceptance of the diversity of experiences under the umbrella of “transgender” can be realised fully only when there is a liberty to each individual to claim their identity and be legally recognised for it.

“We are talking about NALSA judgement and the definition of transgender based on self identification, there is a problem between the HIV AIDS programs for transgender and following the NALSA judgement for transgender identity. Because for HIV AIDS programs, they have very strict definitions of who is Kothi, who is Hijra, who is panthi etc. When we had the North east consultation, there was this one organisation which did a lot of HIV work with MSM and they were very upset when we spoke about self identification for transgender as per the Supreme Court judgement. One particular person from the organisation was under the notion that if we follow the Supreme Court judgement, a lot of people will cheat and come forward as transgender to avail the benefits. So they decide if they are kothi or a transgender according to their behaviour and what they do etc. The organisation was not in

favour of self identification and felt that the system will be misused if self identification is followed and opposed the Supreme Court NALSA judgement's self identification procedure. The problem was the HIV AIDS program was so focussed on meeting targets and numbers, they set of rules were made to meet those targets. So for those who are working for the HIV intervention, the rights based approach is not coming very easily.

But this was just one view and nobody else favoured that opinion. Recently in a meeting that was held in Guwahati, the North-east is not in favour of the screening committee. "

■ Dr. Ramakrishnan, Vice President, SAATHII

"Today I have in this room somebody I have known for 20 years, Amrita Sarkar who I know since 1998. We both started off as friends and did not call ourselves activists and at that point of time, the word transgender as we use today was not available for us. For many of us in our own personal journeys in these past so many years, it has been a struggle for finding the right language. Often as we see now in our country, language and words are very important way in which we are defining ourselves and other are also defining us. When I look back at the history when we started work with the HIV AIDS intervention for MSM and transgender persons, this kind of polarization was not there and the polarization slowly started coming in. It divided us and it created artificial borders like if you are this, you cannot be that and if you are that, you cannot be this. But as far as I remember, many of us may have had a history of identifying ourselves as MSM as there was no other word that was there in use for us. But today when we want to choose a word that defines us truly or most accurately, we are trapped; trapped in this game of words and politics of words and the politics of numbers. So one of the first terms we came to use in the mainland India and I am not referring to the North-east as the realities are very different there, was Kothi and that in HIV AIDS literature got co-opted as the term for MSM.

I do not think anybody has the right to choose identities on behalf of us. We did not give that right to our parents and we have been resisting that fighting for our rights to be the way we want to be. Now there is a bigger fight with the State, with the government trying to do that for us. In the guard of a legislation which is supposed to be helping and for the protection of our communities, it is going to be dangerous piece of legislation and we need to resist that. We really need to say yes to self determination and no to district or any screening committees who tell us that what we are is wrong.

Three years have passed since the verdict of the NALSA judgement and there is a need to have such conversations and dialogs beyond these legislations and judgment. Today there is a need for us to come together and talk about talk about these issues and strategise to face the State because the State is now through that piece of paper and through that piece of legislation is going to control our lives. So we should rise above these fragmentations."

■ Anindya Hajra, Trans-feminist, Pratyoy, Kolkata, West Bengal

“Seldom, our society realizes or cares to realize the trauma, agony or the pain which the members of the Transgender community undergo, nor appreciates the innate feelings of members of the community”.

They are pushed to the margins of the society by making education, healthcare, housing and employment inaccessible to them. Most Transgender persons are unable to complete primary and secondary education due to hostile environment at school created by the insensitivity of fellow students and teachers. Being forced out of school, results in higher education becoming a distant dream for many members of the Transgender community. Lack of higher education forces them to stay out of the organized workforce and pushes them into sex work and begging as the only means of survival. Police harassment, violence from family and insensitive medical institutions makes matters far worse.

Testimony by Ms. Poojitha, B.A., LL.B; LLM, transgender woman, Community Activist

“My name is Poojitha and I am from Mangalore. I am a transgender woman. I used to work at Ondede.

From the time I was 5 years old, I behaved liked a girl and I used to get bullied a lot. It started at school and continued till I finished my college. Since I was good at studies, my mother supported me and encouraged me to continue my studies. I continued my studies- I did my BA. LLB and I eventually completed my LLM as well. Nobody considered me a boy or a man in any of these places. Everyone teased for behaving like a girl and used to call me “chakka.” But I also behaved like a girl, so what they called me was not wrong. I could not tell anyone that I was a transgender, it was very hard. I faced all these hardships and I finally got into law practice. Even there in the court, the judges themselves criticised me for holding the folder like a girl, talking like a girl etc and this they used to tell in front of my client. After some time, the clients asked me not to represent them anymore even though I was good at what I did. Then I left my practice. I did not have my place there; neither did I have any support from anyone.

After I left my practice, I worked in a company. Even there I went through the same discrimination. Slowly after some time, I stopped telling people that I am educated. I started telling them that I was uneducated. It was when I started going to the market and selling flowers. I did it for almost 10 years of my life. I left my practice; I stopped going home- I left everything!

Even when I was a child, I used to get dressed like a girl at home; I used to be very scared of my brother and my father. I used to hide from my relatives. Being scared and hiding from people became a part of my life and in that process I became completely dead from within.

But now I have realised that this is how I am, and I am happy. I have undergone my SRS. In 2015, I started working with organisations and though I left Ondede, even today I call myself as a representative of Ondede. Akkai has helped me a lot during these tough times. My family knows I stay in Bengaluru and that I am transgender. They don’t call me home,

neither have I made efforts to talk to them or visit them. The struggles that we go through are so much that I tend to forget sometimes. There have been times where I have had food once in 2 days, slept where ever there was place to sleep.

No matter what you have studies or how good you are at the work you do, being a transgender, we have to give up all of that. We do not get any opportunities and these opportunities are very rare. So no matter how much we struggle or what we go through, we all should be together. We should not let anything or anyone divide us.

I am close to 40 years and my life is just finishing. I feel like I am in a imaginary world and things are just happening. I am thankful for everyone who have supported me and who are helping me get back into the mainstream.”

Testimony by Ms. Priya, Beautician, transgender woman, Swatantra, Bengaluru

“I was born and brought up in a small village near Kunigal, Karnataka. I come from a humble family and we were 5 children. I was the eldest in the family and always stood as support to my mother and looked after my siblings. From the beginning I have been very feminine. It was very difficult to lead a life there in poverty, and I wanted to help my family. One day a lady promised that she could help me become a woman. I was young and I got carried away with it. I discontinued my school, I left my parents and came to Bengaluru, but it was nothing as she promised. I did odd jobs at her house, massaged her, cooked, washed clothes and cleaned. So I basically became a maid at her house. I even begged her to put me in a school so I could continue my studies, but she did not help me. I worked there for 5 years and after that I decided to leave that place. I came out of her house and joined a garment factory. Even there I faced a lot of problems and discriminations, but even in these situations, I looked after my family.

During this time, I realised I had to take charge and do something on my own life as I knew I would face these problems and discriminations no matter where I go and where I work. That is when Akkai helped me and I went for a beautician course. I completed my course and got certified to have a parlour. I started giving home services and it flourished. Eventually, I opened a small beauty parlour and now I am independent and self motivated. As of now I am the first transgender woman to have started a beauty parlour in the State and I am very thankful for everyone who has supported me throughout.”

Testimony by Ms. Anita, transgender woman, Aptamitra, Raichur, Karnataka

“My name is Anita and I come from a small town named Sindanur in Raichur district. It has been 12 years since I have been living like a transgender woman and I beg for a living.

But how long can I beg and make a living out of it? I do not get any monthly salary, I do not have any savings and I do not have Aadhar card and ration card. What do I do after I get old?

I feel formal education important for us to become something and bring a good name to our community. I have been working from the time I was very young. So maybe if I get an opportunity to study, I would like to study as I do not know how even put a signature.

There is harassment and discrimination within the community as well. So placing our demands before the government, strengthening and taking the movement forward is very important.”

The struggles faced by the transgender community are for real. The question is how do we take the movement forward?

When it comes to marriage/ relationships/ live-in relationship of transgender persons, although the judgement has recognised it, the realities are very different. Here are some stories shared by the community members-

Testimony by Ms. Anindya Hajra, Trans-feminist, Pratyoy, Kolkata, West Bengal

“I think all of us here have had difficult loves and difficult relationships. We still are going through difficult relations. I think relationships define a large part our being that we are. I am personally burnt out completely, but I still have faith in relationships and partnerships. But I want to draw attention to the fact that many of our community sisters and brothers go through a lot of emotional trauma for being stuck in bad relationships because of being treated badly by our partners and what our partners tell us- who we are worthy and what we are not worthy of. I think we have lost many of our community brothers and sisters who have committed suicide because of relationship issues. It is very important to start talking to each other for support and any sort of emotional distress that we face. It is not our shame to be told that we are unworthy; to be told that we cannot be producing children; therefore we are less equal than other partners. We all have gone through this. It is important as much as we are talking about our right to get married and seek partnership etc it is also important to revisit our positions and the realities that many of our sisters and brothers face.”

Testimony by Ms. Veena, transgender woman, Vahini, Chitradurga, Karnataka

“I was in love with a man. And we got married in a temple according to Hindu traditions. He lived with me for 5 years and we were happy. But he stopped working when he saw we went for collection (begging). I had to come back home in the evening and look after him. I told him clearly that he cannot live like this. I told him he could either leave me or take me to his parents and accept me as his wife. But he refused to take me to his parents as they would never accept me because I cannot produce children and I would be useless. Then I realised, he will be with me till he finds another woman who can reproduce his children and then he will definitely leave me and go. After a while, I only left him. It hurts a lot and sometimes we cannot handle it. They give us all the love we need and then leave us and go to another woman. I even tried to commit suicide. I sometimes feel it was not worth falling in love with him.”

Testimony by Ms. Santa Khurai, transgender woman, AMANA, Manipur

“Talking about relationships, it is very difficult for us and we cannot come out of it so easily. We also know that we are a victim of loyalty, we are a victim of betrayal, are we a victim for loving somebody. But the question here is should we look for love within the transgender community or can we love anybody despite the gender. If we even look at the Constitution of India, these provisions are very specific to gender identity and do not talk about transgender persons.

I also strongly believe that we need to share our stories. There is no shame in sharing our feelings and stories. There are so many terrible stories and everybody should know what is happening to us. There are so many men who are ready to love us in a dark corner or behind the sheets. But that is not what we want. We want men who can walk with us in public and not just in a dark closed place.

I was in a bad relationship recently and I had to go to a psychiatrist as I could not get myself out of it. I could not even share my story with the psychiatrist. Why I am flagging this is because I do not want the society to look at transgender persons as a subject. We are human beings!”

It is clear that mere formalisation of identity does not immediately result in the transgender community’s freedom from oppressive patriarchal structures nor are they protected from the discrimination inflicted by the society and State. Currently in India, we have the NALSA judgment, Report by the Ministry of Social Justice and Empowerment and the Transgender Protection Bill 2016. Among these bills, policies and reports the 2014 NALSA judgement is most closely associated with the transgender persons and their welfare.

The definition of a transgender person in the Bill is also at variance with the definitions recognised by the Supreme Court’s judgement, international bodies and experts in India. The criminal and personal laws currently in force only recognise the genders of “man” and woman”. It is unclear how such laws would apply to transgender persons who may not identify with either of the two genders. It is an unwieldy bill with a number of loopholes and if approved, it threatens to strip away the core of the NALSA judgement.





ABOUT ONDEDE

Ondede is a Kannada word for “convergence” which recognizes and acknowledges the existing movements like child rights, women’s rights, sexual minority rights and other vulnerable sections and various community media platforms; Ondede endeavours to link these different groups through areas of dialogue, research and action on Dignity-Voice-Sexuality.

Ondede envisions a society that provides access to non-discrimination and gender-just.

It also works to create a space for dialogue, support and strengthen action to visibilize issues of Dignity-Voice-Sexuality in relation to gender non-confirming, intersex, transgender and sexual minorities.

Gender and sexuality is an identity; a way of being and seeing that includes other social dimensions, particularly those of caste, religion, class etc. In the view of convergence, Ondede is putting efforts towards broadening and developing a clear understanding of gender and sexuality norms, politics on sexuality and transgender rights.

For more information- contact

Ondede,

C/o Ashoka Innovators for the Public

54, 1st Cross, Domlur Layout,

Bengaluru, Karnataka 560071

T: 080 4274 5777

Email: ondededvs@gmail.com

FB: <https://www.facebook.com/pages/Ondede-Dignity-Voice-Sexuality>

Blog: <https://ondede.wordpress.com/>

ABOUT SWATANTRA

Swatantra is an organization which believes in freedom of sexual minorities who have been socially, culturally, politically, religiously excluded due to gender identity and sexual fluidity/ sexual orientation. In need to the ups and downs across the globe gross human rights violations is an indicator to suppress the voices of minorities.

In context to India, though we are the largest democracy in the world, the issues of IPC 377, transgender persons Rights bill, human rights constitutional morality has been totally curb. To ensure that the movement of sexual minorities is stayed there through building activism, capacity, exposure to unity and access civil, political, fundamental and constitutional guaranteed rights.

Swatantra vision states “envision a just society, for what we are”. An organization from diverse identity background, Lesbian woman, Trans-men, Jogappa, Trans-women , Gay and Gender Non conforming identities are the co founders of the organization and came together to strengthen the policies of sexuality and diverse gender identity through Swatantra. We believe Social Inclusivity will only happen through dialogue, research, advocacy, policy, movement building with family members, educational institutions, law enforcement agencies, religious groups/ institutions, judiciary, legislature, executors, media, civil society organization, local government corporate and commissions.

Email: swatantrabl@gmail.com

FB:<https://www.facebook.com/Swatantrabl/>

ABOUT NIMHANS

The National Institute of Mental Health and Neuro- Sciences (NIMHANS) is a multidisciplinary institute for patient care and academic pursuit in the field of mental health and neurosciences.

NIMHANS is synonymous with providing high standards of clinical care, quality training and cutting-edge research in the frontier areas. Combined priorities for comprehensive patient care, manpower development and research, stem from the commitment to an integrated and multidisciplinary approach which addresses societal needs. The advances in genomics, computational neuroscience, mathematical modelling, neuro-imaging, molecular biology and a host of new disciplines including public health, are being translated to help humanity in need and promote the growth of knowledge.

Email: www.nimhans.ac.in

THE TIMES OF INDIA, BENGALURU
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TIMES CITY

Though willing, many can't undergo sex-change operation: Transgenders

Private Hospitals Not Affordable, Say Community Members

TIMES NEWS NETWORK

Bengaluru: Of the transgenders willing to go for a sex reassignment surgery (SRS) in Karnataka, very few can actually see it become a reality. The hurdles are many, said city transgenders at a national-level meet on 'Socio-medical status of transgender community in India'. First, there are very few well-trained doctors, who can conduct the procedure appropriately. Second, hardly any government hospital offers the process for free or at an affordable rate.

The meet was organized by Ondede and Swatantra, two city-based platforms fighting for the rights of transgenders and other sexual minority communities, in collaboration with National Institute of Mental Health and Neuro Sciences (Nimhans). Around 7 lakh transgenders in the state are willing to go for SRS, but only 200 of them have been able to afford the surgery till now.

Said Akkal Padmashali, social activist and founder of Ondede and Swatantra: "We are born with a conflicting body and mind. While some are born with the body of a man, their hearts wish and minds think like a



SHARING THEIR STORIES: Members from the transgender community at a meet on 'Socio-medical status of transgender community in India', organized by two Bengaluru-based NGOs on Tuesday

TIMES VIEW

Marginalized and sometimes even deemed outcasts, transgenders have always had it tough. While the debate over Section 377 of the IPC rages, members of this community continue to fight daily battles at different levels. While sex reassignment surgery (SRS) is probably the only way for them to relate to their true identity, settling a body and mind in conflict, the limited scope and cost factor prevent many from undergoing the procedure. A well-pronounced set of guidelines on SRS could help clear the air for transgenders as well as doctors, who have to deal with not just the medical but also legal aspects of such cases.

COMMITTEE SOON

"We are planning to form a committee with representatives from the transgender community, NGOs dealing with rights of minorities, it'll also have psychiatrists, plastic surgeons and endocrinologists to draft formal guidelines on SRS," said Suresh Bada Math, chief of community psychiatry, NIMHANS.

have developed renal, liver complications, urine infection and even cancer following inappropriate SRS. Refusals from doctors have resulted in many of us going for self-medication, leading to severe health complications," she added.

In Bangalore, Nimhans provides pre-SRS counselling for transgenders, while Victoria Hospital and MS Ramaiah Medical College and Hospital conduct the procedure.

Said Dr Ramesh K T, head of department of plastic surgery, Bangalore Medical College and Research Institute (BMCRI): "Doctors are also exposed to several legal challenges. This is because there are no specific guidelines to enable us conduct this procedure hassle free. Technically there are adequate trained surgeons to address paucity of doctors, but they are scared to get involved in legal issues."

"Once a young boy brought to us by police wanted to undergo sex-change surgery and we did the same on him. However, later his parents accused us of forcibly changing their son's gender. We face many such cases regularly. There needs to be a formal set of guidelines on SRS for both doctors and the transgender community," he added.

Efforts on to frame guidelines for transgenders' sex change surgery

Doctors and experts deliberate on the need for separate rules for such surgeries

SPECIAL CORRESPONDENT BENGALURU

A group of doctors and community activists came together on Tuesday to stress the need for uniform guidelines in India for sex reassignment surgery (SRS) for transgenders, which is lacking now.


A combination of factors, including financial barriers and lack of healthcare providers (psychiatrists and surgeons), result in the community members succumbing to crude methods of sex reassignment, they said.

In the wake of this, a group of experts, including doctors from NIMHANS, Victoria and M.S. Ramaiah hospitals, social activists, and members of Ondede and Swatantra (sexuality minority organisations), at a national-level workshop here on Tuesday, held discussions to frame guidelines on SRS. The workshop was held in NIMHANS.

The participants, who deliberated upon the need for separate guidelines for such surgeries, decided to set up a committee of experts and adopt a resolution demanding that such surgeries should be done free in government hospitals and at subsidised rates in private hospitals.

Representatives from the community from North-East, Maharashtra, Puducherry, Kerala and Telangana, who attended the workshop, shared their experiences, especially challenges faced by the community members in proving their identity.

Suresh Bada Math, chief of



Community Psychiatry and Telemedicine in NIMHANS, said in many regions across the world, an individual's pursuit of SRS is often guided, or at least guided, by documents called Standards of Care (SoC) for the Health of Transsexual, Transgender and Gender Non-conforming people. "The most widespread SoC in this field is published and frequently revised by the World Professional Association for Transgender Health (WPATH, formerly the Harry Benjamin International Gender Dysphoria Association). However, we do not have any guidelines or rules in India," he said.

Counselling needed

Asserting that any person, who wished to undergo SRS, should get psychiatric coun-

SPECIAL CORRESPONDENT BENGALURU

The State-run Victoria Hospital has been doing sex reassignment surgeries for the past four years and nearly 50 such surgeries have been conducted so far, said K.T. Ramesh, Head of the Department of Plastic Surgery.

"We had been doing only mastectomy (breast reassignment surgeries) till last year. Now, we have started doing vaginal reconstruction. However, we need more legal guidance from the government to take this forward," the doctor said.

"As most of them get admitted in special wards, the surgery cost goes up to ₹15,000. The same will cost over ₹1.2 lakh in a private hospital," he said.

provided free of cost in government hospitals. We will reiterate this in the resolution that we will adopt and submit to the government soon," she added.

Jayna Korbari, legal expert, Ramakrishna and Ves katesan Chakrapani, medic experts from Chennai; V. Upaksha, consultant psychiatrist in M.S. Ramaiah Hospital, and Prashant psychiatrist in Victoria Hospital, spoke.

Nearly 50 surgeries at Victoria Hospital

selling for at least two years before the surgery, the doctor said this is important as the person should be mentally prepared for gender change.

D. Muralidhar, professor in the Department of Psychiatry Social Work in NIMHANS, said although discussions on framing guidelines started way back in 2012, nothing concrete has emerged. Pointing out that only West Bengal had some guidelines, the doctor said Karnataka's guidelines could be the basis for a national policy document.

Akkal Padmashali, convener of the workshop, said the National Legal Services Authority had said that the ambiguous legal status of SRS should be clarified. "The authority had also said that gender transition and SRS services (including proper pre- and post-surgery/transition counselling) should be

Transgenders to help draft guidelines for sex change

Along with medical practitioners, they held a meeting to discuss medico-legal challenges linked to surgery

Niranjan Kaggere
@Timesgroup.com

TWEETS @niranjanKMIRROR

Trapped in bodies contrary to their feelings, hundreds of transgenders feel that Sexual Reassignment Surgery (SRS) is the only way out. But several traumatic cases and lack of medical expertise have prevented many transgenders from undergoing the lengthy SRS procedure. Now, the transgender community in Bengaluru has come together to frame new guidelines that will address all the medico-legal challenges associated with SRS at the national level.

The community is assisted by medical practitioners of National Institute of Mental Health and Neuro Sciences (Nimhans), Bengaluru Medical College and MS Ramaiah Hospital. The members had their first national-level consultative meeting on Tuesday at Nimhans towards framing the guidelines for SRS.

City-based transgender organisations—Ondede and Swatantra—had



KAUSHIK JI

Cost of gender transition services

● Facial hair removal treatment	₹2,500 per session
● Female hormonal treatment	₹250 to ₹1,000 per month
● Breast augmentation using implants	₹60,000 to ₹1,30,000
● SRS: Removal of male genitalia and vagina creation	₹60,000 to ₹1,30,000

(Source: C-SHaRP; approx. govt-permitted cost)

brought transgender representatives from various states to provide them with the much required input for framing the guidelines.

Busting myths about SRS
Sometimes, the high cost of SRS pushes transgenders to go for cheaper procedures at the hands of

untrained medical practitioners resulting in infection and ailments. "Lack of facilities or fear about post-surgical complications could be making many avoid the surgery. Our objective is to allay those fears by bringing out a set of guidelines and help as many as possible to get treatment," Akkai Padmashali, co-founder of Ondede, told BM.

Santa, a transgender from Manipur, said, "A few states have the facility to offer SRS. But in some cases, doctors are either not aware of the procedures or charge exorbitant prices. So many opt for self-therapy by searching for hormonal tablets online or approach untrained practitioners for surgical procedures."

Sowmya, a transgender from Maharashtra, said, "Surgeries by untrained professionals have resulted in urinary tract infections. Severe damage to the liver due to self-prescription has been reported in Mumbai and other places in Maharashtra. In some cases, members have contracted ailments like jaundice and other disorders owing to unscientific procedures."

Dangers of going to untrained practitioners

- Skin allergies in case of hair removal treatment
- Self-medication for hormonal replacement resulting in Jaundice and malfunction of liver
- Castration in unhygienic condition has led to urinary tract infection and failure of kidneys in some cases
- Improper surgical procedures in vaginoplasty resulted in shutting of vaginal walls.

Anindya, a transgender representative, revealed costs of the surgical procedure vary from state to state and thus many are forced to go from one state to another without social support. "Changing from female to male costs Rs 7 lakh in New Delhi, change from male to female costs Rs 3 lakh. But states like Maharashtra, Karnataka offer a similar treatment at a lesser cost and many come to these states for surgeries," Anindya, who underwent a similar surgery in Mumbai in 2015, said.

Dr Venkatesan Chakrapani of the Centre for Sexuality and Health Research and Policy says there is confusion within the medical fraternity about the SRS. "While many argue that SRS is unethical as it would harm the natural body, a few others see it appropriate to support the feelings of the individual."

Doctors from Nimhans and Bangalore Medical College revealed that currently in Karnataka transgenders are made to undergo one-year counselling before being recommended for SRS.