

The Context of Health for Guatemalan Trans People¹

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Universal access to health is understood as “the possibility for all people to have access to the health services they need, with due quality and regardless of their socioeconomic status, ethnicity, place of residence, sexual preference, religion or culture” (ACCESA 2015:9). Universal access to health also includes the idea that in order to access health there should be no payment or payments that jeopardize the financial stability of people or households.

Universal health stems from the principle that health is a human right and applies not only to providing health services but in ensuring the conditions that allow people to be healthy.

“In such a way, universal access to health involves an approach in which the health system, and not just the system of provision of services, must be seen in its complex relationship with other systems (educational and economic, among others) to become the object of analysis and transformation.”
(ACCESA 2015:7)

Therefore, ensuring the human right to health of all people refers to the idea of taking affirmative commitments and actions on behalf of people who are the most vulnerable, due to various factors such as gender and ethnic discrimination. For trans people, reflections on the social determinants of health have illustrated that gender-based violence impacts access to healthcare. We also know that discrimination in the education and economic system creates vulnerability for trans people because it conditions them into violent contexts or contexts in which they cannot access healthy lifestyles.

Health services in Guatemala have not yet managed to be efficient, supplied, have full coverage, good care and generate positive outcomes for the

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most vulnerable people to access them. This is due to deep and historical problems ranging from racism and structural sexism—by concentrating all services in the mestiza/ladina capital—to corruption and low tax revenue, which makes quality and supplied services impossible.

According to the Alliance for Universal and Public Access to Health (ACCESA) (2015) there are three historical roots for understanding the state of the health system in Guatemala: The political root constitutes the political decisions that mark the type of state that is Guatemala, highlights a state of counterinsurgency state before the Peace Accords—a process that ended 36 years of internal armed conflict—where, in the context of the Cold War, it was not appropriate to expand and improve public services. After the Peace Accords the state was decreased, with the result being an increase in the privatization and precarity of state workers. This resulted in services being inefficient and institutions not responding to the population, and instead co-opted by political interests.

When we talk about racism and structural sexism, we refer to the political, economic and social factors that undermine the right to healthcare of those populations affected by racism and sexism. As mentioned above, political factors refer to public decisions that have weakened public institutions or made the state work against people—such as in a counterinsurgency state. It is no coincidence that in Guatemala, women and indigenous peoples, among other groups that have been oppressed (i.e., trans people), do not find functional public institutions to access health services.

The economic root to understanding the state of the health system in Guatemala is that dominant social groups are not interested to invest in human capital for their workforce. This is because the economic models of elites do not depend on skilled labor, which in turn depends on a healthy and educated population. Additionally, a monoculture business, the extractive industry, etc. do not motivate governments and elites to advance the health system because these economic activities do not require educated, healthy and technically qualified populations (ACCESA, 2015).

Finally, there is a social root to health problems. It is found in the history of Guatemala, as its colonial origins created the conditions for inequality in Guatemalan society, based on the diverse ethnicities and skin color of its inhabitants. This history generates an ideology that legitimizes and justifies social inequalities in access to health. This ideology is not only ethnocentric, it is also heterosexist and patriarchal because it prioritizes the bodies it esteems as white, heterosexual, cis and knowledgeable. The three main roots above

complement each other, as a social context of discrimination legitimizes both political violence and unjust economic decisions based on identity. In turn, political decisions have been aimed at sustaining this economic system rather than generating a welfare state.

This context is very similar to the rest of the Central American region, few variants are issues of access to healthcare of trans people. Central America shares a similar geopolitical history determined by social inequality, institutional weakness, and an ultraconservative colonial elite.

The Differentiated and Comprehensive Health Strategy for Trans People

In response to the above-described fatal health situation the *Differentiated and Integral Health Strategy for Trans People 2016-2030* arose. The strategy seeks to generate affirmative actions for trans people to have access to public health. This strategy is focused and generated by trans civil society organizations and seeks to avoid the segmentation of health services because the trans population suffers from stigma, discrimination and poor attention in the health system. Since no country in Central America allows legal gender recognition, there is no legal framework that protects this population in the region.

The guiding principles of the strategy are in accordance with the principles of the Yogyakarta Principles and are also justified on the basis of the principle of universal and free health for all people as a human right. It has the following priority areas:

Area I. Disease Prevention and Health Promotion

Area II. Comprehensive Care

Area III. Institutional Strengthening

Area IV. Monitoring and Evaluation, each with its general and specific objectives.

The strategy arose from a recommendation from international agencies to the state of Guatemala in 2013. Subsequently, trans organizations began working on the content of the strategy and in 2015 it was signed indicating a political will by the State of Guatemala. It should be noted that in 2015 the Government was in transition in an election year and the minister of health back then cut

off a large part of the strategy's content and passed on its implementation to the next government.

The operation of the strategy has been inefficient and the public health system in Guatemala has not prioritized a reform to the administration of the health system since the administration does not currently tie health sub-systems under clear objectives or generate transparent, functional administrations. The country's widespread political instability has also caused little clarity in Guatemala's health policy, as in 2017 the health minister at that time resigned because of a political crisis of corruption of the current government.

The country's macro policy has direct impacts on the non-implementation of the strategy, as institutions such as the Ministry of Public Health and Social Assistance (MSPAS) do not operate correctly. Corruption translated into opacity in public spending, clientelism to appoint people in technical posts and co-opted trade unions that prevent internal meritocracy within the ministry's employees are some of the reasons for the malfunctioning system.

To date, the differentiated and comprehensive health strategy for trans people has not been operationalized efficiently. Despite some advances such as the distribution of responsibilities within MSPAS and the progress of a communication strategy for development (ECD). This latest strategy, however, has been carried out with abuses and trans people have stated that, despite existing evidence of insufficient knowledge on trans health within the ministry, the MSPAS refused to take responsibility for educating its staff and interpreted the content of the ECD as healthy lifestyles for trans people.

To operate the strategy, an institutional strengthening process must be carried out and political clarity must be made in the need for universal access to health as a human right. Facing this institutional gap, the transmasculine community in Guatemala self-organized to respond to their basic health needs.

In addition to this problem, we encountered health professionals who have not had any academic training regarding the needs of the trans population, since it does not exist in any medical student curriculum. Medical providers continue to stigmatize trans people as 'abnormal' and interpreting their existence as 'a sin'. They mostly refuse to pay attention to this population's need based on their religious beliefs and ignorance.

The Health of Trans Men in Guatemala

In 2019 the Trans-Training Collective of Trans Men conducted an exploratory study among trans men (Martínez & López 2019) mostly urban middle-class 'mestizos'. Regarding access to healthcare, 32% reported to consult private doctors when getting sick, 24% seek medical help in private hospitals, 28% go to public hospitals, while the remaining 20% do not receive medical care of any kind (Martínez & López 2019:26).

These data respond to the general deficiencies of the public health system in Guatemala. However, the study shows that of 31 reports of trans men, who experienced discrimination in health facilities. Another 65% of this population said they faced discrimination also in public services (Martínez & López 2019:26). These results show how the health system subdivides the population not only by social class and the ability to pay for medical bills, but by gender identity.

The Trans-Training Collective, in addition to following up on the health strategy for trans people, has also started to offer comprehensive and specific drop-in days, to meet urgent needs among the transmasculine population.

Among the data collected in 41 medical records (Martínez & López 2019), the following most common problems for transmasculine health needs could be identified: 1) Self-administration of gender-affirming androgen hormones (i.e. testosterone) for masculinization with consequences on the health of the circulatory system; 2) Urinary tract infections, often asymptomatic, as a side effect of testosterone use in the body; 3) Triglycerides and high cholesterol, often as a result of poor diet, but also in correlation to gender-affirming use and; 4) Polycystic ovaries as a side effect of increased testosterone in the endocrine system (Martínez & López 2019:26).

Added to physical symptoms, mental health problems have to be addressed. More than half of the fifty participants expressed feelings of some form of anxiety, sleeping issues or suicidality. Only 32% considered mental health as something important in their lives. This has been negatively affected as two suicide attempts have been reported (as of June 2019) within the transmasculine population which were not mentioned in the study.

Lastly, it is important to note that the transmasculine community does not trust medical institutions. Based on experiences of discrimination in healthcare settings, trans men prefer to receive healthcare services by the Trans-Training Collective meanwhile seeking medical help in the public healthcare system is considered to be the last option. These concrete micro

approaches demonstrate that if we focus on the general access to health services in Guatemala there is a clear institutional debt to the Guatemalan population visible.

Comprehensive Healthcare of the Trans-Training Collective

In light of this crisis in accessing healthcare for the trans population, in 2017 the first and to date only healthcare clinic in Central America specifically for trans men and non-binary people, assigned female at birth (AFAB) was opened.

The transfemale population was not included, as the founders of the clinic the Trans-Formation Men's Collective consisted only of transmasculine and AFAB non-binary persons. However, four trans women did receive treatment, but the resources available are very scarce, which limits the functionality of this clinic.

The clinic operates only one day per month and relies on donations, as the services provided to the community are completely free of charge. The services offered are: general medicine and gender-affirming hormone therapy; individual psychological care; and focus groups, for the members of the collective and their families. Participants of these focus groups learn more about trans and gender diversity and how to face a sexist, misogynist, conservative, and religious society.

Most people served in this clinic are between 17 to 72 years (mostly between 20-30 years); lower middle-class; with average schooling; the vast majority is unemployed; and 90% reside in Guatemala City and its surroundings.

Although many identify as trans, not all have the necessary economical resources to be able to afford a physical transition. The costs of laboratory blood analysis are high and due to low or no income many can't afford gender-affirming hormone therapy with testosterone.

Focus Groups of Trans Men and AFAB Non-Binary People

Given the little or no information that the population has on the subject of trans and gender diversity and how to start a transition with caution, responsibly and accompanied by peers, who have already started the transition process, the focal groups offer a space for conversations. These conversations

are accompanied by exercises that allow getting to know the personal stories of each participant opening possibilities to new members to raise their concerns and questions about the transition. The participants with experience answer in a responsible way and above all knowledgeable about the specific Guatemalan context the trans population lives in and with.

It has also been a space, where through sharing one's personal experiences empathy by other group members was felt leading to meaningful conversations and recognizing ways to deal with trauma. Many have been exposed to violence because of being trans and this space allows them to gain confidence to share traumatic experiences for the first time in their lives. This has created very strong ties of solidarity and companionship.

This self-support group serves as a form of group therapy that helps the group members to see that they are not alone, that there are more people who had the same or similar experiences in their lives and the most important thing is to learn and support each other through those experiences.

It generally takes effort, to educate on human rights, social injustices and masculinities that are not toxic. Living in a very sexist society often comes with the assumption that masculinity must follow a pattern of a traditional male role. This is difficult for our social movement because we fight to eradicate any type of violence especially based on gender.

Most of the violence trans persons in Latin America suffer comes from their families. Trying to foresee and prevent this menace, we have started a sensitization process with consenting relatives.

Similar to the group of trans men, family members come together to participate in conversations providing support, and most importantly, help to recognize their family member as a trans person. Trans family members are not seen anymore as 'abnormal' family members who have to be converted, punished, or corrected. We wish to reach the contrary, that the family becomes supportive of their trans family member, which contributes to the mental health of all involved.

The aim is to prevent further violence experienced inside the family, and also to the excusing of this form of violence. As a consequence of a normalization of violence, trans persons often experience domestic violence as 'normal', producing a feeling of guilt, and the assumption that they themselves are to be blamed for this violence – a violence they are exposed to from a very early age on.

This was demonstrated in a study (Martínez & López 2019:34) which showed that 62% of the violence experienced by trans people comes from within their own family.

Psychological Care Individually

The lack of knowledge in healthcare professionals vis-à-vis trans populations, makes it very difficult to find, for example, psychologists who support trans people. Oftentimes we need to educate them around trans issues and provide them with the few existing scientific resources about this topic.

In addition, it is well known that the processes of professional psychological support should be on a continuous basis with a regular frequency, rather than only e. g. once a month.

Based on his own personal experiences, Gabriel Alvarez, a trans man and psychologist, has promoted sexual diversity with special emphasis on the trans population in the Faculty of Psychology at the University of San Carlos de Guatemala.

Through the peer-support of a trans-identified psychologist, by now 22 trans men have been supported. Using the Burns' depression and anxiety scale instrument out of these 22 trans men, 15 have been diagnosed with anxiety, 6 with depression and 1 case with a bipolar disorder.

The 15 cases of anxiety were classified as severe and were accompanied with symptoms of acute insomnia, lack of appetite, lack of desire to live, and addictions (especially alcoholism). Anxiety was mainly caused by troubles of accepting their own trans identity and not knowing how to explain the situation to their families. The individuals expressed fear of rejection, punishment, stigma, and discrimination that they were suffering from in their everyday life.

Three cases of depression were classified as mild, based on unmet needs or unmet goals in life. The other three cases included suicidal ideation of which two already tried to commit suicide more than once.

All cases were addressed with emergency supportive therapies. Following the diagnosis specific actions were taken:

- Successful diagnosis and treatment resulted in monthly therapy and specific coordinated support in potential crisis situations.

- Cases that needed further follow-up were referred to affordable professional's support and support by the trans men collective to make sure the person continues to attend their respective therapies.
- In cases that required psychiatric treatment, the person is made to schedule an appointment with a healthcare professional and take, if needed, medication. This situation may be subject to the economic situation of the affected person. Although this type of treatment is usually covered by the state and free of charge, it was already explained in the introduction how weak and dysfunctional the health system in Guatemala is in general. The affected person may also encounter healthcare professionals, who pathologize them for being trans. Cisgenderism may put them even at greater risk for harm and mental health related problems.

It is urgent that we achieve partnerships with psychiatrists who are able to support trans people and to raise awareness for the situation of this community. Unfortunately, these partnerships have not been achieved so far which puts the lives of trans people at great risk.

Medical Care

Similar, to the field of psychology, medical doctors are often unaware and reject trans people. The trans community is denied healthcare, both privately and publicly, which is a clear violation of human rights.

The State of Guatemala does not recognize the rights of the trans population, so it is common practice for the trans population not to seek medical healthcare services and to self-medicate, which puts their lives at constant risk.

In the face of this great need for attention, Dr. Yusimil Carrazana Hernández was contacted, who has to date attended to the needs of more than 80 trans men from the Central American region. Since 2017 she began to support the clinic, where trans women, trans men, and AFAB non-binary people receive general healthcare, as well as gender-affirming hormonal treatment. Although, the clinic is open only once a month, it aims to support the trans community 365 days a year.

In addition to healthcare services, Dr. Yusimil Carrazana Hernández has initiated an education program around different health issues, to raise awareness of the risks that can occur if individuals do not undergo preventive healthcare check-ups.

Gender-Affirming Care

Gender-affirming hormone therapy (GAHT) is mostly desired by the local trans community. Those who visit the monthly clinic come for this purpose. Some are prior to GAHT, and some have already started without any medical supervision, which means they suffer greater health risks.

The first requirement to start the process of GAHT in a controlled way in the clinic is the initial conversation with the coordinator of the collective. The coordinator is responsible for explaining all the consequences and potential arising difficulties dealing with family, social, religious, and educational matters in the Guatemalan context. These conversations aim to support and guide them in various different aspects affected by a transition.

The doctors evaluate the person's medical constitution and run different tests prior to a gender-affirming hormone treatment. If the test results are within normal parameters and if pre-existing conditions allow, the person is asked to fill out an "Informed Consent" form.

Once all requirements are fulfilled, the doctor indicates the dose of testosterone that each individual requires. In Guatemala, only intramuscular injectable solutions are available. Monthly monitoring is carried out and the laboratory tests are repeated quarterly. Based on these regular check-ups the continuation of treatment with hormones can be upheld.

The biggest issues faced by the community is the high cost and shortages of testosterone. At times, those issues result in that many are not able to continue their GAHT periodically or that in many cases the treatment is permanently suspended. As part of the monitoring and follow up care, ultrasound check-ups of the abdomen and breasts are performed every six months and free of charge.

Hysterectomies (the removal of the cervix) are common procedures, but not covered for the transmasculine population in public or private healthcare services. Providers often don't even know that some trans men request this type of surgery. In light of the situation, the collective has started to locate safe and friendly places for this treatment. Staff in those places are sensitized and well informed, so that the gender identity of the patients is respected by everyone involved.

Mastectomy (removal of the breast) for trans men is not covered by the state or by any health insurance, making it an almost unattainable dream for this population in Guatemala. Currently only one plastic surgeon from Guatemala performs this procedure at a cost of about \$2.800. Considering

that the majority of the trans population, whether professionally trained or not, lack employment opportunities. This limits their income and the little money they earn is needed for their daily life. For that reason, many transmasculine persons wear binders (often bandages to compress the breast). This method often comes with side effects. The compressions are often used for more than 8 hours daily and because they are not anatomical, nor allow the necessary ventilation for the skin they lead to skin lesions, bruising, blistering, and infections of the skin that, when not adequately cared for, could lead to serious complications. Additionally, compressions in the stomach area can cause gastric reflux or chronic gastritis. Transmasculine people are also not familiar with the culture of breast self-examination, which would help detect any anomalies timely.

Using a packer (a replica/prosthesis of a penis and testicles to create a 'bulge'; mostly made from silicone) often turns out to be an issue, too. Generally, there is little access to this type of accessories, due to high costs. Those, who had the chance to acquire a packer start using it without proper information about the required hygiene standards. Packers are often used daily for more than 8 hours and not cared for appropriately regarding hygiene. There have been frequent and repeated urinary tract infections, which were caused by the misuse of this type of prosthesis.

Phalloplasty (surgical construction of a penis) is a widely unknown subject to healthcare professionals and inaccessible in Guatemala. The only plastic surgeon, who performs mastectomies in Guatemala, stated that based on his religious principles "I would never perform this type of surgery".

Sexually Transmitted Infections and HIV

The transmasculine community in Guatemala is not familiar with existing methods of STI/HIV prevention. The risk for contracting an infection through sexual contact is though high. Taking into account that from the aforementioned sample of 50 trans men, 22% identified as bisexual/pansexual and 10% as homosexual (Martínez and López 2019:15), additional to high rates of experienced sexual violence, expose this population to STI and HIV risk. Sexual violence is often considered as a "corrective" process to avoid gender diversity.

To many populations at risk, HIV testing is for free, but not for individuals with a vagina and those who do not engage in sex work. This makes STI/HIV testing often too expensive for the transmasculine community. In consequence, they are not performed regularly.

Educational Talks

Because of living in a conservative and highly religious society, educational talks on sexual and reproductive health are a forbidden topic for children and youth. For adults it is considered a taboo topic, because of the heteronormative and cisnormative environment. For the trans population it is an unknown and unexplored topic. Because of that the Trans-Formation Collective has initiated a series of informative talks, which help to share the knowledge about prevention of diseases related to the sexual and reproductive health.

The topics of these talks include, for example, sexually transmitted infections; Visual Inspection with Acetic Acid (VIA) and pap tests, the correct use of accessories in trans male population, and the prevention of addictions (drugs and alcoholism), etc.

Future Challenges

Being the only care clinic for the transmasculine population in Central America and working practically only on a volunteer basis, we know about the great challenges ahead of achieving sustainability of our services, since we are no longer counting on the current key players, who gave much of their time, we are likely to disappear, leaving our population at risk and without care.

It is urgent to continue working and lobbying for our community within a failed state, which does not see the trans population as a subject to human rights. But they exist and share the same obligations as the rest of its population: Health is a human right, a right that for the trans populations of Central America has historically been denied, so it has become a privilege to which few have access.

Bibliography

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