Access to Trans Healthcare in Russia

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Historical Background

The first experiments in transition-related healthcare in the Soviet Union started in the late 1960s—early 1970s. The pioneer researcher of transsexualism[1] Dr. Aron Belkin was working in Moscow with intersex, and later also transsexual, patients at that time. Some of these patients expressed a need for body modifications as an aspect of transition. Schemes of hormonal treatment were developed in Moscow by Dr. Irina Golubeva, who also performed feminizing surgeries. In 1970-1972, a series of phalloplasty surgeries was performed on a trans patient by Dr. Victor Kalnberz in Riga, Latvia, which was part of the USSR at that time. All of the doctors involved in treatment of transsexuals at this stage had extensive experience working with intersex people and used similar techniques. Dr. Belkin, although sympathetic to the needs of intersex patients, showed contempt towards transsexuals, who in his opinion, lacked the "biological basis" for their condition (Belkin 2000). Nevertheless, medical care was provided, which involved psychiatric evaluation for several years and hospitalization to a psychiatric institution.

These pioneer specialists often faced misunderstanding and even pressure from their colleagues and authorities. For example, Dr. Kalnberz was almost diagnosed as insane by a special commission sent by the Minister of Healthcare. In the end Dr. Kalnberz was reprimanded. Kalnberz was cautioned his operations constituted 'mutilation' and went against the state ideology (Kalnberz 2013). In addition to providing medical support, doctors often had to help their patients with legal gender recognition. While no official procedure existed, the process usually required sanction from the Minister of

1 The terms transsexualism and transsexual are used throughout this chapter, reflecting the historical context that is under discussion.

Healthcare and Minister of Internal Affairs (Kon 2008). Medical care for trans patients was mainly performed in Moscow, but since the beginning of the 1980s, when psychiatrist Dr. Alexander Buxanovskij took interest in transsexualism, Rostov-on-Don in Southern Russia became another center for trans people. A psychiatric commission for trans people was established in 1984 in St. Petersburg in the Mechnikov North-Western State Medical University.

Despite the difficulties involved, provision of medical care to transsexual patients continued. Already in 1976, the Rules for Amending the Acts of Civil Status mentioned "hermaphroditism" as a legitimate reason to change one's legal name.[2] In practice, this clause was used by trans people as well. According to Dr. Buxanovskij, "full sex conversion" included three steps in the following order: (a) changing legal sex (in accordance with the 1976 rules); (b) hormonal treatment; (c) surgical "sex-transformation" (after at least one year of hormone replacement therapy), including amputation of penis, cliteroplasty, labioplasty, sigmoid colon vaginoplasty for trans women, or mastectomy, two- or three-step phalloplasty, and hysterectomy for trans men (Buxanovskij 1994: 34f.). That means that no body modifications were required for legal gender recognition (LGR) at that time.

However, this rather progressive picture is problematized when one considers who wrote the histories of this time. In most cases, we have to cite the doctors themselves, and it is not surprising that they might try to present their practices as more humanistic than they really were. Even given this bias, doctors writings from the period describe trans people who were obliged to wait for several years to get their diagnosis and stay in a psychiatric facility for months with patients of the sex that they were assigned at birth. Sometimes these trans-friendly (for that time) doctors mention attitudes of their conservative colleagues, who diagnosed trans people with sluggish schizophrenia or performed reparative therapies. As already mentioned, medical care was available only in a few cities, which attracted patients from all over the Union. On a positive note, care for trans patients was free of charge, like all health services during the Soviet period.

Accounts of trans people which would help to reconstruct their perspective on healthcare in this period are unfortunately very scarce. The most promising source of information would be letters trans people wrote to their doctors.

2 "Introduction of amendments, additions and corrections to the Acts of Civil Status is performed: … t) when surname, name and patronymic need to be amended in relation to the change of sex (in hermaphrodites)".

Some of them were published by Dr. Belkin (2000), but the majority has not been studied yet. During the Perestroika period, it became possible to talk more openly about gender and sexuality. One such example is a 1990 interview in the popular journal Sobesednik. The story begins in 1961 when a trans woman first approached doctors for medical care. The doctors mocked her and said she suffered from paranoid schizophrenia. Later she met Dr. Irina Golubeva who prescribed feminizing hormone replacement therapy (HRT). Shortly after she started gender affirming treatment, the doctor died in an accident. Other doctors refused to help her, which lead to multiple suicide attempts. In the psychiatric facility, where she was put afterwards, she experienced mistreatment and torture perpetrated by other patients. Doctors forcibly injected her with testosterone. A short time before the interview was conducted in 1990, she was finally diagnosed as transsexual and received permission to undergo a surgery. It is difficult to generalize from such scattered accounts, but the picture that seems to emerge is that transsexuals were able to get appropriate care if they approached the right doctor, while they were misdiagnosed and mistreated by the rest of the medical community (Mulina 1990).

The collapse of the Soviet Union resulted in a transition from the Semashko system[3] of centralized free universal healthcare to a mixed public-private model. To address the shortage of funds and increase competition among health providers, budgetary financing of healthcare was supplemented by Mandatory Health Insurance (MHI). Private practice and clinics were allowed (Popovich et al. 2011). As will be seen later, decentralization and privatization of healthcare provision had a tremendous impact on access to trans-related healthcare in post-Soviet Russia.

Clinical Recommendations and Guidelines

In August 1991, just a few months before the dissolution of the Soviet Union, the Ministry of Health adopted Methodological Recommendations on the Change of Sex, coauthored by Dr. Belkin (Belkin and Karpov 1991). The recommendations were based on Harry Benjamin International Gender Dysphoria Association's (HBIGDA) Standards of Care and the authors' personal

3 Centralized state-run and state-funded system which provided free access to healthcare to all citizens.

experience. According to the text, the doctor had two basic pathways to treat transsexualism: (1) sex reassignment (the term in Russian is *polovaya pereorientaciya*, which will be further explained later), including LGR and surgery, or just LGR, or (2) sex reconciliation, aimed at acceptance of one's sex. After the diagnosis had been issued, a one-year probation period was required before surgery. At the beginning of this period, LGR was performed, and HRT prescribed. Short-term hormonal treatment was indicated in certain cases of 'transvestism', too. On the other hand, the text recommended against performing sex reassignment to individuals suffering from alcoholism, drug addiction, those pursuing 'antisocial lifestyles' and prisoners, until they "turn to a morally and physically healthy lifestyle". These recommendations have had lasting effects on medical practices and LGR not only in Russia, but also in other post-Soviet countries.

On 6 August 1999, the Russian Ministry of Health adopted Decree N311 which introduced the Clinical Guideline "Models of diagnostics and treatment of mental and behavioral disorders". The Guideline provides general description, procedures of diagnostics and treatment of disorders listed in Chapter V (Mental and behavioral disorders) of the International Classification of Diseases-10 (ICD-10), which had been implemented in Russia on 1 January 1999. The definition of 'transsexualism' (F64.0) in this guideline excludes intersex people, while the symptoms listed include so-called 'homosexual orientation', which in this case means sexual or romantic attraction to people of the gender that one was assigned at birth. Differential diagnosis is made with schizophrenia, transvestism, homosexuality, and organic damage to the brain. Further contraindications include alcoholism, drug addiction and antisocial behavior (same as in 1991 Recommendations). The treatment is subdivided into three stages: (1) preparatory (observation by a psychiatrist for at least 2 years, psychological, physical examination, diagnostics of transsexualism); (2) sex reassignment (HRT, surgeries, amending legal sex—the order of those is not mentioned); (3) rehabilitation (follow-up observations, psychotherapy). The decision to allow surgeries and LGR is made by a commission consisting of three doctors, their specialization is not mentioned (Krasnov and Gurovič 1999).

On 13 December 2012, the guideline was repealed by the Ministry of Health (Decree N1042). To this day, no replacement has been put in place. Instead, the Standard of Primary Medical Care in the Case of Sexual Identity Disorders was introduced by the Ministry one week later. The Standard lacks detail and does not reflect the actual experiences of trans people. For example, the aver-

age length of treatment is listed as 365 days. As treatment options, it mentions only psychotherapy and HRT, and only four specific drugs are listed. Surgery is not listed as an option for treatment. Thus far, there is no evidence that the Standard has had any effect on clinical practice.

The lack of clinical recommendations provides ample scope for doctors to proceed with diagnostics and treatment as they wish. This means that there are both conservative and progressive treatments possible depending on the doctor. Many trans activists claim that such a situation gives them opportunity to advocate for improved services at the local level. On the other hand, this makes the quality-of-service dependent on the place one lives in, the ability to travel to a different region and, last but not least, access to information about friendly doctors. Although trans activists have established many online resources, where trans people can find feedback on individual doctors, the digital divide persists. This means that less informed individuals with fewer resources are obliged to endure humiliating treatment at the hands of transphobic doctors.

There have been a number of attempts on behalf of trans activists to push the Ministry of Health to adopt new clinical recommendations. The latest attempt began in June 2019 after the Ministry revised the procedure for adopting clinical guidelines, stipulating that future guidelines must be written by organizations of medical professionals. The introduction of the ICD-11 by the World Health Organization (WHO) in May 2019 has changed nothing so far. To implement the ICD-11 in Russia will take several years. Providing a correct translation and a fast implementation of the ICD-11 is another goal of the Russian trans movement.

Legal Gender Recognition

The order of steps which one was expected to undertake during transition was significantly altered in post-Soviet Russia. While in Soviet times LGR was the first step, followed by HRT and surgeries, post-Soviet Registry offices started demanding HRT and at least some surgeries (the minimal requirements were usually mastectomy or orchiectomy) as a prerequisite for changing legal gender. It is difficult to determine the reason for this change. In general, varying approaches were a result of a legal vacuum. The 1991 Recommendations that permitted LGR before any medical interventions were not legally binding. Furthermore, they were issued by the Ministry of Health, while the Reg-

istries were under the Ministry of Justice. This legal vacuum was supposed to be filled by the Federal Law N143 "On the acts of civil status" (1997), which states in Article 70 that the person's records can be amended on presenting "a document of the established form about the change of sex issued by a medical organization". This law did not state whether the "change of sex" refers to one's psychological, hormonal, or morphological sex. The actual "established form" of the document, which could clarify this matter, was expected to be devised by the Ministry of Health. However, the Ministry did not clarify it for the following 19 years. As a result, registry offices in different regions of the country had varying practices of LGR, but in most cases the diagnosis 'transsexualism', HRT and some surgeries were required (Kiričenko 2011). In many regions, trans people had to sue the registry to have their gender recognized.

LGBT organizations in Russia have demanded for years that the Ministry of Health clarify what the "established form" of documentation required for LGR would be. This lack of clarity and its negative consequences were mentioned in the Ombudsman's Report in 2011. On the other hand, not all activists supported the introduction of a clear set of requirements, fearing that in the conservative political context any specific LGR procedure that was developed would not be liberal enough and would only make the situation worse. Based on their opposition to being pathologized, some individuals hoped for a legal framework that would make LGR possible without the need to receive a diagnosis of 'transsexualism'.

In 2017 the Ministry of Health finally issued a relevant draft Decree (087/y). This initiative came as a surprise, not only for trans activists, but also for doctors working in the field of trans health. The draft of this decree was controversial for several reasons (Kirey-Sitnikova 2018):

- It used the undefined term *polovaya pereorientacia* (which seems to be a translation in the wider sense of the term 'sex reassignment', a literal translation would be 'sexual reorientation'). This did not correspond to any diagnosis in either ICD-10 or the beta version of ICD-11.
- It requires that an individual undergo one and a half years of psychiatric evaluation before referrals are made to a medical commission eligible to issue the 'medical document' which states that a person has undergone 'sexual reorientation'.
- These medical commissions may only be established by a medical organization with licenses in both psychiatry and sexology. Only a few organizations in Russia have licenses in both fields.

- The 'medical document' issued by the commission would be valid for only 1 year. If a person was not able to change their legal gender during this period, they would be required apply for a new document.
- The draft contained no explicit reference to HRT or surgeries as requirements for LGR, but neither did it rule out such requirements.

Trans activists had two weeks to submit their opinion as part of the public consultation procedure. As a result of an ad hoc grassroots campaign, 73 individuals (some representing organizations) submitted comments criticizing the proposal. After a reconciliation process between the Ministry of Health and the Ministry of Justice, which was not transparent and did not include relevant stakeholders, the final version was published in early 2018. The length of psychiatric evaluation, which previously had been 1.5 years, was no longer mentioned, but the other controversial points listed above all remained. The removal of references to required length of psychiatric evaluation is sometimes described as a victory for the Russian trans movement, although the exact role played by the activists' actions remains unknown due to the lack of transparency in the process.

With the "established form of the medical document" finally in place, LGR became more or less standardized all over Russia. Trans people now have to be diagnosed with 'transsexualism' and get a medical document stating that *polovaya pereorientacia* ('sex reassignment') has occurred. No medical interventions are required. Going to court is no longer necessary. Once one applies to the registry with the medical document, it takes about a month to get their name and legal gender amended. With these details changed by the registry, it takes about 10 days to get a new passport. Unlike some other countries, in Russia trans people can change not only their passport but all other documents as well, including their birth certificate.

Diagnosing 'Transsexualism'

According to the new LGR procedure, the "medical document of the established form" is issued by a medical commission consisting of a psychiatrist, a sexologist, and a clinical psychologist. The need for a diagnosis of 'transsexualism' is not explicitly stated but it is usually assumed in practice. The diagnosis is issued by the same commission as the medical document, often at the same time. Since there are no clinical recommendations for diagnosing

'transsexualism' in place and the rules for issuing the medical document are vague, actual practices vary greatly between different medical commissions. The commissions can be classified into state-run and private. State-run commissions tend to be more conservative, while private commissions are often established by trans-friendly doctors at the initiative of activists.

Many trans people apply to be diagnosed in Moscow, where several commissions are established. The state-run Serbsky Center for Psychiatry and Narcology is a bastion of conservative attitudes to trans people, with a very strict definition of 'transsexualism'. The leading specialists are Dr. Vvedenskij and Dr. Kibrik. The City Psycho-endocrinological Center was originally established by Dr. Belkin as a state-run institution, but it is now privately run by Dr. Matevosân. Nevertheless, this Center's views on transsexualism don't differ from those dominant at the Serbsky Center. Doctors from these two organizations regularly cooperate in authoring academic articles and send trans patients from one place to another. Because doctors from these organizations are considered established authorities in treating transsexualism, many trans people visit them, if they have no information about trans-friendly options. Of the trans people who seek diagnosis through these two organizations, few succeed.

The Moscow-based Scientific Center for Personalized Psychiatry, headed by Dr. Solov'ova, was established in cooperation with trans activists. Evaluation at this Center includes initial consultations with a psychiatrist, a sexologist and a psychologist, various tests to rule out intersex conditions, as well as two meetings of a medical commission: the first one to issue a referral for surgeries and hormonal treatment; the second one to issue the 'medical document' for LGR. Both meetings can be arranged on the same day, so trans people arriving from other cities need to spend no more than 1-2 days in Moscow. The costs vary but are generally around 500 USD for diagnosis through a private commission.

In St. Petersburg there are two commissions. One of them is currently based in the private clinic of Dr. Isaev. The other is situated within the North-Western State Medical University, under Dr. Ekimov. Dr. Isaev has been working with trans patients since the 1980s. Over time his views have evolved significantly, so he is now considered one of the most trans-friendly psychiatrists in the post-Soviet region. Before 2015, Isaev's commission was situated in the state-run Pediatric Academy, but Isaev was made to resign after a campaign organized against him by anti-LGBT activists. The commission was reestablished in a private clinic, and the prices rose significantly. On the other hand,

since they are no longer required to follow the Pediatric Academy's internal regulations, the commission has become more flexible and mostly issues diagnosis in less than a week. As for the commission at the Medical University, it requires 2 years of psychiatric evaluation, but it is free.

Outside Russia's two biggest cities, a number of commissions have been established in such cities as Samara, Omsk, Novosibirsk, Tyumen and Rostov-on-Don. The commission in Samara is private and was established at the initiative of trans activists. This commission is among the cheapest (approx. 250 USD) and probably the most trans-friendly commission at this time. The commission at the Center "Phoenix" in Rostov-on-Don, which is privately run, is known for its conservative attitudes. It is currently headed by Dr. Buxanovskaya, who is the daughter of Dr. Buxanovskij, one of the pioneers of trans research discussed earlier in this article.

There is a great many violations of human rights, dignity and ethical norms associated with this process of issuing the diagnosis and the medical document. These are most present in the practices of the more conservative commissions. When visiting private clinics, trans patients are made to pay for unnecessary tests and consultations. Meanwhile, in state-run institutions it is sometimes necessary to pay bribes in order to receive the correct diagnosis (rather than, for example, schizophrenia). Cases of sexual harassment and coercion are known. Some doctors require trans people to get undressed in front of the commission. There is also anecdotal evidence, for example in web forums, that trans people have been used for research purposes without their consent. Trans people are either not asked to give their informed consent for participation in research projects, or have no real possibility to say no, since they depend on the doctors to get the right diagnosis. Sometimes doctors oblige trans patients to undergo costly medical tests that are needed for the doctor's research, while having nothing to do with diagnosing 'transsexualism'. Some patients complain that the commission's decision might depend on arbitrary facts, such as physical appearance, sexual orientation or insufficient length of HRT.

Hospitalization, which used to be widespread before, is now rarely required to get the diagnosis. But there are reported cases in which doctors took bribes from relatives of trans people who wished them to be involuntary hospitalized in a psychiatric institution and undergo 'reparative treatment', which is comparable with conversion therapy. Many of these violations go unreported. They are often faced by trans individuals who are not connected to the local (or national) trans movement. If they had access to better infor-

mation, it would be unlikely that they would visit these doctors. Yet since understandably, many trans people do not go public about their negative experiences, the perpetrators remain unpunished.

To sum up, in Russia a diverse landscape can be found. On one side of the spectrum, there are very liberal commissions which issue diagnosis in a couple of days and to most people who apply. On the other end of the spectrum, there are very conservative commissions with an extremely narrow definition of transsexualism, who perpetrate clear violations of trans people's rights and dignity. What is common to both settings is that trans people are required to pay to be diagnosed, whether officially in private clinics or as bribes to doctors in state-run institutions. It is generally possible to get the diagnosis and the medical document in a few days, but only if one has enough money to travel to another city and pay for the commission.

Hormonal Therapy

HRT has been provided to trans patients since the 1970s. However, due to the incompetence of doctors, some trans people received no HRT after surgeries, leading to a 'post-castration syndrome' and related health issues. These problems were often misdiagnosed. As a result, some of the trans patients had to undergo unnecessary treatment. For example, a trans woman who had her surgery in 1974 and suffered from post-castration syndrome afterwards, was erroneously diagnosed with chronic adrenal insufficiency by local doctors, who treated her with glucocorticoids, further worsening her condition. Only in 1982 did she receive the correct diagnosis and treatment in Moscow (Kozlov/Kalinčenko 1995). Dr. Kalinčenko, working in the Endocrinological Scientific Center in Moscow, has been the leading specialist in the field of HRT for trans people since the late 1990s. Treatment protocols in the Center are based on international practice. For trans women, they include estrogens (ethinylestradiol, 17-beta-estradiol or estradiol valerate) and antiandrogens (mainly cyproterone acetate, 50-100 mg/day). For trans men, standard testosterone drugs (Sustanon 250, Omnadren 250, Nebido) are used (Kalinčenko 2006).

Few endocrinologists in Russia possess sufficient competence to provide trans people with adequate care. Those doctors who have that knowledge mainly work in commercial clinics, making their help financially inaccessible for many trans people. Another issue is that the diagnosis 'transsexualism' is

usually a requirement to obtain a prescription for hormone treatment. These structural and financial barriers force many trans people to take hormones without prescription or medical supervision. This practice is only possible because most pharmacies in Russia do not ask for a prescription when selling estrogens and anti-androgens (although they are obliged to do so by regulations).

The situation is more difficult for trans men, since the sale of drugs containing testosterone is strictly regulated. The prescription is valid for only one dose, meaning that trans men have to visit the doctor every few weeks and pay accordingly. It is also possible to obtain testosterone illegally. These drugs are imported from abroad and are often of poor quality, causing health complications. Further, some trans individuals have faced criminal charges for buying hormones without a prescription.

To compensate for the inadequate knowledge of the majority of doctors, many trans people immerse themselves in scientific literature and provide peer-to-peer support to others. Information is spread on the internet or provided in the form of individual consultations. Although the disseminated information might at times be outdated or incorrect, this is believed to be nonetheless more reliable than the advice provided by some ignorant doctors.

With the advancement of the trans movement in Russia the situation is slowly changing, as trans organizations work toward educating doctors. An illustrative case is the activities of the St. Petersburg-based organization T-Action. In cooperation with the Almazov Medical Research Center, they established a program of further training for endocrinologists, who wish to work with trans and intersex people. On completion of the program, the doctors receive an official certificate that is approved by the government. Besides this activity, the organization leads an ongoing project, in which trans people visit doctors as patients, talk to them about their needs and ask them to join an e-mail list for trans-friendly doctors. In spite of these efforts, the great majority of endocrinologists throughout the country remain ignorant of the needs of trans people.

Surgeries

Since the early 1990s, microsurgical techniques were developed in the Russian Research Center of Surgery (Moscow) to address the needs of trans patients. The whole range of feminizing and masculinizing surgeries is available, but

their quality varies. Among 103 patients who underwent vaginoplasty in the aforementioned Research Center, 29 (28%) had complications (Kučba et al. 2014). Among 114 trans men who underwent phalloplasty in the same Center, 20 (18%) had complications (Milanov, Adamân and Kazarân 2001). A number of surgeons are working in other regions as well, although their techniques are less advanced. Some of their patients go to redo their surgeries in Moscow. Out of concern for better quality, those with more financial resources tend to choose foreign clinics, mainly in Thailand and India (trans women) or Serbia (trans men). At the same time, Moscow is a destination for some trans people from neighboring post-Soviet countries, where these surgeries are not available, or the quality is even worse.

In almost all cases, the surgeries are performed on a commercial basis. There do exist regional quotas for high-tech medical care, but there are only a few trans people who are able to benefit from them. To use this mechanism, one has to obtain a false diagnosis other than 'transsexualism', since 'transsexualism' itself is not on the list of the diagnoses eligible for this program. Orchiectomy can be obtained under Mandatory Health Insurance (MHI), but, once again, the official diagnosis should not be 'transsexualism', but 'hypogonadism' or another similar diagnosis. Before the adoption of the new LGR procedure (087/y), orchiectomy was the minimum requirement for changing one's legal gender in many regions. Since the new LGR procedure requires no surgeries, orchiectomy is performed less often.

Trans Activism and the Access to Healthcare

Trans activism in Russia, depending on definition, can be traced back to the year 2000. Expansion of the internet in Russia and post-Soviet countries made it possible for large numbers of Russian-speaking trans people to connect and build networks for the first time. Varying digital resources were established, including mailing lists, web forums and websites. These developments enabled trans people to exercise their agency as more active stakeholders in their health. Information from foreign websites (almost exclusively in English) was translated; topics included theories of the formation of gender identity, psychological matters, HRT, surgeries, voice training, cosmetics, success stories, etc. Locally important information, such as contacts of doctors, personal stories of people receiving the diagnosis, HRT and surgeries, changing their legal gender, etc., was also disseminated through these online platforms. While previous generations of trans people had to rely solely

on doctors for information about medical gender-affirmation, the internet and social media became alternative sources of information, created by trans people for trans people.

During the first years, however, the mission of these resources was limited to sharing information. The next stage, starting roughly from 2009, involved the trans movement's active intervention in the sphere of trans healthcare. Several events for doctors have been organized by the initiative group FtM-Phoenix since 2009, including two large conferences in 2013 and 2014. The group was also involved in advocacy work within the Ministry of Health, in order to introduce the "document of the established form" for LGR. In 2011, a trans couple organized a clinic in Moscow that has since provided medical care for trans people, including endocrinology, surgeries and a psychiatric commission that can issue the diagnosis of 'transsexualism'.

In other cities, trans activists started direct communication with local doctors to raise their trans sensitivity. T-Action, established in St. Petersburg in 2014, organizes seminars and trainings for doctors, runs a government-approved course for endocrinologists and has written a book on trans health. Many Russian trans organizations and individual activists participated in the public discussion of the Decree leading to the new regulations for LGR in 2018. Since 2011, it has become increasingly common for activists to advocate for 'de-pathologizing' the discourse about trans experience, although the views of activists may not reflect the broader views of the Russian trans community.

Discussion and Conclusions

For a socially conservative country, which is known internationally for its human rights violations, especially against LGBT people, Russia has a surprisingly developed system of medical care for trans people. All transition-related medical procedures are available within the country, even if their quality leaves much to be desired. The procedure of LGR is among the easiest and quickest in the world and requires no medical interventions. Much of it is based on the legacy of the Soviet Union, where medical care for trans patients was being developed since the late 1960s – early 1970s and the main agents of positive change were the doctors themselves. This does not mean that the present situation goes without criticism. Since 2014, a number of bills have been proposed by conservative members of parliament (MPs) that would restrict the rights of trans people, including the right to trans-specific medical care and LGR. So far, all such proposals have failed, after being criti-

cized by other MPs and members of the bureaucracy. The reason for the failure of these proposals is that trans issues are perceived in a medical context by most politicians and bureaucrats. The opinion of the doctors, who claim that 'transsexualism' is no different from any other illness, enjoys widespread credibility.

Viewed against the backdrop of almost 50 years of medical care for trans people in Russia, trans activism is a relatively recent phenomenon. Trans activists engage in various activities that have a bearing on trans people's access to healthcare, including education of doctors, advocacy within the Ministry of Health, as well as shifting the discourse on trans issues and promoting de-pathologization. This work has contributed to the recent liberalization of LGR, increased awareness among doctors and establishment of several trans-friendly commissions. On the other hand, some trans people fear that increased visibility of trans activists and, especially, their position on de-pathologization, may lead to severe attacks on the part of conservative parliamentarians and general public. This could lead to scaling down trans rights, including access to trans healthcare. It appears that conservative medical specialists, who pathologize trans people, also serve as a shield against political attacks. The fear is that were transgenderism no longer regarded as a medical condition, this protection might suddenly disappear.

One should be cautioned against idealizing the situation of trans healthcare in Russia. It is important to note that while a number of trans-friendly medical services exist in the fields of psychiatry, endocrinology and surgery, they are distributed very unevenly throughout the country. Most are concentrated in Moscow and St. Petersburg, a few in other cities in the European part of Russia, and Western Siberia. Trans people in the whole eastern half of the country often have no competent specialists local to them and need to travel thousands of kilometers at their own expense. Further, it remains an issue that most adequate medical services are provided on a commercial basis. Given the desperate financial situation of most trans people in the country, who suffer from severe transphobia at the workplace, this creates financial barriers to accessing trans-related healthcare. Finally, while there's been a significant growth in the number of medical specialists working in trans-related fields (psychologists, psychiatrists, endocrinologists, gynecologists, surgeons), no similar development can be observed among doctors in other specializations, thus, trans people are subject to transphobic attitudes when accessing general healthcare.

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