

Beyond the transitioning process: design and implementation of a depathologizing and comprehensive trans and travesti health service in the primary health care context in the city of Porto Alegre (Rio Grande do Sul)

Para além do processo transexualizador: concepção e implementação de um serviço despatologizador e integral à saúde trans e travesti no contexto da atenção primária à saúde na cidade de Porto Alegre (RS)

Más allá del proceso transexualizador: concepción e implementación de un servicio despatologizante e integral a la salud trans y travesti en el contexto de la Atención Primaria de Salud en la ciudad de Porto Alegre

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Abstract

Problem: Transgender people and *travestis* constitute an extremely vulnerable population in several social spheres, including the institutional one. In health, this process is no different, with numerous barriers to the health demands of this population. This lack of care contradicts the current legislation, the very foundation of the Brazilian public health system (*Sistema Único de Saúde* — SUS), and even health care policies for the LGBTQIA+ population. The expansion and strengthening of this population's care network move toward historical reparation and reducing inequities, which are systematically violated in our current social structure. This work aims to report the experience of creating the Gender Identity Outpatient Clinic (*Ambulatório de Identidade de Gênero* — AMIG) of Conceição Hospital Group (*Grupo Hospitalar Conceição*), a comprehensive and depathologizing service for trans and *travesti* health care in the primary health care context of SUS. **Methods:** This is a qualitative descriptive study. We performed documentary research on minutes and materials produced during the implementation, as well as observations made by the researchers, such as field journals, resulting from their participation in this process. Data were analyzed through content analysis to synthesize and process the information collected. **Results:** Specific services for the trans and *travesti* population are necessary because they work to remedy historical inequities experienced by this population. The design and operationalization of this service allowed us to revisit stages of a complex and not always linear process, with challenges including transphobia. **Conclusions:** Strengthening the service itself and the health care network for this population will require continuing education for professionals, as well as incentives from the institutions involved in this process. The formalization of the project, the increasing participation of the population and social movements, and the promotion of educational and training actions are perspectives to be considered in the next steps of this journey.

Keywords: Transsexualism; Gender identity; Sexuality; Primary health care; Unified health system.

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Resumo

Problema: Sabe-se que transexuais e travestis são uma população extremamente vulnerabilizada em diversas esferas sociais, incluindo institucionalmente. Na saúde, esse processo não é diferente, e o que se observa são inúmeras barreiras às demandas em saúde dessa população. Essa desassistência está em dissonância da legislação vigente, dos próprios fundamentos do Sistema Único de Saúde (SUS) e mesmo de políticas de atenção à saúde da população LGBTQIA+. A ampliação e o fortalecimento da rede de cuidado dessa população caminham no sentido de redução das iniquidades e reparação histórica, que são sistematicamente violentadas nos moldes sociais que temos atualmente. O objetivo do trabalho foi relatar a experiência da criação do serviço do Ambulatório de Identidade de Gênero (AMIG) do Grupo Hospitalar Conceição, um serviço integral e despatologizador de atendimento à saúde trans e travesti no contexto da Atenção Primária à Saúde no SUS. **Método:** Este é um estudo de natureza qualitativa, do tipo descritivo. Foi realizada pesquisa documental de minutas e materiais produzidos nesse percurso, bem como observações feitas pelos pesquisadores, como diário de campo, que decorreram da participação nesse processo. Para a análise dos dados, foi utilizada análise de conteúdo, a fim de sintetizar e processar as informações coletadas. **Resultados:** Serviços específicos para a população trans e travesti são necessários, pois operam na lógica de sanar iniquidades históricas sofridas por essa população. A concepção e a operacionalização desse serviço permitiram revisitar etapas de um processo complexo e nem sempre linear, com desafios incluindo a transfobia. **Conclusão:** O fortalecimento do próprio serviço e da rede de atenção à saúde dessa população necessitará da formação continuada de profissionais, bem como do incentivo das instituições envolvidas nesse processo. A formalização do projeto, a ampliação da participação popular e de movimentos sociais e o estímulo a ações educativas e formativas são perspectivas a serem consideradas nos próximos passos dessa trajetória.

Palavras-chave: Transexualidade; Identidade de gênero; Sexualidade; Atenção primária à saúde; Sistema único de saúde.

Resumen

Problema: Se sabe que los transexuales y travestis constituyen una población en extrema vulnerabilidad en varios ámbitos sociales, incluido el institucional. En salud, este proceso no es diferente y lo que se observa son numerosas barreras a las demandas de salud de esta población. Esta falta de asistencia es incompatible con la legislación vigente, los mismos fundamentos del SUS e incluso las políticas de atención de la salud de la población LGBTI +. La ampliación y fortalecimiento de la red de atención de esta población va en la dirección de reducir las inequidades y de reparación histórica, que se viola sistemáticamente en los moldes sociales que tenemos actualmente. El objetivo del trabajo es reportar la experiencia de crear el servicio de la Clínica Ambulatoria de Identidad de Género del Grupo Hospitalar Concepción (AMIG), un servicio integral y despatologizante para la atención de la salud trans y travestis en el contexto de la Atención Primaria a la Salud en el Sistema Único de Salud (SUS). **Método:** Se trata de un estudio descriptivo cualitativo. Se realizó una investigación documental sobre las actas y materiales producidos a lo largo de este camino, así como las observaciones realizadas por los investigadores como un diario de campo que resultaron de la participación en este proceso. Para el análisis de datos, se utilizó el análisis de contenido con el fin de sintetizar y procesar la información recopilada. **Resultados:** Los servicios específicos para la población trans y travestis son necesarios, ya que operan en la lógica de remediar las inequidades históricas que sufre esta población. La concepción y operacionalización de este servicio nos permitió repasar etapas de un proceso complejo, no siempre lineal y con desafíos, incluida la transfobia. **Conclusión:** El fortalecimiento del propio servicio y de la red asistencial de esta población requerirá sin duda la formación continua de los profesionales, así como el impulso de las instituciones involucradas en este proceso. La formalización del proyecto, así como la expansión de la participación popular y los movimientos sociales y el impulso de acciones educativas y formativas son perspectivas a considerar en los próximos pasos de esta trayectoria.

Palabras-clave: Transexualidad; Identidad de género; Sexualidad; Atención primaria de salud; Sistema único de salud.

INTRODUCTION

The life expectancy of the trans and *travesti* population in Brazil is 35 years, and Brazil is the country with the largest number of trans people murdered.¹ This population has higher rates of depression, anxiety, suicide, sexually transmitted infections (STIs), and human immunodeficiency virus (HIV), in addition to being frequently exposed to risks related to body changes, such as the application of industrial silicone by *travestis* and transgender women.¹ In a systematic review of the barriers faced by the population of lesbians, gays, bisexuals, *travestis*, transgender people, intersex people, and other identities (LGBTQIA+) to access health services, Albuquerque et al.² describe the criminalization and stigmatization of sexuality and gender, as well as educational deficits and/or the inexperience of health professionals, as the main obstacles.

In this context, primary health care (PHC), as the entry point into the Brazilian public health system (*Sistema Único de Saúde* — SUS), has a crucial and comprehensive role in addressing sexual and gender diversity.¹ However, the weak connection of transgender people and *travestis* with PHC is a symptom that originated from the characteristics of PHC teams and is still present today.^{3,4} In a study that evaluated access to health care units in the city of Porto Alegre (Rio Grande do Sul) by simulating a situation with an actress performing as a *travesti* seeking care, less than half, that is, 45.5% of the 55 units, provided care.⁵

The pathologizing discourse of trans identities is found at various health care levels and reflects the social understanding and political and social tensions about the theme.⁴ Even centers specialized in transgender demands are not free from this notion,⁴ corroborating the urgency of this discussion. The experience of transgender people with their own body and with the transitioning process is as diverse and complex as their individualities,^{6,7} thus differing from the standardizing and normative view that *true transgender individuals* are necessarily suffering because of their bodies, that is, have some condition to be treated or fixed. What the trans depathologization movement defends is not, therefore, the lack of this *true transgender* model, but that this is only one of the ways of experiencing the trans identity, among many others.⁸

We emphasize the social *locus* from which this work was produced, considering that it corresponds to a scientific project conducted by white and cisgender authors. Analyzing the situation according to Ribeiro's⁹ concept of place of speech, this study aims to join the fight for the human rights of *travestis* and transgender people, highlighting the leading role of this population in defining and deciding on their own processes. As the author says, "the concept of place of speech becomes a tool for interrupting hegemonic voices because it favors the potential emergence of historically interrupted voices."⁹

This work aimed to report the experience of creating a comprehensive and depathologizing service for trans and *travesti* health care in a federal public hospital in the PHC context of SUS.

METHODS

This is a qualitative descriptive study.

Data collection

We searched minutes, photographic records, and documentary materials related to the service development process. The main search sources for documents were WhatsApp groups, e-mails, and Google Drive. Field journals from the authors who participated in the process were also used. Data were collected in October 2020.

Analysis

Content analysis followed the stages of pre-analysis, exploration, content analysis, and synthesis. Document analysis can be defined as "an operation or set of operations designed to represent the content of a document in a form different from its original form in order to facilitate its consultation or retrieval at a later stage."¹⁰

Thus, based on raw documents — in this case, minutes/proceedings of meetings —, we could condense and alternatively represent their content, making them accessible, facilitating reproducibility, and, therefore, contributing to the expansion of trans and *travesti* health care services. To this end, we believe that knowing the health services currently offered to this population is essential, so we performed a review of the services available today in the country and published it separately.

Ethical aspects

The authors declare there is no conflict of interests. The project was submitted to the Research Ethics Committee of the facility and approved under the Certificate of Presentation for Ethical Consideration number 36202320.7.0000.5530.

RESULTS

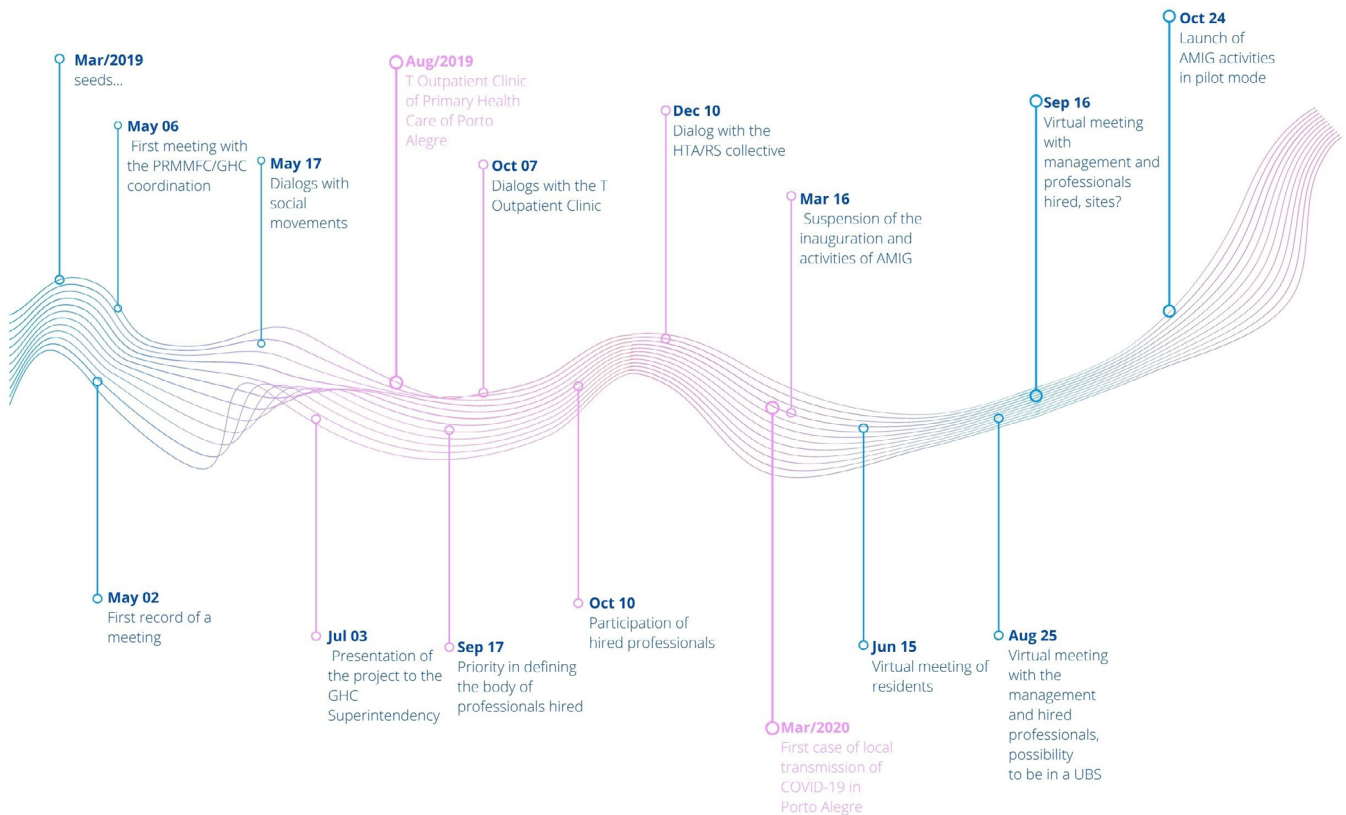
The general lines of this journey, from the concept of the project to the inauguration of the Gender Identity Outpatient Clinic (*Ambulatório de Identidade de Gênero* — AMIG) of Conceição Hospital Group (*Grupo Hospitalar Conceição* — GHC), were traced through the collection of materials. We collected 25 minutes of meetings held between May 2019 and October 2020. Some key themes that were often repeated and that were important for the establishment of the service are described below.

Process

The AMIG implementation process was gradual and not always linear (Figure 1). Its concept originated in March 2019 from conversations between residents in infectious diseases and family and community medicine of GHC, based on an episode of the podcast *Medicina em Debate* about the health of the trans population.¹¹ Soon, residents from the multidisciplinary family health residency program also joined this process. The first recorded meeting dates back to the beginning of May 2019 and was attended by medical residents (infectious diseases, family and community medicine, and psychiatry) and those in multidisciplinary residency programs (psychology and social services).

In the initial months, the meetings were held at night in the houses of residents involved in the project. Since the first records, discussions converged on the implementation of a service with “comprehensive, depathologizing care” (field journal). Other services with this format were taken as examples, including the one from Florianópolis (Santa Catarina)¹² — both for its structure and for being a service that also originated from residents — and the T Outpatient Clinic of Porto Alegre.¹³

“Why can trans people and travestis not be treated in the health care units of the service?” This was a recurring question and often raised doubts from the institutions involved in implementing a service focused on the care of this population. Throughout this process, several questions arose about the validity of the proposal, and the professionals faced many obstacles, requiring constant updates and reviews of the objectives and the justification of the project proposed. The construction and approval of the project were challenging, given the need for constant negotiation, always returning to the main objective — providing primary care to a population segment that has less access to health care, in addition to fighting against transphobia at various service levels.



PRMMFC: Medical Residency Program in Family and Community Medicine (*Programa de Residência Médica em Medicina de Família e Comunidade*); GHC: Conceição Hospital Group (*Grupo Hospitalar Conceição*); HTA: Trans Men in Action (*Homens Trans em Ação*); AMIG: Gender Identity Outpatient Clinic (*Ambulatório de Identidade de Gênero*); UBS: primary health care unit (*unidade básica de saúde*).

Figure 1. Timeline with important events for the implementation process of the Gender Identity Outpatient Clinic of Conceição Hospital Group.

The fight for the right of trans people and *travestis* to health care must be understood from a perspective other than hetero-cis-normativity. A study conducted interviews with leaders of social movements in the Federal District about how they perceived the right to health.¹⁴ According to the authors, the right to health was described by the interviewees as the right to exist, to be recognized and respected as a human being, as well as to have the right to equity. This understanding shows how crucial the right to health is for trans people and *travestis*, often coming before the right to overall health. Such perception was important for the outpatient clinic to be seen as a service not only necessary but also reparative in a historically transphobic society.

Another important struggle in the process of implementing AMIG was ensuring the continuity of service. In practical terms, it means guaranteeing the involvement of hired professionals from GHC, given the transience of the residents participating in the project. The fact that the Community Health Service (*Serviço de Saúde Comunitária* — SSC) assumed control of this project and that the SSC management was involved in the process since its initial stages (Figure 1) was fundamental

for cementing the workers' bond with AMIG beyond volunteering. Thus, the project took shape and was formalized, having regular meetings in the SSC management and a body of professionals from different areas that could guarantee this continuity.

Location

Porto Alegre is the capital of the state of Rio Grande do Sul, with an estimated population of 1.48 million inhabitants.¹⁵ The project was developed in a service network 100% operated by SUS, linked to the Ministry of Health. Located in the city of Porto Alegre, this hospital network is the largest in the Southern Region of the country.¹⁶ GHC has four hospitals, one emergency department, 12 primary health care units, four psychosocial care centers (*centros de atenção psicossocial* — CAPS), Homeless Care (*Consultório na Rua*), the Home Care Program, and the GHC School. Except for one of the hospitals (Hospital Fêmeina, targeted at women's health care), located in a more central neighborhood (Independência), the other GHC units are in the northern area of the city.¹⁶ The 12 primary health care units, CAPS, Homeless Care, and Home Care Program are part and under the management of the SSC of GHC.

Discussions about the best place for the AMIG operation were prominent throughout its construction process. One of them concerned the possibility of setting the service at Hospital Fêmeina, a GHC hospital located in the city's downtown. Although this possibility would ensure optimal structure with appropriate space and resources available at night, the site would not adequately represent the primary care nature of the service. Another relevant aspect discussed throughout the process was the importance of implementing the service outside the central region. The northern part of the city is where most inhabitants live and covers at least two important areas of *travesti* prostitution,¹⁷ making the region a strategic point for services targeted at this population so as to ensure their access.

Name

The name for the service being devised was also a recurring point of debate. Initially and during the first months of development, the name chosen for the project was Gender Identity Outpatient Clinic Marcelly Malta (*Ambulatório de Identidade de Gênero Marcelly Malta*), in honor of the *travesti* activist who coordinates the non-governmental organization (NGO) Association of *Travestis* and Transgender People of Rio Grande do Sul — Equality RS (*Associação de Travestis e Transexuais do Rio Grande do Sul — Igualdade RS*), an important figure and one of the precursors of the social movement in Porto Alegre. Unfortunately, we were unable to adopt this name because public services cannot be named after a living person, according to Law No. 6,454 of October 24, 1977.¹⁸ We also discussed whether the term *outpatient clinic* would accurately represent what we intended to create since it alludes to a biomedical and hospital perspective. *Reference center* was also suggested, given the educational and matrix aspects of the service incorporated in the network. Finally, the name chosen was Gender Identity Outpatient Clinic (*Ambulatório de Identidade de Gênero* — AMIG) for the easy and welcoming tone of the acronym.

Primary health care

PHC is the main health care level of SUS and the preferential entry point to the health care system as a whole. The 2011 National Primary Health Care Policy consolidated the attributions and

principles of PHC, following the expanded health concept used in the design of SUS in 1988.¹⁹ They are: to have a defined territory where actions will be promoted; to ensure universal access to the health care system, becoming its entry point; to coordinate and implement comprehensive care; to guarantee longitudinality and encourage social participation.²⁰ These attributions make the PHC scenario a unique and complex place, where care for gender and sexual diversity, as well as all other health issues, must play a leading role.

PHC has attributes that are essential when considering trans and *travesti* health; that is why PHC was the scenario chosen for the development of AMIG. Access is defined as the first attribute of PHC, usually because all others depend on it. It has a geographical factor related to the person's route to the service, which, in the case of the trans population, is already compromised by the risk of violence to which they are often exposed; it also has a socio-organizational factor, referring to organizational aspects of the health service itself that can facilitate or inhibit access.¹ Thinking about this attribute is thinking about who has and does not have access to the system. If the system is said to be universal, why does a certain population not have access to these services? Last but not least, we have comprehensive care. This element can be understood as providing comprehensive, non-reductionist, and non-fragmented care. It concerns recognizing and providing care for the wide variety of health needs that people have.¹

Training

The participants' training in trans health was an important aspect that permeated the entire process of the AMIG implementation. An integrative literature review on the access of the trans population to PHC reveals that technical barriers — between policies, as well as socioeconomic, organizational, and symbolic ones — have the most impact on access and reiterates the importance of training spaces since graduation and of strengthening and enhancing residencies and specializations.²¹

Since the first meetings, the goal was to divide their duration between discussing organizational aspects and internal training spaces. Throughout the process, these spaces had different formats. At different moments, we counted on the partnership with members of the trans outpatient clinic in Porto Alegre and Florianópolis and with members of social movements in Porto Alegre.

Social movements

Costa et al.²² described, in numerical terms, the impact of discrimination on the access of the trans population to health, which has been historically denounced by social movements. The study concluded that factors such as discrimination, disinformation, and public policies incompatible with the demands of the trans population are the main barriers. Among the 626 trans people included in the study, 52.1% reported being uncomfortable or very uncomfortable with health professionals and their non-cisnormative condition. Another qualitative study, conducted by Muller and Knauth,³ used a focal group of *travestis* from the Equality RS NGO to better understand the *travestis*' perception of health services. The study identified ten key elements from their perception, including discrimination, prejudice, strategies to deal with prejudice, and symbolic and physical violence.

Dialog with social movements was fundamental since the trans population has a leading role in the fight for LGBTQIA+ rights, and the implementation of this service is also a result of this fight.

In addition, we must recognize the lack of trans people or *travestis* among the team of professionals working in the service, which, in a way, demonstrates the social exclusion of this population. Considering this scenario, the appropriation of this space and the recognition of the place of speech of trans people and *travestis* are pivotal for the purpose this service sought and seeks to fulfill. In this context, we could establish dialogs with some NGOs and collectives, such as Equality RS, Trans Men in Action (*Homens Trans em Ação* — HTA), and Communication, Health, and Sexuality (*Comunicação, Saúde e Sexualidade* — SOMOS).

Impact of the COVID-19 pandemic

The COVID-19 pandemic has caused increasingly widespread impacts on public health — directly and indirectly —, which can be easily corroborated by searching the keywords “impact” and “COVID-19 pandemic” on journal platforms. In the extensive literature produced since the beginning of the pandemic, the effects on mental health and gender violence stand out.^{23,24} The difference in how distinct social segments are affected is also evident, with socially vulnerable groups more likely to suffer physically and mentally.²⁵ According to the last bulletin of the National Association of *Travestis* and Transgender People on murders against this population in Brazil, published in October 2021, deaths increased by 22% in 2020 compared to 2019.²⁶ As if the pandemic *per se* were not enough, Brazil is also experiencing an intense period of setbacks to civil rights and public policies.²⁷

This context, although once again corroborating the need for specific health strategies for populations with specific demands, such as trans people and *travestis*, affected the AMIG implementation: the inauguration of the outpatient clinic was delayed, and its activities were suspended.

Once more, a fight of sometimes invisible yet patient and insistent (r)existence ensued. This process materially translated into the promotion of training spaces and virtual dialog devised by residents together with members of social movements. An initiative of residents working in AMIG led to the creation of an audio program to promote and expand the debate on the trans and *travesti* theme. The program, called “*Gênero em minuto*” (Gender in minute), is still broadcast on a YouTube channel. This channel also promoted virtual training spaces with trans and *travesti* activists that happened every two weeks for two months and contributed immensely to keeping those involved in the project active and the idea of creating AMIG in GHC alive.

Launch of activities

AMIG’s first day of operation was October 24, 2020. Until the completion of this work (November 2020), the outpatient clinic maintained its activities in pilot mode every other Saturday, from 8 a.m. to 2 p.m., in Unidade de Saúde Conceição (Rua Álvares Cabral, 429, Bairro Cristo Redentor, Porto Alegre). This population has been visiting the service as walk-ins during the day and through prior scheduling. Contact and scheduling of visits have been made via WhatsApp. The visits last from 30 minutes to one hour and are carried out by pairs from different professional categories. Among the main activities performed are the embracement and follow-up on several health issues, including hormone therapy, rapid tests, and administration of medications, among others. From the inauguration until the first two weeks of January 2021, 48 patients visited AMIG.

Limitations

We emphasize that the methodology adopted does not exhaust the report of this collective process and that not all aspects have necessarily been recorded in the documents gathered. Also, due to ethical aspects, we cannot add photographic records that could identify the participants, but they contributed to translating, without words, how this process occurred.

DISCUSSION

AMIG employs the logic that permeates the proposal and primarily promotes SUS principles. Elaborating the experience report of the conception and operationalization of AMIG allowed us to revisit the stages of a complex yet constructive and reparative process. The potential of this service, which originated from the residency program, has a unique impact on professional training and, consequently, on improving care for trans people and *travestis* in SUS. We expect that this work can somehow help and encourage the expansion of depathologizing, comprehensive, and humanized health services for the care of trans people and *travestis*, as well as enable and facilitate access to health as a right.

Strengthening AMIG and implementing it beyond the pilot mode must be among the priorities for the consolidation of the service. Increasing the participation of the population and social movements, as well as promoting educational and training actions for other health care spaces in the network, is a perspective to be considered in the next steps of this journey.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

MML: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Supervision, Validation, Visualization. GGF: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Supervision, Validation, Visualization. MF: Project administration, Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Supervision, Validation, Visualization. DACM: Project administration,

Formal analysis, Conceptualization, Data curation, Writing – original draft, Writing – review & editing, Investigation, Methodology, Supervision, Validation, Visualization.

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