UMHS-CGSP:
Understanding the past, seizing the moment, shaping the future

Reflections by Lynn Conway
Professor of Electrical Engineering and Computer Science, Emerita,
University of Michigan, Ann Arbor
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"*Numbers count, even if psychiatrists can't."* – L.C.

During the past two years, a wave of change has swept through the University of Michigan Health System's Comprehensive Gender Services Program. Under the leadership of its new director, Nancy Quay, the program has broken with its infamous past, and moved to the front of the emerging transgender-healthcare movement. We can learn much by reflecting on CGSP's past, on its reshaping via new leadership, and by envisioning the impact it could have in the future.

I first encountered CGSP as I tentatively began coming out in 1999:

I'd gone there with the idea of volunteering to help, but was rudely awakened on encountering a clone-like echo of the notorious gender clinic at "The Clarke Institute" (now CAMH), in Toronto.

Back then, psychiatrically-dominated thought in university-based gender clinics saw transgender people as suffering severe mental illness. As a result supportive treatments were oft considered complicity in madness and most efforts were devoted to delaying and discouraging physical/social transitions, except in cases of 'confirmed' madness.

As part of their gate-keeping, the clinics did 'research' on this 'rare disease', in hopes of preventing or reversing it. That research led to the emergence of Zuckerian trans-reparatism as a primary 'curative' treatment, especially among trans-children, and to the pathologization of all socially transitioned people as being de-facto mentally ill.

The gate-keeping at CGSP during the 2000's was particularly brutal: many unsuspecting already-transitioned patients who sought CGSP's help were told they had to de-transition, stop taking hormones, and start all over again in order be accepted into the program (a practice I exposed via the internet in 2002). Needless to say, only a few desperate indigent folks did so.

The trickle of occasional indigent patients at such clinics maintained psychiatrists' group-illusion that the condition was extremely rare and limited to the 'underclass'. Meanwhile, invisible numbers of desperate trans people from all walks of life traveled along covert 'underground railroads' to freedom in stealth, as they'd done for decades.

However, as the new decade began in 2000, the internet spawned a burst of trans-visibility:

Huge numbers of transgender people discovered each other, networked together, wrote about their lives, blogged-and-exposed their psychiatric profilers, and vibrantly began seeking their full human rights. It also became clear that the psychiatrists' estimates of the numbers of trans-people were at least two orders-of-magnitude too small.

By the end of the decade, the transgender-rights movement had made huge advances all around the country, in legal rights, employment opportunities, anti-discrimination codes, anti-bullying advances, access to health insurance and healthcare in many areas – and the beginnings of major advances in social support for transgender children and their families and advanced puberty-delaying medical care for transgender teens.

Furthermore, as awareness of the plight of trans-people began to rise among the general public, national media began shifting from exploitation-coverage to supportive-coverage of transgender stories. Meanwhile, UMHS CGSP kept on chugging along under its old paradigm of trans-pathologization.

And then Nancy Quay became director of CGSP:

With Nancy came a fresh viewpoint towards social support and medical care for gender-variant people at UMHS, based upon her experiences in social work. I witnessed for myself what happened when she went into action.

Nancy focused on 'breaking down barriers', listening to patients, building trust, creating an environment where everyone 'expects respect', continually streamlining program-logistics, exploring 'what really works' to make lives fuller and richer – and working to lead rather than distantly follow the social wave of change in trans healthcare.

Nancy has been especially active in expanding support groups for parents and partners. After all they're often the ones, rather than the transchild or transperson, who suddenly needs group-support. Turning feelings of fear and social embarrassment into heartfelt expressions of support for child or partner is just the kind of magic that social-support groups can work – bringing together groups of people who're going through the same thing, and enabling them to constructively build upon their shared experiences.

It is this social dimension of gender-exploring/transitioning that is so profound, and is where social support is most needed. Transgender medical care is just that – medical care – when put into that social context. Though often quite vital, as is any medical care, it involves merely the mechanics of physical-gendering, and pales by comparison with the complexities of the social dynamics of transition.

On August 13, 2013, I participated as a guest-speaker at a CGSP support group for parents of transgender children (of all ages), and thus immersed myself into the new CGSP culture. While exchanging stories with parents, I witnessed newly formed group-understandings emerging in real time – understandings that would deepen those parents' love and support for their trans-children and strengthen their family ties for the duration. It was a profoundly moving experience.

Not that all's totally cool at CGSP. The conservative UMHS medical establishment retains pockets of transphobia, as in the medical center where transgender medical treatments are sometime sought. However, even that will change as staff members there are increasingly confronted by social reality.

Envisioning the impact CGSP *could have* in the future:

We know from recent national media coverage that public awareness and support for gender-variant people is rapidly growing – especially awareness of the many difficulties transpeople face when negotiating medical services. Furthermore, large numbers of transgender children, teens and adults live in southeast Michigan (0.3% to 1% of the population, as opposed to the 0.003% to 0.01% myth of old-time psychiatry).

Thus as news of CGSP's newly-enhanced reputation spreads, UMHS will experience rapidly escalating appeals for help from this historically pathologized, socially marginalized and medically underserved population. Numbers count: the time to act is now, or else they'll all go elsewhere.

Given additional support and a sanction to act, CGSP is well-positioned to shape and evolve social support infrastructure for this population, and to collaborate regarding national-level provision of such support infrastructure. By doing so, CGSP could provide an exemplar UMHS 'laboratory' for exploring, by analogy, all sorts of new methods for supporting other arising sub-communities.

CGSP could also advise regarding the cohering of information about the seeking, evaluating and following-up on help from the many emerging centers for trans medical, legal and support around the country – including the UMHS medical center (if over time it scales-up its trans medical-care capabilities). Such activities could also trigger forward-looking collaborations regarding human-empowerment among, for example, those at the UM School of Social Work, School of Information, School of Law and the Medical School.

By visualizing this opportunity-space, by enhancing the scope and reach of CGSP, and by seizing the moment – UM could move to the forefront in the exploration of social/medical/legal/educational/human-rights empowerment.

Along the way, our academic community could learn much about what it means to be human.