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Transmasculinities and Covid-19 in Latin America and the Caribbean¹

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Through a consultation held between May 2 and 5, 2020 to transmasculinities in Latin America (with the participation of 80 people from Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Peru, Uruguay and Venezuela), we identified some problems faced in the context of the pandemic. In many cases, these are pre-existing problems that have been aggravated by the measures taken by each State in response to the health emergency. We also highlight a specific problem arising from the measures recently adopted by Colombia, Peru and Panama. All of the above problems are aggravated if the transmasculine persons who experience them are affected by other axes of vulnerability (e.g. if they are racialized and/or migrants and/or are deprived of their liberty). Finally, we present our recommendations.

Before presenting these problems, we make a clarification regarding the social group to which we refer: with “transmasculine persons” we refer to those “persons who were assigned female at birth, who identify at some point on the spectrum of masculinity, whatever their transitional and legal status, their gender expression, and their sexual orientation” (Cabral and Leimgruber, 2003, *Un glosario en construcción*).

Problems encountered

- Unemployment and poverty

Transmasculine people have seen their capacity to maintain their activity and income affected and, consequently, their possibility to access food, medical and housing needs. The reduction of working hours and layoffs have affected those who work/ were working formally as salaried employees. The framework of labour precariousness has accentuated their economic fragility. Those whose income depends on informal activities (e.g. street

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vending) are outside labour protection networks and have experienced particular challenges. Those who have been able to continue their work despite isolation measures have seen their incomes reduced and have been unable to protect themselves by complying with quarantine. Those who have not been able to continue working have no income.

- Access to Health

Lack of medical coverage (for any benefit or treatment), mistreatment in the doctor's office and lack of hormones are part of the repertoire of problems experienced daily by trans* people in the Latin American context. The same can be said of difficulties in accessing mental health services trained to provide respectful, non-pathologizing care. These problems have been exacerbated in recent months. In addition, as a result of the health measures ordered by the various States, medical appointments have been postponed, hormone treatments have been interrupted and surgeries have been suspended, so that transmasculine persons who had been able to access health care are now awaiting the restoration of health services.

Additionally, the socioeconomic conditions that are insufficient to guarantee a dignified survival (largely due to the problems developed in the previous point) affect the capacity of transmasculine people to purchase any medication, as well as personal hygiene supplies.

- Family violence

Many transmasculine people live with families that do not respect their gender identity. These people routinely experience violence, in many cases corrective violence, from their relatives. The situation of forced confinement has aggravated situations of family violence, putting them at great risk, especially for people who are not economically autonomous and have no possibility of receiving adequate professional assistance, children among them.

- Violence from intimate partners

This problem has the particularity that it is rarely recognized as such. In general, intimate

partner violence (as well as gender-based violence) tends to be identified as a specific type of violence that can only be experienced by women and exercised by men. In this distribution, transmasculine persons could only be perpetrators of violence but never victims. Thus, when experiencing this type of physical and verbal violence, especially in this situation of isolation, they do not have adequate support networks. This problem is accentuated in the case of people who do not have economic autonomy and do not have affective networks capable of giving them emotional support and/or providing them with shelter.

- Institutional violence

The control of the quarantine by repressive forces has had as a direct effect a number of abuses, especially in the poorest areas. These abuses are not exceptional but have multiplied and acquired greater social legitimacy as they have tended to present these forces as “agents of care”. Transmasculine persons have been victims of these abuses. Those who are socially perceived as poor young men tend to meet the criteria of police selectivity and are recurrently arrested and violented. Those who have documents that identify them as men but an image read as “ambiguous” or “feminine”, or who have not changed their documents and are socially perceived as male, experience situations of violence in the street that include selective searches, questioning of their right to movement and their gender identity, undue and unjustified physical contact, and arbitrary arrests.

- Violation of the human right to gender identity

In countries where this right has not been enshrined in national legislation, this problem is part of the daily horizon of all trans* people and entails special difficulties in this period of the pandemic. But even where the right is recognized, emergency measures have tended to suspend it *de facto*. This is the case with distance education policies that have not provided for mechanisms to recognize and respect self-perceived identity, as well as with delays in institutional processes for changing documents.

- Indifference on the part of social organizations

Social organizations tend to point out that transmasculine persons do not constitute priority groups and/or ignore their existence and needs. In this particular context, this problem is expressed in the initiatives directed exclusively at other vulnerable groups that do not contemplate the existence of transmasculine persons or are not accompanied by specific measures for transmasculine persons.

- Peak and gender

“Peak and gender” measures were established in Peru, Panamá and Colombia as a method of restricting the movement of people in public spaces according to the criterion of sex. Such initiatives were denounced by social organizations of trans* people as a violation of human rights because it puts at risk the life, physical integrity and mental health of trans* people, in addition to opening a window of vulnerability to the spread of Covid-19 based on gender identity and expression⁴. This measure establishes specific days for the movement of men and women in a segregated manner according to the parameters of exception established in each country (food and medicine supply, etc.). The problems identified are based on two fundamental aspects: the binary classification of the population based on the category of sex, and the use of this as a criterion for suspicion of discrimination. This implies the issuance of a regulation that empowers authorities to inspect and qualify the gender authenticity of individuals.

This has effectively resulted in a step backwards in the recognition of the right to gender identity, since it entails the reinforcement of gender stereotypes that are subject to the scrutiny of public forces. In this context, police abuse and discrimination based on the gender identity and expression of trans* people has been exacerbated, as they experience physical, verbal and psychological violence, which tends to be legitimized through the discourse of noncompliance with “peak and gender”.

Trans* people face barriers in accessing medicine and food. This happens because access to facilities is governed by established gender norms. In addition to this, transmasculine persons have denounced humiliating treatment, the demand for documents that reflect the legal status of their gender, and medical diagnoses that deepen the dynamics of pathologization.

⁴ The name comes from the “peak and plate” measurements, which set vehicle restrictions during rush hour (“peak hour” in Spanish) based on the car's plate number.

In terms of public health, “peak and gender” measures increase the degree of exposure and vulnerability of trans* people to the Covid-19, since they are repeatedly approached by the public forces and the local community in order to examine compliance with this measure, which forces them to maintain physical contact with other people more frequently.

Recommendations:

We call on the States to adopt measures to:

- Create employment and/or economic aid programs that also reach transmasculine persons. If they already exist, ensure that transmasculine persons have access to them.
- Guarantee access to health care for transmasculine persons. This includes ensuring the provision of hormones and care without discrimination, violence or abuse, and in a non-pathologizing manner.
- Review and rectify professional and institutional frameworks on violence, including gender-based violence, so that they know, understand and can adequately address the needs of transmasculine persons.
- Reduce violence perpetrated by security forces against transmasculine persons.
- Enact legislation that enshrines the right to gender identity in terms of the Yogyakarta Principles and ensure its effective implementation.
- Establish and/or strengthen dialogue with transmasculine activists and transmasculine organizations.
- Repeal “peak and gender” measures. Do not take similar measures.