



**AMIGAY aps**

Associazione Italiana Medici e Personale Sanitario,

**LGBTI e Friendly**

CF 95256710633

Presidente Dr. Manlio Converti

amigayonlus@gmail.com

## LGBTI HEALTHCARE RIGHTS IN ITALY AMIGAY aps Short Report

AMIGAY aps, literally means: Italian Medical Association Good As You.

We are just a little LGBTI and friendly Medical and Healthcare workers' association since 2018, occupied on LGBTI health rights in the terms of Training in Sex & Gender Orienting and above all in LGBTI Gender Medicine, Nursing, Psychology courses to Healthcare Workers.

We still failed on our advocacy role, but we are organizing it step by step, despite Italian politics indifference to these complex themes, the prevalence of Covid-19 relevance in this period, and the greatest media interest on or better against the fight for LGBTI civil rights.

We have been recognized by RUNTS, UNAR and ILGA.

We are working using GLMA, Fenway, SOC-8 and others medical associations guidelines, PUBMED evidence based scientific information on LGBTI Health Needs and Rights, and we apply them to the complex National Italian Health System (SSN).

The complexity is also given by the use of old manuals and protocols in Italy. Anybody in the institution seems able to change them or is interested to any change. All doors are still closed.

We wrote 22 main points around LGBTI Health Rights completely absent in Italy, we ask to change.

There is no time to explain them all.

Our complete Shadow Report could be useful also in other high income and maybe medium income Countries. We hope it could be inspiring also the very Homophobic Countries to change their policies, starting from our first axiom: We Are Born LGBTI.

Many studies on Epigenetics or Neuroimaging are demonstrating this axiom, and in reverse any study is demonstrating anything could change after birth our Sexual Orientation, Gender Identity or Gender Expression, given Male, Female or Intersex body at birth. The Psycho-Social model only explain the distress in our lives and the Minority Stress / Support to Visibility ratio as Damage / Benefit ratio in the Lifespan hope and Wellbeing of LGBTI people, starting from our Birth for Intersex people and Childhood or Adolescence for all the others LGBTI persons.

In Italy could be considered Urgent:

1. The use of ICD-11 in the FSE (Electronic Health Report)
2. The use of Inclusive Data Collection in the FSE, for clinical approach and any epidemiological study

Given those points, our main targets are:

3. The Denial of Intersex Genital Mutilation
4. The Denial of any Conversion Therapy



## AMIGAY aps

Associazione Italiana Medici e Personale Sanitario,

**LGBTI e Friendly**

CF 95256710633

Presidente Dr. Manlio Converti

amigayonlus@gmail.com

5. The Duty of respect of Sex and Gender expressions of LGBTI people,
6. The Duty of Training in LGBTI Gender Medicine/Nursing/Psychology and in Affirmative Approach to LGBTI people

Secondary Targets are:

7. the duty of Specific Healthcare protocols or programs or other instruments as Specific Prevention against Minority Stress or Dangerous Lifestyles (also in terms of Harm Reduction, Vaccines and Free from fees medical cares) since Childhood and Adolescence,
8. the duty for Healthcare Workers of Supporting Coming Out in familial, scholar, social and working areas, included between healthcare workers.

As we are at the end of this very long Shorted Shadow Report, we hope you'll be interested to follow this argument also in other Countries and help us to improve some of the requested items in Italy. We acknowledge you for your effort to help us and we thank all the people that in Italy are supporting LGBTI health rights and AMIGAY aps for real.

The End of time...

**If we had time**

We'll try to explain them better.

- 1) ICD-11 is the WHO manual of disease classification, which is free of the homo-transphobic items indicated in the former ICD-9CM, still in use in Italy. For ICD-9CM, considered no more valid right from the 17 of May 1990, any LGBTI person has a Mental Illness as we are LGBTI... This is the unacceptable first main point to change in Italy. In 2018, former Health minister, Lorenzini, answered us it was going to be done but was expensive. In 2022 the actual Health minister, Speranza, decided to use PNRR money for apply in Italy the Electronic Health Report system (FSE in Italian), using again ICD-9CM. This means we are going to be still classified as Mental Ill persons because LGBTI. This is also the main cause that justify still the Conversion Therapies and the Intersex Genital Mutilation.
- 2) The Inclusive Data Collection for LGBTI people is a very complex system we need to have epidemiological data on a very complex and minority population. The only existing examples are in English from US in 2010, and they still pose problems. As Amigay aps we published an international review on this subject. We can't really translate English Inclusive Data Collection for LGBTI in Italian or other languages. The English methodology depending from slang or specific terms not easy to understand or translate always. We prepared a different scheme to collect Intersex condition, Minority Gender Identity, eventually Effeminate/Androgynous/Masculine behaviour, and Sexual Orientation. This scheme is done in plain language and could be translated in any language very easily. Without any sort of Inclusive Data Collection, we're not able to know anything about LGBTI health conditions and its evolution in the time. We are actually using US epidemiological data to teach LGBTI Gender Medicine. We need Italian LGBTI epidemiological data. Any subgroup of LGBTI population has been demonstrated to suffer Health inequalities. We need Italian data.
- 3) Intersex new-borns are permitted to be abused with genital mutilations. On the opposite the unfavourable opinion on gender variant adolescent is avoiding the use of Triptorelin, also in dramatic ways. Italy was twice questioned on Intersex Genital Mutilations by UNCHR but nothing has changed at all. At birth, despite the evidence, intersex new-borns are classified as



## AMIGAY aps

Associazione Italiana Medici e Personale Sanitario,

**LGBTI e Friendly**

CF 95256710633

Presidente Dr. Manlio Converti

amigayonlus@gmail.com

Male or Female and this conceal them and their health data all lifelong. The absence of specific Intersex Data indication also in the Italian documents, the use of ICD-9CM and the absence of specific Denial and alternative protocols to care Intersex new-borns are very complicated goals to obtain in our Country.

- 4) Conversion Therapy, for us, is not only the useless and dangerous attempt to change our sexual orientation, gender identity or gender behaviour. It's also the Italian psychological but pathologizing pathway for transgender transition. We ask to review systematically the law, applying the ICD-11 in a correct way. Actually in Italy Gender Incongruence and Gender Disphoria are used as synonymous in the same pathologizing pathway. We are proposing a completely different model called Informed Consent, based on the right to auto-determine our bodies if a good state of mental and cognitive state is confirmed in a single psychological session. We should say more but we must conclude this paragraph explaining also that international studies are demonstrating not only the danger of any Conversion Therapy, but also the lesser harm of an Indifferent Approach to an LGBTI specific mental or physical health needs.
- 5) The respect of any LGBTI expression is in the terms of freedom of expression. We mustn't explain it more, but in Italy we still need to write it in the Medical Professional Deontology.
- 6) The Duty of Training in LGBTI Gender Medicine, Nursing or Psychology is based on the very huge differences in health needs of the different sub-population, at least Intersex, Transgender, Lesbian, Gay and Bisex. In Italy it depends from a different Ministry, called MIUR, still under attack for any opening to LGBTI students' rights. It has been impossible to reach the actual Health minister; you can imagine the silence about the duty of training on our specific health needs. In our training courses as AMIGAY aps, we arrive to be asked by some medical association or some local health public agency, we use all the scientific knowledge we have... upon US or other Anglophone LGBTI population... studied through the Inclusive Data Collection. The Italian data are needed to really teach LGBTI Gender Medicine in Italy.
- 7) As told we wrote 22 protocols we need in Italy to ameliorate or to guarantee wellness and long lives to LGBTI people. Please check them on the main Shadow Report we gave you.
- 8) Last but not least, the appropriate role of Health workers to respect LGBTI Health workers, our visibility and our working experience. All Health workers have also to understand the responsibility we have to defend openly the visibility of any LGBTI person as a patient or a caregiver, their relatives or friends. This is especially important when we confront with a future parent, especially mothers, to normalize the birth of Intersex new-borns, and the coming out of gender variant children and any other LGBTI coming out during adolescence or childhood.

Best Greetings,

**Manlio**

**Converti**

Psichiatrist

AMIGAY aps President

+39 3389032942

amigayonlus@gmail.com

**AMIGAY**  
Via G. Orsi, 13 - 80128 (Na)  
C.F. 95256710633