

CASS MEANS SOCIAL MURDER



WE DEMAND LIFE!



Photos: Steve Eason

TRANS MISSION

ANTI-CAPITALIST RESISTANCE

CASS means Social Murder

The final report of the Cass Review was published on 10 April 2024. If you paid attention only to most of the British media and Westminster, it was an uncontroversial assessment of healthcare for trans* youth. Unfortunately, treacherous responses from Stonewall and Mermaids lend credibility to this fiction, as they needlessly conceded ground and compromised trans* safety to this concerted attack.

Stray an inch from this anti-trans bubble, another picture emerges. Many organisations have raised deep concerns, including Trans Safety Network (who called alarm bells on this report long before its publication), TransActual, Amnesty and Liberty, the UCU Women's Standing Committee, Neurodiverse Connection, Therapists Against Conversion Therapy and Transphobia, Equality Australia, and The Professional Association for Transgender Health Aotearoa (New Zealand). These global charities, professional bodies and unions are joined by campaigning groups and trans* voices like Growing Up Transgender, Trans+ Solidarity Alliance, Transgender Action Block, and The Dyke Project, which have spoken out with trans* people Services for youth have

We demand:

- The complete repudiation of the Cass Review
- Full healthcare access for trans* youth and adults on a co-productive basis
- Trans inclusive ban on conversion therapy that acknowledges that transition care is not conversion therapy, and that conversion therapy includes all excessive waits for this healthcare and any form of medical gatekeeping, i.e. making care dependent on diagnoses of gender dysphoria
- CAMHS to receive emergency funding to bring it up to standards befitting its role, and to be reformed also on a co-productive basis

Nonbinary inclusive, universal, non-medical self-ID

always been plagued by chillingly unacceptable waits and appalling standards of care,

worsened by the closure of the lamentable Tavistock gender identity clinic for children and the withdrawal of puberty blockers following the earlier publication of the Cass Interim Report, a callous act that has now been cemented.

Going forward, access to life-saving gender-affirming treatments will be even more severely restricted. If they exist at all, they will depend on children submitting to unethical studies that coerce participation at the threat of withdrawing healthcare – no basis for any research. And the private sector also comes under scrutiny, closing off all alternatives to desperate trans* youth. Moreover, this decimation of inadequate provision could be extended to people as old as 25. Or older, as the NHS has menacingly pledged a follow-up review on adult transition.

The problems with the Cass Review are legion. Trans* people were excluded from its research oversight board, reminding us of the Disabled People's Movement slogan, 'Nothing about us, without us' and its wider value for the oppressed. This unacceptable exclusion, under the pretext of moving from a "social justice" approach to an "evidence-based" one, then plays through in the report's explicit biases against trans* existence and flourishing.

Some of those involved in the Review have lobbied against trans-affirmative healthcare or for conversion therapy. These are the so-called experts on whom Cass draws. There are also allegations Cass collaborated on a similar anti-trans review developed by hardline far-right US governor and anti-trans politician Ron DeSantis in Florida, as well as communicated with the Catholic Medical Association member Patrick Hunter as he worked on the discredited Florida Review.

At the core of Cass's work is a blanket dismissal of the quality and efficacy of evidence in favour of gender-affirming care. This is based on controversial standards not applied to other fields of paediatric medicine. Conversely, against such impossibly high tests, hearsay and anecdotes become enough to justify any and every anti-trans viewpoint.

For example, detransitioning is raised as a concern, but this is not even backed by the review's evidentiary research, which found a mere 10 detransitioners in a sample of over 3000 patients.

At one point, Cass strays far from her typical appearance of credibility and makes the appalling and poorly evidenced argument that gendered toy preferences might have a biological basis. Such crude essentialism must worry anyone who considers themselves a feminist and rejects the reactionary belief that biology is destiny.

In typically circular reasoning, Cass cites people becoming trans* adults after puberty blockers as evidence that the blockers made them trans*. Likewise, she claims being trans* is linked to mental health conditions, an idea rejected by relevant bodies in psychology. She speculatively delegitimises neurodiverse trans* people's agency, again based on concerns and correlations. And resurrects, albeit unnamed, the long-discredited pseudo-scientific idea that trans* identities are a social contagion (i.e. Rapid Onset Gender Dysphoria).

It is on such shoddy grounds that Cass is willing to recommend extraordinary attacks on the autonomy of trans* youth. She goes so far as to suggest medicalising social transition, implying that children might need a doctor's approval to go by a new name, adopt new pronouns, or wear specific gendered clothing.

But, the problems in the Cass Review are only secondarily methodological. These faults have a prior basis in transphobia. At the core of the Cass Review is the notion that being trans* is inherently undesirable and that the worst outcome for a trans* child is to become a trans* adult.

This assumption is pervasive, insidious, and dangerous. Trans* existence must be celebrated if trans* people are to be safe. Mere tolerance, always half-hearted, has brought us to this grim point. Tolerance is not only insufficient; it is poison. We remember Jason Pulman, Charlie Millers, Alice Litman and others who have died while receiving inadequate, dehumanising treatment on the NHS.

Trans* life needs to be embraced and welcomed, not begrudgingly accommodated. Transition should give joy to our society, not be met by mourning as though someone had died. Trans* flourishing should be perceived as necessary for cis flourishing, not as a challenge.

The source of trans* suffering is not being trans* but being oppressed. A trans* member of A*CR testified to the reality of this suffering: "We suffer a lot. Our rates of depression, suicidality, and more general mental illness are a measure of our shared trauma at how we are abused, not who we are."

The Cass review recommends treating the symptoms of transphobia while perpetuating transphobia. It does so knowing that this treatment is unavailable in the current context of the wider mental health crisis, and especially the appalling state of Child and Adolescent Mental Health Services (CAMHS). This rubs salt into the wounds of trans* people.

The premise of Cass's approach is to treat the prevalence of mental health problems among trans* people (especially but not exclusively young trans* people) not as an indication of trans* collective trauma due to oppression but as evidence that being trans* is a pathology.

We are back to the days when homosexuality was considered a mental health problem – trans* edition. Through this report, Cass has become the single most dangerous transphobe in this country. Without a concerted fightback, her nakedly trans-hostile approach will completely undermine youth access to healthcare and other support. It also has negative ramifications for all trans* people across Britain – and indeed beyond.

A*CR calls for this review to be repudiated in its entirety. We demand complete healthcare access for trans* youth and adults on a co-productive basis that stresses queer bodily autonomy.

We make demands on this government through motions from campaigning organisations and labour movement bodies. We also note that it is shameful that the Labour Party, increasingly portraying themselves as a government in waiting, has prematurely accepted Cass's findings.

It will be essential to get health unions – but also education unions – to take up this fight and adapt the general principles here to their particular circumstances. Every education worker is aware of the precarity of the lives of trans* young people – and of the disastrous state of CAMHS. And all workers in both sectors know that the impact of the years of austerity means the services they want to deliver, are employed to deliver, are at breaking point. Many are deeply frustrated at the failure of Labour in opposition to commit either resources or vision to change this situation.

Cass means the choice of cis society to tolerate and even encourage trans* death, whether through malice or apathy. Cass means that trans* lives cannot be said to matter in contemporary Britain. Cass denies bodily autonomy to trans people in parallel to the way that women's bodily autonomy is denied, particularly through attacks on their reproductive choices. Cass means the social murder of trans* people.

Our alternative – to rewrite another tried and tested slogan, this time of the Women's Liberation movement – No trans* liberation without socialist revolution! – No socialist revolution without trans* liberation!

Our website carries an expanded version of this article with an extensive set of informational links and responses to Cass



[Anticapitalistresistance.org](https://anticapitalistresistance.org)

