



# Trans Folx Fighting Eating Disorders

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## **An Open Letter to Eating Disorder Organizations & Institutions In Response to Statements Published About Diversity Campaigns & Solidarity with Black Lives**

Throughout the past month, we have seen several Eating Disorder Treatment Centers (TCs), organizations, and institutions publish statements about being in solidarity with Black people. We have also seen TCs, organizations, and institutions create diversity committees and host webinars about Eating Disorders amongst diverse populations. We are angered by these statements and disappointed with these webinars. It is not enough to say that you support the lives of Black people, transgender people, or other minoritized identities. We demand the following actions be taken:

- We must see more providers hired at treatment centers who are Black people, Indigenous people, and People of Color (BIPOC), especially queer and transgender BIPOC. If “nobody is applying,” then seek them out. Offer to help them move. Pay them more, and start incorporating reparations. If higher education requirements are a barrier, provide positions for Peer Support Counselors or Recovery Coaches. Provide tuition assistance. Do not just hire speakers to come in and provide a one-time training. Offer them positions. To shift implicit biases and ensure new staff are provided with essential knowledge, long-term commitment to training is a necessity.
- Board of Directors and Diversity Committees, decision making, and power-holding positions must become more representative of the populations which experience EDs. We specifically demand increased presence of BIPOC, transgender people, disabled people, and neurodivergent people.
- Transition away from “gender specific care” and make your treatment center accessible for people of all genders. Don’t make your transgender and gender diverse clients feel like outsiders or like afterthoughts at a “women’s” treatment center. Critically examine the way branding your center as “for women” creates a hostile environment for people who don’t identify as a cisgender woman and hire a transgender consultant to help you revise these materials. If cisgender clients and staff admit expecting an exclusively cis women clientele, then some will regard anyone who is not a cis woman as an intruder. Facilities must include accessible gender-absent restrooms.

- Establish scholarship funds & sliding fee scales for BIPOC as well as transgender and gender diverse clients.
- In emails, rather than include blanket statements or jargon like “we recognize your pain” or other statements that center or elevate you, try taking the focus off of you and include specific actions you are taking, links for resources, places to donate to, and where you are donating to. Recognize that material redistribution is the main way that you can support both Black people and transgender people. Redistribute wealth from the for-profit ED treatment world.
- For all treatment centers, examine the materials you give clients or media you have them consume. Too often, paper handouts or recorded speakers default to using “she” when referring to people with eating disorders or implicate a gendered experience as quintessential to eating disorders.
- Fund research examining disparities in who receives ED treatment and the efficacy of various treatment methods in under-represented populations. Specifically, we ask that you conduct research examining how EDs manifest in intersex populations, transgender populations, QTBIPOC, and amongst sex workers with investigators being of those identities.
- Look into and recognize the white supremacist & ableist roots of Health At Every Size (HAES) and talk about its limits with transparency when presenting it to clients.
- Treatment dress codes are often very gendered and strict. Allow patients to express themselves as they want and use it as an opportunity for exposure therapy for patients who might feel triggered.
- Stop trying to “therapize” clients out of oppression-based trauma! Take into account cultural implications of food, food security, weight stigma, fatphobia, family dynamics, and the pressure of cultural body/beauty standards when leading care. Acknowledge the limitations of “body image” work when gender dysphoria, systemic fatphobia, racism, and body shaming are pervasive. This includes refraining from using terminology that is offensive, such as “finding your tribe.”
- Develop spaces for marginalized folx to talk about their unique experiences with EDs. For inpatient settings in which there are restrictions for electronic use, allow “passes” for minoritized clientele to attend peer support groups - both ED related and otherwise.
- Embrace & start incorporating non-western treatment practices. It is proven that restrictions on movement for people in treatment for EDs is harmful to recovery. Acupuncture, yoga, pet therapy, Qigong, plant medicine, and gua sha are great places to start. When incorporating these practices, be mindful of cultural

appropriation and using these techniques in a respectful manner that acknowledges their rich history.

- Distribute resources outside of the usual events which are highly marketed to affluent college students (Southern Smash, NEDA Walks). All of the resources are already in their court. Develop and target events to a broader community that is more representative of those affected by EDs. This is a crucial pathway to increase awareness and connect with those in greater need of support.
- Providing access to Hormone Replacement Therapy (HRT) for transgender clients who desire hormone-involved medical transition has been demonstrated to reduce eating disorder behaviors. Eliminate barriers to access throughout all levels of care and guarantee that administration of HRT follows Informed Consent guidelines, not gatekeeping. For inpatient settings, ensure that the correlated pharmacy carries HRT. Recognize that "treating the ED first" before gender-affirming care will delay or prevent recovery.
- Webinars about diversity or EDs amongst people of minoritized identities must be presented by people of those respective lived experiences. These presenters must be compensated at competitive or higher rates than people of the dominant culture.
- Actively require gender-affirmative treatment from all employees by establishing explicit non-discrimination policies that protect QTBIPOC clients. Distribute these policies to clients and hold staff accountable for violations. Establish clear policies that protect trans clients and staff if they experience harassment or discrimination from other clients or staff members. This includes intentional misgendering or denial of gender-inclusive facilities.

**With hope for a more inclusive future,**

Trans Folx Fighting Eating Disorders

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#amplifymelanatedvoices

Nalgona Positivity Pride

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Intersex Justice Project

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**We commit to evaluating our actions and moving forward with the goal of meeting the above demands. We will be accountable and transparent in this process. We will ask for help when needed, and compensate those who provide labor in helping us become a more inclusive organization.**

**Signed,**

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