

Introduction

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About This Book

The publication of an international book on trans and gender diverse health is the first of its kind and an empowering and uniting momentum for the community. By sharing cross-regional experiences, we wish to broaden the landscape of looking at trans health by not favoring a perspective dominated by the global north. Trans and gender diverse people are rarely given the opportunity to speak up for themselves, and their unique perspectives of the authors in are what make this publication so valuable. The majority of contributions are written by trans and gender diverse identified authors. It is important to give the community a voice and to let personal experience speak, where the topic is so personal and concerns the bodies of individuals. We wish to thank and express our gratitude to all contributors for having made this project possible.

The diversity of bodies and identities draw our attention toward hegemonic ways of seeing and thinking and of how we systematize and organize what we see. This is especially evident in an area such as healthcare, which remains, after all, strongly influenced by normative body images. Navigating healthcare as a trans and gender diverse person comes with a number of obstacles. Aware of these barriers, trans and gender diverse people across diverse cultural and national contexts often seek healthcare in the metropolis, hoping that the anonymity of a bigger city and the promise of progressiveness will secure them an appropriate and dignified treatment. People who differ from dominant gender norms and/or choose non-normative life practices may also seek refuge in the city, where they are less likely to be noticed and questioned about their being. Lobby groups have not only drawn attention to particular experiences of discrimination but have generally started to demand a life characterized by that is not “governed like that, by that”, to put

it in Michel Foucault's words (see Foucault 1997: 28). Whenever those people who are turned into minorities scandalize their marginalization and stigmatization and demand to be allowed to live differently – as long as nobody's life is hurt by it – everyone benefits. Even cis people, who say that they are satisfied and happy with the gender they were assigned at birth, are able to represent, interpret and perform gender in a more heterogenous way when the world has been made safer for trans and gender diverse people. Struggles against social injustice are always struggles for democratization. The manifold criticism that comes from trans and gender diverse movements and Trans Studies not only points to a medicine that continues to disempower those who do not conform to stereotypical gender norms. This criticism also excoriates the forced standardization of gender and sexuality coming from the field of medicine. When we talk about trans and gender diverse health and care, it seems to us that it is paramount also to talk about self-care and to document resistance to a care work that actually does not care, but humiliates or even hurts people. Trans Studies also encourage us to question the normative guidelines of gender and to demand more from a political and ethical point of view than the view that we are only worthy of care if we conform to gendered norms. It should be possible to break the standards without being rejected, ridiculed and stigmatized.

In this sense, the book is to be understood as a strategic-political book. On the one hand, the contributions problematize unquestioned social norms, state regulations, institutional ignorance and narrow-mindedness towards gender diverse people, which results in the production of suffering in many ways. On the other hand, the book addresses ways in which care work, care provision and general perspectives on trans and gender diverse people can be shaped in a community-oriented and inclusive way.

Trans and Gender Diverse Health: Not Redeemed

The human right to the “highest attainable standard of physical and mental health” is one of the economic, social and cultural Human Rights formulated by the UN in the Economic, Social & Cultural Covenant of 1966, Article 12 (Wulf 2016). It was ratified by the majority of countries world-wide. However, many people de facto suffer from insufficient healthcare. They fall ill more often and have a lower life expectancy overall. For this reason, the importance of the topic of trans and gender diverse health must be addressed whenever

one seeks social justice. The situation of trans and gender diverse people vis-à-vis care institutions globally is a genuine scandal. In some countries, things are moving very slowly in the direction of justice and inclusion of people of diverse genders. Argentina, for example, has one of the world's most ample trans rights laws. The so-called "Gender Identity Law" was passed in 2012 and turned Argentina into a country where people are allowed to legally change their name and gender marker without having started gender affirming hormone therapy and without the need to present a psychiatric diagnosis. This development is of course, on one hand, due to the fact that trans and gender diverse communities world-wide have become more visible in fighting against injustice. The de-pathologizing of trans and gender diverse experience is the goal of many community advocates. In 2019 the WHO removed being trans and gender diverse from the list of mental disorders International Classification of Diseases (ICD-11), moving it into a separate chapter called "Conditions Related to Sexual Health". However, it will probably take some time for the ICD-11 first, to be translated into many different languages and then be implemented internationally. As it stands, trans and gender diverse people around the world continue to be diagnosed with a mental disorder, often as a precondition for receiving medical care or legal recognition.

Moreover, in many countries gender diversity is almost invisible within the medical and social care system. Although trans and gender diverse equality has been able to attract greater attention worldwide, the provision of care for trans and gender diverse people remains problematic and fragmentary at best – while in the worst cases, as documented in some of the contributions to this book, it is discriminatory and harmful.

Care Situation of Trans and Gender Diverse Persons: The Great Unknown

Although little is known about gender diversity in general, the topic has gathered interest in recent years, especially within the English-speaking academic literature of the global north. Nevertheless, the present volume is one of the first to provide perspectives on trans and gender diverse healthcare from diverse geographic regions. It attempts to give a comparative overview of the medical, (psycho-)therapeutic and nursing care, as well as self-care, of trans and gender diverse people. Moreover, it aims to stimulate further debate, studies, and theoretical considerations.

There is still little knowledge about how trans and gender diverse people are cared for and, above all, how good care institutions work to fulfill their duty vis-à-vis trans and gender diverse people. On top of that, there are hardly any studies about the negative experiences of trans and gender diverse people in care settings.

Barriers that trans and gender diverse people encounter in their search for healthcare services include stigmatizing (psycho-)therapeutic treatments, over-pathologization, reduced access to gender-specific medical services (gynecological/urological examinations, treatment for infertility and others), refusal of public and private health insurance providers to cover the cost of transition-related services and, at times, complete refusal of medical services. These and many other barriers make access to good (medical) care difficult for trans and gender diverse people.

Often the barriers to accessing nursing or medical care are not immediately obvious. A lack of knowledge on the part of staff about the needs of gender diverse people, as well as a lack of respect for trans and gender diverse patients – sometimes even openly displayed transphobia, lead to, to say the least, insecurity on both sides. It is not uncommon that a practitioner displays a boundary-crossing curiosity, putting the patient (sometimes unintentionally) into the role of an ‘expert’ without them having given their consent. In situations in which people seek help from doctors, therapists, psychosocial counsellors, caregivers or other people in the healing and nursing professions, being ‘interrogated’ is perceived by those affected as violent and humiliating. In short, in their search for medical treatment, trans and gender diverse people cannot rely on being treated professionally and respectfully. Trans and gender diverse people rather expect to be treated disrespectfully, being confronted with massive ignorance.

Often problems start the moment that a trans and gender diverse person seeks an appointment, since registration forms ask for gender and name. In most countries, these forms only offer two options for gender (M/F), denying trans non-binary (and intersex) identified people the right to a respectful description of their identity. When the first name of a trans and gender diverse person does not seem to match with their outward appearance or the name on their insurance card, it leads often to shameful discussions. Further inquiries are rarely conducted with appropriate sensitivity.

Trans and Gender Diverse-Inclusive Language

Social change is always also accompanied by a change in hegemonic language practices. The use of language in regard to gender diversity has changed considerably over the past 100 years. The well-known physician Magnus Hirschfeld, an outspoken advocate for sexual minorities and first advocacy for homosexual and trans rights spoke of a “third gender” already at the beginning of the 20th century. The term “transsexuality”, on the other hand, was first mentioned in a scientific publication much later, in 1949, to distinguish between supposedly ‘*sick*’ people, those who describe a gender variance for themselves, and ‘*healthy*’, non-trans people. We reject the use of the term “transsexuality”, as it is part of a pathologizing practice, and it also often wrongly implies the sexual preferences of a trans and gender diverse person. Being trans or gender diverse refers to gender identity and not to a person’s sexual desire. Unfortunately, these two things are commonly confused leading to misconceptions about the identity of trans and gender diverse people and their sexuality.

Over the past few years, the word trans has become more and more established, not only within trans-activist contexts and within the trans and gender diverse community. For the present anthology, we have decided to use trans and gender diverse as terms that describe people whose gender is different from the sex assigned to them at birth. The ending after trans is deliberately left blank to leave room for the self-description of an individual. Trans is often used as a single term but can and is often combined with other terms. Possible variations are: transgender, trans non-binary, genderqueer, trans-fluid, gender non-conforming, etc. (see glossary in this volume). Due to the uniqueness of gender experiences, there will be always new terms and/or alternative combinations of terms.

We also want to point out that the concepts of trans and gender diversity can be understood in various ways. The terms trans and gender diverse are predominantly used in the global north. The concept of a gender binary, and even the simple idea of “trans” may not be adequate in countries with a long history of gender diversity.

Historically, trans and gender diverse people play an important role in indigenous cultures across the globe. Examples for other terms for gender diverse persons and communities are: Aran’u’iq, Kathoey, Muxe, Fa’afafine, Burrnesha, Two-Spirit, Sekhet, Brotherboys & Sistergirls, among many others.

Structural Barriers to Transition Related Care & Legal Gender Recognition

Legal gender recognition (LGR) describes the measures some trans and gender diverse people take to align their lived gender identity with the description in legal documents, such as ID cards, passports, and/or birth certificates. This may include changing one's name and/or gender marker. Not every trans and gender diverse person wishes to engage in the process of LGR, for various reasons. For example, in most countries, the legal gender options remain limited to the binary of 'female' or 'male', meaning that for non-binary and other gender diverse people, there is no option to have their gender legally recognized. Thus far, only Malta, Aotearoa/New Zealand, India, Pakistan, Argentina, the Netherlands, Denmark, Australia, Germany, Nepal, and some states in the United States allow a gender marker on legal documents other than 'female' or 'male'. In some countries, like in Germany for example, the third gender option is reserved only for intersex people who can provide a medical statement about a physical gender variation. Trans and gender diverse people who are not born with an intersex variation cannot officially benefit from the third gender option called "diverse."

Every year Transgender Europe (TGEU) collects information about the legal regulations concerning trans rights in 49 continental European countries and 5 Central Asian countries. According to the latest TGEU statement, a total of 31 states have legal gender recognition regulations in place. However, 44 countries still demand a mental health diagnosis before allowing changes to legal documents. As TGEU points out, "the diagnosis requirement contributes to stigma, exclusion, and discrimination and relies on the false notion that being trans is a psychiatric disorder" (TGEU 2021). Additionally, 8 out of the countries that have measures for LGR in place still require a (forced) sterilization from individuals who wish to align their documents. To demand permanent infertility from trans people has been found to violate Human Rights of an individual by the European Court of Human Rights.

As these examples from Europe show the bodily integrity of trans people is regulated by state policies. The requirement for a mental health diagnosis in combination with the forced sterilization of trans and gender diverse people who wish to change their name and/or gender marker on legal documents, is an unmistakable sign of the dehumanization gender diverse persons experience.

Many trans rights advocacy groups globally demand the possibility for LGR and name change procedures to be solely based on self-determination. As mentioned above, Argentina became the first country worldwide to allow trans and gender diverse people to change their legal identification documents based on self-determination in 2012. In Europe, Belgium, Denmark, Iceland, Ireland, Luxembourg, Malta, Norway, and Portugal have followed this example. While the relentless work of trans advocacy groups has brought some progress, other countries have rolled back trans inclusive legislations. In December 2020, Hungary discarded a law that allowed Hungarian trans and gender diverse people to legally transition.

Even though a physical transition is not the goal of all trans and gender diverse people, many trans and gender diverse people who are seeking a formal change of first name and gender marker also decide to engage with gender-affirming medical treatment. To obtain hormones that are not produced by the body to a sufficient degree can be difficult and time-consuming, often because of gatekeeping by medical providers. For example, in many countries, a report from a therapist is a mandatory precondition for gender affirming hormonal treatment. In consequence, some trans and gender diverse people try to avoid this by purchasing hormones from informal sources (e.g., via the internet or from unknown sources), a practice that can have serious health consequences. Hormonal treatment requires regular medical supervision, and self-treatment carries the risk of infection and incorrect dosage. Where androgen blockers and estrogens can often be administered orally in form of pills or dermally through creams, testosterone in many cases is injected intramuscularly. It is often not possible for people who wish to receive this treatment to purchase clean injection material. Knowledge about self-administration with hormones is often acquired online or based on the experience of other trans and gender diverse people in the local community. The information is not always sufficient, and bodies differ in needs, which can lead to complications.

In most countries that offer reimbursement for transition-related care covered by health insurance, further examination processes and long waiting periods (from a few months to several years) have to be faced by those who decide in favor of gender affirming treatment. Even the application process for compensation usually requires multiple certificates from physicians and therapists. Going through the several stages of 'assessment' can be experienced by trans and gender diverse people as disempowering and disrespectful of their life choices.

The Big Knowledge Gap

There is still a lack of studies on gender diversity and an absence of items on (trans-)gender identity in population-wide surveys. In consequence, it is not possible to provide exact data about how many people are trans or gender diverse. Current studies from the U.S. suggest that about 1.4 million U.S. Americans (0.6% of the total population) are trans or gender diverse (Flores et al. 2016). A study in the Belgian region of Flanders found among 4,304 respondents that 2.1% of respondents had an ambivalent feeling about their gender identity and 0.7% had a different identity compared to the gender they were assigned at birth (van Caenegem et al. 2015). Furthermore, there are many communities in the global south which have known non-binary identities for centuries without them being recognized by the different nation-states and sometimes are rather unknown in the West.

A further problem in estimating how many people are trans or gender diverse is also due to the fact that sometimes a trans and gender diverse identity is not lived openly or is not recognized as such. Many trans and gender diverse people are open with their identity and live their everyday life without hiding it. However, this does not apply to all gender diverse people. Due to concerns about or experiences of exclusion, discrimination and violence, many trans people still hide their identity. Where this identity is lived openly, it often remains dependent on situation and context. Some trans and gender diverse people live openly as trans and gender diverse among their friends or in the family but hide their gender identity at school or at work, in order to avoid discrimination. As national and international studies have shown, trans and gender diverse people are affected by discrimination and violence in school, vocational training and at work. Although trans people in Europe and the USA have an above-average level of education, this is rarely reflected in their income levels – trans and gender diverse people are found to a much greater extent in lower income groups and many live in poverty (James et al. 2016; FRA 2020).

Trans Health During a Global Pandemic

Covid-19 brought various challenges to the majority of people worldwide. Trans and gender diverse people, along with other minorities, are believed to suffer disproportionately during this pandemic. Access to healthcare (incl.

transition related care) for gender diverse individuals often necessitate traveling to bigger cities. Due to lockdown measures in many countries, travel has been restricted and, additionally, many people may avoid crowded places (e.g., trains, buses, healthcare facilities) out of fear of a Covid-19 infection. Moreover, often transition-related care is not considered as essential care and is therefore cut off (Fedorko, Ogrm & Kurmanov 2021). “Surgeries that had taken years to secure were often being delayed or cancelled, as were pre- and post-surgical care” (ibid.). A recent global study among 4,412 trans people showed that 40.5% were concerned about how the pandemic will affect their access to gender affirming hormone therapy. Additionally, this study showed that 44.2% were already living with a chronic condition (i.e., HIV, COPD, Asthma, cardiovascular diseases, back problems, among others). Out of fear of discrimination, 22.2% would not go to get tested for Covid-19, even if they displayed symptoms (Trans Care Hamburg 2020). The impact of gender-affirming care on trans and gender diverse individuals is often very much underrated, and the distress arising from inaccessibility of such treatment has severe ramifications for the affected individual. At this stage we cannot foresee the consequences resulting from many months of lockdowns, compromised access to healthcare, delayed preventive screenings, and the mental health impacts of social distancing and self-isolation. However, early indications are that existing barriers to care faced by trans and gender diverse people have been exacerbated by the Covid-19 pandemic.

This Book

For some trans people things are getting better: laws in many countries changed in favor of trans and gender diverse people, but in most of the countries worldwide the discrimination in the field of care is still very rampant. There are still lots of studies needed as we need more direct activism raising awareness of the different needs of trans and gender diverse people. This volume is a modest contribution. We hope it will lead to more awareness and future studies on the topic.

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