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Healthcare and Transgender Experience in Europe

As an American, I tend to fetishize the more positive governmental policies of other continents in favor of my own, including Europe's accessible healthcare policies. During a recent trip to Argentina I had learned that universal healthcare could benefit transgender people in their quest to transition, and immediately began wondering how this would play out in Europe from East to West, society-to-society, culture-to-culture. Through interviews and analysis, I learned that a lot of my biases about European healthcare and the overall positives of transitioning were contrived, and that European trans people face their own sets of struggles in regards to transitioning just as American trans people do. While accessible healthcare seems to give the illusion of an easier way of life, I quickly learned that there were many trials and tribulations a person must go through to even be considered for things such as hormonal therapy or surgical procedures, and a lot of these were set up by the government in an attempt to prevent people from coming out in the first place. An analysis of how healthcare affects the lives of trans people in Europe reveals that transitioning is difficult to achieve, there is an overall pressure on trans people to either transition or stay in the closet, and that many transgender resources in Europe are not up to par to those in other continents, despite the promise of an easier way of life.

My positionality for this research project was overall positive toward the trans population – I myself identify as transgender and have many trans friends. There is a large problem with violence committed toward transgender persons in the United States

and a lack of access to resources such as hormones or surgical procedures as they are typically expensive and not covered by insurance in the United States. Through my research process I had nothing but positive intentions toward the trans people I interviewed and often felt connected to them despite language and cultural barrier. My hopes throughout the project were for positive news and I was able to receive some even on top of all of the negatives. This research paper intends to be read and understood by not only trans people but also cisgendered people who are interested in trans activism and how healthcare affects the transitioning process.

In my research, I came across a few cross-cultural problems that may have effected the way this paper has been formed. One of the largest issues was that that the people I interviewed were not native English speakers, and even though all of them spoke English fluently they were unable to share their facts, opinions, and experiences through their native tongue. Many of the people I interviewed seemed to get frustrated when they were not able to remember an English word for something, almost forgetting that I had no ability to speak the language they have known since birth myself. Additionally, both the respondents and myself assumed a lot of things in the interview; we both at times could tend to forget that the other person did not have similar cultural experiences to themselves, and as a result some parts in the interview seemed unclear upon second listening. Finally, one of the main cross-cultural problems in my research was my ability to remove myself from the situation that my respondents were living within every day. At times I felt guilty about this, and wondered if my respondents felt any sort of negativity toward me because of it.

For my methodology, I gathered most of my research through interviewing trans

people living in the Netherlands, Germany, the Czech Republic, and Poland. The interviews in the Netherlands and Germany were face to face, and the interviews with people in the Czech Republic and Poland were over Skype. Each interview was recorded with explicit permission. All of my respondents were masculine to androgynous leaning, white, in their early to mid thirties, and born in each of the countries I interviewed in. Three of the four had gone through the healthcare system to transition, and the other one worked with a major transgender non-profit, making them familiar with how it worked. The people I interviewed were M, a non-binary person from the Netherlands, Marek, a non-gendered person from Germany, Viktor, a trans man from the Czech Republic, and Wiktor, a non-binary person from Poland. I was hoping to find a feminine leaning person to interview; however within time constraints and language barrier this proved to be a difficult task. I was also hoping to have at least one non-white respondent, but this also demonstrated to be demanding in Europe. I asked all of my respondents the same questions and tried my best to remove bias while talking to them. I also gathered information from pamphlets and PDFs collected on my own or distributed to me by my respondents. Overall, my methodology was mostly qualitative, with few quantitative resources researched. My report is based mostly on the personal experiences of my respondents and is in no way universal of every European trans person's experience.

To start off, one must understand how healthcare works in each of the countries that I interviewed in. Because each country has a different system, the transitioning benefits differ, with some possessing better surgery options and some boasting of cheaper hormone prices. The Netherlands has mandatory healthcare, and those who do not purchase this mandatory healthcare risk a fine. The cost of this healthcare is

determined by one's income. Insurance companies are required to offer a universal package for those enrolled and are not allowed to deny any applications even under specific conditions. Dutch employers mostly provide insurance but citizens also pay for it through taxes and out of pocket expenses. In Germany there is private and public insurance for citizens. If one makes less than 50,000 euros (\$52,260) a year they are eligible for a public health insurance program that does not cover as much as privatized health insurance. The fee for public health insurance comes out of one's working wage and about 89% of the population is covered by it. Similarly, the Czech Republic has public health benefits that come out of one's salary and must be paid monthly in addition to a separate privatized option. The Czech healthcare system has had troubles since the fall of Socialism regarding the switch to monopoly and competitive market, but the insurance model has proved worthy as the Czech Republic is one of the healthiest countries in Eastern Europe since its transition to Capitalism. Its services are also regarded as very accessible and comprehensive. Poland operates on a private and public healthcare system as well, with the public system being completely free to citizens that have insured employers or an insured spouse. Poland provides free healthcare to children, pregnant women, the elderly, and the disabled. Overall, healthcare in Europe is efficient but not as universally accessible as some are led to believe.

So with health insurance, what exactly is covered? This ranges from country to country and from insurance to insurance, so I chose to specifically ask about average coverage and how it affects surgery, hormone therapy, and other expenses in my interviews. Wiktor had personally gone through transitioning in Poland, and told me that hormones are only reimbursed 30% in Poland. This coverage is only available for

estrogen and some blockers of testosterone and has been in place since 2015. Any surgery or counseling that is sought out will only be covered by private insurances, and even then the person must seek out a trans friendly doctor in order for their reimbursement to be put onto the national fund. Marek had also gone through a transitioning process, and informed me that hormones in Germany cost about 95-240 euros (\$100-250), but with health insurance they cost “nearly nothing”. However, there is little aid for surgery in Germany and it can be extremely expensive even with adequate health insurance. In the Czech Republic all check-ups and consultations regarding gender dysphoria are free of charge, and with insurance hormones are around 520 koruna (\$20). Interestingly enough, surgery is completely covered by insurance in the Czech Republic, however Viktor informed me that this surgery is not of the highest quality and most Czech trans people opt to get their surgery done in Thailand or Germany for better results. Finally, in the Netherlands hormone treatment is completely covered by insurance, and in the beginning stages of transitioning so are cosmetic procedures, wigs, and gender reaffirming surgery. Any additional surgery is only partially covered by insurance, depending on which kind one has. Additionally, it is important to note that almost no court cases that are required for name/gender changes (or sometimes, permission to start transitioning) are reimbursed in any sort of manner, which makes it difficult for people who have health coverage to even go through with the process in the first place. This is only untrue in Germany, as there is governmental aid for court cases related to being transgender.

However, the actual process of gaining access to these resources must come through a diagnosis of “transsexualism”, which is damaging to the transgender

community as it implies that feelings of gender dysphoria are an “illness” instead of a natural way to feel since expected gender performance is a social construct regardless. In a survey conducted about the required DSM gender identity disorder diagnosis, a panel of transgender activists from Eastern and Western Europe stated that there was an overwhelming agreement that a required diagnosis should be rid of, however, it was also agreed upon that if it was rid of, there would probably no longer be any health insurance benefits for trans people (Vance). Even if this puts the diagnosis into better light for its benefits, the process of being approved for this diagnosis is dehumanizing and humiliating and begs the idea: there must be a better way! The content and acquisition of these diagnoses differ from country to country. In Germany, this diagnosis is absolutely necessary to start any form of transitioning, from hormone therapy to name change. According to Marek, any change in name or legal gender in Germany requires one to be diagnosed with gender dysphoria. This diagnosis comes from a gender psychiatrist who is often not well versed in transgender discourse and can be very invasive. In Germany, Marek says there is a lot of association of transexuality with homosexuality, and as a result gender psychiatrists can be intrusive about a trans person’s sexual history, and sometimes might even ask them to undress in the office. Although the patient is legally allowed to deny doing this, many trans people are so pressed with getting the diagnosis over with that they obey the doctor’s wishes without a second thought. The diagnosis and court case that follows it costs about 1,500 euros (\$1565) and can be very time consuming. Once diagnosed, a person must spend about 6 months in gender conversion therapy in order to begin hormone therapy. The Netherlands has a similar system with what is called a “gender team” whose job is to diagnose trans people with gender

dysphoria. They too, are not allowed to pursue transitioning without a diagnosis or begin the process to change their sex on legal documentation. In the Netherlands, it is not possible to change one's sex on their birth certificate, but it is possible to do so on other legal documentation such as passports or ID cards. In the Czech Republic, gender dysphoria has been technically declassified as a mental illness but is still treated as one by healthcare professionals. There must be doctoral meetings conducted with the trans person, and in the first one they are usually asked if they are willing to go through surgery. If the person answers "no", then they are often denied any support as they have supposedly proven that they are not true "transsexuals". Trans people generally perceive gender sexologists in the Czech Republic positively, however, similarly to in Germany, they are not necessarily well versed in how to treat trans people and have problems with misgendering and deadnaming their patients (Jahodová). In Poland, the diagnosis of gender dysphoria can only be achieved through a civil court case in which the trans person sues their parents on the basis of birthing them the wrong sex. This discourages many trans people from pursuing any medical help and is most likely specifically in act to do so. After the court case is won, a trans person must seek out a professional to give them the official diagnosis. There are at least two clinics in Poland that can provide this diagnosis for free. Other than that, all diagnoses, surgeries, and counseling can only be covered with privatized healthcare. According to Wiktor Dynarski:

A transsexual diagnosis in Poland can be obtained through a series of tests and examinations (both psychological and physical – including head x- rays, genitalia examination and karyotype check). Those gatekeeping procedures are mostly aimed to "check" whether a person is able to transition from one gender role to the other. One of the most common elements of this method is the "real life test (RLT)", where one is forced to live full-time as their preferred gender. Healthcare providers recommend a two-year RLT during which one is not prescribed any hormonal treatment nor is able to change their legal status.

Because of its incredible social and individual invasiveness, the RLT is being gradually withdrawn. However, since there are no unitary standards on transsexual diagnosis in Poland, some diagnosticians still use it in their practice (Dynarski 4).

Aside from “RLT”s, many Polish doctors will perform physical, psychological, and psychiatric examinations, and if those check out the patient can finally receive hormonal therapy. This makes transitioning in Poland extremely invasive, and is the reason many Polish trans people choose to escape the country for better treatment.

Once all of diagnosis hoops have been jumped through, a trans person may finally begin pursuing hormonal treatment and surgical procedures. Just like diagnoses, this varies from country to country, as some countries have better insurance options and some have superior surgical processes. In countries with superior modes of health insurance such as the Czech Republic, all surgery is covered by insurance, which is extremely convenient for Czech trans people. There was an overall increase of eastern European trans people seeking surgery after the fall of Socialism in 1989, and this includes the Czech Republic and Poland. However, the surgery is not of the highest quality, with an exception of top surgery for those who are trans masculine. A minimal transition process can take a Czech person about three years, with psychological exams in the first year, hormone therapy in the second year, and legal processes as well as surgery in the third year. Once they have gone through five years of transitioning, the trans person can change their name to something gender specific (Jahodová). However, since many people in the Czech Republic seek surgery outside of the country, this process can take a little bit longer than three to five years. The practice of leaving the country to seek better surgical treatment is common in Eastern Europe, and many Polish people do the same since there are very few options within their Conservative country.

Polish people often travel to Serbia, Thailand, Germany, and Belarus for surgical procedures. Wiktor says that it is difficult to find surgeons willing to perform top surgery on trans masculine people in Poland, and that only a few Polish hospitals will perform genital surgery (and that small number is slowly declining to almost non-existent itself). It is also difficult for trans men to seek any type of reproductive care in Poland because of how gendered the field is, which has ramifications on those who have decided to transition. There is also a divide on transgender surgical procedures in Eastern and Western Poland, and Wiktor claims: “Poland is strictly divided into West (Wrocław), where trans men are not forced to undergo any surgeries, and East (Warsaw) where mastectomy is often required before the court process can begin” (Dynarski 5). This divide in country may coerce a trans person to move to western Poland, however there are less overall resources there due to a lack of a truly large metropolis in the area. In Germany trans women have priority in surgical procedures, and Marek says this is because doctors feel it is more urgent to “help a ‘cross-dressing’ man than a ‘cross-dressing’ woman”. This puts emphasis on trans women needing to get surgical procedures in order to be accepted by society, and affirms the idea that gender neutrality is more associated with masculinity than femininity, further endangering trans women of transmisogyny. Marek says that surgery in Germany can take up to three years to be approved by sexologists, and even then they can choose to deny the surgery despite years worth of appointments. However, the surgery that is available in Germany is generally regarded as some of the best in Europe, and thus many trans people come to Germany for the surgical care. M claims that the Netherlands is “one of the best countries to transition in”, and says that American transgender support groups have

contacted Dutch transgender support groups in order to understand how the Netherlands does such a successful job in terms of transitioning and caring for their trans population. Surgery is generally covered by the privatized health care and is easily accessible to Dutch transgender citizens. However, the same is not true for expats, who come to the Netherlands for transgender support and often wind up empty handed. Surgical care in Europe varies from country to country, and what some countries lacks in others make up for.

So is transitioning a positive or negative thing for trans people? Everyone I interviewed seemed to agree that trans people in Europe who transition generally enjoy a higher quality of life, even despite all of the difficult and sometimes humiliating hoops they have to jump through to get there. But does the option to transition with much more ease than in other continents put an unwanted pressure to transition onto the European trans population? Marek says that there is an expectation for trans people to pass in Germany in order to be accepted into society. The same must certainly be true in the other countries, although in the Czech Republic a full transition means becoming sterilized and in Poland this means suing one's own parents. With these laws being set up to prevent transition on top of social code that basically requires a trans person to transition, what is truly being accomplished? From mental health diagnoses to complicated court processes to invasive doctors and forced outings, the transitioning process becomes a negative experience for trans people in Europe. It reinforces the idea that in a cisgendered society, trans is not normal and must be looked down upon; gender dysphoria is a medical issue that must be fixed in order for one to be fully accepted by society. It leaves no room for trans people to love their bodies for how they look the way

they were born and argues a rhetoric in which trans people will always feel separated from the gender they identify with. My studies have caused me to believe that many of these problematic practices that might discourage a trans person from transitioning must be removed from the system, along with the idea that surgery and hormone therapy is the solution to all of a trans person's gender discomfort. Until the government can start to accept that being transgender is as normal as being cisgender and that gender is a socially constructed notion in the first place, Europe cannot claim to be the vanguard of the transgender movement.

Overall transgender experience in Europe varies from Eastern to Western Europe and country to country. It is important to note that Western Europe generally has less religious ties in societal influence, and this has a lot to do with that. Interestingly enough, Viktor explained to me that there is not much "physical violence toward transgender people in the Czech Republic" because "Czech people are generally very passive", a refreshing change from much of the violence toward trans people that I usually hear of. He also explained to me that a Czech's perception of what a trans person is and constitutes of comes from media outlets, and especially the media that comes from the United States of America. In the Czech Republic trans people are viewed as "exotic", and this is true of trans people in most countries, especially those in which the topic of gender dysphoria is more recent. In Germany there is a lot more physical violence toward trans people, specifically in bars and masculine spaces due to German masochist tendencies. There is also a difference in transgender treatment in the larger cities that I interviewed within in contrast to smaller rural communities with more religious connections and less transitioning resources. The Netherlands is one of the best

places in Europe to be trans, and as a result many migrants come across the border to live among the typically spectrum friendly Dutch. According to a report from the Dutch Census Bureau that M translated for me, the country “as a whole is 42% positive towards trans persons, 45% neutral or ambivalent towards trans persons, and 11% negative towards trans persons”. M told me that he had taken in a Polish trans woman until she was able to find work in Amsterdam who had escaped from the harsh conservatism in her original Slavic country. In Poland there is a lot of trans violence due to young, white, cisgendered men who align themselves with Neo-Nazi beliefs and often rebel against pride parades and other forms of LGBTQUIAP+ pride in Europe by using violence and anger. The extremely conservative nature in Poland does little for trans people and thus many choose to move out of the state to save their own lives and sanity. While the situation is a little less bleak in Western Europe, it is important to note that this has more to do with political climate and religious beliefs than one country being more “developed” than another. In reality it is not necessarily safe for trans people to exist anywhere due to transphobic societal and structural acts.

Non-binary people have a special fight in Europe, as language barriers and overall public oblivion make it difficult for them to remain gender neutral while existing within an extremely gendered space. In all countries in Europe, it is almost always necessary for a non-binary person to lie about their gender identity in order to be able to access hormones and surgery through the healthcare system. This is because it is confusing to many doctors why someone gender neutral would want access to something that may make them more coded toward a specific binary through hormones since they do not understand that gender is simply a performance, and masculine or feminine traits

can both truly be understood as neutral by removing biases about what androgyny is supposed to look like. A largest obstacle that non-binary people have to face is how to create gender-neutral pronouns within an extremely gendered language. In Germany pronouns such as “sier” (a combination of the male pronoun “er” and female pronoun “sie”) have been invented, yet these pronoun options are still connected to gender, which does not cater to agender or non-gendered individuals. Similar gender-neutral pronouns have been popping up in the Netherlands, yet there is such a large variation of pronouns in circulation that it can be difficult to remember which are used by whom, as there is yet to be a catchall gender free pronoun to be invented. This has caused many non-binary Europeans to use “it” pronouns in order to stay free from gender, yet not all of them wish to be dehumanized by these pronouns in a larger setting. Because of these barriers, many European non-binary folks choose to use the gendered pronoun they feel more aligned with. There are also gender-neutral variations of honorific titles such as “pán” in Poland. Polish non-binary folks are also starting to rework sentences in order to avoid using gendered code words in sentences. In order to speak this way, the person must refer to themselves as a thing, since in Polish objects are not gendered. So for instance, instead of saying “I am sad” which would denote a gendered marker for the gender of “I”, the person might instead say “this day makes me sad”. There is also the option to remove the suffix from the verb, which silences the gendering vowel. Overall there is not a very large presence of non-binary activism in Europe currently, although this has been projected to change as time goes on and more light is brought toward this identity.

Speaking with transgender activists from all over Europe was especially

inspiring to me, as many of them informed me of activist projects and good news associated with being transgender in Europe. In the Netherlands there is a shelter in Amsterdam specifically for transgender expats as it is difficult for immigrants, and especially trans immigrants, to find jobs and housing in the very crowded country. Many expats come to the Netherlands specifically because they are one of the most progressive countries in terms of transgender rights and are given an extra boost with temporary housing such as this. There are also specific groups in the Netherlands that are dedicated to helping trans people find greater health coverage and trans friendly doctors, such as Transvisiezorg (Transition Care). TNN (Transgender Netwerk) is currently working on an affirmative action type program that helps trans people find employment, as well as educating these companies on how to treat trans employees with dignity and respect. The major Dutch airline KLM is currently a part of this program; Utrecht University is a part of a similar program by TNN that involves training on how to treat trans students. Additionally, in the Netherlands trans people are detained only by police officers that match their gender identity, and are able to be incarcerated as the gender they identify as (however, it is important to note that there are currently no openly trans people incarcerated in the Netherlands). There are many festivals for trans people in Poland that have been popping up the past few years despite neo-Nazi opposition, such as Transfestival, a film and educational festival with workshops and support groups. Transparent CZ is working with local Czech media outlets to use correct terms when reporting on trans people, as many Czechs form their ideas of gender dysphoria through the media that they consume about it. Through research I found multiple support groups and non-profits in every country dedicated to making transitioning a little bit easier for

those that choose to go through it. Slowly but surely, transgender recognition in Europe is helping create awareness to the problems that trans people face in their every day life, and activists are working to fix these problems on a societal and governmental level.

However, living in a system that does not always promote transgender ideals can also lead to unjust mistreatments of the transgender population through loopholes and sometimes even outright oppression. Most European countries have some sort of anti-discrimination law in act to protect its citizens from prejudiced employers, but almost none of these laws are specifically catered toward transgender citizens. This may be because of a vast unawareness of transgender people in Europe, but it is also likely to be connected with underlying Christian doctrines in many European societies, as well as general uncomfortability with those who differ from what is considered the accepted norm. Therefore in all of the countries I interviewed in there were no equal employment opportunity laws protecting trans people but instead more laws that disadvantaged them, such as a forced sterilization law in the Czech Republic that requires all trans people seeking top surgery to complete castrating bottom surgery as well in order to have their gender legally changed (despite that it is medically unnecessary in the overall transitioning process). This law discourages many trans people in the Czech Republic from seeking any forms of transitioning outside of hormonal treatment, and was recently outlawed in Poland, Germany, and the Netherlands for being unjust. In much of Eastern Europe, trans people are not even allowed to legally change their names to anything that is denoted as being “masculine” or “feminine”, and while working within a gendered language this can limit the amount of gender neutral names available to choose from. In Germany a diagnosis of gender dysphoria can only be achieved if the person is willing to

out themselves as transgender to their family, friends, and workplace, which discourages trans people from pursuing the diagnosis, as they do not want to create conflict with their close ones or potentially lose their jobs. Largely because of this law, at least half of the German transgender population is currently unemployed. Finally, many intersex Europeans have difficulties achieving full legal recognition in an extremely gendered world if they do not clearly fit into one gendered category over the other. Even with a more extensive healthcare system, European trans people still have many battles to overcome to break free from the chains of oppression.

So what are these battles specifically? A reworking of language and media exposure definitely fall within these categories, but overall, trans activists are trying to educate every-day people about how to treat trans people with dignity and respect. Having health care coverage is important and helps with transitioning, but much of this care is still shoddy and causes trans people to get surgery out of country in order to have more professional (albeit more expensive) care while transitioning. There is also a push to transition regardless of whether or not the trans person wishes to in order to get their legal documents or name changed, which is dehumanizing and tells trans people that they are not desirable or valid unless they make an attempt to look as cisgendered as possible. I came into this research thinking that things may be better for trans people in Europe with the access to these resources, and came out learning that Europe has just as many problems as any other continent would. Trans activists are fighting for recognition for those who haven't transitioned, transgender migrants, and the "supposedly" invisible non-binary and intersex community. They are fighting for a demedicalization of "transsexualism", and for that declassification to not mean a loss of healthcare benefits

along with it. The fact is that Europe is not one homogeneous continent – each country has its own ideals, beliefs, and struggles, and it is impossible to determine that the climate in one place is “better” than another when in reality none are generally good enough when it comes to safety and resources.

The interviewing process had been extremely personal, as I shared an identity with many of the people I was interviewing as a fellow non-binary trans person. I felt I had to be careful about not promoting my identity too much as I feared it might have seemed simulated or a way to become an insider with those I was interviewing. This also made me feel poorly about my own identity, as I was not necessarily seen as non-binary from the beginning by many of the people I spoke with, causing me to doubt my own presentation and how it's perceived. This is a doubt I have felt many times, especially when I am being misgendered by people that know about my pronouns or while existing within other transgender spaces. Interviewing transgender activists was inspiring to me, and definitely made me feel more proud to live within my own skin. I feel as if this interview process taught me more about how much strength trans people have: those who have chosen to transition and jump through hoops just to do so, as well as those who have vehemently decided not to. Since I am a femme presenting non-binary assigned female at birth person, I do not face a lot of struggles that most binary trans people have to: most of my struggles lie within validity and feeling a duty to hide my identity from coworkers and the people that make me feel unsafe. I feel no desire to transition because I feel comfortable with how I present, however I now feel more aware of how difficult transitioning actually is. All in all, this experience taught me a lot about my trans siblings, the struggles they go through, and where we must go from here in

order to keep protecting us.

The experience of transgender Europeans is not that different from those in the United States, with the main differences lying within cultural distinction and healthcare benefits. Many of the European transgender activists I had interviewed had close ties to American trans activists and communicated with them to collaborate on projects or share successes with one another. To assume that trans people in another continent are completely different than the ones in my own is biased and incorrect, as much of the foundation of transgender experience is universally shared. Although the health care system was a positive for many transgender people in Europe, it still poises many problems, especially in the more religious countries. This project gave me more hope for the trans future as I learned of many activist projects and laws that had been recently changed because of activists. The health care system in Europe does not solve all problems within transitioning, but instead creates new ones, while simultaneously producing new ways of life for transgender Europeans.

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