

Trans* in Germany: between support and discrimination

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Allow me to start with a sentence which, though uttered slightly differently every time, I have heard on multiple occasions during my own transition: “There are so many opportunities for transgender people in Germany, you should be grateful for all the support you get here compared to other countries.” However, from my perspective as a transgender person, this statement and the attitude it reflects are not only highly problematic, but also symbolic of both indirect and direct discrimination against trans* people in Germany.

The following examples draw heavily on my own experiences and those of a group of other trans* people whom I met during my transition. Therefore, my perspective is in no way representative of every trans* person’s experience in Germany. Moreover, I am mostly going to be using the term “trans*” instead of “transgender”, which refers to a wider range of gender identities who undertake different measures of realising their gender identity.

Returning to the statement above, I have to say that trans* people in Germany of course do enjoy privileges in terms of health care, legal protection and generally liberal public attitudes. The collaborative LGBT(QIA+) website “Equaldex”, which easily provides an overview of different legal situations in different countries, shows that trans* persons in Germany enjoy protections against housing and employment discrimination and are able to change their legal gender without having to undergo legally mandated medical procedures (*LGBT Rights in Germany*). However, this does not mean that there is a total absence of discrimination nor that access is easy to facilities that are supposed to aid in the highly individual transitioning process most trans* people go through. More specifically, I am speaking of the German health care system. On a theoretical level, it presents a very advanced system of support, which, combined with rising levels of public acceptance and tolerance towards trans* people, creates an arguably positive image of trans* people’s access to support facilities.

The problem with the health care system, however, is that while it is accessible in theory, it transforms into a maze of highly invasive and unclear bureaucratic processes an individual must navigate in order to receive the help and care they need. Therefore, I shall mostly be referring below to the German healthcare system and the different healthcare providers a trans* person has to turn to in order to undergo gender-confirming measures. Moreover, I will argue that trans* people in Germany are required to assume an unreasonably high degree of responsibility for themselves and that this might be the intention of a system that can almost be described as “reluctantly offering help”.

In order to highlight the difficulties within that process, I shall present the necessary steps for receiving gender-confirming care. Firstly, a diagnosis of a person’s “transsexuality” (which of course is an outdated term, but still frequently used in Germany) has to be made in order to establish the medical necessity for procedures such as hormone replacement therapy (hrt), facial hair removal, mastectomy etc (*Trans*Gesundheitsversorgung*). This diagnosis must be provided by either a psychologist or a psychotherapist. This can present an initial problem, as

long waiting periods for appointments and limited experience with trans* people on the professional side can lead to frustration and a sense of helplessness. In Leipzig and by extension the Eastern region of Germany, this conflict becomes clear when looking at Dr. Kurt Seikowski, who is perhaps the most famous psychologist dealing with the trans* community in the Eastern part of Germany (and formerly in the German Democratic Republic). Having built a reputation as an advocate for the trans* community and speaking out for a breaking down of bureaucratic barriers in order to provide appropriate medical care, he is about to retire, leaving the community uncertain where to obtain an initial diagnosis (Reinhardt 3). This shows the insecurity many trans* people feel in the initial stage of seeking help, which in most cases is a time of fear, stress and discomfort, if not severe mental distress and illness. These particular circumstances in the beginning of the transition process certainly show a lack of information and structure. Furthermore, the need for an initial diagnosis by a psychologist or psychotherapist might lead trans* people to feel pathologized and categorised as “ill”, despite the World Medical Association’s “Statement on Transgender People” in 2015 finally recognising that being trans* or gender-nonconforming does not indicate mental illness (*Trans*Gesundheitsversorgung*).

Once the initial step of diagnosis is overcome, a trans* person who wishes to undergo hrt or any other gender-confirming measures has to begin the “Alltagstest”, which roughly translates as a “test of everyday life” during which a person has to live as their desired gender for a period of one year (*Trans*Gesundheitsversorgung*). This poses several problems by itself, but I would like to use the words of German transgender author Jayrome C. Robinet to describe it:

“The goal of the Alltagstest is for a person to experience what it means to be a woman in our society. However, what she usually experiences is what it means to be treated as a ‘man in a dress’. It is as though you need glasses and are only provided with the frame. If you manage to see with them for 12 months, you’ll also get the lenses.” (Robinet 28)

Although this is of course a slightly exaggerated metaphor, I think it gets the point across that without the aid of either hormones or facial hair removal, many trans* people will find it hard to successfully live as either gender without facing discrimination, humiliation or even violence. Now, this is not to justify a society which condemns gender-nonconforming appearances or people, but that is a whole different issue which is beyond the scope of this paper. Rather, it is to highlight the flaws of a system which prefers to leave trans* people to their own devices, choosing to reward them with support when and if they are able to make it through one year of the Alltagstest while failing to provide them with counselling, advice and help right from the start so that they may avoid discrimination as much as possible. For me personally, in my 12 months of the Alltagstest, I experienced misgendering on an almost daily basis, discrimination in the form of videos being taken of me and a feeling of extreme insecurity whenever I had to use a public bathroom. Mostly, I felt left alone and with a sense of constantly having to prove myself. Moreover, I was reminded by my surroundings that “if I really wanted to be a woman, I should be able to endure all this”. I could go on about my personal experience during this time, but the point I want to make is that instead of being offered help and support, I was left alone in order to prove that I am a woman for 12 months. If anything, I had to look for these things myself as any institution I turned to could only tell me that if I wanted to proceed to the next step, I had to successfully finish the Alltagstest.

The last incident I would like to present as an example of both direct and indirect discrimination through the German healthcare system, is the process of applying for the health care provider's assumption of costs for facial hair removal. As most trans women begin their transition only after the development of facial hair, this is a necessary step for many. In order to apply for facial hair removal, a trans* person must have finished the 12-month long Alltagstest, undergone hormone replacement therapy for at least 6 months, and ideally begun the process of legally changing their gender status (*Trans*Gesundheitsversorgung*). Only then can a person begin to apply for the financial help for facial hair removal, a process requiring adherence to strict guidelines. Until recently it was possible to have one's facial hair removed either by a medical specialist or a beauty salon specialising in hair removal. However, the beauty salon option has recently been eliminated and healthcare providers now cover the cost of this procedure only when performed by a doctor that specializes in hair removal (*Haarentfernung*). This is a reduction of options and choices and since facial hair removal is otherwise only offered by dermatologists, who have notoriously long waiting periods for appointments. Furthermore, the standard method of facial hair removal covered by healthcare providers is laser removal. Laser hair removal in most cases, however, is neither the preferred nor most beneficial method as it only works on certain hair and skin types and does not reach every hair in every layer of the skin. Therefore, electrolysis, the removal of the hair by an electrically charged needle, is the most reliable method. But as this is not the standard method, typically the first application is rejected. This happened in my case, but instead of simply having to explain why electrolysis would be necessary, I was asked to provide another multitude of extremely private documents with the explanation that, despite having gone through the Alltagstest, attending psychotherapy sessions for two years and taking hormones for half a year, a "medical necessity" for why I needed to remove my facial hair was still unclear from the viewpoint of my healthcare provider. Eventually I had to supply another recommendation by my therapist and my endocrinologist (from whom I receive my hormone supply) and a "Transsexual CV", in which I was required to relay details of my earliest childhood memories of feeling like a woman, my personal relations with my family, friends and romantic partner, my hobbies, my job and my mental health. Apart from my sexual orientation and experience, I had to disclose every single aspect of my personal life, including the pain, humiliation and degradation of being misgendered in public due to my facial hair. One day I received a call from my health provider which began with the woman on the other end of the line asking me whether she is speaking to "Mr. Malzahn". When I corrected her, saying that she is actually speaking to "Ms. Malzahn", she referred to my official status which at the time was still "male". She then offered to call me "Ms." for the duration of the phone call if "it is more pleasant for me". Later in the conversation I realised that she had in front of her the document in which I described the utter torment I experienced from misgendering.

While I am sure that there are many professionals working with health care providers, who are more informed, educated and empathetic, my case is by no means unusual or rare. There is no legal or safe way to avoid health care providers when a trans* person wants to undergo hormone replacement therapy or gender-confirming operations. This is true as well for costly procedures such as facial hair removal for a person of limited means. Therefore, as a German trans* person it is almost impossible not to have to conform to the system I have attempted to

present, a system that many outsiders praise for its options and possibilities. I am grateful that I could begin taking hormones and begin having my facial hair removed. However, I am not grateful that I had to be treated as though being transgender is a disease, I am not grateful that I had to lay bare the most intimate aspects of my life, only to have them ignored and still be referred to as “Mr.” by someone who is required to deal every day with trans* people professionally. The system and its mechanism of indirect and direct discrimination has to change. It is outdated and not nearly accessible enough. Many trans* people face discrimination daily; they should not have to face it when seeking help and support from institutions that claim to help them and receive praise for what is often not much more than a claim.

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