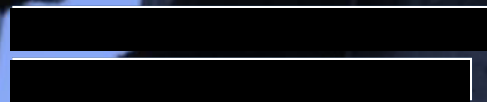


TRANS HEALTHCARE THEN & NOW



LGBT+ HISTORY MONTH

- Established in the UK in February 2005,
- Works to raise awareness, increase visibility, and promote the welfare of LGBT+ people, their history, their lives, and their experiences.
- “Claim our past, celebrate our present, and create our future.”
- The theme for 2024 is ‘Medicine: Under the Scope’





TRANS HEALTHCARE THEN

THE ORIGINS OF MODERN
TRANSGENDER HEALTHCARE



TRANS HEALTHCARE THEN

THE ORIGINS OF MODERN
TRANSGENDER HEALTHCARE

MAGNUS HIRSCHFELD

- A German Jewish doctor and sexologist, born May 1868 in Kolberg, Prussia (now Kołobrzeg, Poland).
- Became a doctor in 1892.
- He travelled to Chicago in 1893 where he discovered the city's homosexual subculture.
- Returned to Germany, eventually opening a general practice in Berlin in 1896.



MAGNUS HIRSCHFELD

- Hirschfeld noticed high rates of depression and suicide among his homosexual patients.
- From this he began to research homosexuality and became involved in gay rights advocacy.

“The thought that you could contribute to a future when the German fatherland will think of us in more just terms sweetens the hour of death.”



THE WORLD'S FIRST LGBT ADVOCACY GROUP

In 1897 he co-founded the world's first LGBT rights organisation, Das Wissenschaftlich-Humanitare Komitee (The Scientific-Humanitarian Committee). Their primary goal was repealing the law against male homosexuality.



PHOTO: SOURCE UNKNOWN

Georg Plock

Ernst Burchard

Magnus Hirschfeld

Hermann von Tschebenberg

HIRSCHFELD'S IDEAS

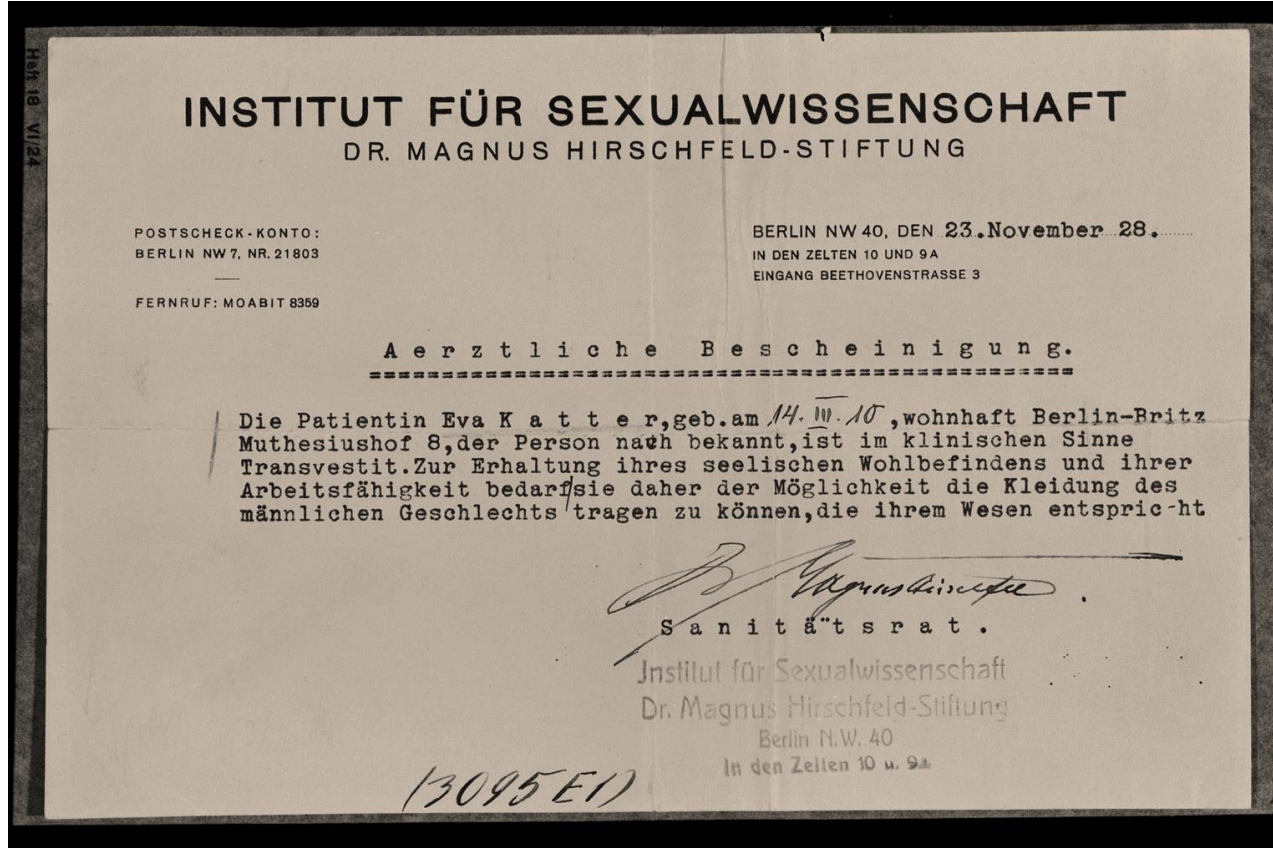
- Sexuality was an innate characteristic, no different from being left- or right-handed.
- A great number of “sexual intermediaries” existed, “between which...there are no empty points present but rather unbroken connecting lines.”
- Both sexuality and gender were simply part of natural human variation and as such should have no judgements or stereotypes attached to them.



HIRSCHFELD WITH HIS LIFE PARTNER, CHINESE SEXOLOGIST LI SHIU TONG, AT THE WORLD LEAGUE FOR SEXUAL REFORM IN BRNO 1932

In 1910 Hirschfeld coined the term *'tranvestit'* (transvestite), as a broad, judgement-free term for anybody who wore clothes associated with or presented as a gender other than that which was assigned to them at birth.

He worked with the Berlin Police to issue *'transvestitenschein'* (transvestite certificates) which helped to protect people from arrest for disorderly conduct.



THE INSTITUTE FOR SEXUAL SCIENCES

- **Founded by Hirschfeld in Berlin, 1919**
- **Provided sexual health education, research, and teaching opportunities.**
- **Provided a housing and work for patients who could not otherwise afford treatment.**
- **Hirschfeld, along with others working at the institute, developed some of the first modern gender affirming surgery**



THE INSTITUTE FOR SEXUAL SCIENCES, BERLIN, ON THE CORNER OF
BEETHOVENSTRASSE AND IN DEN ZELTEN

HIRSCHFELD AND THE NAZIS

- Even before the Nazis took power in Germany, Hirschfeld was seen as a threat to German values
- In 1921 Hirschfeld was badly beaten in a hate attack
- In 1930 Hirschfeld left Germany on tour, giving talks across North America and throughout Asia
- In 1932, upon his return to Europe, he was warned by the Nazi party to stay away from Germany due to his “degenerate Jewish sexuality”.



THE FRONT PAGE OF DER STÜRMER, A NAZI NEWSPAPER, FEATURING A CARICATURE OF HIRSCHFELD AND AN ARTICLE WARNING OF THE DANGER HE POSES. THE BOTTOM LINE READS “THE JEWS ARE OUR MISFORTUNE”.

HIRSCHFELD AND THE NAZIS

- On 6th May 1933 a Nazi student group, along with members of the SA (Brownshirts) looted the institute's library and archives.
- 20,000 books and records, many of which were irreplaceable, were publically burnt in one of the first and largest book-burnings.
- A bust of Hirschfeld was paraded through the streets and tossed onto a bonfire.
- Shortly afterwards the institute was forced to close by Nazi authorities.



**“AGAINST THE UN-GERMAN SPIRIT”
A NEWSPAPER CLIPPING SHOWS A NAZI STUDENT GROUP
AND MEMBERS OF THE STURMABTEILUNG (BROWNSHIRTS)
PREPARE TO RAID THE INSTITUTE FOR SEXUAL SCIENCES**

MAGNUS HIRSCHFELD

1868-1935

Hirschfeld never returned to Germany following his world tour, but stayed nearby in hope that he could one day return.



TRANS HEALTHCARE TODAY

THE CURRENT STATE OF TRANSGENDER
HEALTHCARE IN SCOTLAND

ACCESS TO TRANS HEALTHCARE

Many people attending the GICs fear losing their access to gender-affirming healthcare, and withhold information from their regular healthcare providers (e.g. GPs or specialist consultants) that they believe may create a barrier to their care.

Self-Harm	22%
Mental Health Issues	21%
Suicide Attempts	18%
Sexual Orientation	10%
Non-Binary Identity	8%

Percentage of GIC service users who have withheld information on a given topic

ACCESS TO TRANS HEALTHCARE

Many trans people feel that they are forced to seek out private medical services, with emotional and financial consequences

The average cost in the UK for an initial appointment with a private GIC is around £350 with follow-up appointments charged at around £200, depending on the service.

Waiting lists at Private GICs tend to be around 6-12 months.

“I transitioned many years ago when the waiting times for a first GIC appointment were much shorter (I waited about 7 months). Even that shorter wait had a negative impact on my levels of depression, anxiety, self-harm and suicidal ideation. Getting to access a GIC and start on hormones was life saving for me, not just life enhancing. I don't think I would have managed to survive a 3 year wait like trans people currently face.”

“Waiting for the NHS GIC has been debilitating to my physical, mental and financial well-being. I have had to seek alternative care from a private GIC and private surgeon, waiting for up to 3 years for a single first NHS appointment would have had the potential to end my life and I have zero doubt that it has ended the lives of many others.”

“I essentially bankrupted myself paying for private treatment to keep me alive while I waited.”

“I have been waiting almost 3 years and have been told I will have to wait another 2 before getting my first NHS GIC appointment. I have gone private for diagnosis, treatment, and recently my GRS. This has cost me around £25,000.”

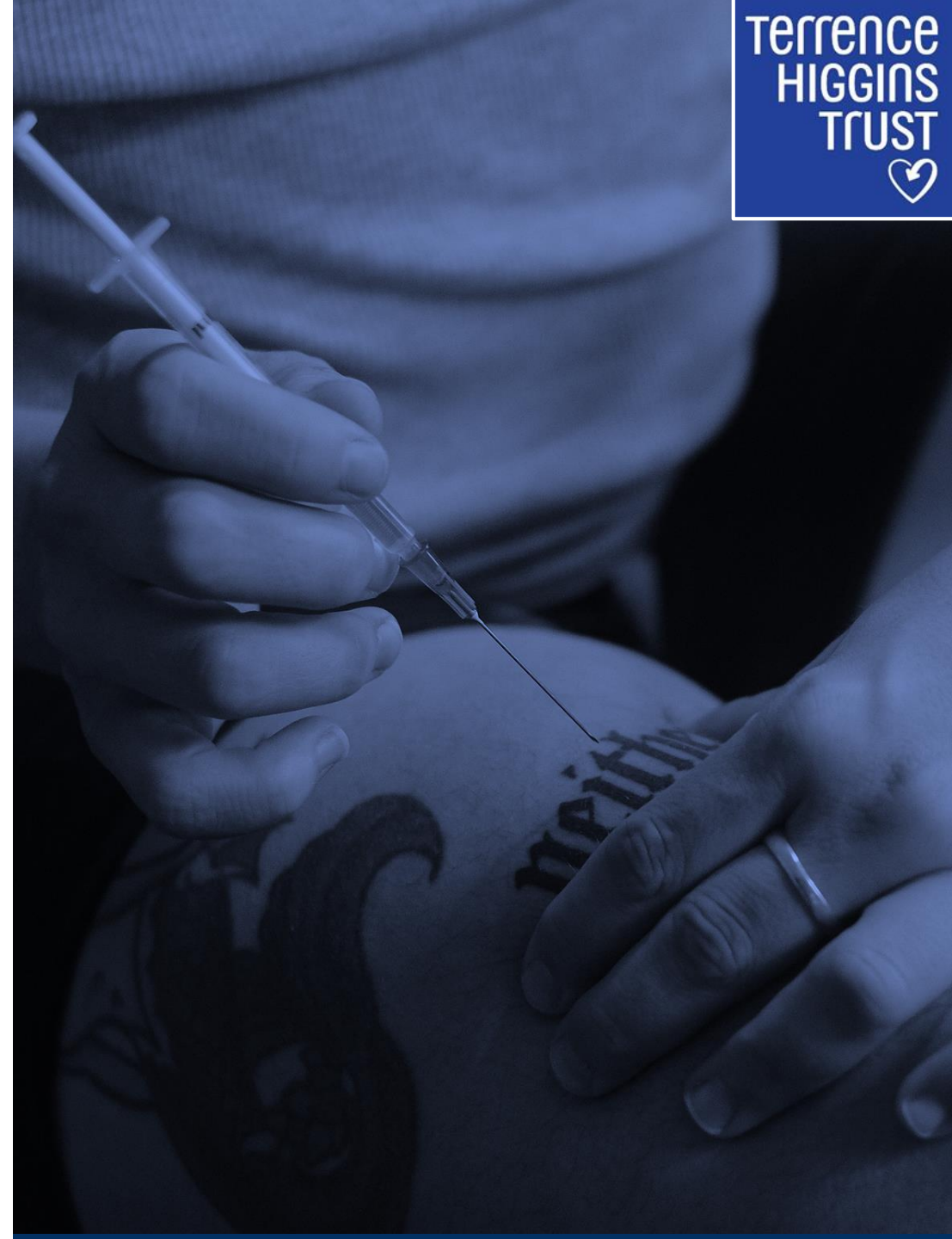
HORMONE REPLACEMENT THERAPY

For transfeminine people:

- **An anti-androgen**
- **Oestrogen**
- **Usually taken orally, although injections are available**

For transmasculine people:

- **Testosterone**
- **Applied daily as a gel, or by regular injections**



SELF-MEDICATION

- **Some trans people choose to self-medicate.**
- **While the medications required for feminizing hormone therapy are available legally, the masculinizing hormone testosterone is a controlled substance.**
- **Self-medication is not without risks, and people may need to make arrangements for regular health monitoring.**
- **Some GPs are willing to provide bridging prescriptions.**



GENDER- AFFIRMING SURGERY

- Some people choose to undergo surgeries which help reduce the incongruence between their gender and their physical body.
- These surgeries are similar to plastic surgeries regularly undertaken by cissexual people to improve how they feel about their bodies.
- The regret rate for gender-affirming surgery is around 1-2%, and is usually due to surgical complications.



ACCESS TO OTHER HEALTHCARE

Many trans people also face challenges when accessing routine healthcare, either to direct transphobia or because the systems are designed without flexibility.



CONCLUSIONS

- **Trans people have always been here and will always continue to be here.**
- **The need for gender-affirming healthcare services and research is long established.**
- **Provision of these services has been hard-won and has faced numerous setbacks in the last century.**
- **Given the opportunity, trans people want to live healthy and productive lives like everyone else.**

