

5 ‘It’s our bodies, we are the experts!’

Countering pathologisation,
gate-keeping and Danish
exceptionalism through
collective trans knowledges,
coalition-building and insistence

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When talking about Denmark, it is often referred to as a liberal, open, tolerant and diverse country. And the new legislation on legal gender recognition would definitely seem like an improvement of trans people’s rights and a step in the right direction. However, this is far from the case. If you are a trans person, then you live in a different Denmark than what the media often describes.¹

Above (MONO lydkollektiv, 2015), the trans coalition *Til Kamp for Informeret Samtykke* [Fighting for the Right to Informed Consent] (TKIS), later named *Transpolitisk Forum* (TPF), analyses how a new treatment protocol for trans-specific healthcare (TSH) was implemented in the shadow of the highly praised self-declaration model for gender classification. The protocol intensified the state gatekeeping and monopolisation of TSH, and the pathologisation and medicalisation of transness that trans² activists had been resisting for decades. From 2014, one state-run clinic gained monopoly, and the psychiatric diagnosis ‘transsexualism’ was made a requirement to access both surgeries and hormones. This deterioration sparked instant mobilisation among trans activists who required the protocol repealed and proposed informed consent as an alternative model where, as noted by TPF, “the choice of hormone treatment is up to the individual person, and where the role of the healthcare system is solely advisory and informative” (MONO lydkollektiv, 2015). As TPF’s analysis demonstrates, this not only required coming up against medical guardianship and the state’s rigid regulation of transness but also entailed countering discourses that portray Denmark as an exceptionally progressive (Nebeling Petersen, 2016; Puar, 2007), “liberal, open, tolerant and diverse country” and a “trans paradise” (Raun, 2010).

In this chapter, I follow activist rehearsals of disruptions, trans knowledges and coalitions to repeal the protocol and organise around trans care. I explore which trans knowledges are created, complicated and centred?

And how do they shape the ways activists disrupt and counter medicalisation, pathologisation, state abandonment and Danish exceptionalism?

By invoking prison abolitionist and geographer Ruth Wilson Gilmore's (2020) understanding that "abolition is presence, which means abolition is life in rehearsal", I aim to think gender self-determination as interlaced with other liberation and abolitionist struggles (Gossett, 2014; Stanley, 2015), and to centre transformative practices and critical imagination.

The chapter is structured in five parts. After reflecting on the methodology, I trace the historical continuity of the Danish medico-legal complex governing trans lives, and then follow its reform in 2011–2014. Next, I explore trans knowledges on and resistances to medicalisation, pathologisation and gatekeeping of TSH. I then unfold how trans activists keep the state accountable, resist symbolic political gestures, and counter Danish exceptionalism and trans liberalism (Raha, 2017). In the closing section, I consider the (im)possibilities of disinvesting in the 'smoothing over' of the trans medico-legal complex (Gleeson and O'Rourke, 2021, p. 33), and of rehearsing trans care and coalition-building.

A t4t methodology

The methodological framework of this chapter, and of my wider PhD project,³ is grounded in my commitments and accountability to the queer and trans coalitions from where and with whom I engage in this research. Through a trans for trans (t4t) methodology, I explore how we can cultivate research practices that emerge from and contribute to our ongoing collective struggles for trans liberation? I do so by employing collaborative approaches to research and ethnography (Jourian and Nicolazzo, 2017), autoethnography, as well as counter-archiving as a "means to investigate the racial and colonial logics that shape' which subjects, objects, conducts, events and histories are heavily inscribed and remembered, and which are 'forgotten, erased, or denied altogether'" (Haritaworn et al., 2018, p. 5). As I understand trans knowledge and trans DIY as a wide, rigorous repertoire of expertise knowledges and practices (Gill-Peterson, 2021; Pearce, 2018), I rehearse paying attention to and engaging the theorising of fellow trans activists through a 'trickle-up' approach (Nicolazzo, 2019; Spade, 2015) to knowledge-creation.

The materials I draw on are generated through (collaborative) memory work, co-facilitated workshops, oral history interviews and (counter-)archival research, such as zines, manifests, autobiographies and media entries, detailed notetaking at selected activist meetings and events and supplementary policy and law analysis.

By drawing on and stitching together trans knowledges circulated in trans coalitions as well as in/against the academy, my hope is to contribute to our collective imagining and organising around trans care. Such hopes are deeply shaped by my own desires for and struggles to access trans care and

trans-specific healthcare as a white, queer, nonbinary, mad, trans person, as well as by those of my trans kin and fellow organisers.

From the eugenicist castration law to the first national trans-specific healthcare protocol

The control of reproduction has long been central to the administration of trans lives and embodiments in Denmark. Historian and queer studies scholar Sølve Storm (Holm, 2017, pp. 185–186, 189) finds that since the 1930s, the idea that it was crucial to have “a clear-cut gendersex identity” gained importance in Denmark. Further, as eugenics⁴ became influential throughout Europe in the early 1900s, state programmes, laws and regulations were created “on the basis of societal welfare, including eugenic considerations (...) towards persons who are degeneratively determined” (cited in Holm, 2017, p. 203). One of these was the Danish castration law of 1929, which since 1935 has encompassed a section on people whose reproduction was considered a threat to the nation, and people whose “sex drive [...] causes [them] severe mental suffering or social deterioration”, including ‘homosexuals’, ‘transvestites’, and gender ‘deviants’” (Holm, 2017, pp. 203–205, 320; Honkasalo, 2020a). Since Christine Jorgensen’s surgeries in Denmark in the early 1950s, the law has also regulated access to “sex change” which demanded castration. Furthermore, the law required castration to change name, legal gender status, and personal ID number, which indicates legal gender status (Holm, 2017, p. 37).

Applications to access TSH, change name, legal gender status and permission to wear clothes not considered to be of your gender were sent to the Ministry of Justice who requested case statements from *Retslægerådet* [the Medico-Legal Council]. Since the 1930s, the Medico-Legal Council emphasised self-identification alongside assessing a person’s ability to ‘pass as a man or a woman’. This involved analysis of autobiographical accounts and later an evaluation procedure comprising systematic interviews, questionnaires, observations and interviews with relatives (Holm, 2017, pp. 185–186, 189–191). From 1986, *Sexologisk Klinik* [the Sexological Clinic] (SK) at Copenhagen University Hospital undertook these assessments, which relied on a standardised evaluation procedure, on the indication of ‘suffering of the soul’, and on the early psychiatric diagnoses ‘genuine transvestism’ and ‘transsexualism’ (Holm, 2017, pp. 202, 361; Sexologisk Klinik, 1999).

Following a public reform in 2005, the 1929/1935 castration law was included in §115 of the Danish Health Care Act. Shortly after, *Sundhedsstyrelsen* [the Danish Health Authority] (DHA) (2006), under the Ministry of Health, expanded §115 by narrating the first national, treatment protocol on “castration for the purpose of gender reassignment”. The protocol applied to all doctors working within the Danish healthcare system,⁵ and has clear links to the 1929/1935 castration law, the standardised assessment scheme,

and to SK's internal protocol from 1999 both in language, requirements and procedures. Furthermore, it links the term 'suffering of the soul' to the WHO's ICD-10 psychiatric diagnosis 'F64.0 Transsexualism'. Requirements included an application to the DHA, undergoing two years of clinical observations and hormone treatment, interviews with relatives, mental and physical exams and a clinical assessment of the necessity of surgery, and of whether one "will be able to cope" (Sundhedsstyrelsen, 2006). Moreover, it maintained castration as compulsory to change legal gender status, which additionally required divorce (Raun, 2010).

This shows that the national treatment protocol reinforced the 1929/1935 castration law, formalised and bureaucratised the assessment scheme, and centralised trans-specific healthcare to SK. When tracing the changes in the diagnosis codes from present-day regulations and assessment practices back to the castration law of 1929, the ongoing configuration of transness as 'degenerate', 'asocial', pathological and fixable (Pearce, 2018), and thus the simultaneous configuration of cis embodiment as 'normal', 'healthy' and stable, becomes noticeable. Trans activist(s and) scholars have demonstrated how, in the Nordics and beyond, this has ripple effects beyond TSH. As access to TSH depends on being read as a legible, deserving trans subject within white supremacist, colonial, capitalist, ableist, cisheteropatriarchal systems of knowledge, the treatment protocols and assessments reinforce normativity, and produce notions of 'real' trans subjects to be 'fixed' through the TSH process, which then disappears trans/ness either by (attempts at) assimilation or by denying access to care (Holm, 2017; Honkasalo, 2020a, 2020b; Linander et al., 2019; Nord, 2019; Pearce, 2018). Further, these categorisations are fundamental for state recognition and participation in a variety of social, political and institutional contexts (Alm, 2021). Scholars have noted how the structural, violent effects of these administrative systems are covered up by the presumption that gender classification is a 'neutral' feature of administrative systems (Spade, 2015), hereby naturalising it as a tool for governance (Odland, 2020). As trans studies and law scholar Dean Spade (2015) notes, these neutral appearing administrative systems are carefully crafted to distribute life chances through producing security and vulnerability, and hereby sorting the population into those whose lives are cultivated and those who are abandoned, imprisoned and marked for death.

Due to the rigid, bureaucratic, gatekept TSH regime and administrative systems, activists and scholars have explored the numerous ways that people with trans experiences rely on analysing, negotiating, resisting and hacking these systems (Holm, 2017; Honkasalo, 2020b; Linander et al., 2019; Nord, 2019), as well as on finding alternative routes to TSH (Fondén, 2020; Gill-Peterson, 2021). This intimate labour hinges on the collective creation and circulation of trans knowledges and the organisation of trans care webs (Gill-Peterson, 2021; Malatino, 2020; Pearce, 2018), which, as I unfold further in this chapter, in turn, shape the collective organising around trans health and care.

‘A dirty political trick’

While the 2006 protocol formally only regulated access to castration, other medical interventions were informally regulated by SK’s monopoly. For decades, trans people and activists have described the clinic’s long and slow⁶ process of psychiatric assessments as mistrustful, non-affirming, degrading, humiliating, dehumanising and cisheteronormative (Amnesty International, 2016; Pedersen-Nielsen and Magnild, 2014; Tams, 2016a). Before 2011, TSH was also provided by a few private hospitals, independent endocrinologists and gynaecologists. This however changed when the top surgery of a young trans man, Caspian, became publicly known in 2011 and led to a media frenzy (Raun, 2016). Shortly after, the DHA released a warning to all doctors in Denmark, stating that TSH is a highly specialised area pertaining only to SK, and that a more extensive, national treatment protocol would be created (Raun, 2016). As trans and media scholar Tobias Raun (2016) has unfolded more in depth, the news sparked immediate organising in trans coalitions.

While the DHA drafted the new protocol, the Ministry of Justice was revising the law on gender reclassification (Amnesty International, 2014, p. 39). At the time, trans activists had been fighting for years, nationally and internationally, to end coerced sterilisation of trans people *and* to improve TSH. This included international depathologisation movements such as ‘Stop Trans Pathologization!’ (Millet, 2020, p. 41; Pearce, 2018, pp. 185–187), and campaigns through Transgender Europe (TGEU). Locally, the Guatemalan trans woman, activist and writer Fernanda Milán’s⁷ organising to obtain refugee status based on persecution due to her trans status and activism changed Danish and international asylum policies and had ripple effects on media coverage and parliamentary discussions on gender reclassification. In this context, local trans activists convinced Amnesty International to include Denmark in their report on Legal Gender Recognition (LGR) in the EU (Amnesty International, 2014, p. 39; Raun, 2016, p. 94). The Amnesty report voiced a serious critique of the Danish state and attracted massive media coverage which impacted legislative initiatives (Raun, 2016, p. 94). Shortly after, coerced sterilisation of trans people was ended and a self-declaration model for gender reclassification was passed. This was seen by many trans coalitions as a huge improvement, and Denmark was celebrated internationally (Nord, 2019). However, the law is conditioned as it includes a compulsory six-month reflection period, excludes people under the age of 18, provides only binary gender options and is unattainable to people who are undocumented or incarcerated in asylum camps.

That same month, the DHA published a draft of the new treatment protocol. The requirements included making TSH a ‘highly specialised area’ operated by a multidisciplinary team (MDT) of doctors “with special knowledge of transsexuals” (Sundhedsstyrelsen, 2014, p. 2). Furthermore, the WHO ICD-10 psychiatric diagnosis ‘F64.0 Transsexualism’ was made a requirement also to access hormones. These demands formalised SK’s

monopoly and caused the few hormone-prescribing endocrinologists and gynaecologists to stop treatment immediately (Amnesty International, 2016; Raun, 2016, pp. 94–95). Moreover, it criminalised the acquisition of hormones, especially testosterone, outside of this rigid scheme.

Trans activists instantly contested the simultaneous moves of ending coerced sterilisation while severely deteriorating TSH (Pedersen-Nielsen and Magnild, 2014; Raun, 2016). Elias from TPF understood this simultaneity as an intentional “dirty political trick”. Amnesty similarly noted: “[It is as if] the [DHA] and [SK] have purposefully sought to repeal the effects of the new rules on the change of legal gender” (Amnesty International, 2015). Thus, while the state’s regulation of trans lives and embodiments was lowered in one administrative area, it was heightened in another.

In the following section, I follow how trans coalitions contest these ‘dirty political tricks’, and explore which trans knowledges on pathologisation, gatekeeping and transness shape the organising.

Trans knowledges on and resistance to pathologisation and gatekeeping

The most immediate effect of the treatment protocol draft was the instantaneous stop to accessing hormones outside of SK. Elias recollects how a trans assembly was organised:

personally, I couldn’t obtain access to the treatment I needed. ... There was a big meeting for trans people ... where we talked about ‘what the fuck are we going to do?’ ... I was completely worn down. ... So, I think I went there because I needed someone to tell me what to do. Or, like, what are we going do as a community? And what do I need to know?

Many meeting participants had lost access to hormones while others had generally had enough. As Elias had hoped, trans knowledges on the medico-legal complex were shared throughout the meeting, but he also recalls internal disagreements on modes of organising and no consensus on ‘what to do’. Some were too exhausted, some felt hopeless, many were afraid that drawing attention to the issue would worsen the situation and some were not particularly critical of SK’s monopoly. Elias remembers:

we sort of agree to start some kind of campaign. And raise awareness that this is happening. ... I remember this deep sense of no one is going to do anything if we don’t do it. And I remember deeply feeling, I can’t afford not to do anything.

Following this collective analysis of the failures of the state and the call to action, Elias and his friend, Axel, agree to be ‘spokes persons’ for what became TKIS/TPF, and from the kitchen table they began organising:

we started writing something without knowing how it will end up, or which platform we are writing it for, or even what it is that we want! And then I started really dissecting the treatment protocol in great detail and looking into the Caspian case to try to understand how it is, that it has come to this.

As they analyse the treatment protocol's genealogy, compile trans knowledges and start building coalitions with accomplices, they frequently "check in" with other trans activists. Elias notes how this necessitated critically engaging trans knowledges and requirements of fellow activists, as some urged to "not demand too much", to prioritise "only trans men and women", and to "not mention the word 'queer'". I suggest that we can interpret the moves of some activists to erase queerness and gender nonconformity and to centre (white) binary trans men and women in relation to respectability politics and thus as attempts to make trans experiences and struggles more palatable and respectable, and thereby more legible to politicians. In this light, they are also moving towards assimilation into (white) cisheteronormativity. Such universalising uses of 'trans' and 'community' tend to erase internal inequalities and privilege "hegemonic categories of practice" (Edelman, 2021, p. 12).

TPF's complication of trans knowledges, their refusal to universalise and simplify and their insistence on queer informed trans organising offers a break from narrow trans organising. As trans knowledges form the basis of trans political demands (Pearce, 2018), critical reflections on which knowledges and needs are centred in the organising are vital to shaping trans coalitions and interventions that meet the needs of those most directly impacted by anti-trans structures and related oppressions. In my forthcoming dissertation (Miskow Friborg, forthcoming), I analyse how much of the trans-specific and trans for trans organising in Denmark until the 2010s was structured by Nordic coloniality, whiteness and narrowly defined trans struggles. This affects who can form (part of) trans coalitions and knowledge-creation. In her analysis of trans organising in the early 2010s, Fernanda Milán notes that as a trans woman of colour, her knowledges and skills were not taken into consideration: "everybody thought that they were saving me! You know? Ooh, this poor Guatemalan girl who knows nothing". This experience is echoed by trans activist Lizethe who finds that t4t organising at the time "did not offer a space for trans women with migrant experiences". Therefore, while TPF's careful collection and complication of trans knowledges is crucial, it is evidently also shaped by the structuring of trans coalitions at the time.

TPF also publicly circulated and 'repeated' collective trans knowledges (Pearce, 2018) by writing articles on alternative media platforms, initiating a petition, and organising marches demanding self-determination and "the right to decide over our own bodies" (Pedersen-Nielsen and Magnild, 2014). Other trans activists and organisations, such as LGBT Danmark,⁸ wrote

public statements, letters to the Minister of Health and sent stakeholder consultation reports on the protocol draft requiring access to TSH based on informed consent (Eltard-Sørensen and Knold, 2014). In doing so, activists insisted on holding the state, and its various actors, accountable for its violence against and abandonment of trans people, highlighting how these structures impact trans survival. Some activists publicly shared their medical journals relating how SK had asked them: “did your mother take any medications during pregnancy?”, “what were your preferred toys at age 4–6?”, “have you ever harmed someone?”, “how old were you when you started masturbating?”, and specifically for transfeminine people and trans women: “do you use your genitals actively during sexual contact?” (Eltard-Sørensen and Knold, 2014; #Sundhedsforstyrrelsen, 2014). With these testimonies, activists (#Sundhedsforstyrrelsen, 2014) disrupted the “ultimate power” held by the DHA and SK by exposing their “state-sanctioned barbaric” treatment of trans people:

[they] reference the expert-autocracy, thereby making it easy to hide what is actually going on at SK, and what transgender people here are exposed to. In this way, a politicisation of the topic is neatly circumvented, and the status quo can, by and large, continue.

Beyond politicising and disrupting the power relations in the system, activists also insisted that trans knowledge is expertise, and referenced more acknowledged trans knowledges such as those circulated by TGEU and the international Standards of Care of the World Professional Association for Transgender Health (WPATH). Queer activist, trans scholar and sociologist Ruth Pearce (2018, p. 188) similarly finds that trans activists in the UK succeeded in slightly improving treatment protocols through repeating ‘authoritative’ trans knowledges.

A communique written by TPF (Pedersen-Nielsen and Magnild, 2014) rehearses this in several ways:

As a trans person, you must undergo a comprehensive and lengthy diagnosing process with the purpose of assessing whether you are transgender in their eyes and thus entitled to treatment. But we do not believe that SK (or any other institution) should decide over our bodies – we believe that we should decide over our bodies. We are the experts, and we decide.

Their critique repeats trans knowledges and highlights how access to TSH relies on the ability to conform to medicalised notions of ‘real trans’, thus shedding light on the epistemic violence in the treatment regime where clinicians decide ‘whether you are trans’. Instead, TPF insists that trans people are the experts on transness and on our own bodies. Further, TPF establishes lines to (trans)feminist and reproductive justice struggles by repeating

‘my body, my choice’, and to AIDS activism which also relies on critiques of medical paternalism, on actively shifting the positioning from ‘disease victims’ to ‘activist experts’ (Epstein 1996, p. 8; see also Pearce 2018, p. 162), and on coming together collectively through anger (Gould, 2009).

In a direct action outside SK in 2019, the trans coalition *Trans People Against Pathologization* (TPAP) (2019) protested the clinic’s “bioessentialist view through the binary constructs of sex and gender, anchored in a colonial and eurocentric worldview” and stated: “You’ve been gatekeeping the treatment you should provide to many trans/non-binary and other gender minority groups because they don’t fit your narrow perceptions of gender”. TPAP’s analysis thus links the pathologisation and medicalisation of transness to the colonial/modern gender system (Lugones, 2007) which introduced and forcibly assimilates colonised peoples into a hierarchised gender system that simultaneously constitutes racialised-gendersexed embodiments as inferior and as a constitutive outside to the white, bourgeois categories of ‘man’ and ‘woman’, while violently making extinct other practices. Trans, decolonial, queer, multi-cross disciplinary artist, activist and writer Sall Lam Toro shared a similar analysis in a trans activist histories workshop I co-organised in 2019:

the government is trying to exclude for instance queer, like the queer identity, out of this LGBTI. Also, because all these other identities, within the government, seem to be very [fitting] into the binary, into the normative. So, in the sense that you have these very rigid ways of being trans. You’re either trans-masculine or trans-feminine. So, you’re not just like trans as in, you know, this process of several transitions that maybe never ends. It has to have this arrival point of ‘you’re trans-feminine, and that’s all you can be, and you cannot leave this identity or this format’. ... the way that the government is trying to construct these identities is very like rigid and therefore I use the word domestication. And then it’s also excluding People of Colour.

Sall’s analysis of the government’s LGBTI Action Plan (Regeringen, 2018) highlights how gender is configured as stable and fixed throughout life, and how transness is ‘domesticated’ and ‘fitted’ into ‘the binary and normative’ through co-optation into violent administrative systems. This practice is discernible in the current treatment protocol (DHA, 2018, pp. 16, 13), where the assessment entails describing the person’s gender identity, “the duration and nature of the gender dysphoria”, and further cautions:

If the individual has just recently begun exploring their gender identity or if the gender discomfort has just surfaced, appears periodically ... special care should be taken and time for reflection should be recommended.

In the protocol gender and transness are treated as detectable and stable throughout life. Further, it relies on a medical model of 'transsexualism', where narratives such as 'born in the wrong body' and 'having always known' are central to accessing TSH, and where questioning, 'periodic' experiences, 'processual' gender or 'several transitions' are not recognised as 'real trans'.

In the workshop, Fernanda Milán added to Sall's analysis by considering how narrow, medicalised models of transness leak into and are circulated through big, mainstream LGB(T), organisations:

I keep on seeing the LGB“T” organisations ... reproducing this ... and they keep on defining us. You know, like: 'if you are not binary, you can fuck off, you are ruining our fight'. ... they don't know who we are as a community. They don't know me as a woman because I don't want affirming surgeries for example, so I'm weird. And I'm binary as fuck! ... [it is also] the idea that trans is a white thing.

Fernanda's analysis demonstrates how not only the state but also LGB(T) organisations co-opt trans/ness and configure and reinforce it as medicalised, colonial, white and binary. Further, TPAP's, Fernanda's and Sall's analyses demonstrate that the rendering of white, (middleclass), binary, (heterosexual) trans subjects as 'real', legible and deserving of care depends on rendering Black, Indigenous and People of Colour (BIPOC), gender non-conforming, queer and nonbinary people illegible. Notably, several activists who resist(ed) 'queer' and 'nonbinary' and omitted critiques of binary gender and trans configurations in stakeholder consultation reports (e.g., LGBT Danmark, 2014, 2017) were related to the mainstream LGB(T) organisations.

Becoming a legible, deserving trans subject within medicalised, pathologised models of trans/ness further relies on narrating suffering, self-hatred and, particularly, body-hatred (Holm, 2017; Linander et al., 2019). Further, in medicalised understandings of trans/ness, gender is perceived as individual and located in the body, specifically the genitals. This was scrutinised by various trans coalitions, such as Rådgivning for transpersoner⁹ [Counselling for trans people] (RFT) (Vinther and Miskow Friborg, 2017) and TPAP (2019) who demanded "that our relationship to our body not be used as the framework to verify whether we should be given access to trans-specific healthcare". Similarly, at the 'Trans people out of the psychiatric system!' protest in 2017, the performer, writer, trans activist and Black feminist Moeisha Ali Aden stated the need to dismantle 'born in the wrong body' narratives: "No matter what you are going through and how long your journey is, then you are not born in the wrong body, and you are not sick. What is sick is what meets you in the healthcare system" (cited in Kjølner, 2017). To access TSH, suffering and pathology, however, must not be excessive, as this can be considered a 'contraindication'. In all treatment protocols, assessments

of (undefined) somatic and psychiatric conditions which “contraindicate treatment” are required (DHA, 2018). Following trans knowledges shared across trans coalitions, examples of how practitioners deny access to TSH based on ‘contraindications’ include homelessness, poverty, intersex conditions, consuming drugs, smoking, a variety of psychiatric diagnoses and/or to be fat. In their/our consultation reports, RFT (Vinther and Miskow Friberg, 2017, p. 22) and TPF (2017, pp. 2–3) highlighted how perceiving psychiatric diagnoses as ‘contraindications’ demonstrates the continued configuration of transness as pathological, and a lack of understanding of how anti-trans structures and unattainable access to TSH cause severe mental health problems for trans people. Further, it reflects an ableist, paternalist, infantilising and custodial configuration of mad and neurodivergent people as unable to know ourselves and make decisions about our own lives.

TPF (MONO lydkollektiv, 2015) reflected on the difficulties of coming up against these established cisnormative knowledges, and the state’s medicalisation and pathologisation of transness:

Even after several political parties criticised the draft and ... pointed out that it does not live up to international standards for the treatment of trans people, [DHA and the Minister] chose to ignore the criticism and continue to defend the draft.

Niels, a trans man and activist who was part of Amnesty’s campaign #SickSystem, shares a similar analysis of medical epistemes and the ‘professional guardianship’ of ‘healthcare professionals’:

If you work with the parliament, you can influence the process and get some things pushed. So, it is easier with LGR because it’s legislative. ... But you can’t say anything to the DHA because they always wrap themselves in it being a ‘professional assessment’. And they talk to SK.

The activist’s analyses demonstrate how cisnormative knowledges are positioned “as the appropriate basis for knowledge about trans lives, thereby effectively objectifying and silencing trans voices” (Pearce 2018, p. 33), and how, qua Storm’s research (Holm, 2017, pp. 1,865–1,866), after 100 years, doctors continue to be positioned as experts on transness. Similarly, legal and social justice scholar Chris Dietz (2020) finds that the civil servants’ understanding of separation of jurisdictions and their positioning of doctors at the DHA as “experts” further reinforced the medical episteme and limited the political influence on the 2014 protocol.

Countering symbolic political gestures, Danish exceptionalism and trans liberalism

Despite activist interventions, the TSH protocol was implemented in December 2014. Mobilisations to repeal it continued intensely for three

years, and included letter-writing, petitions, speeches and disruptions at bigger LGBTIAQ+ events, meetings with politicians and trans coalition-building (Pedersen-Nielsen and Magnild, 2015; Tams, 2015). One coalition was built from Amnesty's LGR campaign, as Amnesty was pressured by activists to not replicate the state's dirty trick and abandon struggles for (trans-specific) healthcare (Amnesty International, 2016, p. 10). In 2016, they published a briefing with trans people's testimonies on the (sick) healthcare system and initiated the campaign #SygtSystem [#SickSystem] involving trans people. Elias remembers telling Amnesty's programme director on gender, that TPF "wanted to participate as experts, not as unicorns, not with personal stories", and that TPF "educated the whole of Amnesty on how to deal with trans people". In this labour, activists constantly came up against, challenged and assisted Amnesty, the media and politicians in unlearning narrow, cisheteronormative knowledges by continuing to repeat and insist on trans knowledges. Elias reflects on the meetings with politicians:

First you had to explain them what a trans person is. Then you had to explain the discrimination we experience, and only then can you start to explain what's wrong with the protocol and the diagnosis, and why we want informed consent. It's an almost impossible task.

Elias' analysis demonstrates the narrow space for understanding and speaking on trans issues in a Danish context. He relates how this required reflections on who, when and how to speak, and notes that TPF was: "driven by anger and less focused on being completely truthful ... It mattered less if the maximum someone had been waiting for treatment was seven years or ten years. What mattered was, that this was fucking unjust!" This contrasts the approach of trans woman and activist Tina Thranesen, organiser of the trans archive *Vidensbanken for kønsidentitet* [The knowledge bank on gender identity] and formerly with LGBT Danmark, who finds that "proper language, precision and persistence" is key when writing letters and statements. In an oral history interview, she shared an analysis of how this included omitting 'queer' and 'nonbinary':

There might very well be something generational there. I am very particular about and investigate a lot on what is factual and correct. I am less interested in what a relatively small number of people want. ... If someone wants to say 'I'm nonbinary' ... well, that does no harm. But shut up already, don't go on and on about it, and especially not to the authorities because it only makes it more difficult to improve the conditions.

Further, Tina noted that building coalitions requires too many compromises, which is unnecessary for her and fellow activists who: "have the legal expertise ... and as individuals, we have so many connections and are so well-respected among the civil servants, Ministers and in the parliament". In this

approach, improving the conditions of trans people does not encompass *all* trans people. On the contrary, it seems to involve making trans(ness) respectable and trans (struggles) intelligible within white cisheteronormative knowledge regimes by silencing and erasing nonconforming trans people. I think of this approach in line with how trans, queer, Marxist scholar Nat Raha (2017, pp. 633, 640) formulates ‘trans liberalism’ as a liberal trans politics which “harmonizes with global capitalist restructuring”, reaffirms “the stratification of livable trans and gender nonconforming lives along the lines of race, class, gender, dis/ability, nationality and migration status” and “is based on the reform of and assimilation into the structures of neoliberal capitalist society”. To Tina and fellow activists, to whom state recognition, protection and influence is within reach, removing a few obstacles by slightly reforming the system seems enough to ‘improve the conditions’. Such an approach divides trans politics and coalitions, and risks to reaffirm gendered and racialised maldistribution of life chances and lead to conditioned rights and benefits only for those who can be read as legible and deserving at the expense of nonconforming and disenfranchised trans people.

In an oral history interview, Niels retrospectively reflects on the (im)possibilities of nuanced analyses when meeting with politicians. Due to the power imbalance and cisheteronormativity, he notes, there is a constant fear that “no one gets anything”, which prompts activists to go for what is within reach. Niels finds that this “favor[s] those who are already privileged”, and inevitably leaves some people behind. In this context, Niels conveys an intention to: “not turn our backs, we promise to come back”. The danger with such intentions is, of course, that many continue to wait. As the above analysis demonstrated, when tempted to ‘go for what is within reach,’ we must ask: what is within reach *to whom*? Further, unwillingness to take risks must be contextualised by considering who has a lot to lose in terms of possibilities and life chances, and who has the most to gain? So, how can we build trans coalitions that refuse “dividing trans politics along lines of access and capacity to benefit from reforms” (Spade, 2015, pp. 88, 93) and leave behind disenfranchised trans people? In the subsequent sections, I follow how trans activists refuse reforms, concessions, compromise and symbolic changes and demand transformative changes.

From different coalitions, trans activists rehearsed disruptions and trans knowledges to repeal the new treatment protocol. Amnesty’s (2016) briefing amplified and documented trans knowledges on the medicalisation and pathologisation of transness in Denmark, and the dehumanising, traumatising, paternalist, lengthy treatment at SK in a recognisably authoritative manner. The briefing included demands such as removing the diagnosis and reinstating the pre-2012 access to hormones (Amnesty, 2016, pp. 112–113). Elias remembers an internal discussion on having the diagnosis as the goal:

we kept saying, ‘that’s not how we should talk about it at all.’ ... And [the program director] understood that, but we were not allowed, because

she was like, 'well, we have to have [an understandable purpose]' and ... 'we have to work within that framework'.

Elias' analysis highlights how moves towards transformation through demedicalisation, depathologisation and an informed consent model were side-lined by a pressure to be legible within the frameworks of parliamentary democracy and cisheteronormative knowledge systems. Further, it reflects the lack of understanding of the material conditions and scope of gender injustices and anti-trans structures in white, cis-led organisations such as Amnesty that moved towards quick, detectable fixes. Trans activists thus constantly had to contest simplification of trans struggles and insist on shaping political demands from nuanced, collective trans knowledges. Laura Tams (2016a), a trans woman and activist who runs the transfeminist site killjoy.dk, shared a similar analysis when the proposal to remove the diagnosis resurfaced in parliament shortly after:

I know that it is tempting for the major NGOs that have invested in this project to create a focused strategy to change the classification system; it is so easily measurable and therefore easy to brag about afterwards. ... We are facing a huge opportunity for progress. Let's not accept a symbolic political gesture.

Similarly, TPF (2016a) kept contesting these symbolic political gestures:

As long as the discussion of the diagnosis is not followed by direct action on the matter of access to healthcare, this is nothing but a false and misguided celebration of a nation and state politics that, at its best, is symbolic. We as transgender activists are worried. We have seen this before. And we know that when the camera lights has been turned off, the same politicians right now harvesting the fruits of being seen as progressive will continue to view transgender people as we have been for centuries: as someone living a life not worth of protection and recognition. We encourage you to hold your horses before taking part of this celebration and instead continue to demand actual rights instead of symbolic acts.

Both Laura and TPF here refuse giving into concessions and symbolic changes, and instead insist on a deeper analysis and transformative change.

Critiques were also directed at LGBT Danmark for their failure to support trans coalitions pushing for informed consent. When it became known that they had abandoned the demand to remove TSH completely from the psychiatry in favour of co-operating with SK to smooth over transition processes, many activists (Tams, 2016c; TPF, 2016b) highlighted that it undermined agreements among trans coalitions, and that it would enable the clinic to: "claim that they have the support of the trans community"

(Jansen, 2016). Niels (Jansen, 2016) and other activists found the possibilities of a slight improvement of the clinic's approach to be far from the goal:

As long as it is not us who make decisions about who we are and what we want to do with our bodies, then the system is discriminating. ... It's time we put our heels in, stand together, stand up and finally get rid of the system.

Niels notes that there was an agreement among trans coalitions in #SickSystem to "go hard against the DHA", contrary to LGBT Danmark who, in Niels' words: "has a very clear idea about the art of compromise. It's about achieving small results, it's about the persistent work, the long haul ... no big waves, no big changes". LGBT Danmark was called out again when publicly praising the Minister for Health and Elderly Affairs for announcing that she was working to remove the 'transsexualism' diagnosis from the Danish diagnosis system ahead of the WHO (Tams, 2016b). According to both Niels and Laura, this praise meant that a remark on how "transgender people in Denmark should not have to undergo a degrading psychiatric assessment" (Tams, 2016d) was never added to the law proposal. Laura criticised these attempts to "monopolise the political influence of transgender people" (Tams, 2016d) and encouraged trans people to self-organise and break with the guardianship of the clinic as well as the cis-led organisations.

The critiques of LGBT Danmark and the pushes to 'not accept a symbolic political gesture' demonstrate how some trans activists refuse co-optation and compromise. Trans and intersex historian Erika Alm (2021, p. 226) has understood similar efforts by Swedish trans activists as a repoliticisation of the role of the state by insisting on state governance being political and by making the violence of administrative systems noticeable. Alm (2021) notes that as the scope of Scandinavian states are both wide and deep, trans activists interact with the state and hold it accountable in their/our struggles for liberation, redistribution, transformation and improved life chances. Thinking in binary lines of trans activists who seek recognition within and cooperate with the state and those who seek transformation and abandon the state altogether might then be less generative than paying attention to *how* activists interact with the state.

Beyond refusing concessions, TPF, TransAktion and activists from #SickSystem kept insisting on nuances and on broadening the scope to ensure that TSH continued to be covered through the public healthcare system, by destigmatising mental health issues and by fighting for an informed consent model and an end to the monopoly (Magnild et al., 2016; Robotham, 2016; Tams, 2016a). Finally, by the end of June 2016, the minister demanded that the DHA created a new protocol. In July, a draft was published which presented no changes to the psychiatric diagnosing process, gatekeeping or monopoly. After pressure from activists, a stakeholder consultation process was initiated, where a variety of trans coalitions intervened. On January 1, 2017, the 'F64.0 transsexualism' diagnosis was removed from the Danish

Healthcare Classification System and a new diagnosis named 'DZ768E1 contact because of transgeneriness' was created (DHA, 2018). The change was presented globally as a major step towards depathologisation, and Denmark was framed as an 'exceptional' and 'progressive' country pushing LGBT rights forward. Captured in headlines such as "Where transgender is no longer a diagnosis" (Russo, 2017), and in the Minister for Health's presentation of the news: "Denmark ... now moves forward alone in the case – and we can certainly be proud of that" (Kristensen, 2016).

As TPF's (2016a) critical analysis of how politicians 'harvest the fruits' of trans activist labour demonstrated, this hypocrisy did not go unnoticed. Activists disrupted the portrayal of Denmark as a 'first-mover country' and continued holding the state accountable arguing that the 2016 protocol had not brought real change and that the name-change of the diagnosis was superficial and symbolic (Amnesty et al., 2017; Pedersen-Nielsen et al., 2017; Tams, 2017). TPF (Pedersen-Nielsen et al., 2017) intervened that the symbolic changes "do not shift the power balance" and that "we are still forced to go through a degrading and incapacitating assessment". Pushing to remove psychiatric assessments, Laura argued that maintaining a trans-specific diagnosis leads to homogenisation of "people's bodies according to a cisgender ideal" because "all transgender people are expected to want the same treatment: Genital surgery" (Tams, 2016d). Instead, Laura and other activists suggested using already-existing diagnoses frequently used for cis people with the same medical needs, such as Ovarian Ageiniss (DQ500) (LGBT Danmark, 2011; Tams, 2016a). By refusing to eradicate trans-specific diagnoses, the state can continue to deny access to these medical interventions specifically to trans people, hereby administering and distributing life chances. Further, this administrative violence allows the state to mark and manage trans populations and 'fix' transness through assimilation into cis ideals.

The calls among trans coalitions to 'put our heels in' and 'get rid of the system' are examples of how trans activists refuse symbolic political gestures masked as depathologisation and invitations to merely smooth over transition processes and instead insist on transformative change, redistribution and improvement of life chances. Further, the linking of these symbolic political gestures to the portrayal of Denmark as 'a liberal, open, tolerant' and progressive country does the analytical work of considering how trans rights are increasingly incorporated into discourses on Danish exceptionalism, homonationalism and pinkwashing, while the refusals offer glimpses of trans liberation horizons beyond these conditioned and violent frameworks.

Complicating collective trans knowledges, imagining trans care and building coalitions

After months of pressure, in early 2017, the Minister for Health promised to break the monopoly of SK and demanded the DHA to change the treatment protocol. In a large protest outside parliament and in

stakeholder-consultation reports, trans coalitions and activists intervened. Some of the common demands across trans coalitions were to end the requirement of the MDT and to open access to TSH via individually practising doctors (LGBT Danmark, 2017; TPF, 2017; Transkønnedes Interesseorganisation, 2017; Vinther and Miskow Friborg, 2017). Few trans coalitions called for completely abolishing psychiatric assessments, an end to binary and cisheteronormative approaches, a stop to using the anti-fat BMI to block access, pushed for securing access for nonbinary people and for an informed consent model (e.g., Tams, 2017; TPF, 2017; Transkønnedes Interesseorganisation, 2017; Vinther and Miskow Friborg, 2017).

The final treatment protocol was modified incorporating some of the inputs from the consultation reports and has been in place since late 2017. Trans activists however had different experiences of the success of this process. While Tina experienced being listened to by the authorities and found that she could “see many of our recommendations and language directly implemented”, Ro Robotham (Larsen, 2017) from TPF reflected: “[TSH] has been so severe ... we had 13 key points that we wanted to change. Most have not been considered by the DHA in the new treatment protocol”. That the activists working with and from LGBT Danmark experienced being listened to while trans-led coalitions with demands for transformative change and informed consent did not, demonstrates how the white, cis-led organisations were more readily recognised as appropriate experts on trans lives. Further, as their focus on compromise and their ‘small wave’ demands for smoothing over and reforming were less challenging to the upkeep of the violent administrative systems they could be met and thus co-opted and made harmless.

The new treatment protocol gave way for the monopoly to be split to three clinics in 2017–2019, but state gatekeeping continues. Psychiatric assessment has not been eradicated, but slightly rephrased from demanding psychiatric ‘diagnosing’ to ‘assessment’. The MDT is still required and continuously includes a psychiatrist/psychologist who is to assess “the individual’s gender identity including the severity of the gender dysphoria” and contraindications (DHA, 2018, p. 14). Further, no ‘treatment guarantee’ with concrete time limits on treatment initiation was implemented. In February 2019, a political decision to move TSH away from SK to a “new” ‘Center for Gender Identity’ (CKI) was presented as huge progress for trans rights (e.g., Capkan, 2018). However, when it became known that most of the employees at the “new” clinic would be transferred from SK, activists contested this in media entries, a complaint-letter-writing workshop (Tams, 2019) and in a direct action organised by TPAP (2019) outside CKI with banners such as “New Packaging. Same Pathologization”, demands for informed consent, and that “none of the staff from [SK] be employed within CKI”.

In this chapter, I have followed how the complication and circulation of collective trans knowledges are put to use in analysing and resisting medicalisation and pathologisation and in holding the Danish state accountable

to its administrative violence and abandonment of trans people. Further, I have explored how activists counter symbolic political gestures by linking them to Danish exceptionalism and homonationalism, by refusing co-optation and compromise and instead push for transformative change, redistribution and improved life chances of trans people. Some trans activists' insistence on complicating and nuancing the collective trans knowledges they/we centre and circulate in demands and disruptions broaden the scope of how we understand and organise around trans care. These rehearsals stimulate our ability to critically imagine life-affirming worlds beyond conditioned rights and benefits for some, the state's demands for compliance with cisheteronormativity, and the state as a site of security, stability, care and comfort. In disruptions, refusal and insistence, we can find glimpses of collective liberation horizons that enable extending notions of trans care beyond the TSH regime (Fondén, 2020), and position the cultivation of trans care webs and trickle-up trans knowledges as integral to trans survival and thriving.

Notes

- 1 All quotes from interviews, articles, law texts and treatment protocols are the author's translations except if otherwise indicated.
- 2 I understand trans as movement (Pearce, 2018), while recognising its importance and (sometimes strategic) utilisation as identity category. Here I use 'trans people' or 'people with trans experiences' as broad, undefined terms for people who are not/do not identify with/conform to the gender assigned at birth.
- 3 My ongoing (2019–2024) PhD project is tentatively titled '30 years of queer and trans organising, coalition-building and world-making outside, on the margins of and against the Danish state and Non-profit Industrial Complex'.
- 4 Given that eugenics in Denmark extend back before 1929 and was also enacted against e.g., various racialised groups, disabled people, poor people, gays, lesbians, unmarried women, and sex offenders (Holm, 2017), and taking into consideration how scholars in Black, trans and decolonial studies have analysed sex and gender as racial arrangements (e.g., Gill-Peterson, 2018; Snorton, 2017), further research on the configurations of gendersex in the context of Danish coloniality, eugenics and racialisation is of great relevance.
- 5 It is important to note that while healthcare in Denmark is free, whiteness, class, cisheteronormative structures and ableism generally create in/access to healthcare. Within a variety of areas, including TSH, these structures are exacerbated by treatment protocols and speciality planning.
- 6 SK has documented that the process from referral to approval of surgery was on average 8.1 years for trans-feminine people and 5.9 years for trans-masculine people in 1978–2008 (see Holm, 2017, p. 39).
- 7 Some names in this chapter are anonymised while other activists have chosen to keep their name. Keeping people's names can serve to highlight the often invisibilised activist labour and knowledge. Further, anonymisation is not always possible in such a small context as trans coalitions and organising in Denmark.
- 8 LGBT+ Danmark is the most funded and influential LGB(T) organisation in Denmark. Until 2009 the leadership refused creating platforms for trans struggles and organising.
- 9 Now TransAktion.

Bibliography

- Alm, E. (2021) 'A State Affair?: Notions of the State in Discourses on Trans Rights in Sweden', in: Alm, E., Berg, L., Hero, M. L., Johansson, A., Laskar, P., Martinsson, L., Mulinari, D., & Wasshede, C. (eds.) *Pluralistic Struggles in Gender, Sexuality and Coloniality. Challenging Swedish Exceptionalism*. Cham: Palgrave McMillan, pp. 209–237.
- Amnesty International. (2014) *The State Decides Who I Am: Lack of Legal Gender Recognition for Transgender People in Europe*. Available from: <https://www.amnesty.org/en/documents/eur01/001/2014/en/> (Accessed 2 November 2021).
- Amnesty International. (2015) *Rigshospitalets monopol på behandling af transkønnede bør ophæves* [Press release]. 7 October. Available from: <https://www.ft.dk/samling/20151/almdel/suu/bilag/4/1553430/index.htm> (Accessed 16 October 2020).
- Amnesty International. (2016) *Transkønnedes adgang til sundhed i Danmark – En opfølgning på Amnestys rapport fra 2014*. Available from: <https://amnesty.dk/wp-content/uploads/media/2263/amnesty-transkoennedes-adgang-til-sundhed.pdf> (Accessed 2 November 2021).
- Amnesty International, Copenhagen Pride, & Transpolitisk Forum. (2017) *Amnestys opfølgning til SygtSystem briefing, 2017*. Available from: <https://www.ft.dk/samling/20161/almdel/suu/bilag/212/1729568.pdf> (Accessed 2 November 2021).
- Capkan, B. K. (2018) 'Transkønnede rykkes ud af Sexologisk Klinik', *Out & About*, 31 August. Available from: <https://outandabout.dk/transkoennede-rykkes-ud-af-sexologisk-klinik/> (Accessed 11 August 2020).
- Danish Health Authority. (2018) *Guide on healthcare related to gender identity*. Available from: <https://www.sst.dk/da/nyheder/2018/~media/AC879FC76E364CC69E36E7D789D0DAB3.ashx> (Accessed 2 November 2021).
- Dietz, C. (2020) 'Jurisdiction in Trans Health', *Journal of Law and Society*, 47(1), pp. 60–86.
- Edelman, E. A. (2021) *Trans Vitalities. Mapping Ethnographies of Trans Social and Political Coalitions*. New York, NY: Routledge.
- Eltard-Sørensen, R., & Knold, L. (2014) 'Stormløb mod Sundhedsstyrelsens nye for transkønnede', *Modkraft*, 13 October. Available from: <http://modkraft.dk/artikel/storml-b-mod-sundhedsstyrelsens-nye-retningslinjer-trans-knede> (Accessed 15 October 2020).
- Epstein, S. (1996) *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Berkeley, CA: University of California Press.
- Fondén, E. (2020) 'I Konflikt Med Statens Medicinska Reglering Av Kön', *Astra*, 3/2020, 8–10.
- Gill-Peterson, J. (2018) *Histories of the Transgender Child*. Minneapolis, MN: University of Minnesota Press.
- Gill-Peterson, J. (2021) 'DIY Trans', in: Beemyn, G. & Goldberg, A. (eds.) *The SAGE Encyclopedia of Trans Studies*. Thousand Oaks, CA: SAGE Publications, pp. 199–202.
- Gilmore, R. W. (2020) *Abolition on Stolen Land*. 12 October. Available from: <https://vimeo.com/467484872?ref=fb-share&fbclid=IwAR3yGTa-mrArf1Mwn8PpY7j0MuP6Cilu-dbSAXnRxxkbmZy812BQ0TmjBpPA> (Accessed 25 October 2021).
- Gleeson, J. J. & O'Rourke, E. (2021) 'Introduction', in: Gleeson, J. J. & O'Rourke, E. (eds.) *Transgender Marxism*. London: Pluto Press, pp. 1–32.

- Gossett, C. (2014) 'We Will Not Rest in Peace: AIDS Activism, Black Radicalism, Queer and/or Trans Resistance', in: Haritaworn, J., Kuntsman, A. & Posocco, S. (eds.) *Queer Necropolitics*. London: Routledge, pp. 31–50.
- Gould, D. (2009) *Moving Politics: Emotion and ACT UP's Fight against AIDS*. Chicago, IL: University of Chicago Press.
- Haritaworn, J., Moussa, G., & Ware, S. M. (2018) 'Marvellous Grounds: An Introduction', in: Haritaworn, J., Moussa, G., & Ware, SM (eds.) *Marvellous Grounds: Queer of Colour Histories of Toronto*. Toronto: Between the Lines, pp. 1–22.
- Holm, S. (2017) *Fleshing Out the Self. Reimagining Intersexed and Trans Embodied Lives through (Auto)biographical Accounts of the Past* (previously M. Holm, now Solve Storm). PhD dissertation. Linköping University.
- Honkasalo, J. (2020a) 'In the Shadow of Eugenics: Transgender Sterilization Legislation and the Struggle for Self-determination', in: Pearce, R., Moon, I., Gupta, K., & Steinberg, D. L. (eds.) *The Emergence of Trans: Cultures, Politics and Everyday Lives*. London and New York: Routledge, pp. 17–33.
- Honkasalo, J. (2020b) 'The Intimate Labour of Non-normative Bodies: Transgender patients in Early Swedish Medical Research', in: Griffin, G. & Leibetseder, D. (eds.) *Bioprecarity: The Body and Intimate Labour*. Manchester: Manchester University Press, pp. 232–256.
- Jansen, N. (2016) 'Stop Samarbejdspolitikken', *killjoy*, 24 February. Available from: <http://killjoy.dk/da/Opinion/Stop-Samarbejdspolitikken> (Accessed 19 October 2020).
- Jourian, T. J. & Nicolazzo, Z. (2017) 'Bringing our Communities to the Research Table: The Liberatory Potential of Collaborative Methodological Practices Alongside LGBTQ Participants', *Educational Action Research*, 25(4), pp. 594–609.
- Kjøller, S. E. (2017) 'Demonstration: Transpersoner vil ud af psykiatrien', *NetAvisen*, 22 March. Available from: <https://navisen.dk/blog/demonstration-transpersoner-vil-ud-af-psykiatrien/> (Accessed 1 November 2021).
- Kristensen, K. (2016) 'Danmark fjerner transkønnethed fra sygdomsliste', *Information*, 23 December. Available from: <https://www.information.dk/indland/2016/12/danmark-fjerner-transkoennethed-sygdomsliste> (Accessed 11 August 2020).
- Larsen, N. (2017) 'Transpersoner kan nu se frem til (lidt) bedre behandling i sundhedsvæsenet', *Vice*, 28 September. Available from: <https://www.vice.com/en/article/3ka57n/transkoennede-kan-nu-se-frem-til-lidt-bedre-behandling-i-sundhedsvaesnet-broadly> (Accessed 19 October 2020)
- LGBT Danmark. (2011) *Danmark ikke forpligtet af WHO's sygdomsliste*. Available from: <https://www.ft.dk/samling/2011/almdel/suu/bilag/137/1063439.pdf> (Accessed 18 October 2020).
- LGBT Danmark. (2014) *Høringssvar vedr. Sundhedsstyrelsens udkast af 2. juni 2014 til Vejledning om udredning og behandling af transkønnede*. Available from: http://www.transviden.dk/artikler/LGBT-DK_20140808_Hoeringssvar_SST_Vejl.pdf (Accessed 2 November 2021).
- LGBT Danmark. (2017) *Vedr.: Bemærkninger til Sundhedsstyrelsens udkast af 6. marts 2017 til Vejledning om sundhedsfaglig hjælp ved kønsidentitetsforhold og kønsmodificerende behandling*. Available from: <https://www.ft.dk/samling/2016/almdel/suu/bilag/322/1758068/index.htm> (Accessed 2 November 2021).
- Linander, I., Alm, E., Goicolea, I., & Harryson, L. (2019) '“It was Like I had to Fit into a Category”': Care-seekers' Experiences of Gender Regulation in the Swedish Trans-specific Healthcare', *Health*, 23(1), pp. 21–38.

- Lugones, M. (2007) 'Heterosexualism and the Colonial/Modern Gender System', *Hypatia*, 22(1), pp. 186–209.
- Magnild, E., Hedman, C., Pedersen-Nielsen, E., Mørch, R., & Tams, L. M. (2016) 'Årets laks er rådden', *killjoy*, 25 August. Available from: <https://killjoy.dk/da/Opinion/aarets-laks-er-raadden> (Accessed 12 August 2020).
- Malatino, H. (2020) *Trans Care*. Minneapolis, MN: University of Minnesota Press.
- Millet, A. (2020) *Cissexismo y Salud. Algunas ideas desde otro lado*. Buenos Aires: puntos suspensivos ediciones.
- Miskow Friborg, N. (forthcoming) *30 years of Queer and Trans Organising, Coalition-Building and Worldmaking Outside, on the Margins of and against the Danish State and Non-profit Industrial Complex*. PhD dissertation. University of Stavanger.
- MONO lyd Kollektiv. (2015) *Det er min krop, ikke min psykiaters. Til kamp for informeret samtykke*. [podcast]. 24 February. Available from: <https://www.mixcloud.com/MONOLyd/det-er-min-krop-ikke-min-psykiaters-til-kamp-for-informeret-samtykke/> (Accessed 13 October 2021).
- Nebeling Petersen, M. (2016) '“These are Queer Times Indeed” – en introduktion til homonationalisme i en dansk kontekst', *Women, Gender and Research*, 25(4), pp. 55–66.
- Nicolazzo, Z. (2019) 'In Search of Her: An Autoethnographic Search for Self in Virtual Landscapes', *Thresholds in Education*, 42(1), pp. 106–123.
- Nord, I. (2019) 'Routes to Gender-Affirming Surgery Navigation and Negotiation in Times of Biomedicalization', in: Gabriele, G. & Malin, J. (eds.) *Body, Migration, Rel/Constructive Surgeries Making the Gendered Body in a Globalized World*. New York, NY: Routledge, pp. 209–224.
- Odland, T. (2020) 'Naturalisering av statliga könsklassificeringspraktiker. Om inkludering och kunskap i SOU 2017:92 Transpersoner i Sverige', *Lambda Nordica*, 2/2020, pp. 39–67.
- Pearce, R. (2018) *Understanding Trans Health: Discourse, Power and Possibility*. Bristol: Policy Press.
- Pedersen-Nielsen, E. & Magnild, C. (2014) 'Til kamp for informeret samtykke', *Peculiar*, 25 September. Available from: <http://peculiar.dk/til-kamp-for-informeret-samtykke/> (Accessed 11 August 2020).
- Pedersen-Nielsen, E. & Magnild, C. (2015) 'Sundhedsministeren Ignorerer Transpersoners Kritik', *Peculiar*, 28 January. Available from: <http://peculiar.dk/sundhedsministeren-ignorerer-transpersoners-kritik/> (Accessed 16 October 2020).
- Pedersen-Nielsen, E. A., Hedman, C. S., Mørch, R., Tams, L. M., & Magnild, E. (2017) 'Transpersoner ud af psykiatrien!', *Modkraft*, 17 January. Available from: <https://modkraft.dk/artikel/transpersoner-ud-af-psykiatrien> (Accessed 14 August 2020).
- Puar, J. (2007) *Terrorist Assemblages: Homonationalism in Queer Times*. Durham: Duke University Press.
- Raha, N. (2017) 'Transfeminine Brokenness, Radical Transfeminism', *South Atlantic Quarterly*, 116(3), pp. 632–646.
- Raun, T. (2010) 'Denmark – A Transgender Paradise? Narrations and Negotiations of Trans Masculinity in Nobody Passes Perfectly', *Trickster – Nordic Queer Journal*, 4. <http://trikster.net/4/raun/1.html>
- Raun, T. (2016) 'The “Caspian Case” and its Aftermath: Transgender People’s Use of Facebook to Engage Discriminatory Mainstream News Coverage in Denmark',

- in: Björklund J. & Lindqvist, U. (eds.) *New Dimensions of Diversity in Nordic Culture and Society*. Newcastle: Cambridge Scholars Publishing, pp. 79–101.
- Regeringen. (2018) *Handlingsplan til fremme af tryghed, trivsel og lige muligheder for LGBTI-personer. Udenrigsministeriet 2018–2021*. Available from: <https://www.regeringen.dk/media/5348/lgbti-handlingsplan.pdf> (Accessed 2 November 2021).
- Robotham, R. (2016) 'Skal transkønnede fjernes fra listen over psykiske lidelser? Debatten skal nuanceres', *killjoy*, 25 March. Available from: <https://killjoy.dk/da/Opinion/Skal-Transkønnede-Fjernes> (Accessed 15 October 2020).
- Russo, F. (2017) 'Where Transgender is No Longer a Diagnosis', *Scientific American*, 6 January. Available at: <https://www.scientificamerican.com/article/where-transgender-is-no-longer-a-diagnosis/> (Accessed 27 August 2020).
- Sexologisk Klinik. (1999) *Undersøgelser- og behandlingsprocedure vedrørende patienter, der søger Rigshospitalets Sexologiske Klinik med ønske om kønsskifte*. Available from: http://www.transviden.dk/artikler/SK_Undersoeg-behandlingsprocedure-aug-1999.pdf (Accessed 7 August 2020).
- Snorton, C. R. (2017) *Black on Both Sides: A Racial History of Trans Identity*. Minneapolis, MN: University of Minnesota Press.
- Spade, D. (2015) *Normal Life: Administrative Violence, Critical Trans Politics, and the Limits of Law*, rev. ed. Brooklyn, NY: South End Press.
- Stanley, E. A. (2015) 'Introduction: Fugitive Flesh: Gender Self-determination, Queer Abolition and Trans Resistance', in: Smith, N. & Stanley, E. A. (eds.) *Captive Genders: Trans Embodiment and the Prison Industrial Complex*, 2nd ed. Oakland, CA: AK Press, pp. 7–17.
- Sundhedsstyrelsen. (2006) *Vejledning om kastration med henblik på kønsskifte*. Available from: <https://www.retsinformation.dk/eli/retsinfo/2006/10077> (Accessed 2 November 2021).
- Sundhedsstyrelsen. (2014) *Vejledning om udredning og behandling af transkønnede (Vejledning nr 10353 af 19/12/2014)*. Available from: <https://www.retsinformation.dk/Forms/R0710.aspx?id=167172> (Accessed 12 August 2020).
- Tams, L. M. (2015) 'Transkønnede inviterede sig selv op på talerstolen til IDAHOT 2015', *killjoy*, 17 May. Available from: <https://killjoy.dk/da/Vidnesbyrd/IDAHOT%202015> (Accessed 16 October 2020).
- Tams, L. M. (2016a) 'Hold fokus på behandlingen', *killjoy*, 1 March. Available from: <https://killjoy.dk/da/Opinion/Fokus-Paa-Behandlingen> (Accessed 16 October 2020).
- Tams, L. M. (2016b) 'Danish Minister of Health to Push for De-Psychiatrization of Transgender Persons', *killjoy*, 12 May. Available from: <https://killjoy.dk/en/Report/Minister-Of-Health> (Accessed 16 October 2020).
- Tams, L. M. (2016c) 'Transkønnede i oprør over LGBT Danmark', *killjoy*, 25 May. Available from: <http://killjoy.dk/da/Vidnesbyrd/Transpersoner-LGBT-Danmark> (Accessed 30 August 2022).
- Tams, L. M. (2016d) 'Vi må selv organisere os for at lave transpolitik, der giver mening', *Modkraft*, 7 June. Available from: <http://modkraft.dk/artikel/vi-m-selv-organisere-os-lave-transpolitik-der-giver-mening> (Accessed 17 October 2020).
- Tams, L. M. (2017) 'Herskerteknikker kom i vejen for Sundhedsstyrelsens dialog med transpersoner', *killjoy*, 14 April. Available from: <https://killjoy.dk/da/Vidnesbyrd/sundhedsstyrelsens-konference-transpersoner> (Accessed 14 August 2020).

- Tams, L. M. (2019) 'Klagestorm: Personale på Center for Kønsidentitet kommer fra Sexologisk Klinik', *killjoy*, 15 March. Available from: <https://killjoy.dk/da/Vidnesbyrd/klagestorm-center-for-konsidentitet> (Accessed 14 August 2020).
- TPAP. (2019) 'Trans People Against Pathologization: 10 demands to CKI/10 krav to CKI!', *Konfront*, 2 March. Available from: <https://konfront.dk/10-demands-to-cki/> (Accessed 13 August 2020).
- Transkønnedes Interesseorganisation. (2017) *Hørings svar til Sundhedsstyrelsens om ny vejledning til behandling af transkønnede fra Transkønnedes Interesseorganisation (tidligere Transmedium)*. Available from: <http://killjoy.dk/da/Vidensbank/transint-sundhedsstyrelsen> (Accessed 2 November 2021).
- Transpolitisk Forum. (2016a) 'Transpolitisk Forum Press Release: Hold your horses', *killjoy*, 15 May. Available from: <https://killjoy.dk/en/Archive/Hold-Your-Horses> (Accessed 2 November 2021).
- Transpolitisk Forum. (2016b) 'LGBT Danmark fører en bekymrende og usolidarisk transpolitik', *Modkraft*, 2 June. Available from: <https://modkraft.dk/artikel/lgbt-danmark-f-er-en-bekymrende-og-usolidarisk-transpolitik> (Accessed 30 August 2022).
- Transpolitisk Forum. (2017) *Hørings svar fra Transpolitisk Forum i forbindelse med Sundhedsstyrelsens udkast til vejledning om sundhedsfaglig hjælp ved kønsidentitetsforhold og kønsmodificerende behandling*. Available from: <http://www.transviden.dk/amnesty-20170802/> (Accessed 2 November 2021).
- Vinther, K. & Miskow Friborg, N. (2017) *Hørings svar fra Rådgivning for transpersoner udarbejdet i forbindelse med Sundhedsstyrelsens udkast til en revideret 'vejledning om sundhedsfaglig hjælp ved kønsidentitetsforhold og kønsmodificerende behandling' pr. 1/8 2017*. Available from: http://www.transviden.dk/artikler/AIDS-F_20170800.pdf (Accessed 2 November 2021).
- #Sundhedsforstyrrelsen. (2014) *#Sundhedsforstyrrelsen*. Available from: <http://sundhedsforstyrrelsen.qtr.dk/> (Accessed 27 August 2020).