

Alex Bakker, *Een halve eeuw transgenderzorg aan de VU* (Amsterdam: Boom, 2020, 288 pp., ISBN 9789024437306).

Recently, the debates concerning transgender medical care have strikingly increased in scientific circles, media, and local and international political agendas. Yet, despite this, the historical development of transgender medical care practices in countries other than the United States that have had crucial roles in the early developments of western transgender care has remained insufficiently explored. Independent Dutch historian Alex Bakker fills this gap with *Een halve eeuw transgenderzorg aan de VU* (Half a Century of Transgender Care at the VU). The book focuses on the emergence and evolution of one of the world's first multidisciplinary care teams and centres of knowledge production exclusively devoted to transgender medical care. After fifty years, it exists in its original place: the Vrije Universiteit Amsterdam (VU). The popularly known 'Amsterdam Gender Team' is the largest in the Netherlands, with a staff of about one hundred care providers. It is one of the most influential within the international transgender medical world due to its remarkable record of scientific publications. The team has obtained a prominent presence in international standardising medical bodies for transgender care and played consulting roles in various transgender clinics abroad. The gender team is also famous for bringing the first medical protocol for transgender and gender-diverse children and adolescents into the world. Bakker's main argument is that the VU and the gender team's moral identities have facilitated the social acceptance of transgender people in the Netherlands.

Bakker has previously documented the history of Dutch transgender medicine in a book that addressed the sociohistorical background of transgender issues in the Netherlands.¹ However, in *Een halve eeuw transgenderzorg aan de VU*, the author further focuses on the development and impact of the Amsterdam Gender Team exclusively. The book is a pioneer in this approach as only works examining the history of Dutch medical views and practices regarding homosexuality and non-normative gender expressions among women have been published before.² In the international literature, studies contributing to the history of western transgender medicine have already scrutinised the classification of non-normative gender issues as diseases for children and adults, the influential roles of transgender figures and medical experts in the development of this care practice, and the popular culture's gaze to transgender issues in the United States.³ Bakker opens a new ground of exploration for international scholarship, as his work

takes one local medical institution as the prime focus of analysis. Nevertheless, in this book the author does not situate his work within the fields of transgender history and medical history, nor does he explicitly engage it with any theoretical debate within the broad field of transgender studies. Therefore, the contribution of this book is essentially descriptive.

It is worth mentioning that Bakker self-identifies as a transgender man. Although he is not the first, as a handful of authors who self-identified as transgender people have published historical enquiries on transgender issues before, this fact is still meaningful. History, just as other disciplines of knowledge production, is not neutral, and that is why authors' identities and their power position to their topic and population of study matter. Reflecting on the authors' positionality in the domain of transgender care is even more relevant when we consider that historically, in the medical world's narratives, transgender people have continuously occupied the role of recipients of care or research objects.

The book consists of five chapters describing the phases of Dutch transgender care developments, from the period preceding the VU's involvement during the 1950s until contemporary times. This history is reconstructed upon analysing archival documents, such as the VU's transgender care team minutes and other internal written materials, as well as a set of oral histories and interviews with individual actors who have been or are still part of the Amsterdam Gender Team. In addition, through all the chapters, Bakker includes seventeen biographical portraits of influential figures in the clinic's history, most of which are presented as first-person narratives. Among these, only four are transgender individuals who had undergone care at the clinic at different periods of its history; each is presented in a separate chapter across the book. Their narratives offer a glimpse of how some transgender patients experienced the changes in care approaches at the VU. Readers further get to know the individual characters and professional trajectories of some VU's gender team members and their attitudes and opinions on current transgender medical care debates. These portraits successfully bring forth the staff's human faces.

- 1 Alex Bakker, *Transgender in Nederland. Een buitengewone geschiedenis* (Amsterdam 2018).
- 2 Gert Hekma, *Homoseksualiteit, een medische reputatie. De uitdoktering van de homoseksueel in negentiende-eeuws Nederland* (Amsterdam 1987); Gert Hekma, *Honderd jaar homoseksuelen: documenten over de uitdoktering van homoseksualiteit* (Amsterdam 1992); Geertje Mak, *Mannelijke vrouwen. Over grenzen van sekse in de negentiende eeuw* (Meppel 1997).

- 3 Kelley Winters, *Gender Madness in American Psychiatry: Essays from the Struggle of Dignity* (Dillon 2009); Richard Docter, *Becoming a woman: A biography of Christine Jorgensen* (Abingdon 2013); Susan Stryker, *Transgender History: The roots of today's revolution* (London 2017); Julian Gill-Peterson, *Histories of the Transgender Child* (Minneapolis 2018).

Chapter 1 maps the transnational medical collaborations set during the 1950s, 1960s and 1970s to meet the growing demand for transgender care. Readers can learn about the first autonomous steps Dutch medical pioneers took to provide hidden gender transitioning care to individuals and the earliest debates that this care practice generated. The first unconcealed sex-reassignment surgery sparked outrage within the local professional network. Practitioners aligned with the psychiatric paradigm considered transgender people delusional and believed that only psychotherapy and treatments such as electroshocks could cure their ‘mental disorder’. The controversy provoked the banning of the medical practice in 1966. A small group of individual practitioners that challenged the veto and in 1972 found the very first institution specialising in transgender care: the Dutch Gender Foundation. This foundation made the national health insurance funds coverage of transgender medical care possible. They recruited medical experts affiliated with the vU hospital. But it was not until around the mid-1970s that the vU became officially involved as an institution.

The next chapter addresses the vU’s reformed Calvinist Protestant identity. It sets the ground to answer Bakker’s central question: how could such a controversial and innovative medical practice flourish fifty years ago at the vU despite its Christian institutional identity and the strong opposition from Dutch medical professional networks? Bakker argues that the vU’s compassionate Christian medical ethics, coupled with the team’s commitment to Dutch sexual emancipatory politics and the institution’s appetite for scientific innovation, were crucial to assure the gender team’s early success between 1975 and 1985. The role of the vU’s distinctive Christian medical ethics in the acceptance of gender reassignment was documented elsewhere before, also by Bakker himself.⁴ However, in this chapter, the author expands the knowledge of the process underlying the emergence of the institution’s ethical principles. During the seventies, the vU’s academic hospital underwent an identity transformation with a less rigid Christian character. For the first time an ethical commission was set to deliberate on controversial medical practices. With the motto ‘*Medicina Misericordiae Ministra*’ (‘medicine is the servant of mercy’), moral virtues such as compassion, benevolence and mercy were set as the hospital’s core principles. Along this moral context, transgender care became accepted at the vU.

Chapter 3 outlines the developments that took place between 1985-1995. During this period, the team set their first care approach and research agenda, which had a paradoxical moral stand. On the one hand, they promoted justice for transgender people through scientific knowledge and social awareness; on the other, they replicated the prevailing social distrust of transgender people’s conceptions of selfhood. Practitioners feared some patients would undergo treatment without being real ‘transsexuals’ or regret

undergoing sex-reassignment surgeries if their post-transitioning social lives did not meet their expectations. As a result, their care approach mirrored the international care paradigm that questioned clients' readiness excessively and expected them to pass a 'real-life test'. This protocol consisted of testing patients' abilities to live as 'a man' or 'a woman' for about eighteen months to two years while taking hormones and visiting a psychologist or psychiatrist. Only after this, they could be considered eligible for reassignment surgeries.

Chapters 4 and 5 overview the VU's transgender care approaches in the last twenty-six years. Between 1995 and 2000, the team designed, tested and implemented transgender care for children and adolescents. They changed their name to Centre of Expertise on Gender Dysphoria and expanded their research agenda. In 2014 the team modified their care protocol to a more 'patient-centred' approach that could include non-binary clients, or in other words, people that do not self-identify as exclusively men or women. The 'real-life test' was removed from this new protocol, but clients still need to wait six months before undergoing sex reassignment surgery. The approach has changed from patients proving realness and readiness, to giving patients reflective time to decide if they want to undergo the procedure. Moreover, following Bakker, the VU's gender team is working to further 'de-pathologize' their care approach. It does so in the wake of the newest revisions of influential international health nomenclature lists and diagnostic manuals that no longer frame the human experience of not self-identifying with the gender assigned at birth as a mental disorder.⁵ However, as Bakker describes, the VU's 'new' non-pathological care formula still includes 'psychodiagnostic questionnaires' to indicate eligibility to transgender health care. This is contested by the leading Dutch transgender organisations, who insist on an innovative informed consent model without diagnosis as the best path towards a non-pathological perspective of care that could affirm transgender people's full bodily and medical autonomy.

Historians studying medicine, medical ethics, LGBTI politics, and sciences and technologies will find *Een halve eeuw transgenderzorg aan de VU* interesting. Since Bakker's literary style is truly uncomplicated, this book is also accessible to people who do not have an in-depth knowledge of Dutch transgender care history. The book's contribution is valuable for its well-documented historical description of a timely issue. It tells the underlying history that has shaped today's care practice and shows how the ethical principles of institutions and the moral character of their staff are essential for creating and institutionalising innovative medical practices. The book's study case reveals the critical role medical professionals and medical institutions can

5 See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5* (Washington DC) and World Health Organization, *ICD-11* (2019).

play in controversial social and political issues, an angle sporadically studied and worth further attention and theorisation.⁶

However, the book's historical account might have been more balanced and precise if the author had given extra attention to transgender voices. In the introduction, Bakker addresses this imbalance by stating that he aimed to focus on the VU's caregivers' perspectives and recommends his previous book *Transgender in Nederland. Een buitengewone geschiedenis* as an option where readers can find additional experiences and stories from transgender people (16). Nevertheless, patients are also always central to the history of health care practices. Their personal experiences and positions within the medical world's dynamics are at all times elements worth examining if we want to understand pressing healthcare challenges.

Moreover, considering the current heavily contested landscape of transgender care in the Netherlands, one would expect to see more attention to alternative narratives from the transgender community included in this VU's historical account. The discontent with this institution has grown more visible in the last decade. Critical actors, such as transgender grassroots organizations, have been taking issue with the VU's institutional approaches and argue that the VU's gender team has lost its innovative and progressive charm and the connection to its clients.⁷ They also demand to be included in formulating new alternative emancipatory care practices. In the summer of 2021, months after this book's publication, hundreds of transgender individuals marched to the VU medical centre in protest. The demonstration marked the peak of cumulating frustrations with the VU's extremely long waiting lists for accessing transgender care and the alleged unaddressed mistreatments of transgender clients at the clinic.⁸

Various actions taking place at the governmental level today are indicating that new changes in Dutch transgender care are about to come.

6 For a political science analysis on this angle, see Melisa Soto-Lafontaine, 'From Medical to Human-Rights Norms: Examining the Evolution of Trans Norms in the Netherlands', *Politics and Governance* 8:3 (2020) 290-300. DOI: <https://doi.org/10.17645/pag.v8i3.2880>.

7 Among the actors taking issues with the VU's care approach are the self-led transgender organizations such as Principle 17 and Trans United's Gender Clinic. Also, in 2016, in a symposium in Amsterdam titled 'Free PΑΤΗΗ: Practicing Actual Trans Health and Human Rights', participants and speakers described their discontent with the VU. Similar criticism has been shared in other activities such as the 'Buiten de

Binary Dag', a transgender and queer-lead forum held yearly in Nijmegen. The same type of rebuke can be observed in social media groups.

8 See the journalistic reports of this protest in Maeve Levie, 'Transgenderzorg onder vuur: "anderen beslissen over onze lichamen"', *One World*, 29 June 2021, <https://www.oneworld.nl/lezen/seks-gender/lhbt/transgenderzorg-onder-vuur-psychologen-beslissen-over-onze-lichamen/>; and Menno Sedee, 'Transgenderzorg onder vuur: "Een psycholoog heeft de macht over jouw lichaam te besluiten"', *NRC*, 28 June 2021, <https://www.nrc.nl/nieuws/2021/06/28/wij-zijn-klaar-met-wachtlijsten-diagnoses-en-machtsmisbruik-luidt-de-kritiek-van-transgenders-a4049078>.

The state has designated a quartermaster to develop solutions to the national structural problems of transgender care exclusively. The Dutch House of Representatives has held debates on trans care issues more frequently than ever. Moreover, the Ministry of Health recently commissioned various research institutes to investigate issues surrounding the increased demand for transgender health care. Considering that transgender care in the Netherlands is on the brink of a new milestone, one cannot help but hope for a new revised edition of this important book soon. Perhaps it could contain an updated account that engages more explicitly with today's most critical debates and includes more contesting voices from the transgender community.

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