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“Hospital, Sweet Hospital”: The Intervention between the Official Medical System and Transgender Community in East Asia

By

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But the body is a document. It keeps a memory of its own.

The Man Who Could Move Clouds, Ingrid Rojas Contreras

Introduction

In this thesis, I examine the relationship and tension between the transgender community and the medical system in China (both in the People's Republic of China, PRC, and the Republic of China, ROC Taiwan), specifically how the interaction works under a mutual East Asian cultural frame. Since medical treatments for transgender care were (unofficially) legalized synchronously in the 1980s in the PRC and the ROC, the official medical network for transgender individuals has evolved significantly. However, transgenderism largely remains a niche topic in East Asian Studies[1]. The current understanding of transgender people largely reflects the perspective of sexuality and gender identity in North Atlantic, Eurocentric, and Anglophone-based international institutions(Bosia, McEvoy, and Rahman 2020). This study will explore the complex relationship between the community and the medical system. As a close community formed under great pressure from the parent and nation, where only 10.7% of transgender people in China are able to obtain guidance and health monitor from healthcare providers(2021), the community is one characterized by reciprocal sharing of healthcare knowledge, drawing at times on knowledge emanating from other regions.

This study also examines how the cultural and political environment in East Asia has affected the unique experiences of the community and how the subjectivity and embodiment of transgender people influence the development of the medical system, which is poorly discussed both in public spaces and academia.

[1] One public health study has attempted to organize essays concerning the quality of life of transgender people in China and could only find 30 qualified articles since 1980(Y. Lin et al. 2021). Except for the articles concerning public health, there are only two sociological research essays on transgender care, only discussing medical care providers and social workers' intervention and theoretical discussions in medical care for transgender people(Dong et al. 2024; Zhou 2024)

In this thesis, I argue that the unique power system and the emerging subjectivity of the gender minorities in the urban environment of East Asia, particularly in the Sinophone[2] context, have shaped the relationship between systemic medical practices and the transgender community. Specifically, I argue that the traditional Chinese scholar-official system and the state-led medical facilities fostered a medicalization of gender that, while converging in significant ways with the biopolitical patterns observed in the West, also diverged in important respects, which cultivated a biomedical-centered atmosphere within the community, characterized by a generally positive sentiment toward official medical institutions and physicians. In turn, this atmosphere shaped patterns of reciprocal behavior within the community, embedding biomedical elements into everyday interactions.

A literature review of medicalization and community structure in the PRC and the ROC will be followed by a review of the history and legalization of transgender care in both regions. I will turn to my own data, semi-structured interviews, in-person and digital ethnography with members of the trans community in both countries, and to broader reflections on the scholarly and social repercussions of this work.

Literature Review

Medicalization in Trans Healthcare

Medicalization has historically played an integral role in trans care cross-culturally. The process of treatment and care is often reinforced by both medical establishments and governmental institutions, which play a significant role in shaping access to trans-related care. Notably, some institutions have historically refused to provide gender-affirming care to transgender individuals who identify as homosexual, framing this denial as an attempt to promote conformity to heterosexual norms. Consequently, trans-normativity has emerged,

[2] All the districts that use Chinese Mandarin

referring to the normalization of transgender bodies and identities through the adoption of cisnormative frameworks and institutions by transgender individuals(Vipond 2015).

Biomedicine, the scientific foundation of medicalization, is typically defined by several foundational principles, one of which is the principle of separation. This includes the separation of body and mind, of medicine and multiple specialties, of treatment and measurable segments, of patients and social relationships(R. Davis-Floyd and John 1998). Within this framework, the body is often conceptualized as analogous to a machine—its organs treated as discrete, replaceable parts. The patient is positioned as a passive object awaiting fixing, while the physician assumes the role of the active agent who provides the cure. This medical model is deeply influenced by industrial ideology and technocracy—an ideology that prioritizes technological progress and efficiency(R. E. Davis-Floyd 2004).

The medical system is deeply influenced by local culture and political environments. In China, there has historically been a tendency to prioritize diagnoses of organic diseases over mental or psychological conditions. This preference stems from a cultural and historical context shaped by traditional Chinese medicine, which intends to emphasize the physical body, and the revolutionary period of the last century, where tangible and resolvable issues were more aligned with societal values. “Diseases” were considered more legitimate and worthy of serious attention, as they were seen as having clear causes and higher chances of recovery(Kleinman 1988). In Taiwan, the pathologization of transgender identities played a significant role in garnering greater public sympathy compared to other sexual minorities. By framing their experiences within a medical narrative, transgender individuals were able to draw attention to their struggles and advocate for their needs, ultimately contributing to the legalization of gender-affirming surgeries(W. Chen 2016).

Although psychiatrists in Western countries had played an integral role in trans care before the 1980s, it was the medical historian and the plastic physician who introduced trans

care into China. Unfortunately, physicians could easily be affected by a certain aesthetic or binary cisnormativity (Gonsalves 2020), and they could modify the gender expression of transgender patients unintentionally since they may have their personal view on gender normativity(Davis, Dewey, and Murphy 2016). Reporter Daojie Liu once recorded that those especially suitable for surgeries "often leave unforgettable impressions" on their trans care providers as they are more "passing[3]"(Liu 1992). Thus, the practice of evaluation was both "scientifically acultural" and, in practice, arbitrary, instinctual, and cultural. It was a result of both medical logic and social values. At National Taiwan University and its affiliated hospitals, the evaluation process for gender-affirming care was colloquially referred to as a "five halls joint trial," a playful reference to the elaborate judicial proceedings of imperial China, as the medical consultation involved psychiatry, urology, obstetrics and gynecology, endocrinology, and social work. It also examined in detail their environment, workplace, family, marriage, and psychology(Min Sheng Bao 1991). In Taipei Veterans General Hospital, this evaluation was conducted every other week over eight times(W. Chen 2016).

In order to obtain "certification" from healthcare providers and avoid stigma, many transgender people in the region have thus internalized medical views and utilized certain language and descriptions that would be most familiar to physicians(Dewey 2008). In the context of transgender healthcare and insurance policies in the U.S., the concept of "assujettissement", a Foucauldian concept, describing the paradoxical process by which individuals become subjects through various modes of self-conduct, is particularly relevant as transgender individuals navigate and subvert pathological medical discourses to gain access to necessary care. Notably, they often do so without fully internalizing these discourses, highlighting strategic resistance(MacKinnon 2018).

[3] The word "passing" is used when a person is perceived as a gender by which they identify or as which they are attempting to be seen

In the context of China's family-oriented culture, LGBT individuals often navigate their identities in ways that align with societal expectations of kinship and familial values. Rather than seeking to challenge the status quo, many strive for “normalcy” and “the good life,” prioritizing respectability and harmonious relationships within their families. This pursuit reflects a broader social norm of maintaining respectability within the framework of traditional familial and social obligations(Engebretsen 2013). Consequently, it is a common way for transgender individuals to acquire support from physicians in China and ask them as an ally in front of their parents. The family and systematic medication displace the responsibility onto each other, which also matches the feature of Chinese bureaucratic authoritarianism(Ma 2020b). With a more supportive medical system, contextualizing transgender experiences within the diagnostic framework grants them a higher level of legitimacy(Johnson 2019), especially for those who have access to official trans care. Although the assessment system can be leveraged by savvy and experienced transgender people as a tool to obtain resources, Judith Butler pointed out that it can also force them to lie or cause internalized dignity harm to young patients(Butler 2004). As a result of barriers, discrimination, and dangers that queer people face when navigating healthcare, some of them may reject traditional healthcare pathways and turn to “Do-It-Yourself”(DIY) hormone treatment(Welty 2024), which would require the reciprocity of the community.

Biopolitics and the “Scholar-Official” System

The histories of gender-affirming surgeries in China and Taiwan highlight the interplay between medical and societal structures, setting the stage for a deeper examination of the bureaucratic scholar-official system, where knowledge and power are closely intertwined, with intellectual achievement often serving as a pathway to political authority. This cultural order has been dominating the Sinophone for centuries(Yan 2014). This structure is particularly evident in China, where the hierarchical structure of ruler and subject mirrors the

familial relationship between parent and child, reflecting a culture that blurs the boundaries between governance and the private sphere(Almond 1966; Hsu 1967). In China, public medical institutions are viewed as a part of the government, embodying what Ma(Ma 2020a) terms “biopolitics paternalism”. In this framework, state power operates through "kinship correlates" that structure, legitimize, and naturalize notions of nationhood and citizenship(McKinnon et al. 2013), including the medical system. It offers an opportunity for “adults” like parents to exert control over the bodies of transgender individuals, facilitated by state-owned systematic medical practices.

Although many renowned medical scholars in ancient China were also scholar-officials, the modern Foucauldian medical system in mainland China emerged with the 1910 Manchurian Plague(L. Wu and Wong 2009). This event marked the integration of public health into state governance, as the medical system began collaborating with the government to consolidate authority and manage civil affairs(Rogaski 2004). Under the influence of Deutsch-Nippon medical thought, the concept of *Staatmedizin* (state medicine) was introduced to China during the Republican era. Physicians and medical officials trained in Germany and Japan advocated for state intervention in matters of gender and sexuality, including what they referred to as *xingyu yichang* (abnormal sexuality)(Zhang 2021; J. Lin 1946). This relationship was further institutionalized during the Mao era through sanitary campaigns and the establishment of state-sponsored local medical systems(Chakrabarti 2013).In Taiwan, the Japanese colonial government prioritized public health as a key governance strategy, linking medical expertise to state authority. Rigorous training standards established a tradition of prestige and leadership for doctors, positioning them as intermediaries between the public and the government(H.-L. Chen 2023). After Taiwan's emancipation, the government-supported veteran general hospital system became central to the medical infrastructure and played a pioneering role in trans healthcare(W. Chen 2016).

Background

History of Transgender Care in the PRC

The first case of gender-affirming surgery in the PRC was reported by Dr. Ruan in 1989, whose subject underwent the surgery secretly(Ruan, Bullough, and Tsai 1989). Zhang Kesha, as she introduced herself, was a retired soldier from a military family (her father was the founding Major General Zhang Shuxiang)(Deng 2003). She received the surgery at Beijing Medical University Third Hospital[4] in 1982 by Dr. Xia Zhaoji and Dr. Wang Damei(Xia 2024). As Dr. Ruan stated, one reason that she could receive surgery was her family's military background. In 1989, Dr. He Qinglian at Shanghai Changzheng Hospital, a military-affiliated institution under the Chinese Navy, performed what is widely regarded as the first publicly reported gender-affirming surgery in China. The procedure was carried out on a transgender woman who was graduating and presented a reference letter from Fudan University, both the hospital's military background and the university's endorsement playing significant roles in facilitating the surgery(X. Wu 2005).

The government of the PRC concerned that gender-affirming surgery could undermine the state's ability to manage, sort, and surveil citizens through gender in state institutions such as law enforcement, bureaucratic departments, and marriage laws(Zhou and Liu 2023). With the market economy implemented in China since 1992, hospitals affiliated with the army all over China and several big hospitals began to operate gender-affirming surgery until the Ministry of Public Security published the reply on issues concerning changes of gender in Household Registration after performing sex reassignment surgery in 2002(Ministry of Public Security 2002). Along with standards published by the Ministry of Health on sex reassignment surgery in 2009, the government restricted the qualification of operating such

[4] Now Peking University Third Hospital

surgery in some large hospitals in Beijing, Guangzhou, Chengdu, and Shanghai(Medical Affairs Office of the Ministry of Health 2009).

History of Transgender Care in the ROC

In 1981, Taiwan's first gender-affirming surgery was performed on a transgender woman, supported by a combination of resources and advocacy. Funded by Malaysian Chinese, her strong English education enabled her to connect with institutions like the Johns Hopkins Gender Identity Clinic and the Institute of Mental Health in Singapore[5](Zhen 1981). Additionally, the church played a pivotal role, saving her from a suicide attempt, informing her about the surgery, and facilitating connections with medical professionals. With the support of Dr. Chen Ruiyu in Taipei, she ultimately underwent the surgery(Chinese Times Weekly 1981). After Taiwan lifted its martial law, Taipei Veterans General Hospital performed the first legal surgery on a transgender woman in March 1988. Before the operation, they first counseled the Department of Health, which responded that "we still have no detailed policy in this regard"(W. Chen 2016).

In fact, in Taiwan, extant legislation did not cover either the legalization of the surgery or household registration. Transgender people in Taiwan had generally sought surgery in Singapore before the lifting of martial law. In 1987, after being operated on in Singapore, a transgender woman was asked to counsel the prosecutor by the household registration holder. The prosecutor dismissed the case as it was not a judicial case. The matter was finally resolved after then-president Chiang Ching-Kuo intervened, and the doctor came forward to certify(United Daily News 1986). The legalization of gender change in household registration was not due to an administrative order but went through the Taipei City Police Department Sixth Section expressed that "as long as the patient could render a certificate of surgery from

[5] Former name Woodbridge Hospital

a public hospital", the household registration office could accept the change(Min Sheng Bao 1988).

The Community Today

Like many communities linked by the Internet, the transgender community does not possess a clear boundary or definition. The transgender community can be understood as a social reality that provides meaning and structure to the lives of its members, akin to the role of a nation-state. It is defined as a series of specific practices that unite individuals under a shared identity and purpose. However, this communal framework can sometimes obscure the underlying ethnicity and class inequalities that exist within the community(Valentine 2007). The differences within the community may shape varying experiences and expressions of transgender identities. Some local communities adopted different body normativity in industrialized districts in China ten years ago. For example, they referred to themselves as "tranny," and there was no clear boundary between them and the gay community. This often led to disputes with transgender organizations in large cities that had adopted Western norms of transgender identity(C. Lin 2020).

Given the atrocious transphobic culture, which tacitly supports violence and abuse against them, transgender individuals in China and Taiwan have built tightly-knit communities as a response to the severe discrimination they face. For instance, transgender sex workers rely on informal networks with their 'sisters' for advice and emotional support which is more effective at combatting IPV than criminal justice or social policy efforts(Tsang 2020). Additionally, the care and solidarity in the community extend even beyond life. An article examined a memorial website created by members of the Chinese trans community on Twitter and QQ[6] and dedicated to remembering Chinese trans people, especially trans children, and youths, who have passed away prematurely, articulating the possibility for

[6] An instant message application that is widely used in China

“trans for trans” care in Chinese transgender female communities, with “necrointimacy” illustrating how these care relationships can transcend the boundaries between life and death(Pan 2024).

The solidarity also helps transgender individuals with medical problems in China. Aside from the biopolitical paternalism and gatekeeping in transgender healthcare, such as the requirement for family consent for hormone treatment, a desire to circumvent the space that trans medicine occupies within the trans community also contributes to the high rate of DIY medication(shuster 2021). Consequently, a large amount of spontaneous community-generated information regarding trans medicine exists outside of the medical system(Edenfield, Holmes, and Colton 2019).

Within the community, transgender people may share recently published research in public health, pharmaceutical, and medical journals, or medical guidelines such as those published by WPATH(World Professional Association of Transgender Health). By accessing a much larger and richer pool of data to make decisions about their own HRT(Hormone Replace Treatment) regimen, participants were able to rely on personal accounts by other trans people in tandem with medical texts to make decisions regarding dosage, modality, and other vital informational points regarding medical transition(Welty 2024). During this process, the practice of trans people extends beyond textbook knowledge and encompasses various practical insights derived from the everyday practice of navigating the hormone system as a set of scientific knowledge, embodied sensibilities, and networks of commodity distribution. It resonates with Bennett’s theory of *Vibrant Matter*. She argues that non-living things can gain vibrancy through interactions, especially as the modern medical concept that focuses on disease itself diminishes(Bennett 2010). In the context of trans healthcare, one of the most obvious examples is the use of non-prescribed hormone doses. In Thelma Wang’s article, she examines how trans individuals evaluate different forms of hormones, not only by

their medical and scientific function, but also through their scent, color, and the subjective feelings experienced after administration. These embodied responses directly shape individual dosing strategies. While bioscience has historically subjugated subjectivity in its pursuit of objectivity, such a practice integrates sensations, feelings, and emotions as legitimate knowledge(T. Wang 2024). The transgender community may exist in multiple grey areas of law and tradition. However, as Susan Stryker suggests, gender nonconformity catalyzes broader forms of social rebellion, noting, "…maybe you engage in more so-called 'anti-social behavior' out of those unresolved feelings that are based on your transness."(Stryker 2008)

Methodology

In what follows, I examine how the state- and family-oriented cultural framework, along with the "scholar-official" medical system, has shaped the interactions between the transgender community and the official medical institutions. Compared to their counterparts in Western countries, these interactions tend to be more intimate, alongside a widespread adaptation to scientific discourses within the community itself. Data is primarily derived from semi-structured interviews, ethnographic fieldwork on Twitter, websites hosted by Project Trans, widely adopted instant messaging software in China, Peking University Third Hospital, Peking University Sixth Hospital, Shanghai Four-one-one Hospital, Beijing Huilongguan Hospital, WPATH symposium, and transgender salons in Beijing. Some data is referred from the Chinese Trans Oral History Project, which contains data from both transgender people and healthcare providers in China and the ROC Taiwan. The project also utilizes the semi-structured interview method, with interviewees recruited through the snowball sampling method. A primary benefit of the semi-structured interview is that it permits interviews to be focused while still giving the investigator the autonomy to explore pertinent ideas that may come up in the course of the interview, and it is suitable to inquire

about questions related to the medical system(Adeoye-Olatunde and Olenik 2021). Given the sensitive and personal nature of the topic, establishing trust with interlocutors is a key priority before conducting interviews. With endorsements from several community leaders, the researcher is able to overcome potential barriers and gain their trust effectively. Interviews were recorded in Mandarin and Taiwanese Mandarin, and they would be later analyzed after transcriptions.

The study includes approximately twenty-five transgender persons aged 16 to 50 and five trans care providers in the PRC and the ROC. Interlocutors were recruited through social media, communities, hospitals, and several universities and colleges in Beijing, Nanjing, and Zhuhai. By adopting different sampling methods together, the representativeness when doing research on sexual minorities has been approved to be higher when compared with researches that only use one method(Guo et al. 2011).

Lastly, thematic analysis was used to identify patterns within and across data in relation to participants' lived experiences, views, and perspectives, as well as behavior and practices[7](Neuendorf 2018; Clarke and Braun 2017).

Findings

Official Medical Attitudes

In the People's Republic of China, physicians involved in trans healthcare continue to draw upon revolutionary public health discourses, seeking to justify their work as medically beneficial and socially useful. This approach resonates with the logic of *Staatmedizin*, which holds that medical intervention can—and should—contribute to the health and strength of the nation as a whole. The story of gender-affirming surgery in China began in 1982 at the Beijing Medical University Third Hospital, Beijing, as previously stated. When I interviewed

[7] Guest et al. (Guest, M.MacQueen, and E.Namey 2012)describe four basic steps in undertaking thematic analysis: Familiarisation with, and organization of, transcripts. Identification of possible themes. Review and analysis of themes to identify structures. Construction of a theoretical model, constantly checking against new data.

Dr. Xia, he was deeply convinced that "transsexual disease" was a severe medical condition causing immense suffering to innocent patients, and he saw his work as an act of compassion and humanitarian intervention. This framing proved strategically effective. He specifically mentioned that when Li Tieying, a prominent minister in Li Peng's cabinet, dispatched an agent to investigate Dr. Xia's practice, he asserted that his patients were individuals in desperate need of medical help, not people influenced by "Western ideological" or merchandised behavior. What he did was to enhance people's health (Xia 2024). This narrative successfully garnered sympathy from both the authorities and the public. As a result, since 1982, the Chinese government has permitted changes to gender markers on official documents by the hospital, provided that individuals have undergone gender-affirming surgery. Moreover, this development coincided with the political and ideological shifts initiated under Deng Xiaoping's policy of "emancipating the mind and seeking truth from facts(*jiefang sixiang, shishiqiushi*)." With the easing atmosphere brought by the Reform, Dr. Xia Zhaoji recalled that when he first sought his supervisor's permission to perform the first gender-affirming surgery, his supervisor simply asked whether the surgical techniques were sufficient to complete the procedure. Furthermore, under the influence of the policy and political campaigns, Dr. Xia once attempted a surgical procedure involving the exchange of genitalia between a trans woman and a trans man(Xia 2024). Although the outcome did not meet medical expectations, the attempt itself remains a notable—if controversial—experiment reflective of the period's medical and ideological ambitions.

However, Dr. Xia believed that it was the nurturing environment that primarily shaped an individual's gender identity. He attributed the emergence of transgender identities to parental ignorance, for instance, dressing children in clothing associated with the opposite gender. This perspective reflected a broader underestimation of the roles of psychology and psychiatry. Dr. Xia also maintained that "transsexualism" had no connection to mental

illness, which contrasted sharply with the prevailing view in Western countries. According to his account, his surgical techniques for gender-affirming procedures were developed entirely from written materials and textbooks. It was not until 1996, when he engaged with the American Society for Reproductive Medicine, that Chinese transgender healthcare providers began to interact with physicians from other countries(Xia 2024).

The current trans healthcare in PRC receives more influence from Western countries than before. After Dr. Xia's retirement, transgender healthcare at Beijing Medical University Third Hospital came to a halt due to the absence of physicians with an interest in this field. In contrast to Dr. Xia's largely self-guided approach, current physicians at Peking University Third Hospital acknowledged the significant influence of Western countries in shaping their renewed understanding of transgender healthcare. For instance, it was during an academic visit to Japan that Dr. Pan Bailin first encountered systematic resources on transgender healthcare. Following this experience, he went on to establish China's first transgender healthcare department in 2016. Dr. Zhao Runlei, a specialist in healthcare for trans men, recalled that her academic exchange in the United States marked the first time she interacted directly with trans individuals. She also noted visiting the Stonewall Inn during her stay in New York City(R. Zhao 2024). Additionally, according to Dr. Pan, the hospital's current hormone therapy protocols are primarily based on the Standards of Care (SOC) issued by the WPATH. Given that transgender healthcare remains largely absent from Chinese medical textbooks[8], and considering the decade-long hiatus in related practice at the hospital, physicians' understandings of transgender issues are still heavily shaped by their personal experiences and perspectives, rather than formal medical education or mentorship.

[8] Most of the textbooks for health sciences students are published by People's Medical Publishing House, affiliated with the National Health Commission

The influence of revolutionary public health discourses persists in contemporary trans healthcare, particularly in the continued emphasis on physical abnormality. Pathologizing narratives remain integral to the medical framework, just as Kleinman observed. Another leading position hospital of gender-affirming care in China is a Navy-affiliated hospital in Shanghai, named Shanghai Four-One-One Hospital(Shanghai 411 Hospital). In 1989, Dr. He Qinglian, who later worked in this hospital, performed what is widely regarded as the first publicly reported gender-affirming surgery in China. Dr. Zhao Yede of Shanghai 411 Hospital, who earned his MD under Dr. Wang Damei and completed his postdoctoral research under Dr. He Qinglian, has performed the highest number of gender-affirming surgeries in China. When he chose to specialize in gender-affirming care in the 1990s, he faced opposition from his supervisors. He ultimately persuaded them by arguing that his work would help him accumulate experience in genital reconstruction, which could be invaluable in the event of a future war(Y. Zhao 2024). Given that early surgical techniques in this field had originated from procedures developed during the Sino-Vietnamese War(Wu 2005), his reasoning appeared well-founded.

When interviewed, Dr. Zhao specifically emphasized the distinction between transgender and intersex individuals. He argued that intersex conditions should be viewed as pathological, similar to congenital anomalies such as having an extra finger, whereas transgender individuals do not present with any abnormal sexual or physiological disorders. From his perspective, physical and psychological dimensions of gender identity should be treated separately, and a clear line must be drawn between normality and abnormality based on anatomical and chromosomal evidence.

As such, Dr. Zhao maintained that transgender and intersex individuals are fundamentally different. He further noted that if neurological or chromosomal markers were discovered to distinguish transgender individuals, then they could potentially be categorized

alongside intersex people and thus be treated differently in clinical settings. For instance, he explained that gender-affirming surgery for transgender individuals typically requires parental consent, even when the patient is legally an adult. However, if an individual can prove they are pathologically intersex, this requirement is waived. Moreover, gender-affirming surgeries for intersex individuals are not subject to the same ethical scrutiny or review as those for transgender individuals. As a result, intersex patients may be scheduled for surgery as early as the following month, whereas most transgender individuals must wait nearly two years for the same procedure at Peking University Third Hospital.

In 2017, the National Health Commission of China issued a sectoral regulation on gender-affirming surgery, which stated that parental consent was not required—only parental awareness was deemed sufficient. However, both the ethics committees of the 411 Hospital and Peking University Third Hospital continued to mandate parental consent. According to Dr. Zhao, this requirement stemmed from several concerns: the cultural significance of filial piety in Chinese society, fears that the hospital might face backlash from angry parents, and worries that any public controversy caused by a seemingly lax policy could further marginalize transgender individuals, given the generally unsupportive mainstream social attitudes.

Aside from institutional scrutiny, Dr. Zhao also holds personal expectations for the individuals who undergo surgery under his care. He expressed that he hopes all his patients can become productive members of society and contribute in meaningful ways. In his view, if a patient remains unemployed and adopts a "lying flat" (*tangping*[9]) lifestyle at home, the surgery would be rendered meaningless and devoid of value. Furthermore, he believes that

[9] A Chinese slang neologism that describes a personal rejection of societal pressures to overwork and over-achieve emerged in the 2020s

the surgery should help alleviate the patient's psychological challenges, enabling them to avoid becoming a burden on their families or society at large.

Interactions of Trans Individuals with the Official Medical System

The multiple roles physicians occupy in trans healthcare give rise to a form of "biopolitical paternalism" that encompasses both bodily control and what Ma(Ma 2020a) describes as "maternal supplements", a labor of compassion and benevolence. Before the implementation of Administrative Measures for gender-affirming care by the National Health Commission in 2022, guidelines regarding age restrictions, surgical procedures, and the criteria for changing gender markers remained ambiguous. For example, zero-depth vulvoplasty was often rejected as sufficient grounds for legal gender marker changes by most police departments before 2022. During this period, Dr. Zhao Yede and other healthcare providers frequently accompanied transgender individuals to police stations, seeking clarification and attempting to negotiate acceptable standards. Evidently, most local police officers were unfamiliar with such surgical procedures(Y. Zhao 2024), which created a degree of flexibility for physicians and transgender individuals to negotiate on a case-by-case basis. According to one of my anonymous interlocutors, it was ultimately the collaboration between the transgender community and healthcare providers that contributed to the regulatory change, recognizing zero-depth vulvoplasty as a valid basis for gender marker modification.

Consequently, it is common for transgender individuals to acquire support from physicians in China and ask them as an ally in front of parents, as the transgender community of China would make friendly nicknames and memes for the prominent doctors. For example, the nickname of Dr. Zhao Yede is "Zhaobo", which primarily means Doc Zhao. Dr. Di

Xiaolan, a psychiatrist at Beijing Huilongguan Hospital[10], is affectionately nicknamed “Di Nainai,” meaning “Granny Di,” in recognition of her kindness and supportive attitude toward trans individuals. Dr. Pan Bailin is called “Lao Pan”, meaning “Old Pan”, a nickname usually used between intimate friends. And there is a meme picture featuring the street plate of North Huayuan Road and the sentence “the feeling of home”, where Peking University Third Hospital and Peking University Sixth Hospital[11] are located. Furthermore, several jokes about physicians circulate on Twitter, which hosts the largest Mandarin-speaking online community outside the firewall. I recorded one of them:

A: Do you know what the nurse says when Zhao Yede performs surgery?

B: No, what?

A: “Hand the knife to trans-friendly power.”[12]

These jokes are surprisingly popular within the community, despite the relatively low rate of gender-affirming surgeries among its members[13].

The meme picture of the road sign on North Huayuan Road

[10] A mental health institution qualified to issue support letters for gender-affirming care (under current regulations, only Class A tertiary hospitals are authorized to provide such letters). It also serves as a teaching hospital affiliated with Peking University.

[11] Peking University Sixth Hospital also serves as the Mental Health Institute of Peking University Health Science Center. Given the high prevalence of mental illness within the transgender community and the fact that this hospital can provide support letters for HRT and SRS, it has become part of that meme picture.

[12] This is a pun on the phrase “handing a knife to foreign powers,” a political accusation often used by Chinese state media to stigmatize individuals who expose domestic issues to international audiences. Over time, the phrase has evolved into a popular meme among netizens.

[13] Among 26 of my interviewees, only four of them had fully undergone the gender-affirming surgery.

In China, an honor banner bearing kind words is traditionally given to a physician by patients to express their gratitude. However, unlike the usual clichés, Dr. Zhao received several banners featuring hilarious and playful inscriptions. Examples include: "Master of Flexing, Expert in Egg Disposal[14]", "Crazy Thursday Special: Second One Half Price[15]", and "Sincere Love: Chopping Trees, Digging Pits; Skills Beyond Compare: Raising Poles, Flattening Hills[16]".

The honor banner "Master of Flexing, Expert in Egg Disposal"

Due to the stringent requirements surrounding gender-affirming care and the cultural background of filial piety, the department at Peking University Third Hospital in China also offers a free therapist specifically for family consultations. Based on my observations during my internship there, the therapist was often the busiest member of the healthcare team,

[14] In the Chinese translation of "flexing," one of the characters carries a slang reference to female genitalia. The pronunciation of "bomb" in "bomb disposal" sounds identical to the word for "egg" in Chinese, serving as a euphemism for testicles.
[15] Crazy Thursday is the advertisement for Chinese KFC. Various kinds of food are offered at half price on Thursday.
[16] Chopping trees and digging holes refer to gender-affirming care for trans women; raising poles and flattening hills refer to gender-affirming care for trans men.

frequently being the last to leave the office on clinic open days. Although Dr. Pan does not encourage transgender individuals to place their final hopes of repairing family relationships solely on the medical team, it is evident that many patients and their parents do so. Prior to their visits, transgender individuals often share educational videos created by Dr. Pan—available on the video-sharing platform Bilibili—with their parents. Many parents, in turn, are eager to gain a better understanding of their children's experiences and identities through "professional explanations" from physicians. The same eagerness for "professional explanations" also motivates trans individuals to seek certification from physicians. For instance, some of my interviewees had already developed and followed their own hormone regimens for a long time. However, in order to reassure their parents, they were still willing to spend significant amounts of money to travel to major cities, undergo medical examinations, and obtain formal confirmation from physicians that their plans were legitimate and appropriate.

The harmonious relationship between the transgender community and the official medical system has also shaped the discourses circulating within the community. For instance, while the concept of *gender euphoria* is recognized by relatively few individuals, *gender dysphoria* enjoys broader acceptance, largely due to the dominance of medical discourses. For example, the visual framework of the "Gender Unicorn"[17] remains largely unfamiliar to most community members. However, during my internship at Peking University Third Hospital, I observed that Dr. Pan Bailin would often refer to the concepts illustrated in the Gender Unicorn when speaking with parents and patients.

Later, during my fieldwork interviews with members of the community, I found that several interlocutors had become familiar with these concepts and used them to articulate

[17] It is an educational infographic that represents five distinct dimensions of gender-related identity, including gender identity, gender expression, sex assigned at birth, physical attraction, and emotional attraction

their own identities. I do not intend to attribute this shift solely to Dr. Pan. However, compared to the community discourses documented in ethnographic studies from a decade ago(C. Lin 2020), it is evident that medically grounded frameworks have become increasingly accepted and internalized.

Within this framework, interpretations of the body in the transgender community are heavily shaped by the discourse of medicalization. For instance, a tweet describing a post-gender-affirming surgery experience includes statements like, “After a certain number of days in recovery, sexual pleasure increased by 150%, and aesthetic appeal improved by 200%.” It is also common for individuals to share images of their genital appearance and post-operative recovery on platforms like Twitter (on a public account!), often as a way of documenting their surgical journey or evaluating specific medical institutions.

One particularly striking phenomenon in the Mandarin-speaking transgender community is the normalization of physical interactions involving the body. For example, it is not unusual for individuals to touch one another’s breasts when meeting in person, even in public settings. Discussions about mammogenesis are often infused with sexualized undertones. Phrases that would typically be considered sexual harassment in broader society, such as “Are you there? I want to take a look at your vulva.”—are frequently seen on social media and are widely accepted within the community. These expressions reflect the unique bodily norms and intimacy practices shaped by shared medicalized experiences. Trans individuals often come to view their bodies from a dissociated, clinical perspective, akin to how physicians examine patients. As a result, they are able to share images of their genitals and view those of others without significant psychological barriers.

However, it does not necessarily mean that there is only one interaction model between transgender individuals and the official medical system. Tactics such as concealment and deception have been adopted by trans individuals to safeguard their access to gender-

affirming care. For instance, the proportion of non-binary individuals among those seeking care at the gender-affirming department of Peking University Third Hospital is significantly lower than their proportion among the overall transgender population in China, as reported in the 2021 survey. This disparity is partly due to a rumor within the community suggesting that those identifying as non-binary face longer and more rigorous evaluations before being approved for hormone therapy. Notably, in the late 2010s, a controversial tutorial circulated within the community, instructing trans individuals on how to misrepresent their psychological state during interviews and when completing psychiatric questionnaires in order to obtain the required certification from psychiatrists.

When someone is regarded as a "professional" healthcare provider, unexpected trust from trans individuals can arise. For instance, I was a college student at Peking University Health Science Center, majoring in pharmaceutical science. During a trip to Nanjing, I was approached by several members of the local transgender community. Although most of us barely knew each other, as soon as they learned I studied medicine, they asked me to help administer Progynon—an estrogen injection. Ironically, my training was more focused on pharmacology in lab mice than on injecting humans. Yet, that afternoon, I ended up administering injections for four people.

Community Building with DIY Care

Reciprocity within the community is shaped synchronically by both medicalization and personal affect. For those content creators, the claim of scientific strictness could win the trust of trans individuals. Several interviewees mentioned that when they first decided to initiate HRT independently(e.g., without parents' consent), the first resource they encountered was the "MtF HRT Document by Shizu." According to their accounts, Shizu is a Japanese individual fluent in Chinese who has continuously updated and revised this document.

I obtained a copy and found that the material covers nearly every aspect of trans women's endocrinology. The document references numerous medical bibliographies, with some graphics directly taken from academic articles. Certain sections also introduce recent medical findings, which are used to refute outdated medical opinions and common misconceptions circulating within the community, like certain medications may stimulate mammogenesis. Such misunderstandings are popular within the community, which resonate with the anxiety of community members' appearance. At the end of each chapter, the author includes a complete list of references. From my perspective as a medical student, despite its presentation as a slide deck, this document could be considered a comprehensive and professionally compiled medical literature review.

Similarly, the influential websites MTF.wiki and FTM.wiki, operated by Project Trans, adopt similar strategies. Each article is supported by a comprehensive bibliography, and the content is structured in the style of a classic pharmaceutical database. Many entries reference the Standards of Care Version 8 (SOC8) issued by WPATH, which was also fully translated into Chinese by Project Trans.

The Chinese version of SOC8 was translated by fourteen community members. In the acknowledgments, they credited several professional physicians from prominent hospitals, including Peking University Third Hospital, Beijing Huilongguan Hospital, Shanghai Ninth People's Hospital[18], and Beijing Friendship Hospital[19]. Some of the translators were also involved in the Chinese translation of *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, originally published by the University of California, San Francisco. The organizer told me that the completed translation was promptly shared with Dr. Pan Bailin after finishing the translation. In the organizer's view, the

[18] One of the first hospitals that could prescribe HRT in Shanghai, affiliated with Shanghai Jiaotong University
[19] The only hospital that offers voice training in China, affiliated with Capital Medical University

circulation of the document was instrumental in shaping the HRT treatment plan adopted by Peking University Third Hospital.

In the interviews I conducted with individuals who DIY their hormone regimens, all of them emphasized that they consulted multiple professional sources, such as academic articles and medical, chemical textbooks, when designing their dosage formulas. Due to limitations in the purity of raw materials and the availability of experimental equipment, their final product typically takes the form of a topical gel. During interviews, participants often explained their formulations in detail, citing research indicating that certain chemical components can enhance transdermal absorption. As a result, they incorporated these elements into their recipes. The simplest method for producing hormone gel involves mixing hormone raw materials with hand gel or moisturizer. To determine which commercial gel base was most suitable, they would look up the ingredients of various brands using databases provided by the National Health Commission and compare them against formulations described in academic literature—a process aligned with standard pharmaceutical practices.

Beyond DIY HRT, several DIY bottom surgery tutorials have also circulated within trans communities. The authors of these guides often state that they have consulted multiple medical textbooks and academic articles to ensure surgical safety, aesthetic outcomes, and the feasibility of future modifications by professional physicians. These individuals demonstrate familiarity not only with surgical techniques but also with the regulatory landscape of anesthesia administration in China and Taiwan, where access to anesthetic agents is tightly controlled. They commonly recommend lidocaine or procaine, citing their widespread use in dental procedures and relative ease of acquisition. In addition, due to the high suicide rates among trans individuals, many of whom resort to poisoning, community-based services for administering methylene blue as an emergency antidote have also emerged as part of informal mutual care networks.

Beyond scientific reasoning, cultural myths within the community and personal feelings also play integral roles in shaping hormone regimens for trans individuals, though these factors are often overlooked or downplayed. For instance, to avoid suspicion of selling or buying prescription medication and to circumvent censorship on Chinese Internet platforms, the transgender women's community often refers to estrogen pills as "candy," a term that later became associated with the concept of *moe* (萌え), which typically denotes something cute or adorable in anime subculture. The largest estrogen producer in China is Bayer, whose product logo features a pink vortex. The image of this logo has become a symbol within the trans community in China. Another popular product is the injectable estrogen, Progynon, produced by Fuji Pharmacy, primarily because its effects are pronounced in the first few days after injection, leading to a rapid rise in estrogen levels. This phenomenon, known as "*cibao*" (feminine bursting), is believed, though without solid evidence, to contribute to a more feminized appearance. However, this instinct helps it gain popularity within the community.

In the Mandarin-speaking trans community, hormone medication carries multiple layers of cultural meaning. For instance, images of Bayer's iconic pink swirl—commonly associated with their hormone products—appear widely on badges, pins, plush keychains, hair clips, mouse pads, and other everyday items. This visual symbol has become a shared emblem within the community.

Due to the high proportion of trans individuals working in the information technology sector (for example, Audrey Tang, the former Minister of Digital Affairs in Taiwan, is a transgender person and internationally known cybersecurity expert—the first openly transgender cabinet minister in the world), certain IT-related symbols have also entered community memes. One notable example is the Debian operating system: its logo, a pink swirl resembling Bayer's, is often humorously associated with hormone culture.

During my internship at Peking University Third Hospital, several trans visitors offered me presents of badges featuring the pink swirl symbol. In fact, some of the individuals I interviewed make part of their living by designing, producing, and selling such goods[20].

Taking hormone pills together during community gatherings has also become a ritualized gesture of intimacy. Due to widespread appearance-related dysphoria, group photos at such events often exclude faces and instead feature each participant's Twitter handle and hormone blister packs. The Twitter account serves as an avatar or idealized version of the self, while the hormone medication is viewed as an extension of the body itself. This embodied relationship between drug and self also informs a widely used nickname among trans women in the community: "Little Drug Lady" (小藥娘, *xiao yaoniang*).

Due to strict regulations and widespread censorship surrounding prescription hormones, most hormone sellers operate exclusively on platforms like Twitter or through private chat groups. To boost their sales, advertisements often highlight the connection between hormone use and the development of feminized or masculinized physical traits. Since many East Asian trans women view anime characters as the aesthetic ideal of femininity, sellers frequently draw on anime subculture in their marketing discourse, though this approach is often criticized by community members who advocate for more scientific perspectives. Additionally, because Taiwan enforces tighter controls on prescription medications, trans individuals in Taiwan who need hormones without a prescription[21] often rely on China-based hormone vendors operating on Twitter as their only available source.

Conclusion and Discussion

[20] In fact, within the community, "baji" (吧唧) and "guzi" (穀子) are commonly used transliterations for "badge" and "goods," respectively—terms borrowed from anime subculture, while in standard Mandarin, they would usually be translated as huizhang (徽章, badge) and huowu (貨物, goods)

[21] In Taiwan, parental consent is not required for adults to receive hormone therapy or gender-affirming surgery. The demand for prescription-free hormones primarily comes from minors, whose numbers remain limited. This is one of the factors contributing to the scarcity of hormone vendors within Taiwan.

From the perspectives of the official medical system, the trans community, and their interactions, this thesis argues that the uniquely body-oriented, bureaucratically authoritarian, and biopolitical paternalism of the Chinese medical system continually shapes the relationship between the state, represented by the official medical system, and the trans community. Specifically, physicians involved in transgender healthcare are often regarded as intimate allies by trans individuals. They are seen as supporters when trans patients face unreasonable opposition from their families, although physicians themselves must navigate the delicate task of maintaining harmonious relationships with both sides. The widely accepted body-centered medical perspectives and discourses propagated by physicians have significantly shaped how trans individuals describe and understand themselves. Moreover, the longstanding cultural tradition of honoring scholars and valuing scientific knowledge, combined with the widespread acceptance of *Staatmedizin* since the 1920s, has cultivated an environment of trust in professionally trained figures. This environment encourages trans individuals to articulate their bodily experiences through a biomedical lens, while physicians, in turn, often interpret and frame these experiences in ways that align with the expectations of the state and of parents. These medical frameworks are internalized within the community, as references to scientific authority, like academic articles, become increasingly necessary when sharing healthcare information in the community. The "unscientific" behavior like "*cibao*" still exists while being constantly criticized and overlooked.

Similar to the subjugation of other minorities, this dynamic is deeply rooted in particular social relations and institutions(Engel and Munger 2003), such as the scholar-official tradition and discursive legacies from revolutionary campaigns and authoritarian governance. One of the most illustrative examples is the conversation between Dr. Xia and a representative from the State Council (China's cabinet), in which Dr. Xia attempted to frame transgender healthcare research and practice as beneficial to the health of the People—a

discourse commonly drawn from revolutionary rhetoric. Similarly, Dr. Zhao's aspirations reflect a comparable logic: that a healthy body should contribute to national development. In this framework, if a trans individual seeks support from the official medical system, they are expected to "repay" the system by contributing to the nation or to a vague notion of society following their rehabilitation.

Reflecting Arthur Kleinman's observations on the culturally rooted underestimation of psychological illness also shapes interactions between the medical system and the transgender community. According to Kleinman, mental illness is often only acknowledged and taken seriously when it manifests alongside physical symptoms(Kleinman 1988). Operating within this framework, Dr. Xia insisted that gender dysphoria among transgender individuals stemmed from a so-called "transsexual disorder," which he believed might be linked to thalamic dysfunction.

A similar dynamic was evident in 1980s Taiwan, where the official medical discourse actively constructed distinctions between transgender and homosexual identities. One prominent figure in this process was Dr. Wen Jung-kuang of National Taiwan University Hospital, who expressed a degree of sympathy toward transgender individuals while portraying homosexuality as "degenerate and promiscuous"(Chen 2016). This moralistic framing was also internalized and reflected in public statements by early transgender pioneers. Zhen, the first person in Taiwan to receive gender-affirming surgery, told reporters that "homosexual relationships are frightening"(Chinese Times Weekly 1981), while Little Yeh—the first trans person to legally undergo surgery—described homosexuality to the media as "disgusting"(Fang 1988).

Dr. Wen specialized in psychoanalysis and psychotherapy. His views resonated with those of Harry Benjamin, who was himself also heavily influenced by Freudian theory. Both developed similar classification systems for the trans community. In the late 1960s, Harry

Benjamin collaborated with the police system in San Francisco to establish a framework for identifying “standard” transgender individuals, whom he referred to as *transsexuals*, as distinct from other, less “intelligible” groups such as drag queens and other gender or sexual minorities. Those who met the criteria were eligible for sponsorship to support their transition. In turn, trans individuals often adopted medical discourses and clinical interpretations of their bodies in order to secure legitimacy and institutional recognition(Stryker 1998). Driven by fear of potential lawsuits, Benjamin and his colleagues implemented a strict screening process led by psychiatrists to determine who qualified as a “real” transsexual(Velocci 2021). This system later evolved into the *Standards of Care* (SOC) established by WPATH (formerly the Harry Benjamin International Gender Dysphoria Association). The close academic relationship between Taiwan and the United States also shaped Dr. Wen’s perspectives on transgender identity and medical legitimacy.

Beyond the influence of Western classification systems, the official medical institutions in both China and Taiwan were also shaped by the historical legacy of biopolitical paternalism and authoritarianism. When President Sun Yat-sen declared, “We Chinese have had too much freedom—we have no unity, no resilience... that is the reason for the revolution”(Sun 2011), he was in fact critiquing the absence of biopolitical governance, state control, and modernist discipline in early 20th-century China. In 1924, under his guidance, both the Kuomintang (KMT) and the Chinese Communist Party (CCP) embraced Leninist organizational principles, laying the ideological groundwork for state-centered governance(Q. Wang 2010).

Following their respective ascents to power, both the KMT and the CCP integrated medical systems into their broader revolutionary agendas, using them as tools of social control and moral discipline. Notable examples include the Kuomintang's New Life Movement(Luan 2021) and the CCP’s Patriotic Health Campaign during the Korean

War(Perry 2024). In these campaigns, health and hygiene became political imperatives, and bodily conformity was a marker of ideological loyalty.

When individuals fail to meet certain kinds of cultural expectations, individuals' deviant performances can make them less intelligible(Orr 2012). During the revolutionary period in China (1924–1989), individuals who failed to conform to dominant cultural norms could face life-threatening consequences. For instance, homosexual behavior was frequently criminalized and could lead to forced labor or even the death penalty(Zhang Songtao Xing-32-1-1960 Sodomy 1960; Shan Heming Xing-35-1-1960 Theft & Sodomy 1960). In this context, the medical system functioned not only as a site of treatment but also as an instrument for maintaining political and moral order.

The legitimacy of the scholar-official in ancient China was closely tied to knowledge production, and this historical foundation forms the cultural basis for a Foucauldian understanding of the transfer between discourse and power(Foucault 1990) within the Chinese medical system. Power structures such as emperor–official, official–civilian, and father–child followed similar hierarchical logics(Yan 2014). As a contemporary extension of the scholar-official tradition, it is unsurprising that the official medical system holds a particularly significant place in the Mandarin-speaking trans community.

Even among those who have never personally interacted with physicians, strong emotional attachments to the medical system persist. Within this framework, physicians are often viewed not simply as experts, but as benevolent, trustworthy figures—almost like surrogate family members—who stand alongside trans individuals. This cultural configuration helps explain the affectionate nicknames given to healthcare providers, as well as the reliance on physicians to serve as mediators in persuading parents to accept their transgender children.

Furthermore, the official medical system in China often treats patients as objects that need to be *guan*—a Chinese verb meaning "to govern" or "to manage." This approach frequently involves enlisting the authority of the family, particularly parental power, as an extension of medical governance(Ma 2020b). In the context of transgender healthcare, the institutional power structure functions to mediate and maintain harmony between trans individuals and their parents. Conversely, trans individuals often collaborate with the medical system as a strategic means to persuade their families to accept them. As a result, trans individuals in both China and Taiwan are more likely to adopt and internalize medical discourses as part of their negotiation for legitimacy and familial recognition. From their perspective, those unorthodox and unscientific discourses and behavior should be criticized. A conflict was recorded by Chwen-der Lin between members of the modern trans community, who adopt contemporary gender ideologies, and individuals engaged in male-to-female crossdressing prostitution. Members of the modern trans community argued that such individuals should not be regarded as "trans," noting that they often referred to themselves using derogatory terms like "tranny" and typically presented as male in their everyday lives. Moreover, it was pointed out that some might eventually return to heterosexual marriage after leaving sex work, or continue their lives as gay men, further distancing themselves from a transgender identity as defined within modern frameworks(C. Lin 2020).

Currently, there is a limited body of scholarship examining the campaign-style governance of prescription medication in China. This governance model refers to short-term, high-intensity crackdowns in which authorities impose strict bans on certain drugs and their associated subcultures. These bans, however, are often driven by individual officials' personal preferences, based on what they approve or disapprove of, rather than by any formal legal framework or written regulation. Once the official is promoted or reassigned, the ban quietly fades away, disappearing into the bureaucratic churn of shifting executive orders.

This tide-like political behavior has profoundly shaped the ecology of the transgender community in China. It can be seen in phenomena such as the meme "Chongqing Huanghuayuan Bridge[22]", the community's migration to Twitter, and the rise of hormone vendors along with their survival strategies. Such forms of governance are not uncommon in China, and studying them can provide valuable insights into the operational logic of the Chinese state and its broader mechanisms of control.

[22] Between 2018 and 2022, amid intensified censorship of transgender-related content and the online sale of hormone therapies, several transgender individuals died by suicide at Huanghuayuan Bridge—a prominent structure located in Chongqing, a major municipality in southwest China. In the aftermath, the bridge became a symbolic reference point within the Mandarin-speaking trans community and circulated as a meme.

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