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»Intersectional Feminist Community Care«

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RADICAL HEALTH

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INTERSECTIONAL FEMINIST COMMUNITY CARE Intersectional Feminism, Health & Care

This project is situated in the context of intersectional feminism.[1] From this position, we see a lack of adequate, patient-centred healthcare for people living in Germany, with significant discrimination against people who don't conform to binary gender identities and more discrimination against people who identify as female than those who identify as cis-male.[2]
The problem of inadequate health care, despite the fact that Germany is one of the few countries with a universal (multi-payer) health care system, has a number of overlapping causes, of which we will describe the ones we consider most pressing before moving on to discuss our approach to addressing this problem.

One fact that is immediately felt by patients who identify as female, trans, non-binary, or gender fluid is the patriarchal norms and standards that permeate conventional health care and health education.

In German medical education, medical research, and the provision of medical services, the latter most directly experienced by patients in doctors' surgeries and hospitals, the able-bodied, white, heterosexual, cis-male body-mind is the standard measure of everything ranging from anatomy and neurology to diagnosis, disease progression, treatment and medication.[3] This gender bias has serious and dangerous consequences for the diagnosis and treatment of those who do not conform to the standard. In Germany, for example, it has been found that women and girls are less likely to be diagnosed with ADHD, and diagnosed much later, because the condition has different, less well-known symptoms in women than in men.[4] Women also have different symptoms than men when they have a heart attack. As a result, they often don´t get the right treatment and are more likely to die from a heart attack than men.[5] According to a study on gender disparities in mental health from 2020, "women receive a disproportionate diagnosis with mental health issues" and "receive more prescriptions for mood-altering drugs."[6] Finally, a survey by the American Autoimmune Related Diseases Association found that "62% of people with autoimmune disease had been labeled chronic complainers by doctors, or told they were too concerned with their health."[7] Given that 75% of people with autoimmune diseases are women, it is clear that "this dismissive attitude disproportionately affects women."[8] As the above studies show, even when gender bias is taken into account, medical research is based on a binary gender model.

Studies of biased, disrespectful, or inadequate treatment of people who identify as trans, non-binary, or gender fluid remain scarce.

In addition, conditions that are specific to people who identify as female, trans* male, non-binary, or gender fluid, such as fertility issues, endometriosis, menopausal symptoms, hormone imbalances, and gender transition, have historically been under-researched and under-invested in due to patriarchal biases that bypass the biology of more than half of the population. This results in inadequate information and treatment options for affected patients. Some members of the medical profession are beginning to understand that their binary gender model and gender bias pose serious problems for affected patients. As a result, institutions such as the Charité's Institute of Gender in Medicine, which studies gender differen-

ces in health and disease, are emerging in the medical landscape. The institute's research aims to develop gender- and diversity-sensitive strategies for the health care system as a whole, in preventive medicine, and in medical education and practice. Similarly, Prof. Dr. Gabriele Bolte and her team at the University of Bremen have developed a toolbox to operationalise gender diversity in health care and prevention research.[9]These research efforts have been anticipated and are complemented by alternative health services that aim to fill the gap in adequate gender-sensitive health care and have emerged from within the affected communities. Informal and self-organised groups and collectives such as the FFGZ Berlin (Feminist Women's Health Centre Berlin), the HeileHaus, and more recently, organisations such as the feminist midwifery collective Cocoon and the trans* and non-binary BIPOC health centre Casa Kuá have come together to care for the health of those who are excluded or overlooked by the medical profession in their specific needs, demands and desires.[10]

The patriarchal masculine norm and the resulting disadvantages for other gender identities can be observed and measured in areas beyond the immediate medical domain, where they continue to affect the health and well-being of people who are not heterosexual and cis male.

To take the workplace as an example, the design of office temperature and office furniture is based on a cis male model with chairs that are too large and therefore inappropriate for shorter bodies. Breastfeeding rooms or public breastfeeding facilities are still a rarity in corporate environments. Or, to take the example of transport, crash-test dummies are created based on cis male body proportions, putting people with different body types at greater risk in a car crash. These gender biases lead to the devaluation of women´s, trans, non-binary, and gender fluid health.[11]Another obstacle to gender-sensitive health care is the individualisation and capitalisation of health and illness. With increasing neo-liberalisation, health has become a commodity with a price tag and is thought of in terms of products and services. When the well-being of a society is addressed solely in an individual and profit-oriented framework, larger structural dynamics and societal needs are obscured and remain unaddressed. For example, many Germans are being treated individually for burnout due to work-related stress, suggesting that long working hours and today´s working conditions, combined with unpaid care work for family members, are a collective structural problem. However, the condition is still treated in an individualistic way. Health is seen as an individual matter and therefore requires and demands individual treatment. Such an individualisation of illness can lead to feelings of isolation or of being responsible for one's own state of health, even though the cause of one´s illness is caused by political decisions and economic strategies. Finally, a major problem that we have identified is the lack of gender-sensitive education and knowledge about individual and community health, both for health care providers such as health insurance companies, doctors and nurses, and for lay people. We feel that neither we, nor most of our friends, family or colleagues know enough about how their bodies and minds work and what they need and want. This is because the relevant information does not exist, is not shared or is not prioritised, for example in sex education in schools. There are few spaces and resources for body-conscious education, learning, and exploring one's anatomy, one's nervous system, one's menstrual cycle, or nutritional needs in a non-judgmental, playful environment. We have argued that this is due to the patriarchal norms that bias medical research and education towards the human body and mind, often privileging the mind over the body.

The lack of gender-sensitive education and knowledge makes it difficult for people to make informed and empowered choices and take responsibility for their own health and that of their loved ones.

It also creates a power imbalance between healthcare providers (doctors, hospitals and insurers) who have privileged but biased information about human health, and patients who lack the education to understand and contextualise their own health due to a lack of available resources. This lack is used against patients by treating them as uninformed or disregarding their knowledge of the issue as unprofessional. In addition, there is still a strong belief that doctors are somehow omniscient and that patients therefore willingly give up their own agency. However, the root of the problem lies in the incomplete knowledge that both doctors and patients have about gender-specific embodiment, illness and treatment. For example, if you report menstrual pain, the gynaecologist will usually offer you some form of contraceptive pill. To fill this gap, we propose seminars, workshops, kindergarten, school and university classes on gender-sensitive and inclusive body literacy: learning about the menstrual cycle, PMS and endometriosis; learning about ableism and anatomy; learning about gender transition, biomechanics and how our digestive systems work. These could draw on current research in the life sciences, on inclusive, gender-sensitive pedagogical protocols for teaching human biology, and on the rich knowledge traditions that have historically preceded, coexisted with, and challenged functional medicine, patriarchy, and modern capitalism. We are thinking here of traditions such as witchcraft and midwifery, of pre-colonial and highly regional and community-specific health protocols and practices, often transmitted orally. Such embodied and oral traditions have been systematically devalued and defunded in favour of allegedly value-neutral Western medicine. For the health of all and for a healthy community, it seems imperative to us to move away from a gender-biased perspective on human health and to centralise health perspectives and practices that enrich and challenge the existing patriarchal standard.[12] Programmes and initiatives are emerging at institutional, commercial and non-profit levels to address this lack of education. Examples include the above-mentioned programmes of the Charité Berlin and the University of Bremen; Queermed Deutschland, which offers a directory of queer sensitized doctors, therapists and practices, raises awareness among practitioners and empowers patients; the female-founded start-up Loom, which focuses on inclusive and gender-sensitive reproductive health and fertility; and the non-profit organisations The Pad Project and PERIOD. What we want to add to this burgeoning provision is our practice of creating playful, performative and community-building events and spaces where health and illness can be explored in a protective, caring and fun environment. For example, with our workshops on the future of intersectional feminist health and community care (two of which were held at the Radical Health conference in 2021), we provide space and time to imagine what healthy, safe, and enjoyable futures might feel and look like. Above all, our aim is primarily to provide concrete techniques, materials and tools to mentally and physically break away from the status quo and learn to imagine a different reality. In our experience, this has been the hardest part for many of our interlocutors: to be led into a zone where they are not held back by what is but can strategise and dream about what they need and want. We are here to provide that space and vision.

INTERSECTIONAL FEMINIST COMMUNITY CARE Careful Exercises

Here are two short exercises to help you feel grounded and to let go of stress.

SCORE

- We will do a short session shaking our body in order to get moving again and letting go of the stress accumulated during the day.
- This is to start acting from your body's needs and desires.
- It will take about 10 minutes.
- Stand in a spot in your room where you have enough space to move and feel comfortable.
- Start with simply standing still.
- Feel your feet on the floor.
- Feel how the earth is holding you, how your body is held by the feet.
- You can feel your feet pushing into the earth and the earth pushing back.
- Do a first quick scan through your entire body. Where do you feel tension, what parts of your body are particularly stiff, just feel don´t judge.
- Now bend your knees a little so that your knees are not locked.
- Whenever you are ready start with lifting your heels off the ground, shifting the weight a little to your forefoot and then put the heels back down.
- This can be a really small movement.
- Giving small impulses initiated by your heels, traveling up through your legs, pelvis and spine.
- Starting very small.
- Without leaving your spot in the room, slowly begin to make the movement bigger and bigger until your whole body is shaking.
- Let your breath flow freely.
- Let the movement grow bigger and bigger.
- You can jump up and down.
- You can add your voice if you feel comfortable doing so, letting the voice out, sighing, moaning.
- Whatever comes up naturally.
- Let go of the day.
- Shake it out.
- Let all the tension fall away.
- Let your body move freely.
- Do nothing else but shaking
- Now slowly start to make the movement smaller again.
- Step by step.
- Putting your feet back on the ground, traveling down your body, shaking less and less until you stand still.
- Feel the movement inside your body without moving your body on the outside.
- Check in with yourself.
- How do you feel now?
- Is there something you still want to move? If so do so.
- You can shake specific body parts or give them a little massage, your hand or arm or leg whatever you need right now.
- You can brush your skin from head to toe with your hands.
- That´s it for today, thank you.

Esther Vorwerk, Somatic Exercise No 1: "Shaking for release", Berlin (2022).
AUDIO ▸cache.ch/1715



Photograph by Anne-Sophie Reichert, "Shaking", Berlin (2022).

SCORE

- We will do a short body scan adding heavy objects onto our bodies.
- It will last for about 10 minutes.
- Start with preparing your space.
- Look for 2 heavy objects in your room you feel comfortable with putting on your body (books, a bike lock, a yoga block, a big salad bowl or a pot..).
- Roll out a yoga mat or make space on your bed or on your floor where you can lie down comfortably and be warm.
- You can add a blanket to cover your body if you want.
- Place the objects next to the mat.
- Make sure that you are undisturbed for the next couple of minutes, switching your phone into airplane mode.
- Lie down on your back. If that does not feel right, take some time to find another position that is comfortable for you.
- Close your eyes.
- If you prefer, you can also leave them open.
- Feel the spaces where your body is touching the floor.
- Feel how the floor is holding your body and let gravity do the work.
- Sinking your body into the ground.
- Start noticing your breath now.
- How it is entering your body.
- How it is moving through your body?
- Where can you feel it´s movement most vividly?
- Where do you feel most of the tension of the day?
- Place the heavy objects on the two body parts being the most tense.
- Breath into the spots.
- How does the pressure feel on your body? Is it changing how these parts feel?
- Now when you feel ready to, move your attention to your feet.
- How do they feel right now?
- How is your little toe feeling?
- Are they warm or cold or tingling?
- Maybe you feel nothing at all?
- That is okay too.
- What about your lower legs?
- Maybe you feel the skin around your bones.
- How are your knees feeling?
- Your upper legs, your hips and genitals?
- When you notice that your mind is wandering just notice it.
- And then come back to whatever part we are focusing on right now.
- How does your buttocks feel on the floor?
- Moving onto the lower back, is it tense or loose?
- Feel your sacrum on the floor.
- Moving up your spine vertebrae by

vertebrae.
- There are usually 24 vertebrae from your lower back all the way up until the atlas, the first cervical vertebrae that supports your skull.
- How do your shoulders feel?
- Moving around to your collar bones, your heart and lungs, the rib cage protecting your lungs.
- Moving on to your belly, how do your organs feel inside your body?
- Let go of your belly and start noticing your fingers, are they touching each other? Are they warm? Cold? Moist or dry?
- And your hands? How are they lying on the floor?
- Feeling into all your fingers.
- Give each finger some time and attention.
- Travel up again.
- The lower arm and the upper arm.
- Your shoulders and your neck and throat.
- How does swallowing feel?
- The back of your head.
- The top of your head.
- What about your forehead? Is it tense?
- Your eyebrows.
- Whatever comes up, just let it be what it is in this moment.
- Moving to the eyes, how do they feel in the eye sockets? Are they moving?
- Your cheeks and your nose.
- The breath entering your nose and coming back out of your nose.
- Your mouth, your lips touching or being open.
- Inside your mouth.
- The teeth and gums, your tongue maybe moving.
- Feeling your chin.
- Then letting go of your head and feeling into your whole body lying on the floor.
- Go with gravity and with each breath try to let go of some of the tension.
- When you feel ready to, remove the objects from your body.
- Lie still for a moment.
- How do you feel now?
- Maybe something lifted? Maybe nothing changed? Maybe your breath can flow more easily? Just notice don't change anything.
- Now come back to the room, and start listening to the sounds surrounding you.
- Start wiggling your toes and fingers if you like to.
- And in your own time open your eyes again.
- Be mindful in the transition back into your ordinary life.
- And you can remind yourself throughout the day of the feeling that you had, lying down and feeling the weight on your body.

Esther Vorwerk, Somatic Exercise No 2: "Body Scan with Objects", Berlin (2022).
AUDIO ▸ cache.ch/1716



Photograph by Esther Vorwerk, "Body Scan with Chair", Berlin

INTERSECTIONAL FEMINIST COMMUNITY CARE A Small Archive

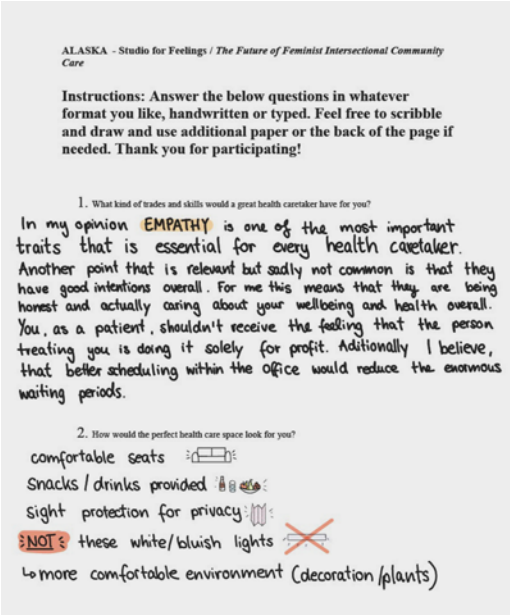
Here are three questions. Make yourself a cup of tea, find a cosy spot and take some time to answer these questions for yourself. You can do this after the exercises tour in the previous section if you like.

1. What kind of trades and skills would a great health care taker have for you?

2. How would the perfect health care space look for you?

3. What kind of community would you need to stay healthy?

If you have trouble getting started, find a small archive of answers for inspiration and perusal below.



ALASKA - Studio for Feelings / *The Future of Feminist Intersectional Community Care*

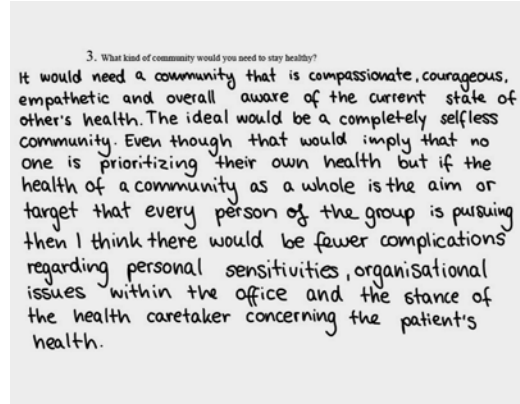
Instructions: Answer the below questions in whatever format you like, handwritten or typed. Feel free to scribble and draw and use additional paper or the back of the page if needed. Thank you for participating!

1. What kind of trades and skills would a great health caretaker have for you?

In my opinion EMPATHY is one of the most important traits that is essential for every health caretaker. Another point that is relevant but sadly not common is that they have good intentions overall. For me this means that they are being honest and actually caring about your wellbeing and health overall. You, as a patient, shouldn't receive the feeling that the person treating you is doing it solely for profit. Additionally I believe, that better scheduling within the office would reduce the enormous waiting periods.

2. How would the perfect health care space look for you?

comfortable seats
Snacks / drinks provided
sight protection for privacy
NOT these white/bluish lights
↳ more comfortable environment (decoration/plants)



3. What kind of community would you need to stay healthy?

It would need a community that is compassionate, courageous, empathetic and overall aware of the current state of other's health. The ideal would be a completely selfless community. Even though that would imply that no one is prioritizing their own health but if the health of a community as a whole is the aim or target that every person of the group is pursuing then I think there would be fewer complications regarding personal sensitivities, organisational issues within the office and the stance of the health caretaker concerning the patient's health.

Mia Wieting, Oldenburg, Germany (2022).

Mia Wieting, Oldenburg, Germany (2022).

1. What kind of trades and skills would a great health caretaker have for you?

- An awareness of psychosomatic processes in relation to emotional stress, healing, repetitive strain injury patterns, trauma, and whatever other psychophysical issues (that appear to be "just physical" or "just mental") might also be informed by such an awareness.
- A sensitive, patient, outgoing personality. Someone who pays attention to detail and is interested in managing situations rather than passively following protocol by rote.
- Someone with strong translating skills, able to understand the expressed needs and concerns of patients and explain complicated medical ideas to their curious patients. I always resent it when a doctor or nurse explains things to me in a vague, shorthand way, even when I ask for more, in a way that betrays their shallow understanding of what´s going on. I love the health professional who can explain the underlying mechanisms, processes, and causes to me. I like my visit to the doctor to be a learning experience. I like to be trusted with my ability to understand.
- Diagnostic curiosity. Research curiosity. If I ever have a rare disease, I´d like to have an MD/PhD combo doctor leading my team, not a potentially checked-out multi-decade MD who´s on the phone.

2. How would the perfect health care space look like for you?

- I like it when all the providers are in the same building, so that if one doctor finds a particular problem, he can refer you "straight upstairs" for a particular test with a particular specialist. I'd like to see "alternative" modalities available in the same building. Acupuncture, Alexander Technique, Somatic Experiencing Therapy, TRE, Myofascial Release, should all be available in a medical setting. - Doctors working in TEAMS.
- Services paid for by my tax money. (I am so desperate to get out of the United States. I haven't been to the dentist in years, because I don't have dental insurance. I´m poor enough to qualify for "state health care" in NYC and I can report to you that it is an absolutely gutted system. It's been kept meagre and useless by the right and insurance industry lobbyists to serve as a forced example of the "inherent inferiority" of public services. It's under a stranglehold, and as a result it ´s absolutely fucking useless. Almost no one accepts my insurance, and those who do are desperate doctors who have trouble keeping patients, as NY State and NYC City insurance pay providers a fraction of what private insurances pay them... I haven't seen a therapist in years, even though I need to, because nobody smart enough will take my insurance. - An American story: My housemate has a damaged tear duct from a dog bite. Her surgery hasn't healed properly, so she uses a lot of eye drops and wonders what to do next. The health of her eye is at risk, but she´s between insurances at the moment because she's just left her job and her new job doesn't start for a month. She is waiting to see a doctor, but, I repeat, the health of her EYE is at risk. There is a programme called COBRA that allows you to keep your insurance from your former employer for one year, but the monthly individual cost of her current plan, which was previously paid for by her employer, is $2'000. The perfect healthcare facility would be paid for by my tax dollars and would be "free" to me at the moment of need.

3. What kind of community would you need to stay healthy?

- A community that respects life, poetry, existence, friendship, love, time, leaves, turtles, trees. I live in a country that extorts my taxes to pay for bloated military contracts and robot dogs with guns on their backs, and which gives me almost nothing useful in return. College, health care; these essentials are out of reach.
- A community that respects and is ever curious about the perceptual potential of the subtle human being. A community where poetic intuition is combined with curiosity-driven and care-driven research.
- A community that understands the

dangers of excessive sedentarism is a community that protects the right of workers and students to move about. The right to move around, to get up and go for a walk and not be punished. I think that enforced sedentarism in schools works to direly desensitise us to important, subtle messages "between" body and mind. The urge to move is dulled and metabolic processes are compromised... Ubiquity blindness, industrial momentum, and conservatism keep practices and tools stagnant.
- A progressive approach to understanding the needs of the whole person is necessary for the health of the individual and community health. We're more subtle than we give ourselves the time and space to be.

E.J. Rosen, NYC, USA (2022).

1. What kind of trades and skills would a great health caretaker have for you?

transmorphosicorgasmicbeing
in sololuckysilence
barbaracherryblossom buds flowering
3 turning candles as always
dancing with my painted olympia traveller
now cantus in memoriam benjamin britten
healing danceperformancemusic
in exile in the fireplace room, with olive tree darling creature
& soulsister palmtree dancing
becoming nothing
cantus repeat:
dancing on four paws
silentium de arvo pärt falling and nestling
for alina 1 an embrace
into gently caressed pet
in tender silence
oh i love to paint to arvo pärt music!
the large spider is crossing the sheet
she has been around me for 1 week
following me from room to room
she's in the corner, I sleep
like every night with her
i miss her now

2. How would the perfect health care space look like for you?

in the moment with fire
writing poems
becoming empty
alone in speech silence
firesounddance

echo flame dance
always changing
sounds of water will be
behind the chimney wall
bath & beetroots
rosemary is blossoming at the kitchen window
13 cherry blossoms now
in my back there is a forest
a 350 year old oak la reina
winter oak at the pond
a meadow waist-high
vulvatic sex in a crop circle
falling stars
in you in me
swimming with a deer
in the pond
summer morning ritual for 1 week
water's edge to edge
alone in silence
with the erika typewriter vault inside

3. What kind of community would you need to stay healthy?

cero: peace
first: peace
second: supporting each other, helping each other with living & dying
third: in my queer ecology sense
the earthplanet as a living lifefull liquid organism
so many birds in the last years came to my backyard
from the countryside: there is more food here in the city
my last birthdayperformance in my white room changing to
pleasure public from age 14-85,
around 25 amazing kind creatures

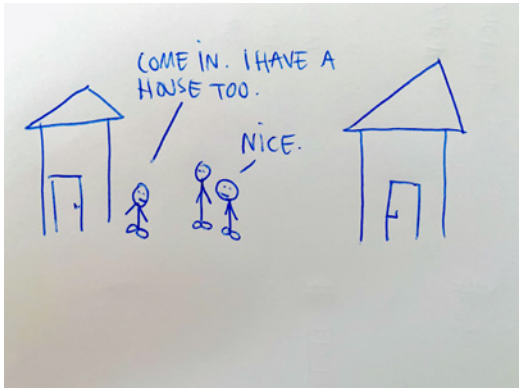
friendcreatures – queer birds flying high through the flat
the white large room is closed, in silence until the performance starts
i am trust
i am joy
a white mulberrywood santur creature on my body, sound emerges
with closed eyes:
seeing divination
listening silence
dancesoundtouch
in the now moment
being an orgasmic creature
you
being is a blessed present
with you

Marion Steinfellner, Vienna, Austria (2024).



Photograph by Herbert J. Wimmer and Marion Steinfellner, Berlin, Germany (2021).

Performance TranceMission.



Drawing by Amon Thein, Oldenburg, Germany (2022).

1. What kind of trades and skills would a great health caretaker have for you?

Empathy above all. Listening to my needs other than medication.

2. How would the perfect health care space look like for you?

Warm, open and with a big window so that I can be inspired and recharged by life outside. A big couch to sit on and meet with guests.

3. What kind of community do you need to stay healthy?

A community where people look out for each other and pay attention to what is going on around them. Everyone shares what they have and everyone is invited to do what they want. People who invite others into their spaces to hang out.

Amon Thein, Oldenburg, Germany (2022).

1. What kind of trades and skills would a great health caretaker have for you?

I think it is important that the person, the health worker, understands both the field of expertise, the profession, and continues to educate themselves, but also understands our humanity in a social network or social context. It is very important that they also do educate themselves in political issues. That they do understand that we are all differently situated in cultures or economies or our social positioning and that our social positioning also has an impact on our health. And rather than judging us or putting us down or paternalistically talking around us, talking above us, it´s important that they have the skills to talk to us. And if they need to, they should be able to ask for help, so if there´s a language problem, for example, there should be people who can translate, or if they don´t really understand the situation of a person from a different cultural or even socioeconomic background, that they should continue to educate themselves and get in touch with people from similar backgrounds. I think the most important thing is that it´s also a phrase that comes from the "Krüppelbewegung" in Germany and disability studies or also disability justice is "to talk with us and not about us".

2. How would the perfect health care space look like for you?

Lots of plants, bright, clean and accessible, easy to find in public and with

small information leaflets on different topics.

3. What kind of community would you need to stay healthy?

I do have a community around me that supports me to stay healthy because I know that I can talk to people, I know that I can get practical help from people and I know that people can find solutions or be creative to support us when we need it. Support us, because now I'm talking about me and Nabbi, when we didn't have enough money for another IVF attempt. For example, while "unser Kinderwunsch" ("our desire to have children") friends around us started to raise money for us because they know that we do not need more words, we need practical help. So a good dose of people who have the ability to talk maybe just to offer you different perspectives or to educate themselves and yourself, but also people who know how to be practical and help and support.

Diana Thielen, Berlin, Germany (2022). Transcription of audio file by Esther Vorwerk.

INTERSECTIONAL FEMINIST COMMUNITY CARE Conclusion

The people who responded to our three questions above highlighted empathy and listening as key qualities in healthcare and communities. They talked about the need for healthcare spaces that are vibrant, comfortable and bright. Spaces that feel welcoming and safe. Respondents also mentioned the importance of politics. They talked about how important it is for health professionals to be able to recognise the different needs of different people, that people come with different experiences and resources. They stressed that everyone should get the care they need. They wanted a community that was open-hearted and thriving, and a system where body and mind were seen as one and treated with respect. This is where ALASKA comes in. As ALASKA we aim to create experiences that bring people into their bodies, remind them of movement practices they already know and introduce them to new ways of perceiving and feeling. We offer different experiences of care and strive for a more holistic, intersectional, feminist health system that is designed for and serves the different needs of different bodies. We envision a culture of care in which people have free and easy access to gender-inclusive education about their bodymind and learn to care for themselves and others in a gentle, compassionate way. Going forward, we will continue to gather and analyse insights from healthcare providers and patients from diverse backgrounds. We are also on a journey to learn how our approach can be truly intersectional, recognising and responding to intersecting levels of discrimination.

Our own radical health dream is to establish an intersectional feminist centre for compassionate health and care, with creative and somatic offerings that nurture personal and community health.

Notes

1 In this article, we initially focus on gender discrimination. However, by describing our perspective as intersectional, we acknowledge and draw attention to the fact that different dimensions of discrimination, such as class, race, ageism and ableism, intersect in the health sector.
2 Personally, both authors identify as cis female and acknowledge that this influences their stance on the issue.
3 Racism and ableism are rampant in the German healthcare system and have a strong impact on patient's experiences.
4 "ADHS: Warum die Diagnose bei Mädchen und Frauen so schwer ist", in: *ZDF Heute*, https://www.instagram.com/p/Cd2gpu6KBug/ (22 May 2022). The studies and reports on ADHD assumed binary gender.
5 Alana Biggers (ed.): "Gender Bias in Medical Diagnosis," in: *Medical News Today*, https://www.medicalnewstoday.com/articles/gender-bias-in-medical-diagnosis.
6 Amaia Bacigalupe, Unai Martín: "Gender Inequalities in Depression/Anxiety and the Consumption of Psychotropic Drugs: Are We Medicalising Women's Mental Health?", in: *Scandinavian Journal of Public Health* 49/3 (2020), pp. 317–24.
7 Alana Biggers (ed.): "Gender Bias in Medical Diagnosis", in: *Medical News Today*, https://www.medicalnewstoday.com/articles/gender-bias-in-medical-diagnosis.
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