



Newsletter Vol. 23 Fall 2011

Message from the president

Welcome!

I would like to welcome everyone to a new year of CPATH and introduce you to our new 2011-2012 Board!

I served last year as president-elect and had the chance to “learn-the-ropes” through the generous guidance of Joan Quinn, now serving as past-president. Joan impressively juggled a major move to Ontario from Newfoundland and the start of a new job along with her many responsibilities as CPATH president.

Bev Lepischak continues to serve the Board as Secretary. Her commitment to the trans community is demonstrated in her work as program director of LGBT health at Sherbourne Health Centre in Toronto as well as her long-standing service to the Board in her third mandate.

Dana Roberts graciously stepped in when our treasurer, Matthew Heinz was forced to leave us earlier than he had anticipated. Dana jumped in with great enthusiasm, bringing to the Board her experience as an educator as well as her tremendous creativity and energy that were apparent from the first moments of our first meeting!

Jim Oulton is our new president-elect: He recently moved to Vancouver from Halifax but not before contributing greatly to organizing trans competent care in his province and across the Maritimes. Jim’s enthusiasm and commitment have already been a great benefit

to CPATH and we’re very fortunate to have him with us for the next three years!

We bid a very fond farewell to Matthew Heinz, who served the Board with great diligence and hope to benefit again from his expert advice in whatever capacity he feels he can join in on CPATH projects in the future!

Although Trevor Corneil’s mandate as past-president has just ended, it feels odd to bid him



Françoise Susset
President



farewell as he (and Gail Knudson!) remains very involved with all things CPATH! Among his many accomplishments, Trevor is responsible for setting up the website and making sure to make it available in french in order to reflect CPATH's commitment to reaching out to the entire country. He and Gail remain this organization's "go-to" folks any time we need clarification regarding procedures or the history of any aspect of how we came to be what we are today.

Helen Seibel who served as executive assistant to the Board for two years and supported CPATH for five years, was called to an exciting position

with Astra-Zeneca. She was replaced by François Grenier who brings to the Board, not only his great competency working on the Montreal conference of 2010 but also his ability to work in both official languages!

As for me, serving on the Board of CPATH feels like a great privilege and opportunity to extend my commitment to continuously improving access to trans health care in Quebec to the rest of the country; With our Board and our committees we're working hard towards that goal!

WPATH - CPATH Atlanta

By Jim Oulton

As many of us return from an exciting conference we're reminded once again of the importance of creating spaces for discussion, dialogue...and merriment (!) as we exchange ideas and experiences with a common vision of improving the lives of trans folks and their loved ones across the world.

Our CPATH mini-conference was a huge success bringing together 25 people, many of our own members but WPATH members from ANZATH (Australia and New Zealand), the Netherlands, Norway, UK, USA as well! There was plenty of recognition for all the excellent trans-health related work we accomplish across Canada and perseverance was noted as a valued quality in the face of all the work yet to be done.

Guest speakers at the CPATH mini-conference were Bev Lepischak, Sherbourne Health Centre, Toronto, and Anna Travers, Rainbow Health Ontario, who described their 3-year process, working with CAMH, Trans PULSE, Trans Health Lobby Group, and trans community members to increase access to funded SRS and build capacity among health care providers across Ontario to provide culturally competent care to trans people. Bev and Anna shared their challenges, their successes, and lessons learned in trying to influence government. policy.

A big thank-you to Kayla Landau for organizing a great buffet for the occasion and to Hershel Russell for a wonderful job chairing our exciting evening!



CPATH membership

By Bev Lepischak

We are starting a new membership drive and as stated on our website: “Membership dues cover January through December of each calendar year, or any portion thereof before October 1st. Unless otherwise specified, all due payments received on or after October 1st will be applied to the following calendar year”.

Our strength lies in our numbers and we’d like to see CPATH membership grow so as you renew your membership, please consider encouraging at least one colleague or organization you work with to join as well.

Changes to membership structure:

At the last AGM held in June 2011 two motions that impact membership were presented and passed by the voting members who attended:

1- Two membership categories were combined into one along with a slight increase from 35\$ to 55\$ for “non-physicians”. Here is the wording of the motion: “That Full Membership physician/non-physician be combined into: “Full Membership” and be available to any individual who is a member of or is eligible for registration in a professional body or professional association and who a) provides regular DIRECT (provider to client) health care (bio-psycho-social-spiritual), or, b) INDIRECT care to transgender identifying or questioning persons. Full membership carries voting privileges within

the Association. Full Membership dues shall be set at \$55 ...”

2- A new membership category was created that encourages community groups to delegate one member to be the voice of the group through voting privileges in CPATH.

Here is the motion that was presented: “That “Voting Organization Membership” be available to a formally incorporated or registered entity or an unincorporated community group or organization, following application to

and approval by the board, whereby that organization may appoint one representative to exercise its voting membership in CPATH”.

This new category came about as a result of the request made by front line workers to obtain some level of voting privileges within the organization. A special committee was formed which met through the year in order to consider this request and to come up with a response. Guided by the need to maintain the professional status of CPATH, we looked at this question first as a way of recognizing the significant contribution of front-line organizations. Most professionals acknowledge the invaluable contribution of these groups to



**October to
December:
It's time to
renew your
membership!**



identifying and meeting the needs of the trans communities. Without necessarily having attained a professional status, they work tirelessly whether in crisis intervention or policy changes; by sharing their experiences, and in the near-absence of reliable research data, these groups contribute significantly to our knowledge base regarding these populations as well as to our best practices.

We are pleased to be able to acknowledge the important contribution of these groups and organizations to the health, well-being and full social recognition of trans communities by giving them a voice in our organization. Click [here](#) to subscribe or renew.

2012 CPATH Conference

By Dana Roberts and Jim Oulton

We have some wonderful projects this year not the least of which is organizing our next CPATH conference that will be held in Winnipeg, **September 21st to 23rd, 2012** (Saturday the 22nd in the evening: AGM and Gala); a pre-conference workshop will be offered over two full days on Thursday the 20th and Friday the 21st of September.

Dana and Jim have stepped up to the task of co-



chairing the conference and are actively exploring partnerships with trans-care service agencies in Winnipeg. To date Winnipeg's Klinik Community Health Centre and the Sexuality Education and Resource Centre of Manitoba have agreed to help organize the conference; we are very impressed with the enthusiasm the event is generating at this early stage!

The conference will be influenced by the new directions and challenges presented by the new WPATH Standards of Care Version 7 presented this fall in Atlanta. Our conference will create an

exciting and important opportunity for CPATH to move towards a discussion of truly Canadian models of care delivery as well as stimulating an interest for

research that reflects the realities of trans folks and their loved ones within our borders.

Watch for a call for papers coming very soon!

In keeping with our theme of the new Standards of Care, we are also very excited to announce that in conjunction with the CPATH 2012 conference we will be holding a 2 day pre-conference National Trans-health Training Workshop for Professionals. Without neglecting the goal of increasing access to hormone therapy, our goal is to move beyond hormone assessment to include themes of interest to the many professionals who support trans folks and their loved ones through transition and beyond.

More exciting news regarding the Conference, AGM and the Workshop will be coming soon and we do hope many of you will join us. If you'd like to be involved in the planning and organizing of this important event contact Dana or Jim as soon as you can at conference@cpath.ca.



Dana Roberts
Treasurer

Mark your calendars, those pre-conference activities on Thursday the 20th and all day Friday the 21st of September 2012 too!

WPATH SOC v.7

By Bev Lepischak

WPATH, the World Professional Association for Transgender Health, recently released Version 7 of its Standards of Care (SOC) at its Symposium in Atlanta, the first time that the SOC have been revised since 2001. The WPATH SOC are used by health care professionals internationally to guide their work with transgender people. Version 7 of the SOC represents a significant, positive shift in providing health care to transgender people.

The new SOC acknowledge that “gender dysphoria” may exist, and may be classified as a mental disorder in order to facilitate access to health care. However, transgender, transsexual, and gender non-conforming individuals are not inherently disordered, and gender dysphoria is not necessarily a life-time diagnosis. The new SOC clearly state that “reparative therapies” are unethical, affirm the value of harm reduction approaches, and call for health care providers to play a greater role in advocating for increased tolerance and equity, and the elimination of prejudice, discrimination, and stigma.

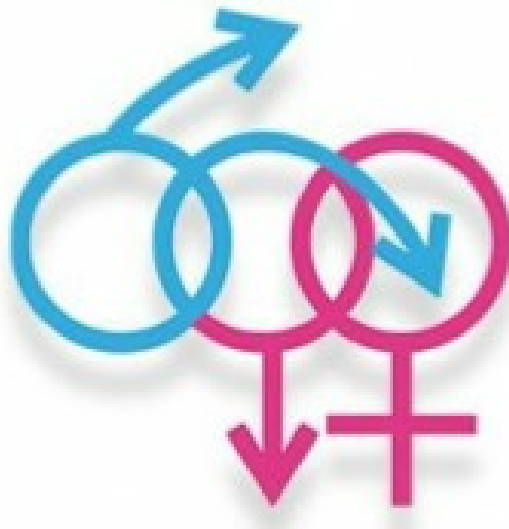
Another major shift is the tone of the new SOC. The new standards are focused on what health care providers can do to assist transgender individuals with affirming their gender identity, exploring different options for expression of that identity, and making decisions about treatments to alleviate gender dysphoria, rather than what “hoops” transgender individuals

need to “jump through” to prove that they are eligible to access treatment. The dreaded term “real life test” or “experience” has been removed, although 12 continuous months of living in a gender role that is congruent with their gender identity is required for genital surgery.

The new SOC also contain key changes in the qualifications of mental health professionals. Assessment of individuals for hormone therapy can be done by a health professional that has appropriate training in behavioural health and is competent to assess gender dysphoria (including family physicians and nurse practitioners), especially when working as part of multi-disciplinary teams. Surgery requires independent assessment by two mental health professionals with a master’s degree or its equivalent in clinical behavioural science. And in addition to hormonal and surgical treatments and mental

health services, the new SOC also address issues related to primary care, gynecologic and urologic care, reproductive options, and voice and communication therapy for transgender people.

The general agreement at the WPATH Symposium seemed to be that these changes went a long way in providing more flexible, effective, dignified care to transgender people. There were some questions about whether “gender dysphoria” needs to be classified as a



**New
WPATH
Standards
of Care**

**Released
September
25, 2011**

mental disorder at all, and why a true informed consent model was not incorporated. The new SOC will continue to be reviewed and debated, and additional changes will be incorporated into the next version.

Changing health care for transgender people, however, involves more than just changes in the SOC, which only serve as guidelines for health professionals. Health care in Canada falls under the provincial and territorial governments, and each province and territory will chart its own path in making changes. Health care also involves complex intersections of politics, government policy and regulations and funding formulas which may continue to act as barriers. Many challenges lie ahead in realizing the full intent of the new SOC.

CPATH Committees

Why committees are important:

Our committees represent the heartbeat of CPATH. It is mostly through their action that we move forward as an organization. Many of our committees are needing co-chairs. Please consult the list and consider signing up.

Advocacy:

Jim Oulton (Board Sponsor),
Gayle Roberts (Co-Chair)
Nicole Nussbaum as (Co-Chair)

Research:

Bev Lepishak (Board Sponsor)
Greta Bauer (Co-chair)

Education:

Françoise Susset (Board Sponsor)
Gail Knudson (Co-Chair)

Membership:

Françoise Susset (Board Sponsor)

Communication:

Trevor Corneil (Co-Chair),
Jim Oulton (Co-Chair and Board Sponsor)

Governance and Policy:

Françoise Susset (Co-Chair and Board Sponsor),
Nicole Nussbaum (Co-Chair)



Conference:

Dana Roberts (Co-Chair and Board Sponsor),
Jim Oulton (Co-Chair),
François Grenier

Finances:

Dana Roberts (Co-Chair and Board Sponsor)

Community Services:

Joan Quinn (Co-Chair and Board Sponsor)

Youth:

Joan Quinn (Co-Chair and Board Sponsor)

Visit our committees [webpage!](#)

Consider
signing up
to one of
the
committees!

Provincial Updates

By Jim Oulton

What's New - 2011

Here is a snapshot of what's new – taken from the 2011 provincial updates. (Please see CPATH's website for the complete 2010 updates. The complete 2011 provincial updates will be posted in the near future).

Newfoundland: Workshops for health care providers were given. There are a few health providers now doing trans-related counselling and a new psychiatrist is now doing assessments: "Things are slowly moving ahead".

Nova Scotia: The province is seeing improved access to counselling and assessments with the creation of a Trans-Health Clinical Supervision group. 12 clinicians (family medicine, psychology, social work, and M.ed in Counselling) – with support of the established Clinical Case Review group (psychiatry, endocrinology, social work...). Medical Insurance coverage for surgeries is still on hold.

Prince Edward Island: A clinical social worker and a psychiatrist have both indicated they will accept trans-health related referrals in the Charlottetown area. No coverage for surgeries.

New Brunswick: Two psychologists (Saint John and Moncton) are now accepting referrals. Two endocrinologists (Woodstock and Fredericton) are also accepting referrals. A newly formed trans peer support group is meeting regularly in Moncton. No coverage for surgeries.

Québec: Dr Pierre Brassard now has a second talented surgeon on his team; Dr Maud Bélanger, trained in Belgium with Dr Monstrey's team. This multiplies the number of surgeries performed for Québec residents as well as for trans folks seeking the clinic's services who are from outside Québec.

Québec residents wishing to access these surgeries can contact Dr Brassard's office directly for information regarding the requirements and a list of providers for psychosocial assessments. Once the requirements are met, Dr Brassard's office sends the file to the proper authorities for administrative approval.

Québec has been paying for chest surgery, phalloplasty and metatidioplasty for the guys and vaginoplasty for women since June 2009. Hysterectomy is paid for by the provincial health insurance (RAMQ) and can be performed by any ob/gyn surgeon. "We are working on improving



Jim Oulton
President Elect

access to hormones which remains problematic mainly due to too few Md's willing to initiate treatment”.

Ontario: Surgery (SRS) was relisted as an insurable medical service in June 2008 with subsequent hope of developing provincially accessible competent transgender health care. There has been

much positive development over the past year; however, at this time, there is no funding for surgeries without Centre for Addictions and Mental Health assessment (CAMH)

Manitoba: The big news here is full provincial coverage of vaginoplasty and phalloplasty, and readiness and eligibility assessments is being done in the province. Surgeries are being completed in both Manitoba and in Montréal.

Saskatchewan: A psychiatrist with extensive trans-health experience has started to accept trans referrals once again, the waiting list is about 6-12 month. There is also interest in transgender health care from a psychiatrist who will be

establishing a practice in the near future. An endocrinologist who has been working in transgender health may be retiring. He is preparing a new person to take over his patients and practice.

Alberta: Funding for SRS has not been reinstated. However, the “phase-out” program may be extended. Lobbying continues with Ministry of Health to reinstate funding.

British Columbia: “Top surgery” is now being fully funded by MSP, the provincial medical insurance. This includes all costs related to mastectomy, chest masculinization and associated surgical costs, in both private and public surgical settings.

Over the coming months we will be developing a template to gather further comprehensive trans health information from each province and territory in Canada. Please stay posted.



Desperately seeking... IT specialist !

Urgent!

We are looking for an individual specialized in information technologies (IT)

Volunteer position

Communications committee

Please contact us if you need additional info or to let us know if you can help.



Activities:

Be available to receive content from board and/or communications committee and edit/reformat for digital distribution.

Support the membership committee, and conference committee manage their web-portal enrollment activities.

Maintain up-to-date membership databases, resource databases, and others (TBA) per the board.

Work with relevant contracted agencies (web, social media, etc...) to achieve IT goals.

Proactively work with the board as media and communication needs change (recommendations, related business cases, etc.) **Email: info@cpath.ca**

- IT Fluency:**
- WordPress
 - GiftTool
 - Facebook
 - Majordomo
 - Excel, Word, etc



CPATH Telecommunications Survey

Dear CPATH Member,

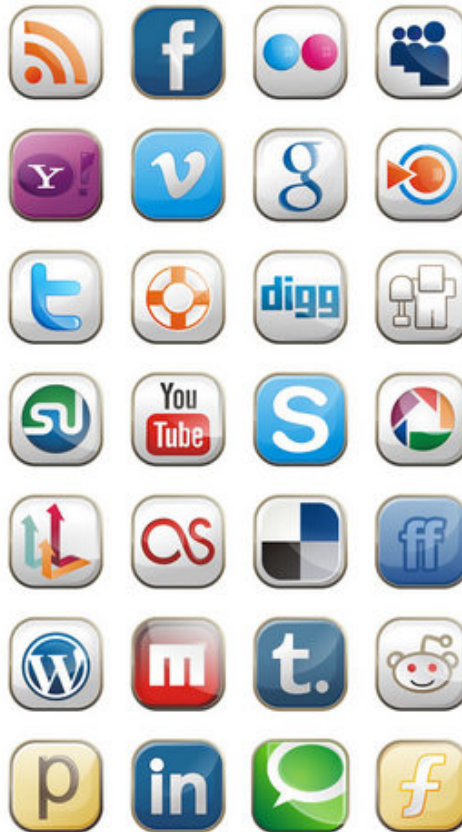
Thank you for taking a few minutes out of your busy schedule to help us determine best communications/social media strategy for our organization.

This survey is designed to help us gain a better understanding of how CPATH members utilize social media tools. With aim to determine the best way to utilize the new media to facilitate communication and interaction between members to enhance our network of care providers across the country and facilitate the sharing of ideas and research

Results will help us form a path forward for the inclusion of Social Media tools.

The survey will only take a few moments of your time. Thank you for your time -we will share results with you.

Click here to go to the survey:
<https://www.surveymonkey.com/s/CPATH2012>



CPATH contact info:

Canadian Professional Association for Transgender Health
#201 - 1770 Fort Street, Victoria BC V8R 1J5

Website: CPATH.ca

Email: info@cpath.ca