



# Canadian Professional Association for Transgender Health

## Newsletter

VOLUME 13 • April/May 2009

### Call for Contributions

Contact: Gail Knudson

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Oslo City Hall

### President's April/May Report

You have heard from me many times over the past two months—nine, in fact!

Thank you to everyone for their support of the Alberta charge to re-instate SRS. The support has poured in from local, national and international levels.

As I had mentioned in one of my CPATH announcements last month, I was preparing the April newsletter with Dr. Lorne Warneke's update about Alberta when I was contacted about the de-listing. I have included his original Alberta update followed by a copy of his letter to the

Edmonton Journal.

I would like to take this opportunity to thank Helen Kennedy, Executive Director of Egale Canada and Mickey Wilson, Chair of the Egale Trans Advocacy Committee for their leadership and support in this endeavour.

Gail

Gail Knudson  
MD, MPE,  
FRCPC



### Member Spotlight—Ms. Nancy Liebs-Benke

Ms. Nancy Liebs-Benke is the Community Investment Manager for AstraZeneca Canada Inc. She has been instrumental in helping us to form CPATH and in providing leadership and resources, financial and in-kind, to help us move forward as an organization. I first met Nancy in 2007 when she was helping us with the Transgender Health Program in BC. She asked me what my vision was around transgender health. I said that I wanted to form a national organization of transgender care providers...and here we are... due, in a large part, to the countless hours of work by Nancy! Many thanks on behalf of the CPATH Board!





## Alberta Update...before the de-listing

**March 07, 2009**

Edmonton, Alberta

There continues to be basically one psychiatrist in Alberta who assesses transgendered individuals (me) and everyone in the province has to come to the clinic at the Grey Nuns Hospital in Edmonton. As a consequence the wait list is over a year for the initial assessment.

After about seven years of lobbying, money has been finally allocated for a 0.5 FTE nursing position to work in the gender clinic. Although not much, once up to speed, this individual will help to speed up assessments and help with follow-up. As well, more residents and medical students are expressing an interest in doing electives at the clinic.

Although just myself for the primary assessment, and the only one that can request funding approval to Alberta Health for SRS, in fact there are a number of other individuals involved with me. There are three other psychiatrists who work in the outpatient clinic area that are very happy to do assessments for a second letter, and one psychologist

who has an interest in seeing gender atypical children after they have been seen by me. The entire Department of Endocrinology at the University hospital (about eight in all) are very willing to see transgendered individuals and do follow-up. Like wise, there are two endocrinologists in Calgary who readily accept referrals. The same goes for gynecologists. The problem is to find enough plastic surgeons willing to do breast reduction surgery who do not have an impossible waiting list.

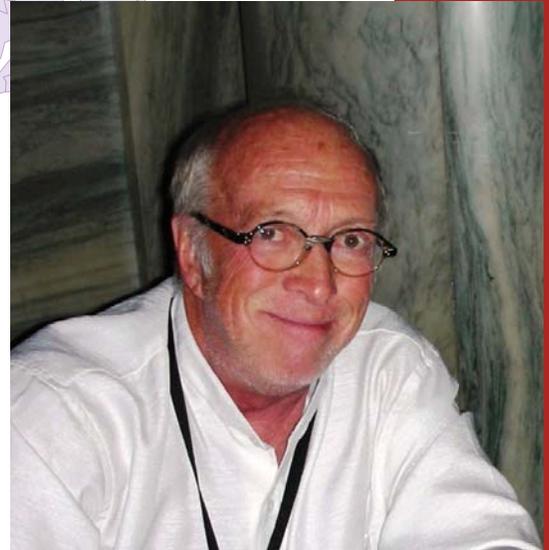
Alberta Health continues to fund sixteen SRS's a year, regardless if its M to F or F to M. However this past year the allocated funds for the sixteen procedures ran out in late August of 2008, and referrals after that have been put on a wait list for the next government fiscal year. As a consequence I have started a lobby process to try and get the number of operations covered each year increased to 20 or 25. At the same time I am also lobbying to have facial hair removal for M to F covered as this is absolutely necessary for most. I might be able to make a good case, as for F to M, hysterectomies and breast reduction surgery is covered as they are listed procedures.



## Alberta Update...before the de-listing



At the University of Alberta, two individuals in the Department of Education have been successful in establishing an Institute of Sexual Minority Studies. Kris Wells provided the main impetus for this. He has also been the individual to establish 'Camp Fire Fly' a summer camp for gender atypical adolescents-whether gay/lesbian or gender variant. The number of days for this camp has increased as the funding increased, and I recently heard that Kris has expanded the camp to also operate in Saskatoon, and the camp in Edmonton has accepted individuals from as far away as Newfoundland.



Another bit of good news is that an individual who transitioned (M to F) as far back as 1985, returned to teaching, breaking ground as she did, has now retired and is doing post grad studies at the University of Alberta in the area of gender variance. She has offered to be involved with the clinic at Grey Nuns Hospital as a volunteer, or as part of her research. She is going to be an invaluable resource person.



More resources are going to be needed everywhere since the prevalence rate of M to F transgendered individuals may actually be 1/500 (as a low estimate) and could be as high as 1/100. (Olyslager F and Conway L, Sept 2007) F to M true prevalence no doubt will be as high

Sincerely,

Lorne Warneke

Director Gender Clinic

Grey Nuns Hospital Edmonton, Alberta





## Alberta Update... after the de-listing

**April 09, 2009**

Editor

Edmonton Journal

Dear Sir:

I am writing with regards to the article entitled 'Chiropractic cut from coverage: Sex-change surgery also delisted to put a combined \$42 million toward senior's home care, Liepert says', Edmonton Journal, Wednesday, April 8, 2009.

I am extremely disappointed in the recent action by the Alberta Government and in particular, the Minister of Health, for 'delisting' and removing the funding available for sex reassignment surgery (SRS). It is ironic in that I had just finished a letter regarding this matter that was about to be sent to Alberta Health with the request that the current level of funding for SRS be reviewed and increased because it had become inadequate

It is also very disappointing that the delisting of SRS was done without any discussion beforehand with the professionals involved to determine the impact this would have. At the present time I am virtually the only psychiatrist in the Province of Alberta that has an interest in this area. A few years ago there was a gender clinic in Calgary but it closed because one psychiatrist deceased and the other left because of internal funding

issues. This left two psychiatrists in Edmonton who were doing this type of assessment and follow up. For a number of reasons this has shrank to one and I am now doing about 95% or more of such assessments from all of Alberta. With only one psychiatrist involved in this area of work, it would have been relatively simple for the office of the Minister of Health to have had a discussion about the impact of delisting SRS with myself before making the decision. Some dialogue, even as a courtesy, would have been appreciated.

I have been seeing transgendered individuals (Gender Identity Disorder) since the late 1970s, with the first individual being funded to have SRS in Brussels, Belgium in 1984. I have always felt very good about the fact that our province provided funding which was even increased over the years to the current maximum of 16 patients per year. This funding continued to be available even during the major cutbacks in health care in the early nineties. I came to believe that our government (The Conservative Party) actually had concern and compassion for this marginalized group. The sudden change in attitude suggests that this is a direct result of the thinking and attitude of our current Minister of Health.

In the period 2001 to 2008, I have seen about 250 transgendered individuals at the gender clinic that I run. Not all individuals who are assessed are appropriate or want SRS.



## Alberta Update...after the de-listing

However, about 60% do go through the required process and many wish to have SRS although others, usually for social reasons, are happy just to be on appropriate hormones. Of the group who wish to have SRS, about two thirds are Male to Female and one third Female to Male. This is a group that represents a cross section of our society. Transgendered individuals come from every socio economic class. The majority are employed or going to school, leaving an unemployment rate of 3.7%. Sixty percent of this group have a college diploma, trade school certificate or a University education. I have seen transgendered individuals who are physicians, teachers, nurses, engineers, lawyers, University professors, mechanics, electricians, carpenters and so on. Many are successful businessmen, some are retired and an increasing number are still students. I also see, with increasing frequency, children as young as seven, being brought in for assessment by concerned and very supportive parents. Child psychiatrists no doubt also see many such cases.

I have conducted a number of satisfaction surveys after SRS on the individuals that I see and all patients are happy with the results of their surgery and have no regrets, which accords with larger international follow up surveys.

Transgenderism (Gender Identity Disorder) is a condition that is listed in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV-TR), which is also recognized and used by the Canadian

Psychiatric Association. Transgenderism is a biological state due to hormonal events that occur during intrauterine development. There is scientific agreement on this. It is not a choice. Gender, including transgenderism, is established at birth although does not express itself until the age of four or five or later. Awareness of a gender-body incongruency can occur at a very early age and becomes stronger with time. Depending on the family environment, the condition can be expressed or hidden because of parental disapproval. If the latter occurs, this can lead to considerable angst and even frank depression in adolescence. A hidden gender identity in an adolescent can lead to a drop out from school, sexual promiscuity, alcohol and drug abuse, and depression with suicide attempts or actual suicide. The cost to the health care system for such events can be considerable and far more than the \$700,000 that was previously allocated for SRS, to say nothing of the ruined lives of young people.

Current and very sophisticated analysis of previous prevalence rate studies (which had many deficiencies) suggest that the prevalence rate for Male to Female transgenderism may be more like 1/500 (not 1/34,000) and could even be 1/100. Taking into consideration previous ratios, this means that Female to Male transgenderism could be as prevalent as 1/300 to 1/1500 (not 1/104,000). Such figures explain why the number of referrals have gone way up over the last few years and why the previously

## Alberta Update...after the de-listing

allocated funding for SRS was becoming very inadequate.

Other provinces in Canada have dealt with this issue in different ways. Many provinces deal with SRS on a 'case to case' basis. Of interest, Ontario delisted SRS a few years ago, only to relist it just recently after losing a class action suit against the Ontario Government on the basis of discrimination. Likewise, British Columbia delisted SRS a few years ago only to relist SRS on the basis of public pressure.

I hold little respect for some of the statements made by the Minister of Health. To begin with, it is stated that 41 million dollars are needed to enhance senior's home care. No doubt this is to assuage the guilt from taking away senior's drug benefits. Then it is stated that SRS which only costs \$700,000 a year, a relatively small amount, is delisted to contribute towards the goal of finding 41 million, whereas the delisting of chiropractic services will yield about 53 million a year. Where is the logic? It is also interesting how the Minister of Health has pitted senior's health care against SRS, a classic divide and conquer technique. In psychiatry this is called 'splitting'.

The entire health care system and items that are covered (or not) seems irrational. It seems that a philosophy is taken that some items on the covered list are there because it is politically expedient. Sports injuries are fully covered, accidents from skiing resulting in injury are covered, car accidents caused by alcohol excess resulting in injury are fully

covered, complications from non covered procedures such as breast implants (infection) is fully covered, knee surgery that is necessary as a result of a person being over weight is also covered. I fully agree with this. A health care program should cover these situations. But why then, is a painful condition such as being transgendered which is biological based and beyond an individual's control suddenly not covered?

The article in the Journal quotes the Minister of Health as saying that "We want to ensure that that we look after the most vulnerable in society....." This was in reference to seniors. However individuals who are transgendered are also a very vulnerable and area marginated group in our society. What has happened to a compassionate approach to them? Also, what message is being given to transgendered youth and adolescents. They need support and to be secure in the knowledge that help is available for them at the time that they need it and they will not be treated as second class citizens.

Once again, psychiatry is put on the bottom of the list of priorities, and within psychiatry, the smaller group of individuals who are transgendered are at the bottom of this list. This is a group who is marginated and do not have a strong voice.

This is essentially an issue of Human Rights, and a lack of access of care based on discrimination towards gender. No doubt this will lead to a repetition of the Delwin Vriend case that had to do with discrimination on the

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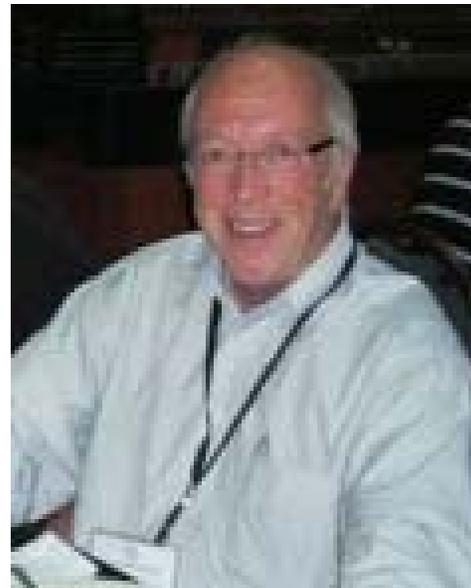
basis of sexual orientation. Even though there was no doubt that they would lose, the Alberta Government forced this case to be brought before the Supreme Court of Canada at a horrendous cost.

When are we going to mature as a society and accept (not just tolerate) those who different from the majority. Transgenderism is nothing more than a variation on the theme of gender. Diversity is a strength of a society and a population of people. Individuals who are transgendered need help from the medical profession in order to be comfortable in society. Not to provide this through our health care system is nothing more than discrimination.

If the government had not stopped health care premiums, which were very reasonable, there would be more money in the health care coffers and no need to delist services that appear to have more to do with discrimination against certain groups than it has to do with 'saving' money. It is ironic that senior's home care services are now a priority when drug coverage for seniors was not a few months ago. It is also ironic that we no longer pay health care premiums, but as a consequence less and less is being covered. I urge the Minister of Health to reconsider the decision to delist sex reassignment surgery.

Sincerely,

Lorne Warneke, Clinical Professor Psychiatry,  
University of Alberta, Faculty of Medicine  
Director Gender Clinic, Grey Nuns Hospital





# AGM Announcement

Dear CPATH members:

It is with delight that we inform you that following our membership drive we are closing in on 75 members (and counting) for 2009/2010, but if you have not yet renewed we need you to do this now! Why? We will be holding our first **Annual General Meeting** on: **SATURDAY JUNE 6TH, 2009 1200 - 1400 hrs EST**

**Membership status must be current by May 27th** to vote on motions and for the board positions. If you have not renewed, are not sure, or know of others who would like to become members before the AGM please contact Julian at [julianyoung@telus.net](mailto:julianyoung@telus.net) by May 27th. The application form is available on the CPATH website and can be emailed or faxed to him at 250-592-6123, while the original form and fee follow by mail.

The AGM will be held via WebEx® – a live web portal meeting place. Details regarding how to join the meeting will follow along with an agenda. Please send **new business items** to Trevor Corneil at [corneil@interchange.ubc.ca](mailto:corneil@interchange.ubc.ca). Voting on motions will be live via confidential ballot.

In addition, our board consists of 5 persons, two of these predetermined the year before – President Elect moves to President and current President to Past President. As such **we invite nominations no later than May 27th for the following 3 board positions** for the June 2009-June 2010 term:

## **PRESIDENT-ELECT**

## **TREASURER**

## **SECRETARY**

You may put your name forward or be nominated by another. Please send nominations for these positions from those with full 2009 member status as well as the candidate's brief biographical sketch and personal statement (no more than 250 words total) to Gail Knudson at [gail.knudson@vch.ca](mailto:gail.knudson@vch.ca). Voting will take place via confidential ballot via Survey Monkey® from May 28th to June 5th, 2009. More details to follow.

Gail Knudson, President

Trevor Corneil, President Elect





## CPATH 2009 Satellite Oslo

We estimate that between 15-20 people will be attending the satellite meeting in Oslo.

Registration will be \$50 for CPATH members and \$100 for non-members - (yes, you can renew your membership or purchase a new one at the door!).

Registration will include a cocktail reception on June 16th and the meeting on June 17th.

The cocktail reception will be held at Hotel Holmenkollen June 16th from 1900-2100hrs. Appetizers and beverages (alcoholic and non-alcoholic) will be served.

The CPATH meeting will take place June 17th from 0900-1200 in Meeting Room 6-7 at Hotel Holmenkollen. The meeting will feature updates from across the country and a speaker from Scandinavia outlining the access to care across the three countries.

As you can imagine, the most significant cost of the conference is food and your registration fee covers a portion of this.

Again, we are very appreciative of the generosity of Nancy Liebs-Benke, Front Line Health, whose support enables us to host these special educational and networking events.

Please send an e-mail to [gail.knudson@vch.ca](mailto:gail.knudson@vch.ca) confirming your attendance if you have not already done so!

For those of you who are not able to attend the meeting in Oslo, please let us know what you would like us to report on when we return.

Thank you!

Gail

Gail Knudson MD, MPE, FRCPC



The Norwegian Parliament

**A big THANKS to all of our supporters!**