

Transgender Health Care Issues



Introduction

In lieu of the recent 2016 presidential election, a sense of fear, frustration, and anger flooded the nation. Minorities, from all walks of life, expressed disbelief and uncertainty for their safety. On November 9, 2016, the trans* suicide hotline received 542 calls, of which, only 187 calls could be answered. The hotline was so overwhelmed with calls that it eventually shutdown. Of the many minorities, affected by Donald Trump's election, transgender individuals will be greatly affected. Trump has made copious statements in response to shutting down The Affordable Care Act; a federal health care plan that protects the trans* community. To help trans* folks throughout the next four to eight years, I have created this zine as a source of information and insight to the depths of the inequality in health care for trans* folks.

“Transgender Health Care and Safety” outlines the *current* health care policies and rights regarding the trans* community and what policy changes to be paying attention to after the inauguration of Donald Trump. The last page will be a list of nationwide and web-based resources that range from legal advocacy to local trans* friendly health care clinics.

A Story

A year ago I sat in a doctor's office waiting to establish new patient care. I had just moved to the area and needed a family doctor. I also needed to continue my hormone replacement treatment (HRT). To say the least, I wasn't treated by the doctor... or any other doctor in the clinic. I was told, "We don't treat people like you here." I ran out of that clinic with my tail between my legs, tears rushing down my face, and this overwhelming sense of fear. All I could think was, "Did this seriously just happen? Was I just fucking discriminated against for being trans?"

Honestly, I tried to think of every excuse for this place. Maybe they just didn't have the knowledge on trans health care and the way the doctor said it was taken out of context. Then I realized, "Wait a minute, I have my gender marker and name changed, and have been on testosterone for like 5 fucking years. There is no way that this doctor was legally able to turn me down... even for just regular

care... like if I have fucking strep, they should be able to treat me for that!”


After going through stages of denial, over the fact that I was just denied medical care because of my gender identity, I made about three phone calls to various lawyers in the area. I quickly realized that what happened to me was extremely illegal and if I never researched my rights, this clinic would have gotten away from it. And even worse, this would have happened to someone else... again. I picked a lawyer and two years later, we settled. I can't say much else, but I can tell you that nothing will ever be the same for me again. I fear doctors more than I ever imagined I could. I have nightmares of getting in a car accident and rushed to emergency and no one will care for me. Nothing makes you feel more like a second-class citizen than being denied health care. I won't stand for it. Neither should anyone else.

–Anonymous

Forty Years Ago, in Minneapolis

Had they known it then or not, the Minneapolis council people, introduced the nation's very first trans* rights laws (see picture below). The document was accepted as policy in December 1975. However, the former council members agreed that it was kept quiet and passed with subtle resistance, if any at all. Some Minnesotans argue that the policy was enacted in a scramble before the new mayor-elect took office. Others

ERGARTEN, L SYSTEM, i, NURSING, SECRETAR- /OCATIONAL RTHER IN- ENT OR EM- UCATIONAL	(W) Age. 'Age' includes any person who is at least forty years of age, but less than sixty-five years of age.
S OR DE- EDUCA- IONS. 'RELI- MINATIONAL STITUTION' UCATIONAL CATED OR IE CITY OF WHICH IS PERVISED	(X) Affectional Preference. 'Affectional Preference' means having or manifesting an emotional or physical attachment to another consenting person or persons, or having or manifesting a preference for such attachment, OR HAVING OR PROJECTING A SELF-IMAGE NOT ASSOCIATED WITH ONE'S BIOLOGICAL MALENESS OR ONE'S BIOLOGICAL FEMALENESS. (Y) STATUS WITH REGARD TO PUBLIC ASSISTANCE. (STATUS WITH REGARD TO



believe that the policies were pressured by trans* folks, since Minnesota was only one of two states that had doctors performing sex reassignment surgeries. However, Mankato folks will point their fingers to Jack Baker and Mike Connell.

Jack and Mike are named to be the first activists who began a LGBT rights movement in Minnesota. Although their interests were in gay marriage equality, some believe that the Minneapolis trans policy was a result of Jack and Mike's hard working activism.

Minnesota, 1993...

After Minneapolis adopted the first trans* rights laws, the state of Minnesota followed. Minnesota’s policies, protecting trans* folks, weren’t established until 1993. Since then, 19 states currently have medium to high trans* rights protections. The policies acknowledge that discrimination, based on gender identity or gender expression, is illegal. This means that public businesses, schools, and medical institutions cannot discriminate against trans* or gender non-conforming individuals.

Protected
Washington
Oregon
California
Nevada
New Mexico
Colorado
Minnesota
Illinois
Maine
Vermont
New York
Massachusetts
Rhode Island
Connecticut
New Jersey
Delaware
Maryland
Washington D.C.
Pennsylvania

High Protection Policies

Medium Protection Policies

*States with medium to high protection rights have marriage equality, gender identity recognition for name change and gender marker, adoption rights, etc. (Trans Law Center).

Minnesota Pride



Jack Baker and Mike
Connell, 1971.
Minnesota Pride
Parade.

Minnesotan's
gather after
Orlando
Shooting



MN bridge lights
up in rainbow after
Minnesotan's vote
NO on marriage
amendment and
after same sex
marriage became
federally
recognized

Where to Pee

For the past couple of years, cities and states have introduced and implemented bathroom bills that explicitly allow people to use public restrooms that align with a person's gender identity. Trans* rights were moving along at a steady and progressive pace... until... BAM! North Carolina policy makers shut down Charlotte's bathroom bill, that allowed trans folks to use which every bathroom best fits their identity. Charlotte passed their bill in February 2016, one month later, N. Carolina outlaws bathroom equality policies.

With the issues surrounding bathrooms, a trans person may ask, "So, where the hell can I pee and in which state?" As ridiculous as it is, below is a list of states that will protect your right to use the bathroom of your choice.

Bathrooms are safe in these states: *Washington, Oregon, California, Minnesota, Nevada, Colorado, New Mexico, Illinois, Maine, Vermont, Massachusetts, Rhode Island, Connecticut, New Jersey, Maryland, Delaware, and Washington D.C.*

NORTH CAROLINA AND MISSISSIPPI HAVE EXPLICIT LAWS PROHIBITTING TRANS FOLKS FROM USING THE BATHROOM THAT CORRELATES WITH THEIR GENDER IDENTITY.

**All other states do not have laws that protect or deny bathroom rights.



A Study

Medical professionals lack a great deal of knowledge when it comes to trans health care. Some have educated themselves on the matter, others are struggling. In a study, researchers expose the stigma against transgender individuals and their encounters with medical professionals. The authors begin by defining 'stigma' as "...a social process of 'othering, blaming, and shaming; that leads to status loss and discrimination (Poteat, German, and Kerrigan 2013:22).” Poteat et al expose previous research based on the stigma against the trans* community. The authors explain that copious research has found that the American society has negative attitudes toward the trans* community. Thus, societal stigmas result in discrimination and marginalization for trans folks.

The authors are the first to address the issues regarding the stigma against trans folks in the health care system. They used a purposive sampling method and stratified their sample size with gender. Thus, they had an equal representation of transmen and women who have had encounters with medical professionals while holding the trans identity.

Poteat et al studied transmen and women as well as medical providers that did not identify as trans. The research was completed through in-depth interviews. Each interview was recorded and later used for coding. They coded five categories: (1) feelings about transgender identities, (2) feelings about transgender hormone therapy, (3) learning about transgender health, (4) clinical interactions with transgender patients, and (5) interactions with colleagues [the fifth code was for physicians only].

Findings

The feeling of uncertainty was a common subject throughout all interviews. Medical professionals expressed the lack of training on trans health care and the struggles they face when working with trans folks. One medical professional explained that, “They’ve [trans folks] been kicked around so much in their lives because of the territory they’ve had to traverse that there tend to be a lot of maladaptive behaviors that they’ve been habituated to. No blame there, but that can make the patients a lot harder to deal with and then they in turn have a hard time integrating into the community (Poteat et al 2013;26).”

Not only did medical professionals express their struggle with treating trans folks, but the transmen and women in the study expressed their uncertainty of the level of care they would receive by their doctors. There seems to be a gap in the relationships among trans individuals and medical professionals. The trans individuals, in the study, expressed that they felt their doctors did not know how to treat them properly (such as what are the correct doses for hormone replacement therapy) and some trans folks had adjusted their own doses without medical consent.

There is a risk factor in all of this. Transmen and women are self-dosing, avoiding medical care, and/or fear discrimination from medical professionals. We can only hope that medical professionals and health care institutions are working toward closing the knowledge gap and provide the best care for trans individuals.



Doctors in the Counter Movement

The Family Research Council website posted an article written by Dale O'Leary and Peter Sprigg. The article is titled "Understanding and Responding to the Transgender Movement." The authors outline basic definitions of gender, transgender, transsexual, and sex. However, their definitions are one sided and negatively spewed toward the trans community. The authors include direct quotes from medical professionals stating their opinions of trans folks and the treatment methods being used for gender identity disorder (GID) or gender dysphoria. The article clearly acknowledges that GID, HRT, and SRS are easy fixes to a much larger problem. In the article, the authors quote physicians including psychiatrists, they write (Dale O'Leary and Peter Sprigg 2015),

Sander Breiner, a psychiatrist with clinical experience working with transsexuals at Michigan's Wayne State University, declares, "[W]hen an adult who is normal in appearance and functioning believes there is something ugly or defective in their appearance that needs to be changed, it is clear that there is a psychological problem of some significance." Paul McHugh, professor of psychiatry at Johns Hopkins, has declared bluntly, "It is a disorder of the mind. Not a disorder of the body." Another psychiatrist, Rick Fitzgibbons, describes gender dysphoria as "a fixed false belief . . . [which is a manifestation] of a serious thinking disorder, specifically a delusion." What, then, causes a person to experience such "dysphoria?" While causality is difficult to determine, the transgendered are more likely to have been victims of child sexual abuse and to have a history of trauma, loss, and family disruption.

Statements, like these, from professionals in the medical field have stunted the progression for trans health care. The authors discuss the implications of GID being introduced in the APA. This is a heated topic, even among the trans community. Many trans folks don't feel that they have a mental disorder and that they should not be diagnosed as such, others feel the opposite. However, on thing is common among most trans folks, they understand that if GID is not in the APA book of mental disorders, the HRT and SRS medication and procedures will not be covered by insurance, regardless of any federal policy related to anti-discrimination laws. Many trans rights activists pressured the APA for the submission of this as a new disorder. Many speculate that they lobbied for the actual purpose of GID being a disorder, or for the rights of trans folks to get medical care. Is that such a bad thing?

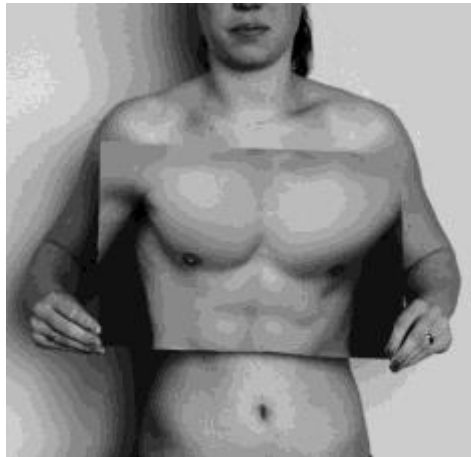


Should Insurance Companies Pay?

Many argue that insurance companies should not have to cover HRT or SRS. But why? Well, many insurance companies consider trans related surgeries as cosmetic, like hair removal or breast implants. This means that some insurance companies will not pay for a transman's double mastectomy (breast removal) or a transwoman's vaginoplasty (bottom reconstruction). Surgeries for FTM and MTF's range widely based on the type of surgery. However, the surgeries can amount to tens of thousands of dollars.

So, who's going to pay for that? Well, probably not your insurance company. Each insurance company is different and their policies are different from state to state.

However, if you were to try to get your insurance company to pay up, you will need a few things first. You will need a letter from **two** mental health doctors stating that you are diagnosed



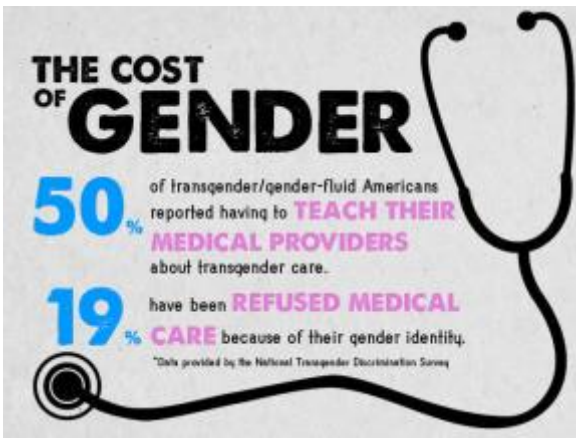
with gender identity disorder (GID) and the best treatment for you is to start hormones and undergo GRS/SRS (gender/sex reassignment surgery). Your insurance will then deny or accept payment for your treatment. Luckily, trans folks seem to be able to get their HRT (hormone replacement therapy) covered. In contrast, surgery coverage is highly unlikely. For an example, my double mastectomy cost \$10,000. My insurance didn't pay a penny of that.

The common theme goes like this: the more extensive the surgery > the more money it costs > the less likely

insurance will cover you. The US is not the leader of trans surgery, foreign countries are far more advanced. Countries like Thailand lead in trans surgeries, especially bottom surgery. Many American trans folks may need to leave the country for better surgeons and techniques. Thus, insurance companies are far less likely to cover a surgery, that they deem cosmetic, being performed in a foreign country.

Where do We Stand Now?

The health care inequality for trans folks needs great attention. President Obama, before signing the Affordable Care Act, included explicit rights for trans individuals. In its current state, medical professionals or insurance companies can discriminate against trans folks based on their gender identity. With the recent news of Donald Trump becoming the next president, trans rights activists are joining forces. It is more important now, than ever before, that the American people come together with equality in mind and strive for better policies and protections. We need to remember that health care is a basic human right, but it is denied by many.



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