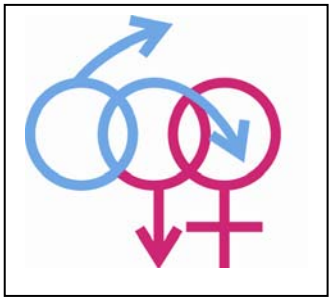

The World Professional Association for Transgender Health, Inc.

A Non-Profit Corporation

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The Board of Directors of the World Professional Association for Transgender Health urges Alberta Health to reconsider and avoid delisting Sex Reassignment Surgery (SRS) as a covered health benefit.

The World Professional Association for Transgender Health (WPATH, formerly known as HBIGDA) is an international association devoted to the understanding and treatment of gender-variant individuals. Founded in 1979, and currently with over 400 physician, psychologist, social scientist, and legal professional members, all of whom are engaged in research and/or clinical practice that concerns the health and well-being of transgender and transsexual people, WPATH is the oldest interdisciplinary professional association in the world concerned with this specialty.
The WPATH Standards of Care for Gender Identity Disorders[1] was first issued in 1979, and has been periodically revised to reflect the latest medical knowledge. It includes a statement reflecting the association's collective and professional conclusion that treatment is medically necessary.

We herewith reaffirm this statement of medical necessity, and express our concurrence with professional opinion as documented "[i]n over 80 qualitatively different case studies and reviews from 12 countries, [that] it has been demonstrated during the last 30 years that the treatment that includes the whole process of gender reassignment is effective."[2] To restate, sex reassignment, properly indicated and performed as described in the Standards of Care, has proven to be beneficial and effective in the treatment of individuals with transsexualism, gender identity disorder, and/or gender dysphoria. Sex reassignment plays an undisputed role in contributing toward favourable outcomes, and is comprised of Real Life Experience, legal name and sex change on identity documents, as well as medically necessary hormone treatment, counselling, psychotherapy, and other medical procedures, including surgical procedures (see below) where clinically appropriate.

[1] Meyer III WJ et al.: *Harry Benjamin International Gender Dysphoria Association's (HBIGDA) Standards of Care for Gender Identity Disorders, Sixth Version*, Dusseldorf: Symposion Publishing, 2001. Available online at http://www.wpath.org/publications_standards.cfm
[2] Pfäfflin, Friedemann and Junge, Astrid: Sex Reassignment. Thirty Years of International Follow-up Studies After Sex Reassignment Surgery: A Comprehensive Review, 1961-1991; *International Journal of Transgenderism*, 1998. (Translated from German into American English by Roberta B. Jacobson and Alf B. Meier). Quotation from the Final Remarks section, last accessed Feb. 5, 2008, http://www.symposion.com/ijt/index.htm.

Available routinely in Canada, the United States, and in many other countries, these treatments are cost effective rather than cost prohibitive. In the United States, numerous large employers (e.g., IBM, the City and County of San Francisco, University of California, etc.) , including many with international employee bases, have negotiated contracts with their insurance carriers to enable medically necessary treatment for sex reassignment to be provided to covered individuals at little or often no additional premium cost.

Medically necessary sex reassignment procedures also include complete hysterectomy, bilateral mastectomy, chest reconstruction or augmentation as appropriate to each patient, (including breast prostheses if necessary), genital reconstruction (by various techniques which must be appropriate to each patient, including, for example, skin flap hair removal, penile and testicular prostheses, as necessary), facial hair removal, and certain facial plastic reconstruction as appropriate to the patient. Furthermore, not every patient will have a medical need for identical procedures; clinically appropriate treatments must be determined on an individualized basis with the patient's physician. These procedures are not "cosmetic" or "elective" or for the mere convenience of the patient, but are understood to be medically necessary for the treatment of the diagnosed condition.[3]

All of these procedures may very well be covered for persons not diagnosed with transsexualism. Singling out only those patients who have been diagnosed as transsexual, gender dysphoric, or labelled with gender identity disorder, and excluding them from treatment that is available for other patients who are diagnosed with other conditions should be seen as patently discriminatory. Such a practice cannot be condoned.

In 2008, the American Medical Association, the American Psychological Association, and the National Association of Social Workers all issued statements in support of eliminating barriers to healthcare for transgender and transsexual people.

The WPATH Board of Directors urges the Alberta government's standing policy committee on health to avoid excluding transgender and transsexual patients, and ensure that their healthcare (both routine and specialized) is readily accessible to them.

Further, collaboration between researchers, private providers, and public health officials is urgently needed to establish cost-effective and medically-appropriate service levels for surgical sex reassignment based on long-term health outcomes, rather than implementing short-sighted cuts to services. Therefore, we urge government-sponsored health services in Canada, and HMOs and health insurance companies in the U.S. (who often direct patients to the same medical service providers) to make available relevant benefit utilization data to the provider, advocacy, and research communities, and to assist in demystifying the health parameters of SRS and other healthcare for the chronically underserved population in need of this type of care.

[3] Victoria L. Davidson v. Aetna Life & Casualty Insurance Co. 101 Misc. 2d 1, 420 N.Y.S.2d 450 (Sup. Ct., 1979). Judges found that "…the treatment and surgery… is of a medical nature and is feasible and required for the health and well-being of the patient."

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