



February 13, 2012

AN OPEN LETTER TO ALL MINISTERS OF HEALTH IN CANADA

Dear Minister of Health:

We are writing on behalf of the Canadian Professional Association for Transgender Health (CPATH). CPATH is the largest national professional association for transgender health in the world. As an interdisciplinary organization, we are devoted to the health care of individuals with gender variant identities (transgender persons). Our members include physicians, psychologists, nurses, lawyers, social workers, sociologists, community providers, and others from relevant fields of work.

Both the World Professional Association for Transgender Health (WPATH 2010), and the American Psychological Association (APA 2009) have issued policies that state their opposition to health discrimination on the basis of a self-defined gender. Last year, Bill C-389, an Act to amend the Canadian Human Rights Act and the Criminal Code to explicitly protect persons from discrimination based on gender identity and gender expression, was passed by the House of Commons. Although it did not reach the Senate before an election was called, it demonstrated the widespread support of the rights of transgender persons by our national representatives and their respective constituents. In several provinces (British Columbia, Alberta, Manitoba, Ontario, and Quebec), such denial of care has been brought before a human rights tribunal. In each case the transgender person has either been offered the necessary care by the health ministry prior to a decision, or the tribunal has ruled in favor of the complainant on the basis of discrimination.

Despite this positive social, legal, and political environment we are regularly presented with information, both anecdotal and peer reviewed (Taylor et al 2011, Kidd et al 2011, Bauer et al 2009, Xavier et al 2007), that transgender persons are at significantly increased risk for physical and mental health illness. **This is in large part due to the regular denial of access to appropriate evidence-based health care in Canada.** Our board has amassed ample evidence in every province and territory of public agencies and authorities violating at least one, if not all five, program criteria for the health and social transfer as described in articles 7 through 12 of the *Canada Health Act, 1984 c.6., s.1.*: public administration, comprehensiveness, universality, portability, and accessibility.

Overt discrimination of transgender persons by individual providers and health institutions occurs in both public and private settings. It is also evident in every provincial/territorial health insurance program across the country. This despite the commitment of provincial and federal officials to provide care that is inclusive and specific to the unique needs of minorities (Romanow 2002). Transgender persons have difficulty accessing primary care, counseling and psychotherapy, specialty services such as endocrinology, and necessary surgical procedures. Our collective inability, as a nation, to meet clearly defined treatment standards as put forth by providers both here in Canada (Bockting et al 2006), and internationally (WPATH 2011) is unacceptable.

At the same time, we see hope on the horizon. Several health authorities and provincial insurance plans are rising to the occasion: equitable access to primary care through subsidized public clinics (Vancouver), highly trained clinical psychologists and psychiatrists who assess individuals for gender reassignment



(Toronto), and public insurance coverage for some surgical procedures including chest reconstruction (Vancouver), vaginoplasty, and phalloplasty (Montreal). As an organization we want to build on these successes and see similar commitments by every province for their own transgender residents.

As Ministers of Health you have a unique opportunity to shift the positions and policies of your respective governments in order to be accountable for the good health of your residents, and in particular those most marginalized from our public systems. Access to appropriate health care for transgender persons is not expensive when implemented at a community level (Ehrbara et al 2011). From a systems perspective it has been demonstrated to be cost effective, with a reduction in the use of acute and community physical and mental health services, and an increase in the years of productive contribution to society.

CPATH therefore recommends that national, provincial, and territorial governments collaborate with health care providers and consumers, to develop a national standard of care for transgender persons. Services that currently exist or are created to deliver this care should be accessible, timely, and publicly administered within and by each province or territory.

CPATH represents a group of highly skilled and qualified providers from every province who are ready to plan, implement, and deliver such a standard in the context of public health authorities and local non-profit health agencies. If provided with appropriate and consistent access points, there would be no need for transgender persons to travel away from home for some or all of their health care.

CPATH calls on every health minister to commit to meeting with a member of our board such that an open, informed, and transparent dialogue can begin. What you as a national collective have to contribute, we as a professional body can facilitate. For more information, we invite you to review our website at www.cpath.ca. You can also contact us in person by phone or email. We look forward to working with you.

Respectfully yours,

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