
Workplace Transitions

Effective Advocacy for Transgender-Inclusive Employee Health Benefit Plans

Edited by

Kay Whitlock

National Representative for LGBT Issues

American Friends Service Committee



**American Friends
Service Committee**

Community Relations Division
1501 Cherry Street, Philadelphia, PA 19102
www.afsc.org/lgbt/default.htm

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For More Information About AFSC's LGBT Programs:

Kay Whitlock
National Representative for LGBT Issues
Email: kwhitlock@afsc.org
<http://www.afsc.org/lgbt>

The American Friends Service Committee is a practical expression of the faith of the Religious Society of Friends (Quakers). Committed to the principles of nonviolence and justice, it seeks in its work and witness to draw on the transforming power of love, human and divine.

We recognize that the leadings of the Spirit and the principles of truth found through Friends' experience and practice are not the exclusive possession of any group. Thus, the AFSC draws into its work people of many faiths and backgrounds who share the values that animate its life and who bring to it a rich variety of experiences and spiritual insights.

This AFSC community works to transform conditions and relationships both in the world and in ourselves, which threaten to overwhelm what is precious in human beings. We nurture the faith that conflicts can be resolved nonviolently, that enmity can be transformed into friendship, strife into cooperation, poverty into well-being, and injustice into dignity and participation. We believe that ultimately goodness can prevail over evil, and oppression in all its many forms can give way.

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Ain't No Mountain High Enough: *The AFSC Journey to Trans-Inclusive Health Benefits*

While the American Friends Service Committee (AFSC) had for some time affirmed a commitment to transgender rights and recognition, the inclusion of benefits for the purpose of gender transitioning in AFSC's health benefits plan in 2003 became the first major institutional step taken toward transforming a philosophical and spiritual commitment into reality.

How did we do it?

In 2000, a small team of regional and national AFSC staff formed a Working Group for Transgender Equality and began to act in a strategic way for trans inclusion in our organization's health benefits program.

We brought different degrees of authority, experience and perspective to the team. One of us was the director of a five-state region, one directed AFSC's national lesbian, gay, bisexual and transgender (LGBT) work, and one was the associate director of AFSC's national social and economic justice program division. Another person directed a regional GLBTQ (gay, lesbian, bisexual, transgender and questioning) youth program, and the final member of the original team was program assistant for the same regional GLBTQ youth program. Later on, another director of a regional queer program joined the working group. One of us self-identifies as heterosexual; the others of us self-identify as some combination of queer, lesbian, bisexual, and transgender.

None of the previous ad-hoc efforts undertaken to raise the issue of trans inclusion were successful. Now we were at a critical point: a colleague self-identifying as transgender needed equal access to health care, and he ran head-on into an exclusionary clause in our health benefits contract. This clause denied coverage for mental health counseling or prescription drugs, including hormones, used for the purpose of gender transitioning.

Until our beloved colleague ran into the wall of exclusionary language in the benefits plan, those of us who formed the working group weren't aware that this clause existed. It was a terribly painful awakening. But now we were collectively determined to move forward the issue of trans inclusion in AFSC's health benefits plan.

As seasoned human rights and social justice activists, we knew this effort would involve a patient, persistent commitment to constructive relationship building and education – and that it would take time to successfully translate AFSC's rhetorical commitment to transgender human rights and recognition into practical work place progress. We also quickly discovered that all of us – advocates, administrators, and committee/Board members alike – were negotiating a steep learning curve.

We are sharing with you what we've learned with the hope that our experience and these resource materials will help others who are taking on similar struggles for equal access to work place health benefits for transgender people.

A word of caution: it's crucial to recognize that every work place has its own unique culture, its own formal and informal ways of communicating and making decisions. So you'll have to translate what is useful from the AFSC experience into your own organizational culture.

Initiating a Strategic Plan of Action

We began by framing our effort programmatically. That is to say, we documented the ways in which this effort was an organic part of AFSC's overall work for social justice, economic justice, and human rights. We were able to speak from experience to the very real harms that result from discriminatory treatment.

Our advocacy effort moved forward in fits and starts, sometimes with lengthy delays. These delays were not the result of ill will or opposition on anyone's part. Rather, we all found ourselves having to "tool up" at a time when relatively few practical resources were available.

While members of the Working Group recognized the importance of providing colleagues with the practical information that would be most helpful to them, we seriously underestimated the difficulty of securing that information.

We found many models for trans-inclusive nondiscrimination policies, but when we inquired of some of these institutions about their health benefits policies, we discovered that many, if not most, work places that prohibited discrimination on the basis of gender identity did not have trans-inclusive health benefits plans.

We scoured the Internet for bits and pieces of information. We became detectives, finding small clues that pointed us in a useful direction and patiently tracking down the information that would help us. We made countless telephone calls to those we thought might be able to steer us toward useful resources. We enlisted help from other staff.

It was a painstaking, time-consuming effort, and at those moments when we felt like slamming our heads against the wall, we often drew on one another for support. But we never stopped working to secure the information, including projected benefit costs, requested by our Human Resources and management colleagues.

Advocacy Evolves into Partnership

At the same time, some wonderful things began to happen. We found friends in management who helped clarify certain issues, and began to do the management work necessary to make clear and informed decisions. Both the Working Group and management reached out to a member of the AFSC Board of Directors who self-identifies as transgender, and this Board member played an essential role in helping decision-makers see the issues in human, demystified, and practical terms.

The work now shifted into a task mode. We had become partners working together toward the same end.

In 2003, the exclusionary clause for mental health counseling and prescription drugs for the purpose of gender transitioning was removed. New benefits, including an array of surgical benefits, were added. For the first time, AFSC staff began to utilize these benefits.*

It was cause for celebration.

* *At the time of publication, AFSC's trans health benefits plan had been in place for almost two years. During that time, in an organization employing 350 people, one staff person utilized some of the benefits.*

But our work has not ended, not by a long shot. There's another steep learning and experience curve for all of us as plan implementation has begun. There have been some glitches and some constraints, a reality-based reminder that the work of creating justice never ends with one positive outcome. It's a process, a lifetime commitment, even within progressive groups.

For example, even groups with trans-inclusive health benefits plans might also have to consider such questions as these:

- How do employers design policies and procedures so that employees are not placed in the position of paying for procedures (which are often quite costly) out of their own pocket, then having to wait long periods of time for reimbursement from their employers?
- How do employers ensure that employees are able to utilize the services of health care providers who have extensive experience in caring for trans people, and whose reputations in trans communities are good? It's important to recognize that, right now, such practitioners are few and far between, and many insurers have little or no experience in evaluating providers.
- How can employers assist employees with incidentals such as travel and housing when they must travel to access appropriate health care, given that many people live in areas where there are no qualified practitioners?

It's also essential to establish processes for monitoring policy implementation. In AFSC, there is an organizational commitment to evaluate the policy, and the partnership so carefully created through this work will have new opportunities to fine-tune things over time. New working relationships have been established, and existing ones have been strengthened.

And the icing on the cake? Well, the existence of trans-inclusive health benefits made the issue of getting "gender identity" added as a status category to AFSC's non-discrimination policy a no-brainer. This request, initiated by the AFSC's LGBT Program Network sailed through with strong management and Board support. It was then inserted in the union contracts as a matter of course.

By now, a spiritual and political commitment to transgender human rights and dignity was translating into real health care treatments and services for people who need them.

Yes, challenges remain. But having negotiated that steep learning curve together, we're all at a different point now than when we first began this work. And so, in good spirit, we will continue to work together to meet whatever challenges arise.

Today, almost two years since AFSC's health benefits plan became trans-inclusive, we are delighted to see that more useful advocacy resources are becoming available. We look forward to the time when thousands of other public and private institutions have joined us in taking this important step forward.

Our heartfelt thanks go to all of those pioneering groups and individuals whose work provided a foundation for our own efforts. And we send all of you our support and great good wishes for your efforts.

*Kay Whitlock, National Representative for LGBT Issues
April 2005*

Members of the AFSC Trans Health Benefits Advocacy Group:

Gabriel Foster, Program Associate, GLBTQ Youth Program, Seattle

Joyful Freeman, Director, GLBTQ Youth Program, Seattle

Kathryn Kurtz, Associate Director, Community Relations Unit

Robin Nussbaum, Director, Hawai'i Gay Liberation Program

Susan Segall, Director, Pacific Northwest Region

Kay Whitlock, National Representative for LGBT Issues

We also wish to recognize and express appreciation to:

Pamela Rasp, Associate General Secretary for Operations

Rick Boardman, Compensation and Benefits Coordinator, Human Resources

Petra Doan, Member, AFSC Board of Directors

Our Lives, Our Health, Our Wholeness:

Trans People on the Importance of Health Benefits

In the following essays, an AFSC program staff person and a member of AFSC's Board of Directors speak personally about the significance of trans inclusion in work place health benefits plans.

My Experience with Trans Health Care

Gabriel Foster
Program Associate
GLBTQ Youth Program, Seattle

When I first got to the American Friends Service Committee (AFSC), I was fifteen years old. I was intrigued by the values and practices of the AFSC. Through the years that followed, I came to believe in the work that AFSC was doing and held the organization close to my heart as I grew into an adult.

By the time I was twenty I had been a volunteer, an intern, and a staff member. At that time I began to learn more and more about myself. I spent a lot of time questioning gender, including my own. Then I realized that the “T” (transgender) in GLBTQ (gay, lesbian, bisexual, transgender, and questioning) was me, part of my own identity. So after much thought and deliberation, I decided to transition.

For me gender transitioning meant a pronoun change, hormone therapy, and — if I was really lucky — chest surgery.

While taking the steps to transition I found myself bumping into a couple of walls. My insurance plan expressly excluded services related to sex-reassignment. This meant I had to pay for an out-of-network therapist out of my own pocket because I wanted a therapist who was knowledgeable and experienced in working with transgender individuals, and also familiar with the Benjamin Standards of Care* which had to be followed in order for me to get the required letter providing access to hormones and surgery. When picking up testosterone from the pharmacist, I held my breath each time they rang me up hoping that big red letters on their computer screen wouldn't read DENIED! DENIED! I had been getting my prescriptions covered under the insurance radar, while receiving letters in the mail from my organization's insurance provider saying that my prescription was not covered under my plan for the purpose of changing gender. Attempting to sneak in tests at the doctor's office, being uncertain if I would be successful in getting my prescription filled, and exhausting my already limited bank account for therapy quickly became very frustrating. Surgery at that point was still just a dream that I was certain I wouldn't be able to fulfill anytime soon. That, too, was frustrating and disheartening. As pleased as I was with the physical changes I was seeing due to taking testosterone, the pain and discomfort of binding my breasts day and night was becoming unbearable. I felt embarrassed by my chest, overly self-conscious, and, at times, unsafe. This wasn't how I wanted to live my life.

On a personal level I didn't understand how I could be insured, but not able to access the health care

*For information about and the latest version of these Standards of Care, please visit www.hbgda.org/soc.cfm

that was so necessary for my well being. On a professional level I felt AFSC was not taking a leadership position or, frankly, “walking the talk.” The fact that AFSC was not seeing the importance of trans health care seemed to go against the integrity and stated values of the organization. This was disappointing to me. I found it hard to talk up AFSC with these thoughts in the back of my head.

Luckily for me — and hopefully for others — a group of incredibly smart, extremely dedicated, and lovingly passionate trans allies stepped up. A working group was created to help guide AFSC toward a trans-inclusive health benefits plan. This was no easy task, but successful they were.

As a result of having my health care needs met, I feel that I am able to be a better employee. Both my physical and mental health is mostly where I want it to be (aside from the occasional cold!), and I feel that my employer supports and values me. My personal life has also improved greatly. How nice to walk through the world being seen and addressed as I like, and how wonderful to enjoy hugs without worry!

As the employee who first requested accessible trans health care, I am so blessed to work alongside these people who helped me fully become who I needed to be. I am so thankful for them and all they have done.

I am so proud to be able to inform people of the groundbreaking work AFSC has accomplished in this area. My hope is that once we publish materials giving concrete information on how we implemented trans health care, other organizations, businesses, and companies can use it as a blueprint of sorts so that other trans folks can also have full access to the health care they need and deserve.

Reflections on the Decision to Provide Full Medical Benefits to Transgendered People

Petra L. Doan

Member, Board of Directors

American Friends Service Committee

The Board’s recent decision to offer full medical benefits to transgendered employees at the American Friends Service Committee is a major milestone in this organization’s affirmative action witness. Although the Board had previously recorded its desire to be fully inclusive of transgendered individuals, its personnel policy was not consistent with these earlier statements. In particular, the medical insurance benefit previously used fairly standard language that excludes any benefits for issues related to gender identity issues, including psychotherapy, hormone treatments, or any related surgeries.

As a post-operative transsexual woman I understand very clearly the intensity of gender identity issues, especially in the early stages of what some helping professionals label as gender dysphoria (Brown and Rounsley, 1996). This state of dysphoria, or literally a disconnect between body and mind, is usually accompanied by such high levels of emotional distress that severe depression and despondency are often the norm. To deny even therapy to such individuals borders on culpable negligence. Little is known about the consequences of untreated gender dysphoria, but one study conducted among trans persons in the Washington, D.C. area suggests that levels of suicidal ideation exceed 35 percent of the surveyed population (Xavier, 1999). Others have estimated that actual suicide attempts may be as high as 20 percent of the population suicide (Van Kesteren, 1997; Pfafflin and Junge, 1992).

Many organizations may be concerned that if they begin to provide actual benefits to transsexuals, they will be overwhelmed with a flood of insurance claims. This is unlikely to happen since the prevalence of transgendered individuals is quite low, though estimates are somewhat variable. The American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) estimates that approximately one in 30,000 men and one in 100,000 women will undergo sexual reassignment surgery. These statistics, however, have been questioned by a number of scholars. More recent studies show higher numbers of transsexuals. For instance, in the Netherlands, where transgender status is less stigmatized, it has been estimated that the prevalence is approximately one per 11,900 males and one per 30,400 females (Bakker al., 1993). In Singapore the ratios appear to be even higher with 1 per 9,000 males and 1 per 27,000 females (Tsoi, 1988).

These are *not* lifestyle issues. Leslie Feinberg (1996) argues that transgendered people are likely to be found in every historical period and a wide range of cultures. Some societies are more loving and accepting of people who are differently gendered, and some acknowledge that gender difference can be a powerful source of spiritual insights. Many traditional cultures, including a number of Native American tribes, recognize that individuals whose gender does not agree with their anatomical sex have been touched in some way by the divine.

As a Quaker and as a Board member of the American Friends Service Committee I am deeply moved by the Board's engagement with these difficult issues of discrimination and full inclusion. I am impressed with the willingness of my fellow Board members to listen and to learn about the situation of a small group of people who are often deeply marginalized and at times stigmatized by society at large. The decision to make the organization's personnel policies fully compliant with their highly principled affirmative action policies was an uplifting experience that helps to renew my faith that a just world is indeed within our reach, no matter how long or hard the struggle.

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Principles for a Successful Advocacy Effort

These are the key principles that informed our own work, and lessons we learned along the way.

1. **Transgender people should not carry sole responsibility for advocacy efforts.** This is a shared commitment, and the active involvement of non-trans people is essential.
2. **Make sure trans people play a central role in planning strategy for advocacy efforts.** Whether you have trans folks on staff who are part of your own working group or you draw on the expertise of others from outside your work place, it's essential to reflect trans perspectives, needs, and experiences in the way you frame issues and in your strategic choices.
3. **Don't wait for this issue to be played out in the lives of trans staff.** Health care benefits are an essential component of work place integrity, and trans people should not run into exclusionary clauses in benefits contracts or experience a serious health crisis in order for the need for trans inclusion to be identified. Start now. But even if the lack of inclusive health benefits has already touched the lives of staff, remember that your support now is especially important. You are also making life better for prospective job applicants and helping to show other work places that trans-inclusive health benefits are both essential and do-able.
4. **Be strategic about your work.** Create a team of key players, including program and administrative staff, who are committed to this and have complementary skills and strengths. Develop a plan for how to move forward, staying in touch by phone and email to monitor progress or deal with setbacks. And above all...take the next point to heart!
5. **Be sure you understand the culture and decision-making processes for the institution whose policies you want to impact.** Design your strategy to be relevant and appropriate. Identify the key people in management and/or on the board who can make this happen, and focus your efforts in that direction. Scattershot demands or campaigns undertaken without careful strategic assessment often are not effective.
6. **Unions can play a supportive and important role in advocacy efforts.** Unions can help negotiate trans inclusion as part of the larger bargaining agreement with employers. Establish good and ongoing lines of communication and build strong, positive relationships with union leadership.
7. **Frame health care as a human right.** Help decision-makers understand this human right as it relates to trans people in this particular work place. Avoid political rhetoric. Help them understand this in terms of a social and economic justice commitment to employees who help carry the work of the institution forward.
8. **Relationship-building is the central component of a successful advocacy effort.** Every strategic step along the way is an opportunity to create stronger relationships with colleagues in your work place and in other organizations. Viewing relationship-building as the central most important part of the work ensures that others also have a stake in the work and its success. Similarly, solid educational outreach helps give others practical tools they need in order to become partners and advocates.
9. **Do your homework.** Use AFSC's experience and the experience of other organizations who

have been down this road to help you anticipate what information will be needed by the decision-makers. Draw on the resources you find listed in this publication and elsewhere.

10. **Help educate others in supportive ways.** What seems obvious about trans inclusion to us may be brand new to other folks. You're trying to equip them with knowledge and skills so that they, in turn, become advocates. You will probably need to become what we call "cultural translators." People who have never had to struggle for some of their basic rights often will not understand it at first. Be patient with them as you educate them.
11. **For Human Resources staff and managers, costs are a real issue.** Even the most progressive, inclusive organizations must constantly wrestle with escalating cost of health care and insurance. Help provide accurate, relevant cost information that they can understand and use.
12. **The "floodgates" fear is likely to emerge in some form or other, particularly in the early stages of your effort.** This is the concern that costs for the organization will skyrocket if growing numbers of trans people apply for jobs in a work place that has inclusive health benefits programs. Try not to overreact to fears. Remember: they're in a learning process, and this is just the kind of fear that arises when something's new and unfamiliar. Help ground them with good factual information.
13. **Be relentlessly helpful and cheerfully persistent.** People are much more likely to want to work with you, and will find it much more difficult to dismiss you, if you organize in a positive and constructive way, building good will as you go. Even if you run into obstacles, treat them as problems to be solved rather than enemies to be defeated.
14. **When you get frustrated, as you probably will from time to time, draw on other team members for support.** Don't carry anger or frustration into your dealings with decision-makers. Get the emotional support you need from trusted people in your life, then resume being constructive, relentlessly helpful, and cheerfully persistent.
15. **Share information.** When success is yours, share with others the important information about how you did it. And please share information about the challenges and setbacks, too.
16. **Monitor implementation.** Actively monitor the implementation of the plan and make sure your working group will be involved in some meaningful way in periodic evaluations of the plan and its implementation. Be relentlessly helpful and cheerfully persistent in working constructively with management to identify and address any unintended obstacles or problems. In doing so, you will strengthen your working relationship with key decision-makers.

Talking Points for Trans-inclusive Health Benefits Plans

These talking points, drawn from the experience of the American Friends Service Committee, are intended to help you build a strong conceptual foundation for your advocacy while also addressing the concerns of decision-makers.

- **Access to essential health care services is a human right.**

International human rights standards affirm the right to the integrity of one's own person, and the right to reasonable standards of living. Health care is an essential component of these rights. All people should have access to good quality, affordable, adequate, and appropriate health care. It is not acceptable to create a double standard for health care access in the workplace, providing health benefits for many while denying it to transgender people.

- **A trans-inclusive health benefits plan is an excellent management tool.**

Trans-inclusive health benefits plans help public and private institutions attract more diverse and qualified pools of applicants and employees, and they help employers retain good workers.

- **The lack of access to good, affordable, sufficient, appropriate physical and emotional health care jeopardizes the health and well-being of transgender people.**

Each time we deny the essential humanity and equality of transgender people, we place them at greater risk for discrimination, abuse, and adverse emotional, physical, and economic impacts caused by lack of access to appropriate, affordable health care.

We (or those who work with transgender youth and adults) know from experience that trans people denied access to appropriate, affordable health care may:

- use illegal drugs to medicate severe depression – depression caused in part by not getting appropriate counseling and medical care and by living in a society that demeans and ostracizes them;
- resort to falsification of medical records in order to obtain needed prescription drugs and medical or counseling services;
- buy hormones off the street because they cannot obtain them legally, and become ill from taking street hormones because they are mixed with other substances or are not the right dosage;
- avoid seeking timely medical care for a variety of health concerns not related to gender transitioning for fear a doctor might shame them or violate professional standards of confidentiality and “out them” as a trans person;
- self-mutilate their bodies because those who wish it cannot gain access to sex reassignment surgeries;
- resort to work in the sex industry or other dangerous employment in order to pay for hormones or other health services;

- attempt suicide because they cannot get appropriate, supportive counseling and referral to appropriate health care services.

However, we also know that transgender people who do have the good fortune to encounter employers and others who care enough to help them gain access to the health care they need face fewer “survival” needs and are more able to simply live their lives, giving attention to their relationships, work, and other meaningful pursuits. Moreover, having a trans-inclusive health benefits plan makes for a stronger work force and builds a stronger sense of community in the work place.

- **Adequate, appropriate health care services and prescription drugs for persons undergoing or who have undergone gender transition are essential, not elective or cosmetic.**

The decision to transition to another gender is profound. It is a decision that, undertaken with adequate care and sensitive counseling, enables the transitioning person to find a level of well-being that she or he could not attain previously.

Gender identity is not a “lifestyle” issue, but a central component of “who I am in the core of my being.” For many people, gender transitioning from the biological body of birth to what they understand to be their true identity is central to their ability to live fulfilling, rewarding lives – “to be who I really am.” It is an essential component of physical, emotional, and spiritual well-being.

We reject the idea that hormone therapy, surgery, counseling, and use of prosthetic devices related to gender transitioning are equal to cosmetic or elective health options that are non essential.

Appropriate health services for transgender people are just as essential as health services that are especially appropriate, say, to women, men, children, elders, and people with disabilities. The services must be right for the person and the reasons she or he is seeking medical or counseling assistance.

- **The issue is not only about what services and treatments are covered in employee benefit plans, but to whom they are available.**

Mental/emotional health and surgical benefits are generally available to many people for many purposes, as are benefits for prescription drugs and prosthetic devices. But when these same services, devices, and drugs are not covered for individuals who seek them for reasons related to gender transitioning, then that is discrimination. All employees should have equal access to comparable health care services and treatments.

- **It is important to ensure that our public commitments to human and civil rights, and to decent and affordable health care for all, are consistent with our internal practices.**

Ensuring trans-inclusiveness in health benefit plans gives practical expression to our institutional commitment to equality and nondiscrimination in the work place.

- **In weighing the costs of transgender inclusion, decision-makers must not only consider the costs of providing equality in health benefits, but also the human and financial costs of failing to provide for same.**

The possible adverse consequences of failing to provide appropriate health benefits to trans people are summarized earlier in these talking points. There’s also a cost to the work place that comes in the form of losing excellent applicants for positions or failing to retain good employees.

- **The “floodgates” fear is common, but it is not grounded in fact.**

Whenever there is a major cultural shift that now includes groups of people previously denied certain privileges and benefits, there is bound to be uncertainty, anxiety, and even some fear among dominant groups. In the work place, the issue of trans-inclusive health benefit plans often provokes a fear that the employer will now be flooded with eager trans applicants who just want the health benefits. There is also a fear that there may be a larger-than-expected number of trans people who are not yet “out” to their employers, or staff who have trans partners who may now be covered under domestic partner policies.

The best response is to draw on the experience of public and private institutions offering trans-inclusive health benefit plans to demonstrate the truth that inclusive plans don’t bankrupt institutions or create some sort of disproportionate drain on an institution’s health care dollars.

It’s also helpful to consider trans consumption of health benefits in perspective, providing information that also shows equivalent consumption of surgery, counseling, and medication insurance benefits by non-trans people.

Anticipate the fears and provide the facts as early on in the process as possible.

- **At this time, trans-inclusive health benefit plans must take into account generally accepted standards for the “medical management” of gender transitioning.**

The medical establishment put gender dysphoria, or gender identity “disorder” (GID), to be a diagnosable medical condition. We do not agree with the predominant politics of diagnosis and definition of gender identity “disorder,” and we do not consider gender fluidity, change, or non-conformity to be a pathological condition.

However, we recognize that access to appropriate health care for trans people is often controlled and determined by a GID diagnosis. Furthermore, for the majority of people who seek to undergo some degree of gender transition, treatment is governed by the internationally accepted Harry Benjamin International Gender Dysphoria Association’s Standards of Care for Gender Identity Disorders (www.hbgida.org/soc.cfm) which are periodically revised and updated.

While a GID diagnosis and the Benjamin Standards continue to be useful guidelines for treatment for transgender individuals it is our belief that no one should be denied appropriate medical treatment simply because they don’t have a GID diagnosis or have not met the Benjamin Standards in their entirety.

Despite the fact that staff of AFSC’s LGBT programs do not agree with the Harry Benjamin Association diagnostic categories, we did not challenge them. AFSC chose to regard them as a practical tool since they are accepted by many medical professionals and proved helpful to us in opening an insurance door.

(In the future, there may be less reliance upon the Benjamin Standards by insurers, but this was not the case when we began our efforts.)

- **By taking this action, we will help to encourage transgender equality in other public and private institutions.**

Each time another organization or institution creates trans-inclusive health care benefit plans, it

makes it that much easier for others to follow suit. Our workplace policies can make an important and tangible contribution to the larger struggle for social and economic justice.

- **Employee health benefits are only one aspect of policies and practices that must be addressed in order to ensure transgender equality in the workplace.**

In order to ensure just and nondiscriminatory hiring and employment policies and practices for transgender applicants and staff, the training of key administrative and program leaders is essential. Such topics as training for supervisors, managing gender transitioning in the workplace, and how to implement trans-affirming hiring and other policies governing employment should be covered.

Estimating the Costs of Transgender Health Benefits

Most employers considering adding transgender health benefits are less concerned about the modest cost of medications (hormones) and mental health counseling than about the costs of surgeries associated with gender transitioning. At this time, the human resources departments of most organizations and institutions have little or no understanding of what the surgeries are, why they're important, or what they cost. In lieu of down-to-earth information, imagination prevails, and the "floodgates" fear may escalate. It's very important to demystify this information by providing practical information to the decision-makers in your organization — human resources professionals, senior administrators, and boards of directors.

When AFSC was developing and first implementing AFSC's transgender inclusive health policy there were no sources available that detailed the *average* cost of various Sex Reassignment Surgeries (SRS). Our Human Resources staff relied upon figures provided by practitioners at the request of the San Francisco Human Rights Commission and other estimates.

Today, additional cost data is available. In 2004, Mary Ann Horton, Ph.D., published *The Cost of Transgender Health Benefits* based on research undertaken from 2001 through 2004. She measured the frequency and cost of sex reassignment surgeries and used this information to project the total cost of transgender health benefits for large institutional or corporate employers. All surgeons who perform SRS and related surgeries on U.S. residents were surveyed, and an excellent response rate underscores the credibility of the data. This data could be used to help employers estimate what it would cost if they chose to include transgender benefits in their employee health benefit plans.

Nonsurgical costs were calculated, and the cost of transgender health benefits per insured is estimated. The study also calculates the prevalence of sexual reassignment surgery among U.S. residents. Research such as this is critical to educate employers about the reality of health care costs of transgender inclusive healthcare policies and should help alleviate their fears of astronomical cost increases.

Based on information about sexual reassignment surgeries for 1,230 people, the average MTF cost was calculated about \$11,000 and the average FTM surgery (including top and, for some, also bottom surgery) was about \$17,900. The average combined cost of all kinds of SRS surgeries per person was about \$13,000.*

The annual cost per insured U.S. resident for SRS was 11 cents. Combined with the cost for hormones, doctor's office visits, and counseling, the total annual cost per insured for all transgender health benefits was 64 cents.

Transgender at Work has published Horton's groundbreaking report and converted her workshop to a web presentation that can be viewed online at www.tgender.net/taw/thbcost.html.

* Data first presented to AFSC's Management Team suggested that the range for MTF surgeries could be between \$12,000 and \$37,000 and for FTM surgeries between \$15,000 and \$77,000, depending on desired results, the sequence in which surgeries were performed if there was more than one surgery, and the geographic region of the country in which the procedures were performed. AFSC's final transgender addendum to the employee health benefits plan, which describes the benefits and scope of coverage for our organization, can be found at <http://www.afsc.org/lgbt/transgender>.

As AFSC's Human Resources staff reported to the Management Team, most sexual reassignment procedures are not new or experimental; neither are they prohibitively risky or costly. And they have been in use for decades.

It's also important for employers to recognize that not all transgender staff seek precisely the same gender transitioning results or will utilize the same benefits to the same degree because transgender people are not a "monolithic" group. There are many different ways in which individuals choose to express their gender identities, and many ways of bringing body and spirit into harmony.

Transgender Resources

Harry Benjamin International Gender Dysphoria Association

1300 South Second Street, Suite 180
Minneapolis, MN 55454
Phone: 612-624-9397
www.hbigda.org/soc.cfm

The Harry Benjamin International Gender Dysphoria Association has established internationally accepted Standards of Care for the treatment of gender identity disorders. These standards (The HBGDA Standards of Care for Gender Identity Disorders) are updated and revised as new scientific information becomes available. The latest edition of the Standards of Care, Version Six, was released on February 20, 2001.

National Center for Lesbian Rights (NCLR)

870 Market Street, Suite 370
San Francisco, CA 94102
Phone: 415-392-6257
Fax: 415-392-8442
www.nclrights.org

A national legal resource center with a primary commitment to advancing the rights and safety of lesbians and their families through a program of litigation, public policy advocacy, free legal advice and counseling, and public education. In addition, NCLR provides representation and resources to gay men, and bisexual and transgender individuals on key issues that also significantly advance lesbian rights.

NCLR publications and toolkits of interest to trans activists include:

Representing Transsexual Clients: Selected Legal Issues

By Shannon Minter

This document provides a brief overview of the

current state of the law in several areas, including employment, marriage, child custody and visitation, health care, prison issues, hate crimes, and asylum issues as they have been applied to transsexual people.

www.nclrights.org/publications/tgclients.htm.

NCLR and the Pride Law Fund co-sponsor the Transgender Law Project, whose goal is to create effective and long-lasting legal advocacy for the San Francisco transgender community.

www.nclrights.org/projects/transgenderproject.htm

National Gay and Lesbian Task Force (NGLTF)

1325 Massachusetts Ave., NW, Suite 600
Washington, DC 20005
Phone: 202-393-5177
Fax: 202-393-2241
www.thetaskforce.org

NGLTF is a national organization seeking civil rights for LGBT people. It has produced several transgender-specific legislative policy resources.

NGLTF's publications include:

Transgender Equality: A Handbook for Activists and Policymakers (June 2000)

By Paisley Currah, Shannon Minter & Jamison Green

This handbook provides activists and policymakers with the tools they need to pass transgender-inclusive nondiscrimination and anti-violence legislation. Written by three of the gay, lesbian, bisexual, and transgender movement's brightest transgender scholar/activists, *Transgender Equality* is an invaluable resource guide, providing an introduction to transgender issues, model language for legislation, talking points, responses to

frequently asked questions, and a comprehensive resource listing and bibliography.

Download: PDF (536k)

www.thetaskforce.org/reslibrary/list.cfm?pubTypeID=2#pub61

Transgender Law and Policy Institute www.transgenderlaw.org

TLPI is a national organization that tracks current developments in legal and public policy issues affecting transgender people and their families. It lists legal, medical, and social science resources, as well as links to an exhaustive list of LGBT state, national and international, LGBT organizations.

TLPI hosts “Transgender at Work” (www.tgender.net/taw), a site that focuses on workplace issues and encourages voluntary cooperation between employers and employees. It offers the Transgender Health Primer: www.tgender.net/taw/tsins.html.

TLPI’s three sister organizations are:

The National Center for Transgender Equality

1325 Massachusetts Ave., Suite 600
Washington, DC 20005
Phone: 202-639-6332
Fax: 202-393-2241
www.nctequality.org

The center works for the equality of transgender people through advocacy, collaboration and empowerment. It also monitors national legislation.

Transgender Law Center (TLC)

160 14th Street
San Francisco, CA 94103
Phone: 415-865-5619
Fax: 415:777-5565
www.transgenderlawcenter.org/

The TLC is a civil rights organization advocating for transgender communities through direct legal services, public policy advocacy, and educational opportunities.

Silvia Rivera Law Project

322 8th Avenue, Third Floor
New York, NY 10001
Phone: 212-337-8550

The Silvia Rivera Law Project works to guarantee that all people are free to determine their gender identity and expression, regardless of income and without fearing harassment, discrimination, or violence.

National Transgender Advocacy Coalition (NTAC)

P.O. Box 76027
Washington, DC 20013
www.ntac.org

NTAL is a political advocacy coalition seeking full civil rights for transgender people and gender variant people.

Pride At Work, AFL-CIO

815 16th St, NW
Washington, DC 20006
Fax: 202-508-6923
www.prideatwork.org

This constituency group of the AFL-CIO works to mobilize mutual support between organized labor and the LGBT community. Its Transgender Caucus has set up an email discussion list for transgender members and allies. A downloadable booklet entitled *Gender & the Workplace* (February 1999) is a brief introduction to transgender workplace issues, and includes a Q&A on insurance coverage from the San Francisco Transgender Community Task Force.
www.prideatwork.org/news.html

A Summary of the Transgender Benefit Addendum to the AFSC Employee Benefit Plan

The Transgender Benefit Addendum describes both the related Base Plan Benefits (or **Base Benefits**) contained in the Aetna Choice II Plan (i.e., the AFSC Employee Health Benefit Plan) and the recently added **Surgical Rider Benefits** for transgender transition (i.e., Summary Plan Description Addendum).

Base Benefits are covered under the employee's Aetna Choice II Plan and are subject to the limitations as described in that plan. Hospital, laboratory, and x-ray charges directly related to a covered surgical procedure are covered under the **Surgical Rider Benefits** described only in the Summary Plan Description Addendum and are subject to the maximum lifetime benefit of \$50,000.

Aetna (www.aetna.com) administers the **Base Benefits** portion of the AFSC Employee Benefit Plan; Ameriben (www.ameribeniegroupp.com) administers claim payments for the **Surgical Rider Benefits**. Beech Street (www.beechstreet.com) provides the case management and a network of providers for transgender-specific health services.

Who is eligible?

Eligible for the plan are all regular employees of the American Friends Service Committee scheduled to work 21 hours or more per week and their eligible dependents who are covered under the eligibility provisions of the Basic Medical Plan and who meet the criteria contained in the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version. Any eligible participant or dependent under this plan must satisfy a waiting period of twelve (12) months of continuous coverage under the Basic Medical Plan before becoming eligible for surgical benefits. All other benefits are covered as in accordance with the eligibility guidelines of the basic

medical plan.

What procedures/services are covered?

(The following is a partial list. See AFSC Employee Benefit Plan Summary Plan Description Addendum —Transgender Benefit, for details.)

The procedures/services listed below are covered at 100% with network providers; with out-of-network providers, at 80% of reasonable and customary allowance, after a deductible. [Note: The list is derived from the Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version.]

Psychotherapy

- Diagnosis of Gender Identity Disorder (GID)
- Counsel treatment options
- Psychotherapy for GID, pre- and post-surgery
- Diagnosis of co-morbidities
- Ascertain readiness for hormone therapy
- Document patient's relevant history in letter of recommendation
- Follow up to previously seen GID patients

Hormone Therapy (pre and post-surgery)

- Medication monitoring
- Hormones and other drugs

Negative Side effects of hormone therapy in biological males

- Blood clotting (venous thrombosis w/ risk of fatal pulmonary embolism)
- Development of benign pituitary prolactinomas
- Weight gain
- Emotional lability
- Liver disease
- Gallstones
- Somnolence
- Hypertension
- Diabetes mellitus
- Infertility

Negative side effects of hormone therapy in biological females

Shift of lipid profiles to male patterns which increase risk of cardiovascular disease
Benign and malignant liver tumors
Hepatic dysfunction
Emotional lability
Acne
Infertility
Benign and malignant liver tumors
Hepatic dysfunction
Acne
Infertility

Genital Surgery (male to female)

Clitoroplasty
Labioplasty
Penile skin inversion
Construction of artificial vagina with graft
Bilateral orchiectomy
Amputation of penis – complete
Urethromeatoplasty w/partial excision of distal urethral segment
Plastic repair of introitus
Adjacent tissue transfer of rearrangement for genitalia
Vaginoplasty constructed with colon segment
Colopocostomy (low pelvic anastomosis)
Unlisted procedure, female genital system for male to female.

Non-Genital Surgery (male to female)

Reduction Thyroid Chondroplasty (tracheal shaving)
Augmentation mammoplasty
Suction-assisted lipoplasty of the waist
Rhinoplasty
Facial bone reduction
Face lift
Blepharoplasty
Voice modification surgery

Genital Surgery (female to male)

Hysterectomy
Salpingo-oophorectomy
Vaginectomy

Urethroplasty
Colpectomy (removal of vagina)
Colpectomy w/hysterectomy
Phalloplasty
Insertion of testicular expanders
Replacement of tissue expander with permanent prosthesis
Prosthesis testicular insertion
Second stage phalloplasty
Modified abdominoplasty as part of phalloplasty
Urethroplasty, one stage reconstruction of male anterior urethra
Urethroplasty, reconstruction of female urethra
Scrotoplasty, complicated
Plastic operation of penis for injury – for glans formation
Metoidioplasty procedure (clitoris repositioned to male anatomical position)
Formation of direct or tubed pedicle w/ or w/o transfer
Free skin flap w/ microvascular anastomosis
Free fascial flap w/ microvascular anastomosis
Nerve graft, single strand, arm or leg up to 4 cm length
Nerve graft, single strand, arm or leg more than 4cm length
Suture of major peripheral nerve, arm or leg, except sciatic including transposition
Split graft, trunk, arms, legs, first 100 sq. cm or less
Split graft, trunk, arms, legs, each addl. 100 sq. cm

Non-Genital Surgery (female to male)

Mastectomy, simple, complete
Mastectomy, for gynecomastia
Mastectomy, scar revision
Liposuction to reduce fat in hips, thighs, buttocks
Cosmetic chest reconstruction
Scheduled routine post-surgical follow up
Complications of surgery that are a typical association of the surgery that will resolve in time w/o medically harmful results
Complications of surgery that are a typical association of the surgery that will NOT resolve

Complications that prevent outcomes in appearance the surgery was designed to achieve for which restoration is contraindicated

Other Services

Electrolysis or laser hair removal of skin graft.

What procedures/treatments are NOT covered?

The following is a partial list of items that are excluded from coverage:

Electrolysis or laser hair removal not for hair removal of skin graft
Vaniqa

Voice therapy/lessons
Sperm procurement and storage in anticipation of future infertility
Gamete preservation in anticipation of future infertility
Cryopreservation of fertilized embryos in anticipation of future infertility
Travel and lodging

To download the complete Transgender Benefit Addendum to the AFSC Employee Benefit Plan in pdf format, please go to www.afsc.org/lgbt/transgender.

** At the time of publication, AFSC's trans health benefits plan had been in place for almost two years. During that time, in an organization employing 350 people, one staff person utilized some of the benefits.*