For Trans People, New Zealand's Medical System Is a Fight That Never Ends

By Sasha Borissenko October 12, 2016, 8:56pm

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Few general practitioners prescribe hormone treatment to trans people in New Zealand —and it's much worse in the provinces. Members of the trans community and trans advocacy groups say the lack of medical access is due to ignorance and prejudice. The system requires a person to see various specialists at a great cost, and the waiting times can be untenable. For those who don't fall through the cracks and do qualify for gender reassignment "cosmetic" surgery, they could be waiting 40 years.

Jevon Wright, a non-binary genderqueer person (who prefers the pronouns she/her), decided to move to Wellington after finding no accessible medical support in Palmerston North. Jevon's first GP in Wellington flat-out refused to help her, but she found a trans-friendly GP through various support groups.

In a bid to start hormone treatment privately, Jevon paid $70 per GP visit, $125 per psychologist appointment, and $200 per hour to see an endocrinologist. It took six months to start hormone treatment after a year of counselling, which is significantly faster than if she had gone through the public system.

The system is a fight that never ends, she says. "It's a fight which trans people, who have a million other heavy things on their mind—not to mention the transphobia, fear, social pressure, unaccepting families, ending relationships, hypersexualisation, misgendering, and hatred from others—shouldn't have to go through."

Joey MacDonald, a transgender person who works in mental health services in Auckland, says access to hormone treatment and surgery options can be the difference between life and death for many trans people. Although there are no official statistics that indicate the number of trans people in New Zealand, a 2012 Youth Survey suggested one in 30 young people either identified as trans or were unsure of their gender. Of that group 19% had attempted suicide.

"It's deeply personal and different for everyone," Joey says. "Currently there are so many opportunities to fall through the cracks if you don't have someone advocating for you. With all of the requirements, [which differ from place to place], people might encounter a closed door at any stage in the process."

Agender committee member Paula Beckham cross-dressed most of her life, knowing deep inside something wasn't quite right. It was only when she was in her early forties, and after a suicide attempt, that she realised Paul was Paula.

"My parents tried to beat it out of me. When that didn't work they prayed for me. When that didn't work, I learned to hide it."

She works as a labourer, volunteers for the fire service, is married, and lives in small town Mangakino. She was initially frightened to seek help from her local GP as it wouldn't be unimaginable for a file to be passed onto a receptionist and discussed at the local cafe.

Seeing a psychologist was a long and painful experience, but worth it. The psychologist questioned why Paula's wife came to the consult, seeing as statistically the likelihood of divorce in this situation is high. The sessions were invasive, but Paula says the specialist was just doing their job.

"It's important that they made sure I was who I said I was, and I wasn't just putting on a show. It's controversial for me to say this, but I think there's merit in having gatekeepers because if you're unsure, the ramifications could be catastrophic. I think anyone in our position is prepared to fight for who we are."

Paula has found a lot of clarity since transitioning. She desperately wants bottom surgery, but there's already 88 people on the government-funded, nationwide waiting list—and there's only funding for three male-to-female surgeries and one female-to-male surgery every two years. Paula says, gravely, she'll be dead before she gets it.

"New Zealand's health system is funded by the taxpayer. There are limits to how much free treatment can be provided," Dr Andrew Simpson, Ministry of Health acting chief medical officer, tells VICE.

The journey towards gender reassignment surgery is complex, he says. Gender reassignment surgery is considered to be elective: a surgical service that will improve the quality of life for someone with a significant medical condition, but the need isn't immediate.

The Ministry decides whether to offer the surgery by way of consensus. Meeting the prerequisites for surgery is only one part of the process, and an operation mightn't be deemed appropriate.

After years of frustration and disillusionment, Jozsef Schwarzenberg decided to get top surgery in Brazil, a place where he once lived and where it's also significantly cheaper and easier to access surgery. Airfares, the surgery, and four weeks away amounted to a total of $7,000, which was still much cheaper than the New Zealand quote of $20,000.

"The first time I ever discussed getting surgery, my GP in New Zealand asked me whether I could afford it—otherwise I shouldn't bother. It was unbelievable."

Josh* came out as a trans man at the age of 28. For three years he'd been "pleading with any medical professional that would listen" for top surgery. "I have always hated everything about my body; it is a meat sack I move around earth in," he says.

Although reluctant, he had to undergo hormone treatment to tick the boxes to finally access surgery. Then, there was the 12 month wait to see an endocrinologist. Thankfully, unlike others, he didn't have to get the psychiatric tick of approval because he was already in the mental health system.

Josh will have to pay for private surgery, with difficulty, he says. In the interim he's getting a full hysterectomy. It took three months for the referral to be accepted.

"The system won't fund a surgery that will improve several of my health and wellbeing outcomes and reduce my dependence and service use of an already over stretched mental health sector, but they will whip out any chance of me reproducing."

Whangarei-based barrister Kelly Ellis, who is transgender, says prejudice is at the heart of the health care system.

She remembers going to her GP with a terrible chest infection. She explained to him that he might get a surprise when she took off her shirt. He responded with kindness so Kelly asked whether she could continue seeing him. Aghast, the doctor shook his head and walked backwards, with his arms above his head.

"If a bloke wants hormone treatment to help grow his hair to attract birds, the doctor gives him a free sample. If he said he wanted it to look more feminine, he'd be told to fuck off."

Where lawyers are obliged to take on all clients as prescribed in law, Kelly finds it astonishing that doctors can refuse to treat people using the justification that "it's not my area of expertise". "It's willful blindness," she says.

Richard Medlicott, medical director of the Royal New Zealand College of General Practitioners, saysall doctors are required to make the care of patients their first concern.

"If a GP declines to provide a patient with hormone treatment because of his or her personal beliefs, we would still expect them to work respectfully with the patient and to assist the patient to find another GP who can meet their needs."

Wellington-based GP Dr Cathy Stephenson sits on the regional Sex and Gender Diverse Working Group, which aims to overcome some of the many barriers that trans people face.

"I would be very surprised if the poor response members of the trans community receive when trying to access health care is due to prejudice."

Instead she thinks the problems and barriers stem from a huge lack in funding, resources, streamlining across the District Health Boards, and support and training for health professionals.

New Zealand Medical Association chair, Dr Stephen Child, says, "As far as surgery being classified as 'elective' or 'cosmetic', we all know that true transgender issues are not cosmetic and meeting those needs is important."

Kelly agrees, and says it's ludicrous that treatment and surgery could be considered a lifestyle choice. "The reality is that with suicide rates being what they are, the bean counters are crazy if they think we're saving money."

**Name changed on request*

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