

UNDERCOVERED OPERATION

Transsexual activists continue push for Oregon Health Plan coverage, while the bureaucracy plans incremental change by Patrick Collins

At the heart of the matter lies one basic yet astonishingly complicated question: Is a gender reassignment operation elective or corrective surgery?

At the Oregon Health Commission's April 17 hearing on whether the Oregon Health Plan should cover transsexualism, a special task force was appointed to study the issue in more depth and make a formal recommendation in six to nine months.

For Portlander Olivia Jaquay and some other transsexual activists, six to nine months seems like a stalling tactic.

"For three years I've been giving the state information," Jaquay says. "And for three years I've been asking them where they get their information. They don't respond."

For Jaquay, the surgery that would allow her to finally cross the bridge from male to female is far more than cosmetic. After taking hormones for 19 years, Jaquay sold personal property to finance her initial surgery. There is, of course, more surgery to come, which the state refuses to finance even though Jaquay is covered under the health plan.

"I've been through three years of pure hell fighting this thing," she says, brushing back her auburn hair.

Her words are even and carefully measured, spoken in a manner which suggests she has forsaken emotion and is now simply concerned with the facts.

She flips through an enormous stack of documents as she tells her story, pointing to various administrative codes and statutes, as well as bits and pieces of medical research.

For Jaquay, the only obstacle between her and the transition to womanhood is a procedure known as labioplasty. Without the surgery, Jaquay says, she is particularly prone to a number of ailments, including infections of the kidneys and the urinary tract. The cost: \$2,300.

But as a dependent of the Oregon Health Plan, Jaquay has been turned down twice by the state in her quest to have her final surgery covered by public funds, a denial she and others in the transsexual community claim is a violation of civil rights law.

In late April, Jaquay went before the state for a third time in hopes that previous denials will be overturned and her request granted.

"Olivia's is the clearest, strongest case we have," says Margaret Deirdre O'Hartigan, acting director of the Filisa Vistima Foundation, a Portland organization which advocates for transsexuals. "We're protected under disability

laws, but the Oregon Health Plan has come up with administrative rules which specifically exclude us."

Both O'Hartigan and Jaquay testified at the April 17 hearing, and both were circumspect about the outcome.

"I don't know why they need six to nine months," says O'Hartigan. "We've been studying this for years."

The Oregon Health Plan provides or denies coverage based on a list of medical conditions. The list currently contains 743 conditions, each of which may call for several procedures. The Health Services Commission, a volunteer board

health plan's list of priorities. Under transsexualism one finds only nonsurgical medical treatment—that is, hormone therapy—and psychotherapy.

"Surgery will be placed on the list before the end of June," says Darren Coffman, director of the commission, who is quick to admit the list of conditions is a work in progress because of the volume of codes. "We're constantly collecting information, and we've certainly found gaps."

What Coffman calls gaps, O'Hartigan and Jaquay call sloppy research.

"For three years I've been asking the health commission how it is that you can have trans-

"As staff people, we're here simply to inform the health commission with accurate data," he says.

But the commission's medical director, Dr. Kathy Weaver, has been quoted in Associated Press reports as saying sex change operations could cost the state of Oregon \$1.5 million per year—which presumes that all of the approximately 150 gender reassignment operations performed in Oregon last year would be billed to the state's health plan—and that people often approach sex change surgery in the same way they might approach a nose job. Weaver could not be reached for comment.

"I know plenty of people out whoring to gather the cash for their surgery," says O'Hartigan, who points out that such a line of work puts one at increased risk for HIV and other sexually transmitted diseases, which would cost the state a great deal more than the estimated \$10,000 it costs for gender reassignment surgery. "I'd hardly put that in the same category as a nose job."

O'Hartigan also takes issue with the notion that covering sex change operations under the state's health plan would result in a pilgrimage to Oregon by those seeking free surgery.

"You have to be dirt poor to be covered under the Oregon Health Plan," she says.

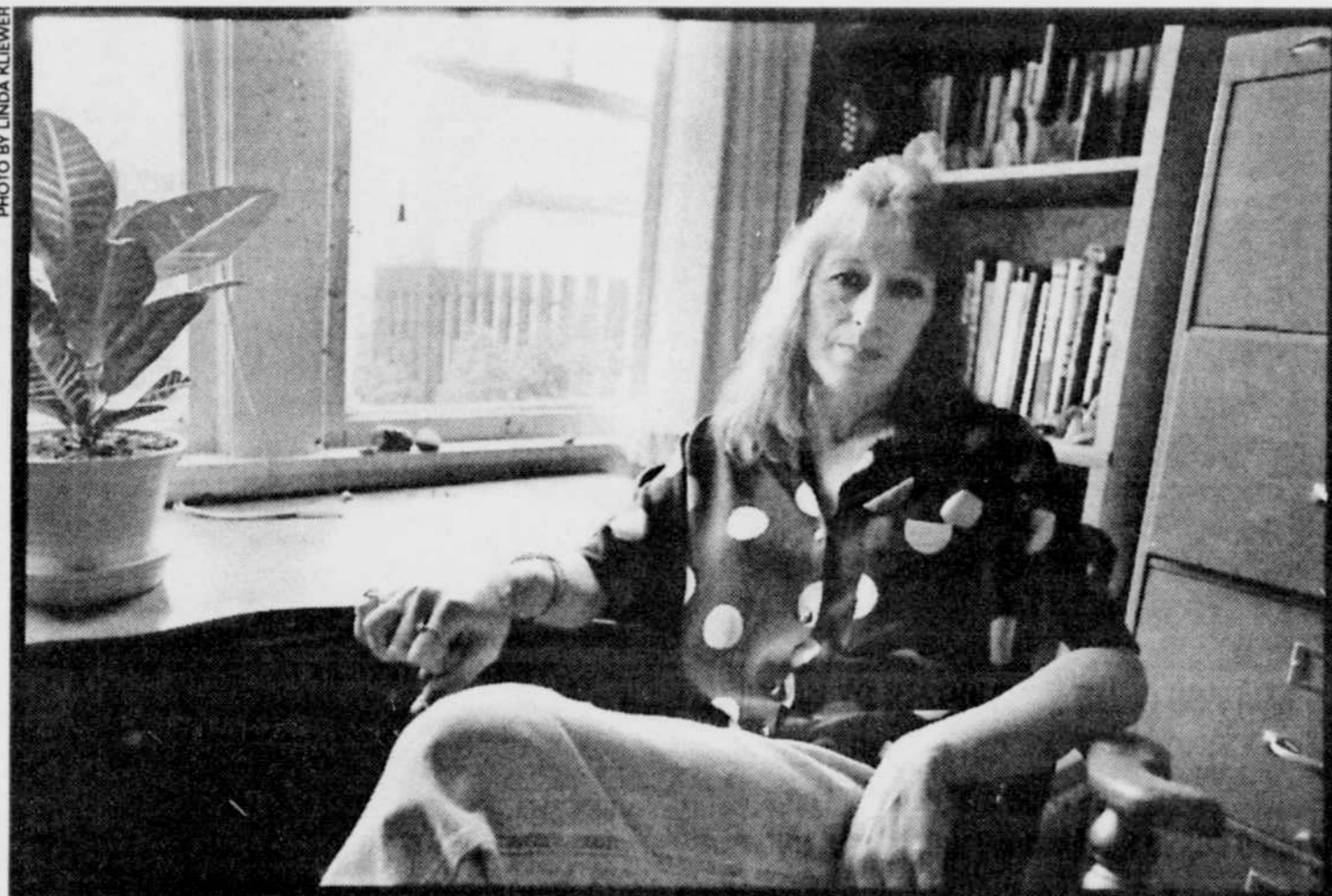
The plan currently mandates that its recipients have less than \$5,000 in liquid assets.

"I sincerely doubt that people are going to move here and impoverish themselves just to get the surgery covered," she says.

Poverty is something with which Jaquay is on intimate terms. She has lived in public housing where the

environment was so hostile she confesses she feared for her life. She says she has fallen into the trap of drug addiction—and climbed out again. She admits to three suicide attempts. And she says the notoriety she's gained for taking on the state has made it impossible for her to find a job.

"Most people get into a situation and realize it's not going their way and they get out," she says. "I got into it and I kept going, and got deeper and deeper into the research and the injustice of what's going on. For me, this is a matter of survival."



Olivia Jaquay

staffed by a medical doctor and a director, reviews the list every two years, a process that includes public hearings and, ultimately, a reprimanding of conditions. The list is then submitted to the state Legislature, which in turn votes on how far down the list it will go when covering expenses via the Oregon Health Plan.

Transsexualism is currently number 688 on the list, directly below diaper rash and the removal of malfunctioning sweat glands; the Oregon Health Plan is paying only to number 574.

Surprisingly, the actual surgery of the gender reassignment process does not appear on the

sexualism as a condition without having the surgery as a procedure," says Jaquay.

O'Hartigan is also vehemently critical of the health commission's approach to transsexualism.

"It's the most arcane system I've seen in a while," she says, and shakes her head in disbelief. "They come up with administrative rules which exclude us from health care in complete violation of our protection under disability laws. I think they're very transphobic."

Coffman says the health commission has no official position on whether transsexuals should be covered under the health plan.

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