Barriers to accessing healthcare for transgender persons in Croatia

Lesbian Group Kontra

Introduction

The aim of this study was to determine the availability of specific services in Croatian healthcare system for transgender persons, who can undergo certain stages of sex reassignment procedure here in Croatia. The report uses the term transgenderism, which is a broad term, and can include a variety of transgender identities, but it is used here for persons who have started the process of sex reassignment. The term transgender person is used deliberately, because even the persons who have started a sex reassignment process define themselves variously. For this reason this all-inclusive term is considered most appropriate.

The following aspects have been examined: experiences of transgender institutions, attitudes of clinical hospital centers and the Croatian Health Insurance Institute, as well as information from the print media.

The experiences of transgender persons have been presented through personal interviews. The interviews consisted of questions relating to: personal experience of questioning the identity, family relationships and experiences with the health system in Croatia (the quality of service and level of professional expertise). Responses obtained are quoted and explained in this report.

A query letter was sent to clinical hospital centers by regular mail, urging their representatives to make statements about the availability of services for people diagnosed with gender identity disorder. Each center was asked about the availability of the following services: psychotherapy, hormone therapy, breast surgery, genital surgery, post-transition tracking. The query was sent to all the centers in Croatia: Clinical Hospital Center Zagreb, Clinical Hospital Center “Sisters of Mercy” (Zagreb), Clinical Hospital Centre Split, Clinical Hospital Center Rijeka and Clinical Hospital Center, Osijek.

The query was also sent by regular mail to the Croatian Health Insurance Institute. The reason for its sending was to obtain the information regarding the covering of the expenses of health care services, i.e. whether insurance covers services pertaining to the process of sex reassignment for persons diagnosed with gender identity disorder.

Also, this report outlines a case of a person who contacted Kontra’s and Iskorak’s Legal Teams regarding the availability of sex reassignment operations in Croatia. The CIHI responded to it after the query had been sent.
As there are no official data and information about the experts in the health care system that deal with the issue of transgender persons, nor the statistics about the number of persons that have sought health care services related to sex reassignment, some newspaper articles that feature such data have been examined. We know that the accuracy of these data is questionable. They have, therefore, been examined with a certain refrainment. As there is no alternative information, they serve only to outline the situation in Croatia regarding health care for transgender persons. But the articles are certainly interesting because they provide information about the costs, names of experts and number of transgender persons. We also analyzed daily newspapers since 2008 onwards by browsing the Internet. Only those articles that were informatively relevant were taken into account.

Finally, we gave an overview of NGOs in Croatia that provide support services for transgender persons.

The research was conducted in the period from July 2012 to April 2013.

**Experiences of transgender persons**

Transgender persons are firstly battling with themselves, reflecting upon who they might be, what their identities are and where they (don’t) fit in. After that, the phase of verbalization sets in, when they want to communicate with people in their surroundings, and thus get support. But very often, the fear of adverse reactions from their surroundings is deeply present. They often feel they are different; they have a sense that something is wrong, and that they do not fit in, but they cannot figure out what it is all about, let alone name it. When they do attempt to express their identity in the circle of friends, they are faced with derision, ridicule, rejection and called derogatory names.

Sometimes they try to fit into society, doing their best to meet the expected criteria in order to be like their peers, or simply not to have any problems in their daily lives. They usually try to fit in by means of clothes and behavior, and present themselves in accordance with the gender role that is expected of them. They “force” this way of life, and suppress and conceal their true identity. Everyday life becomes a burden, because they constantly have to think about their behavior, their every move, dress and speech. They are not relaxed. Instead, their every life situation becomes stressful. Who will see me, will I be recognized, how to behave in these surroundings, how do I sit now, how does my voice sound - these are all questions that reverberate in their heads every second and make their life frustrating. Being concentrated on these issues, transgender persons often neglect other aspects of their lives, and, more importantly, the development of their potential. School or work can be good examples, where
they perform at minimum level. They are confused and exhibit low level of functioning in other areas of their life as well. They are burdened by constant thoughts of who they have to be and who they really want to be, and it becomes a torture for them. They are trying to enact a variety of identities in order to fit into their surroundings and be accepted. For example, a M2F\(^1\) person said that she tried to act as a gay person because she thought she will be more accepted that way than as a transgender person. She was trying to be a “feminine” gay person, then a “masculine” gay person, thinking she will be able to function in one of these roles and be accepted. Eventually, she realized she didn’t feel better in these roles and that this was not the answer she was looking for. This way of life affects their mental health, their growth and the development of transgender persons and their potential.

Transgender persons are forced into such alienated behavior from their youngest age, when their parents determine how they should act, or dress, what toys they should play with, which colors are appropriate for girls and which for boys. Parents are often uninformed; they think it is a phase or that transgender persons have invented transgender identity under the bad influence of the Internet and / or society in which they move. They don’t want to accept what their child is saying to them, i.e. they don’t know how to deal with what they hear. Consequentially, they avoid all communication and ignore the subject. They assume that if they don’t talk about it, it doesn’t exist. The family and people closest to transgender person lack support and quality information to help them understand the situation more easily and thus provide a quality life for themselves and others. In this way, they could build a relationship filled with understanding and support a transgender person is lacking. Families and individuals who are closest to such persons have many questions running through their minds after a person comes out to them as transgender, but there is no place where they could get answers, explanations or support. Even when parents talk to an expert, they are sometimes suspicious and skeptical of the information provided during the first meeting. For them, the first visit to an expert is a shock. That is the reason why a long-term and continuous support, specifically targeted at transgender person’s family and closest people, is needed in order to prepare them for the new situation and to teach them how to give support to a transgender person. Parents often fear of what could happen if people found out that somebody from their family is transgender, so they are trying to cover up the situation and keep everything within the four walls. If transgender persons live with their parents, there are cases when their parents are blackmailing them, mostly economically. Financial support they would need for

\(^{1}\) Persons who complete their gender as females, but were assigned male at birth.
the process of sex reassignment (payment of certain costs of health services, travel expenses, if they live outside bigger cities) is absent in this case. Sometimes, members of the immediate family are trying to get transgender persons back on the right track by bullying them, whether physically or verbally. Threats, and even beatings, are not unknown consequences of the misunderstanding a transgender person can experience from their nearest environment. Evictions from home often happen because parents cannot cope with the new situation; they have no understanding of and don’t want to support their child. Parents who are confused and looking for answers also lack continuous support. They need to be prepared for the changes ahead; they need to know how to achieve quality communication with a transgender person, how to provide support and why it is important. Before they come out to their parents, transgender persons think long about it and are torn apart by inner turmoil. Sometimes they procrastinate with the process of transition because they think it will hurt people in their closest environment. They fear it will worsen their mental and medical condition, i.e. that their coming out as a transgender person will cause problems to the family. They don’t want to carry the blame or responsibility for such consequences. Transgender persons are therefore hiding, and not living their life, which eventually has consequences on the quality of their life and mental health. Fear affects all areas of their life: functioning at school, at work, in partnerships and within the family. They feel isolated, socially unaccepted and misfits. They cope with life's tasks and requirements with great difficulty and feel a lot of pressure. Every day they have to deal with the complexity of their identity and reactions of the environment to the same. Due to lack of support, it is difficult for them to deal with disappointments. Transgender persons are not unhappy because of their transgender identity, but because of the reactions of their surroundings and the ways in which they are unaccepted. There is no systematic support that would encourage transgender persons in coming out and expressing their gender identity outside of the socially accepted molds. Sometimes, it is easier to come out to friends, because transgender persons know with who they have good relations, who they can trust, and, ultimately, who will give them support. They chose people to who they can confide in, while, where family is concerned, they cannot choose. When it comes to coming out at school, transgender persons want to avoid, as much as possible, giving any explanations to people they don’t know well. Therefore, they often wait to complete their education in order to then engage in the process of sex reassignment. But if they change schools, they assume their true identity and attempt to change the name beforehand as well, so as not to have to go through that during schooling. Transgender persons try to avoid dealing with the unknown surroundings as much as possible, because uninformed environment
complicates the process of sex reassignment. Transition itself is tough and demanding, and if the surroundings have no understanding, the whole process becomes even more difficult.

Health system services
To obtain access to health services related to sex reassignment, transgender persons have to first notify their general practitioner who then issues referrals for further specialist examinations. Transgender persons are sometimes embarrassed to go to their doctors because these are people who have known them for years, since childhood, and who treat other members of their family as well. Going to these family doctors is a kind of a coming out. All this is to tell us that these general practitioners also need to be educated on the subject of transgenderism, aspects of sex reassignment and the possibilities that exist in Croatia regarding that matter.

The problem is that there isn’t an expert team within the health system that would provide services and support to transgender persons, nor is there any information about experts dealing with issues relevant to transgender persons. A professional team that would be designated for the sex reassignment process should consist of a psychologist, psychiatrist, endocrinologist, urologist, gynecologist and a surgeon. Experts should be coordinated, so that each of them is familiar with the state and phase a transgender person goes through at every given moment. They should also be familiar with all the fields, not just the one they have specialized in.

The information that transgender persons are looking for is often somewhere in the grey area, not transparent or publicly available. It all boils down to personal exchange of information and experience. It takes a lot of time, energy and contacts to obtain the desired information. There is no system that provides services, but it all depends on how well a person can manage, where they live, who gave them the information and, of course, their financial situation. They are forced to look for the information and recommendations from other transgender persons. The distribution of information is based on the social networking within the transgender community. It is positive that they support each other, exchange information and experiences. In this way, the informal list of experts is being generated through the personal experiences of transgender persons, whether they were good or bad. This is not the best way to go, because transgender persons have to shift from one expert to the other and live through some bad experiences along the way for not been given references regarding someone’s professional expertise. Simply put, transgender persons are testing the health system on their own skin - through different experiences of trying to get the information about
where they can get support and services. There is no public information about a professional team. Instead, everything is based on the sole experience of transgender persons themselves and the word of mouth that goes along that line. There is no systematically organized support system - it is up to individuals to assemble their own lists of experts, institutions and people they can get information and support from. This is the more difficult way to go, and when transgender persons face misunderstanding and obstacles in the system, it also prevents them from seeking further help and support. Transgender persons are wandering the labyrinths of the health system, going from one expert to the other before they find out who to talk to. They often lose motivation to continue the process and give up, not because they want to, but because they are forced to and have no other choice. They are deprived of the quality of life to which they are entitled to. Information is secretly guarded and belongs to the grey area, so it takes a lot of nerve and energy to obtain it. Only then does the real battle in the health care system begin – entering the process of sex reassignment. The most simple and basic thing, the availability of information, is further complicated in this case, so many of the transgender persons stay for too long in the process of gathering information, while some do not even go beyond that stage because they lack the necessary data. There is no elaborate support system, nor widely available and transparent information, or even a central place where they could get the information on the experts dealing with this topic and which of them are involved in this whole story of sex reassignment. Since there isn’t a coordinated team of various experts, transgender persons are forced to look for loopholes in the system in order to gain access to experts and gain support. In practice this means that you need to know a transgender person that will tell you where to go and whom to contact. Transgender persons are networking, exchanging information and experiences, and thus come to know about certain services that do exist in the health system. But it all requires a lot of time, will and determination. It usually takes a long time for them to seek support with regard to their transgender identity. The reasons are a sense of isolation, lack of people to whom they can turn to, misunderstanding present in the environment and lack of support. Sometimes it takes a while before they get involved in the community and meet other transgender persons with similar experiences, especially if they live in a small town where a referent LGBT community is not present. Transgender community is still quite invisible, so it’s hard for a transgender person to meet other transgender persons. Unavailability of information, lack of qualified personnel, and the fragmentation of health services all join to cause this delay in seeking support, which in turn leads to the decline in the quality of a transgender person’s life and threatens their mental health. Transgender persons often mention depression and suicidal thoughts because, during
some stages, they don’t see any other way or possibility of a better situation. The fight they lead seems futile. Losing so much energy in search for information and professional support, they can no longer think about their future, nor do they see themselves in a positive light. Transgender persons need to be strong and mentally stable, because the whole process is stressful and can affect their health. Services offered by health care system should be clearly defined, accessible and publicly disclosed. If the services differ in quality, depending on the expert in question, and the information is circulated by word of mouth, it is evident that the support system is unsatisfactory.

A transgender person is in a more difficult position if they live outside of Zagreb, since they are faced with the problem of fragmentation of services and institutions. Namely, transgender persons living in small towns complain about the dispersion of the health system representatives. For some examinations they need to see doctors in the nearest bigger town, while some health services require them to go all the way to Zagreb. All these trips are time consuming and burden their financial resources.

It is important to note that for the majority of specialist medical examinations in Croatia you have to wait a long time, often even for months. For example, one person stated that they were supposed to wait for four months for an ultrasound check up, and in the end decided to make an appointment with a private practitioner, for which they had to wait only a few days. Every loss of time is a stress factor. Delayed support in the health system adversely affects the health of transgender persons.

Transgender persons find it positive that a lot of noise was made in Croatia regarding personal data change (name and gender), and that lobbying for legislative changes is necessary. But they also consider that it is not enough, and that the lack of medical teams that could deal with the health aspects of sex reassignment should be addressed as well.

Transgender persons most often come to psychiatrists and psychologists first, and it is therefore extremely important that they get support and valid information there. This first phase in some ways determines the rest of the process for a transgender person. The person taking this first step should get the support regarding identity and the right information about other services in the health system. The question is whether the expert will have transphobic views, whether they will understand the person and be able to provide adequate answers. For example, if a person lives in a small town, and goes to see the only psychologist there, it is questionable how the practitioner will react and how much will they know about the subject. As there is no standardized procedure, there is a possibility that they will not know the relevant information to pass on to a transgender person or that they will be led by their
personal attitudes, all of which reduces the professional level of experts and quality of service. We still don’t know the exact number of transgender persons who were discriminated against by the experts. The reasons for that are lack of established procedures, as well as lack of expertise. Transgender persons, so often faced with a negative experience, don’t have confidence in institutions, and we can only speculate how their process of sex reassignment might have looked like, and what were the steps they have or have not taken.

Seeing a psychiatrist is necessary for establishing a diagnosis needed to send a person through the further process of sex reassignment. In cases where a person would go to a psychiatrist without recommendations, they would often encounter lack of information, non-cooperation, and transphobic views. Sometimes the experts would themselves admit that they are not familiar with the subject and would send them to another professional. Psychiatrists would frequently mix the question of sexual orientation and gender identity. Transgender persons are often being told that they are actually not satisfied with their homosexual orientation and want to go through a sex reassignment process in order to become heterosexual. They are also being told that they can’t handle their sexuality well, which is possibly the thing that bothers them and they therefore probably feel guilty. That, in turn, is the cause of problems that need to be resolved. Experts sometimes ignore the subject the person came to see them about - the issue of gender identity - and sweep it under the rug, looking for other causes and issues that “explain” questions a person asks them. For example, if a person has problems with depressive thoughts that were a consequence of transphobic reactions or misunderstanding they have experienced, no one will look into the heart of the problem or listen to them, but will, instead, settle the situation with medication. Some psychiatrists were reported to have had inappropriate comments on a person: for example, they would say that if they wanted to be women, they should try to look more feminine, and that they are not exhibiting enough effort in that regard. Experts are sometimes not sensitized to working with young people who are still searching for themselves, questioning identities and living in fear of the reactions coming from their environment. Insecure transgender persons need advice, support and familiarizing with the possibilities that lie ahead. In cases when they don’t get support in the beginning, they lose trust in the health system.

There are no psychiatrists in Croatia who are formally trained to work with transgender persons. There are people who have experience with working with transgender persons, because transgender persons would come to them and that made them interested enough in the subject that they began educating themselves about it, which is certainly very commendable. Those are people who are beginning to emerge as experts familiar with the topic. There is no
systematic education, but all is left to the individual, or to the extent to which a person is interested in educating and informing people about the subject.

Transgender persons are satisfied with the work of only a few psychiatrists. These are people from whom transgender persons got support and understanding. They provide better service and support than others, and are informally recognized within the transgender community as trans-friendly experts. It is important to note that the satisfaction of transgender persons with the services of these psychiatrists varies. Experiences are different; it is just to say that there are no standards of support services. There is no formal information that they really are the experts in that area; transgender persons come to them usually on the recommendation of other transgender persons, i.e. by word of mouth.

Transgender persons often go to the following psychiatrists: Dr. Goran Arbanas (Karlovac General Hospital) and M. Sc. Davor Moravek (Clinical Hospital Center “Sisters of Mercy”).

Psychological assessment, diagnostics and counseling is done by psychologists. Transgender persons are also satisfied only with a few of them, but the problem is that there is no possibility of frequent regular psychological counseling that would be covered by the Croatian health insurance, but the same is available only in private practice.

Psychologists that transgender persons often visit: M. Sc. Iva Žegura (Psychiatric Hospital Vrapče) and Dr. Sc. Nataša Jokić-Begić (Center for Cognitive Behavioral Therapy).

There is no systematic psychological and psychiatric support, nor the continuous monitoring of the patients during and after the sex reassignment process. When they enter the process of sex reassignment, transgender persons experience various psychological states. Support is the basis of the whole process. If it is absent, then the quality of other medical services is also questionable.

When it comes to endocrinologists, transgender persons have different experiences. Some were satisfied, while some believe that better services can be obtained at clinics outside of Croatia. There are no officially designated endocrinologists in the Croatian health care system that support transgender persons. Certain experts in Croatia are willing to work and educate themselves on the subject and are slowly, through experience, emerging as experts who provide specific support required by transgender persons. Because of inadequate support and the high cost of hormones, some transgender persons are thinking about obtaining hormones on their own and taking them without medical supervision. These alarming data disclose the crucial need for better organization of work with transgender persons. F2M\(^2\) persons must

\(^2\) Persons who complete their gender as males, but were assigned female at birth.
themselves cover the cost of purchasing hormones prescribed to them by endocrinologists, while the cost of hormones required for M2F persons is covered by Croatian health insurance. The reason behind this is that these hormones are prescribed for women who have some other diagnoses as well, and are not specific to sex reassignment, while hormones taken by F2M persons are specific for persons who are in the process of sex reassignment. Nevertheless, M2F persons stated that, in the last few months, the policy of issuing hormones to M2F persons has changed, i.e. doctors are more rarely giving them out on prescription, meaning their cost is not covered by the Croatian Institute for Health Insurance.

Endocrinologist transgender persons are often seeing is: Primarius M.D. Velimir Altabas (Clinical Hospital Center “Sisters of Mercy”).

In Croatia, the major problem is the unavailability of surgical services for transgender persons. The only surgery possible in Croatia is mastectomy.

Mastectomy is done by M.D. Srećko Budi (Clinical Hospital Dubrava).

In a nutshell, if transgender persons have managed to get support and services in the health system up to this phase, this is the point at which they are forced to go abroad for surgery of sexual organs, since it is not available in Croatia. Transgender persons from Croatian usually go to a private surgery clinic in Serbia. Of course, this entails additional financial costs and more time needs to be invested in the process. Some transgender persons who have entered the process are now coming to a point where they need to undergo a surgical operation of genitalia, and this is when they hit the wall. Many of them are forced to stop at this stage because they cannot afford trips abroad and paying for the health care services in private clinics. Not to mention that it creates a lot of additional problems and decreases their quality of life. Transgender persons who wish to embark on a surgical operation are left to their own devices. Access to health care is dependent on a personal socio-economic status.

Transgender persons at the beginning of the process of sex reassignment are often not familiar with the possibilities that exist or do not exist in Croatia. Facing the obstacles they meet, they feel disappointed, they don’t know what to do at a certain stage, or where and how to move on. They are in a difficult situation; they have already started the process of sex reassignment, but due to financial reasons and lack of services they cannot continue with it. At this stage, they are left on their own; they have to deal with disappointments on their own, because they don’t have continuous psychological support. This is a delicate phase for them because they think they are not a complete person due to the unavailability of services in the health system; that they don’t have a whole body and are midway; that they will not be able to be sexually active and pursue relationships with partners.
A lot of people don’t know about different association, or who to contact and what possibilities there are. The subject of transgenderism is only now becoming visible. A large number of transgender persons have started with the process of sex reassignment, they have come to a point, and now they don’t know how to proceed. The problems don’t stop by recognizing that a person is transgender or by choosing another name. Problems are there all the way, and new ones are constantly emerging. There is no support system for transgender persons or coordination of experts currently working in the field.

Since recently, it has been possible to undergo mastectomy, and the costs are covered by the Croatian health insurance. Here it is also the case that the doctor is not part of the official team that performs operations needed for sex reassignment. Transgender persons who have opted for this surgery are hospitalized together with other patients with different diagnosis, most of who undergo mastectomy for reasons of tumor removal. We can conclude that the common accommodation of patients with different diagnoses is inadequate. The staff in charge of hospitalization is usually not educated or sensitized to such a wide range of diagnoses they encounter at their workplace.

It is important to note that there are long waiting lists for almost all examinations and procedures performed by these doctors. The waiting period varies, but sometimes it takes a few months, which is another factor that affects the quality of health care and makes the entire, already flawed process of sex reassignment even more difficult.

An urologist who would be at least trans-friendly, i.e. educated in transgender issues, does not exist in Croatia, and transgender persons are still looking for someone who would provide quality services related to the process of sex reassignment.

Gynecological examinations are usually performed in private practices since there is a deficit of gynecologist educated on the subject of transgenderism.

There is also another problem that transgender persons have to face – the unavailability of permanent hair epilation. In fact, it happens that M2Fpersons begin with hormone therapy, living their new preferred identity, but the body hair is still present. Transgender persons, who are dissatisfied with this state of affairs, are in an awkward situation, because at the moment there is no possibility that the cost of these services would be covered by Croatian health insurance. These services are very expensive and are preformed repeatedly in beauty salons or clinics that deal with aesthetic medicine. This is another intervention that allows some of them to feel good in their skin. When M2F people have visible hair, such as facial hair, which is impossible to hide, they are faced with problems related to appearance. People look at them strangely and even shout after them, they have trouble finding a job, and feel uncomfortable
in all life situations in which their external appearance comes to the forefront. They often experience violence in the public sphere because they are evidently transgender. This procedure is considered as cosmetic intervention, and transgender persons have to bear the costs themselves. It is not considered necessary in the process of sex reassignment, i.e. it is not recognized as one of the phases in this process. Transgender persons are forced to cope with the issue on their own and solve the problem by waxing, shaving or plucking with tweezers.

**Replies of the clinical hospital centers in Croatia**

In order to obtain a complete picture of the state of health services provider for transgender persons, query letters were sent out to the clinical hospital centers in Croatia. A question about the availability of health services was posed, i.e. which of the following are available in these centers: psychotherapy, hormone therapy, breast surgery, surgery of the genitalia, post-transition tracking.

The query letter was sent to the following centers: Clinical Hospital Centre Zagreb, Clinical Hospital Center “Sisters of Mercy” (Zagreb), Clinical Hospital Center Split, Clinical Hospital Center Rijeka and Clinical Hospital Center Osijek.

An e-mail reply was received only from the CHC Osijek, while the replies from other CHCs haven’t been received yet.

Reply from CHC Osijek reads:

*Dear Sirs/Madams,*

*Regarding your query we are free to inform you of the following:*  
*we inform you that at the Department of Psychiatry at the CHC Osijek there are currently no registered cases of gender identity disorder nor has there been any so far this year. The staff at the Department of Psychiatry at the CHC Osijek are trained to provide psychotherapy support to those persons who wish to enter into the process of sex reassignment, as well as the post-transition psychotherapeutic monitoring.*

*Sincerely,*

*Board of Directors, CHC Osijek*

Interestingly, none of the CHCs, except the one in Osijek, have found it convenient to respond to our query. The deficit response is an indicator that proves the state of health care facilities in Croatia. Rights of transgender persons are completely invisible and irrelevant, because there is no coordinated team of experts that would provide well rounded services, there is no transparent information on individual experts that transgender persons can see, and there is
not even the will to respond to an inquiry about the (non-) existent services. The attitude of these centers is more than clear. The institutions that should provide services equally to all citizens fail this test, because they are ignoring an entire segment of the population. Since there are no responses, we assume that they do not provide services related to sex reassignment. The deficit of the quality health care for transgender persons is a human rights issue.

**Reply of the Croatian Institute for Health Insurance**

A query has also been sent to the Croatian Institute for Health Insurance by regular mail. Its aim was to get the information regarding the covering of expenses of health care services, i.e. whether insurance covers services related to the process of sex reassignment for people diagnosed with gender identity disorder.

**Croatian Institute for Health Insurance has responded as follows:**

*Subject: realizing the rights of transgendered persons to the availability of health services related to sex reassignment in Croatia and abroad.*

*Regarding your query letter, this is to inform you that the decision on the need for the recommended surgical procedure is made by the specialist of the contracted health care institution, in accordance with the medical status of the insured party and their rights under Article 22 of the Law on Compulsory Health Insurance (“Narodne novine” nr. 150/08, 94/09, 153/09, 71/10, 139/10, 49/11th, 22 / 12, 57/12, 132/12 and 144/12). We would also like to note that if a specialist suggest the procedure, the approval of the Office is not required.*

*Sincerely,*

*Primarius Siniša Varga, D.M.D.*

For clarification, we here quote the Article 22 of the Law on Compulsory Health Insurance, which reads:

Persons insured by the Croatian Institute for Health Care Insurance, in accordance with the mandatory health insurance, are not provided with the covering of the costs of health care services that are provided in the manner and procedure not prescribed by this Act or subordinate regulations adopted under this Law, as well as:

- the discrepancy in the amount that ensues due to the increased medical costs that are a consequence of personal desires of the insured party due to their religious or other beliefs,
which require a treatment outside of the established health care standards outlined by the compulsory health insurance that is provided to all insured parties under the same conditions,
- experimental treatment, experimental medical devices, medical aids and medications that are in the phase of clinical trials, therapeutic and diagnostic procedures, as well as medications on patient's request, in circumstances where these procedures and drugs are not specified by the contracted health institution or contracted doctor of the Institute, in accordance with the use of rights to compulsory health insurance, or by their kind and amount don’t fall into the category of compulsory health insurance,
- cosmetic procedures, except for aesthetic reconstruction of congenital anomalies, breast reconstruction after mastectomy, cosmetic reconstruction after a serious injury,
- treatment of voluntarily acquired sterility,
- health care used by by-passing the appointment list within the standards of health care provided by the compulsory health insurance, according to the personal wishes of insured parties on the basis of their written statement,
- surgical treatment of obesity, except in cases of pathological obesity when body mass index (BMI) exceeds 40, or when BMI exceeds 35, but under the condition that the insured party suffering from other concomitant diseases,
- treating medical complications that arise as a result of the use of health care outside of the compulsory health insurance,
- health care provided by the employers or the units of local and territorial (regional) governments, according to the laws and other regulations,
- occupational health.

From the above, it is evident that CIHI considers it unjustifiable to cover the costs of health services related to sex reassignment. Exercising the rights of transgender persons falls under category of “extra” rights to health care. The message that is being sent across is that transgender persons are seeking the unnecessary or something that does not fit into or is not medically justified, even though it is, basically, a human rights issue.

Cited here is an example of a person who has asked for approval of medical treatment abroad at the expense of the Croatian Institute for Health Insurance:\footnote{Report on the condition of human rights of LGBT persons in 2012 in the Republic of Croatia (Lesbian group Kontra, Zagreb: 2013).}:

On 23 April 2012 the party has informed us that they want to undergo a sex reassignment operation abroad, since such operations are not available in Croatia. The party started collecting necessary documentation and signatures from specialist on a form prescribed for
submitting the application for approval of treatment abroad at the expense of the Croatian Institute for Health Insurance.

On 3 June 2012 the spokesperson of the Croatian Institute for Health Insurance (CIHI) was sent a memo by which CIHI was called to comment on the question of whether sex reassignment operations were performed in the Republic of Croatia, from male to female, in which institution and under whose guidance. We also requested to know which surgeons are adequately educated on the subject of filling out the forms that CIHI uses as referrals for treatment abroad. On 5 July 2012 a response was received from the spokesman of CIHI stating that CIHI finances procedures that are medically justified and that there is currently no consensus within the profession about whether sex reassignment is medically justified. After the party collected relevant documentation, on 29 July 2012 the Croatian Institute for Health Insurance was sent a request and a proposal regarding referrals for treatments abroad. On 17 July 2012, we received a letter from CIHI requesting a supplement to the demand, in the form of submitting additional documentation that is, in the opinion of the competent supervising body, required in addition to that already submitted in the file and which is prescribed in the file form. The supplement to the demand was sent to CIHI, and a request for the delivery of the opinion of the ethics committee was sent to the Ministry of Health. On 19 July 2012, CIHI sent another letter demanding a new supplement to one of the points of the request (to accurately specify and describe the purpose and methods of treatment) with doctor’s facsimile and signature, all within eight days. On 22 Sept 2012, Jasmina Reis, the person in charge of the procedure, stated that it is necessary to supplement the demand form so that a specific physician, whose domain includes the treatment in question, should supplement the form, all in coordination with a doctor from abroad who will actually perform the surgery. On 19 Nov 2012, the report, which delivered the requested, was sent to CIHI.

**Data from the media:**

As there are no official statistics on the number of people seeking health care services related to sex reassignment, newspaper articles that come up with some of the data have been examined here. We know that the accuracy of the information is questionable. That is the reason we don’t take it at face value. As there is no alternative information, they serve us as a framework for the situation in Croatia regarding health care for transgender persons. But the articles are certainly interesting, because they give us some information about the costs, names of experts and the number of transgender persons.
Jutarnji list: CIHI has paid sex reassignment surgery for 28 patients; 17 Feb 2008

Over the past ten years, according to the doctors who are in various ways involved in this process, 28 persons has successfully and completely undergone the process of sex reassignment in Croatia.

However, although there is no law in Croatia that would allow or prevent these procedures, it seems that most of them were done at the expense of the Croatian Institute for Health Insurance. Although the CIHI claims that they don’t have that information, it seems that the CHC Zagreb, where the surgeries were performed, managed to cover the costs through the CIHI.

Where to get the right information, how to come to terms with this problem and deal with it...

These were the questions we posed to a number of experts, from psychologists to endocrinologists, surgeons to lawyers. We even talked to the Ministry of Internal Affairs, unsuccessfully begged for opinions from the Ethics Committee of the Medical Association, corresponded with CIHI and, ultimately, came to hear intimate confessions of a person who has successfully undergone sex reassignment procedure.

A large number of those who, years later, do decide to review the options that are available to them, are likely to knock on the door of a psychology professor at the Faculty of Philosophy in Zagreb, Natasa Jokić-Begić. As part of her Centre for Clinical Psychology, she has been working on such cases for years now.

Professor Jokić-Begić usually sends her patients to endocrinologist Dr. Vanja Zjačić in CHC “Sisters of Mercy.”

- Only some of them come to the hospital in the end. Most of them take hormone therapy on their own, buying hormones online. Ampoules of the male hormone testosterone costs up to 200 kn, while the pills of female estrogen are around 70 kn – says Dr. Zjačić and raises the issue of medical ethics when it comes to sex reassignment. As this whole procedure is not regulated by law, and during which surgeons have to remove healthy organs as well, the doctor referred us to the Ethics Committee of the Medical Association. Almost a month was spent waiting for a response, but none was received. Namely, it was explained to us that this issue relating to the ethics of the physicians that performs the sex reassignment surgery was discussed at their last session, but that we’ll have to wait to hear their conclusions from their next meeting.

Procedures performed by plastic surgeons are the most complex part of the whole process. Professor Jokić-Begić says she was, up to recent time, directing all her patients at CHC
Zagreb, where a plastic surgeon Dr. Ivo Džepina\(^4\) specialized in this type of surgery. But since Dr. Džepina left the hospital, Croatia has lost the only surgeon who “knew how and was willing to.”

Since then, the professor has been suggesting Dr. Zigerla in the Psychiatric Clinic in Ljubljana to her patients. He then sends the patients to his colleagues. Due to a very bad experience of one girl, she advises everyone not to go to surgeons in Belgrade. Dr. Džepina also agrees with her, saying it is a very complicated procedure that should not be performed outside the clinical centers.

- The first time I performed such a procedure was in 1990 in the UK, and six years later I performed one in Croatia. Since then I have operated on 28 such patients at Rebro. Although it is a set of complex procedures, it seems to me that in Croatia, however, a bigger problem lies in the lack of understanding within the profession. Sometimes it seems that the public reacts better to the problematics than the doctors themselves, which is absurd. Perhaps the reason lies in the fact that the CIHI covers the costs of such operations so the doctors don’t mind. Of course, they do not realize that the mental health of persons with gender dysphoria syndrome is also compromised. After all, the global scientific community's position is that this is not psychopathology. Although I no longer perform such procedures, I have to say that I have eventually developed empathy towards these people and I'm really sorry to see that in Croatia their issue has still not been resolved in a normal and law-regulated way - said Dr. Džepina.

- Croatian Institute for Health Insurance does not track people who have undergone sex reassignment procedures, so we are unable to answer any of your questions. We emphasize that, to our knowledge, the issue of sex reassignment and covering of the costs associated with it is not regulated by legal acts - said Dr. Tihomir Strizrep.

Večernji list: *In CH Merkur a baby with both sex organs was born. The baby awaits several surgeries; 25 July 2011*

We at Rebro are the only ones in Croatia dealing with this area and have had seventy of these children in the past fifteen years. This is a rare, but not unknown anomaly - said pediatric surgeon Professor Dr. Stipe Batinica who also performs sex correction surgeries on hermaphrodite children.

\(^4\) The CV of Doc. Dr. M. Ivo Džepina that can be found on the web site of Glumičić & Džepina Medical Group states he was the first plastic surgeon in Croatia who performed a surgical sex reassignment procedure for transgender patients. He is currently working in the field of cosmetic surgery in a private clinic.
This inborn flaw occurs due to a lack of a particular enzyme, so that the sexual organ doesn’t develop to the fullest, and it is usually a child of a female sex.

But above all, it is necessary to establish the diagnosis as soon as possible by performing a series of tests - endocrinological, biological, and metabolic - to determine whether a child is genetically and gonadally of a male or female sex. Gonads are sex glands (ovaries and testicals).

The most important is to determine the sex of the baby, because then the exterior genitals can surgically be shaped - explains Prof. Batinica and points out that gender-neutral sex is mainly given female external genital characteristics.

**NGOs**

Services for transgender persons provided by NGOs in Croatia:

The first support groups for transgender persons were organized in 2008 by the Lesbian group Kontra in collaboration with Kristijan Randelović from Gayten. The aim of the group is getting together all the transgender persons, providing a safe space for sharing information and experiences, i.e. networking of transgender persons.

Kontra’s Counseling Center:
Tel.: +385 1 457 33 72
Mob: +385 98420942
E-mail: savjetovaliste@kontra.hr

That same year, the Lesbian Organization Lori launched a forum for transgender persons: http://www.lori.hr/psihologija/index.php?option=com_content&task=view&id=9&Itemid=38

The aim of the forum is to exchange information and experiences between transgender persons.

LORI Counseling Center:
Tel: +385 51212186
Mob: +385 91 5934 133, +385 91 493 4133
E-mail: lori.savjetovaliste @ yahoo.com

“Ženska soba” publishes booklets, pamphlets and almanacs on the subject of transgenderism.
Tel: +385 1 611 91 74
E-mail: zenska.soba @ zenskasoba.hr
In the early 2012, the first association for transgender persons was founded - TransAid, the first association in Croatia that focuses on the promotion and protection of transgender and transsexual persons’ rights. Trans Aid Croatia is an association for promoting and protecting the rights of transgender and transsexual persons, as well as for organizing support groups for transgender and transsexual persons, increasing the visibility of transgender and transsexual persons, and educating the public about transgender problematics.

Contact:
Mob: +385 95 554 9660
E-mail: transaidcroatia@gmail.com

Concluding words
Only seconds after birth, doctor’s outcry (girl or boy) throws us into a closed category that will define us till the end of our lives, and every now and then be the stumbling-stone over which we trip. Then come the toy cars and pink suits, so often accompanied with frustration. Alienated behavior characterizes the lives of transgender persons from their youngest age, when their parents determine for them how to act or dress, and what toys to play with. Parents are often uninformed; they think this is a phase or that transgender persons have invented transgender identity under the bad influence of the Internet and / or the society in which they move, so they often avoid communication. Transgender persons, their families and closest people in their lives therefore lack support and quality information about the possibilities that lie ahead and which could enable them to lead a quality life.

In order to get any idea on the availability of health services related to the process of sex reassignment, information should be sought in different places. It is up to individuals then to create the mosaic in order to obtain the clear picture of the situation. There is no transparent information available about the health institutions where experts provide services related to sex reassignment. In order to get some information, you need to search for it.

In Croatia, there are no coordinated teams of experts that would consist of a psychologist, psychiatrist, endocrinologist, surgeon, urologists and gynecologists. Transgender persons are forced to seek relevant information about the experts in the health system that are involved in the process of sex reassignment. An informal list of experts working with transgender persons, willing to educate themselves in this area, is being created through the experiences of transgender persons themselves. There is no standardized procedure. The quality of services depends on the willingness of experts to help, as well as their desire to educate themselves on the topic. Information can also be obtained by Internet networking of transgender persons.
Although there are some professionals who provide services to transgender persons, there is no official information about them. Those are also the arguments supporting the claim that there is no transparent procedure.

When transgender persons enter the process of sex reassignment, they have no information about the whole process or what to expect. There is no clear information about the services that exist in the Croatian health system, which costs should be covered by the Croatian Institute for Health Insurance, and through which phases they will need to go through.

In Croatia, it is currently possible to obtain services from psychologists, psychiatrists and endocrinologists. Of surgical procedures, the only one available is mastectomy. However, only a small number of experts began to provide these specific services, so that transgender persons have expressed varying degrees of satisfaction with their work. There is an informal list of people who work with transgender persons, and which is based on the experiences of transgender persons themselves. This is not the official position of the institutions in which they work. Queries were sent out to clinical hospital centers in Croatia regarding the provision of services for the sex reassignment procedure - the only reply received was the meager response from Osijek Center. Surgeries on the genitals cannot be performed here, so transgender persons go abroad or give up on the process. They hit against the wall, because they have started the process of sex reassignment, but due to financial reasons and lack of services, they cannot continue with it. They are being systematically destroyed instead of systematically supported.

Since Croatian health care system doesn’t offer comprehensive services for the process of gender reassignment, the Croatian health insurance should cover the costs of these services outside of Croatia. This is not a question of aesthetics, but a human rights issue. As the costs of medical treatments outside of Croatia are being covered when it comes to various treatments that are not possible in Croatia and which improve patients’ health and quality of life, in the same way should the CIHI cover for the procedures involved in the process of sex reassignment which is then performed abroad. The subject of transgenderism is still seen as some kind of a whim, something unnecessary, and the deficient state of health services runs along those same lines as well. Requirements of transgender persons are considered as something “extra,” something that is not a priority. There is a certain amount of wonder and questions as to why would anyone want to do something to their healthy body. Directly or indirectly, most transgender persons hit that same wall of stone-rigid opinions. It indicates a lack of elementary understanding of the subject of transgenderism, as well as the fact that the ground is burning beneath our feet and that it is high time for change.