

Polare Edition 5

Published: November 1994 Last Update: June 2013 Last Reviewed: September 2015

Editorial

by Craig Skinner, Polare Editor

Welcome to the World AIDS Day 1994 edition of *Polare*. As you are probably aware the Gender Centre supports World AIDS Day each year. Last year we held a barbecue at the Centre which was so well received by the community that we have decided to do it all again. So on 1st December, come along to the Centre at 6:30pm and help us to commemorate World AIDS Day, support our sisters and brothers who are living with H.I.V./AIDS and remember those who have died. It will be the usual deal; all food provided and lots of new people to meet.

You'll notice another great selection of articles in this edition. The amount of contributions we are receiving is very encouraging, the community has definitely taken *Polare* into their hearts. If you've sent us an article let me assure you that each and every article is considered for inclusion and although it may take a few editions it is more likely than not that you will see your article in the pages of *Polare* soon. So sit back, take a look at "Snapshots from the Family Album", find out about the good girls who do it too, learn of the experiences involved in a "Male to Neuter Transsexual Experience", visit South-East Asia with Roberta Perkins to find out about "Soft Minded Men and Bisexual Gods", examine some legal issues with Rachael Wallbank, look at a different opinion of hormone therapy in the "Tranny Sex Drug Scandal", feel the experiences of tranny boys and surgery in "A Couple of Boys", and "A Bit of Surgery", read up on some very important HIV/AIDS information that has been compiled specifically for people with gender issues. Of course there is much, much more so read on!

Manager's Report

by Bill Robertson, Gender Centre Manager

The Winter Solstice Barbecue was a terrifying experience, initially. The unfounded fear that I felt turning up to a barbecue and a house full of people that I did not know was, to say the least very scary. My anxiety levels were high as I arrived about three quarters of an hour late to the barbecue. Getting lost, missing a turn or two and attempting to find the right path again I was cursing under my breath, "Goddamn, you'd think these bloody street directories would be easier to read". I was in full blame mode.

Finally, a little faint voice in my head said, "aren't we getting a little self-centred ... ease up, slow down and take a few deep breaths, it will be all right. Ah, here is the right street, thank god". I park and wander towards the front door nonchalantly. I look through the open door at a group of people. My head started "rabbiting on" again, "Oh god, no familiar faces". The little voice said. "You are not even inside the front door yet and your carrying on like a kid not a 44 year-old." I ventured inside the front door past the offices

Feature Articles



On Sulawesi, a group of transgenders called Bissu were so highly regarded that they lived in the palace with the King.

Soft Minded Men

Across South East Asia there is an ancient tradition of crossing gender. In the folk tales of many societies we meet beings that change sex as a source of power. Join Roberta Perkins as she writes about the ancient traditions of gender-crossing in South East Asia.

Good Girls do it Too!

Some time ago, two young unemployed woman were introduced to an agency that paid attractive women to attend parties and spend evenings with well-to-do men looking for excitement and romance. It's lucrative, offers flexible hours and these two transsexual women love it!

Tranny Sex

Doctors have for years been turning transys into drug dependants with life-long addictions that render us much less psychologically and physically able to enjoy sex. They seem to think that the enjoyment of sex, is a luxury easily sacrificed to make us more "acceptable".

A Couple of Boys

Max sits in a brother's house, a brother whose pain and euphoria is unmistakably the same as his. Jasper and Max have arrived in Queensland, elated, emotional, tense, they prepare to undergo top surgery and then recover among friends that understand and care.

A Male to Neuter Transsexual Experience

Rather late in in life Robyn learnt by reading an article on transsexuals that ze was not alone in rejecting hir male identity. Having grown up being scornfully called a sissy, ze thoroughly hated my male identity so much that ze decided to get rid of my male appendages myself.

Lifestyle Concerns for People with Gender Issues

All people are at risk of being exposed to H.I.V. regardless of

and into the lounge room. Still no familiar faces. Finally in the kitchen area I spy two or three faces that I know. My levels of anxiety lowers measurably and I breath a sigh of relief. "Hi L ..., hi M ..., haven't seen you two for some time. L ... I like the colour of your hair, it suits you." I nervously move from foot to foot like a "Mellaril shuffle". Looking around for a drink, P comes my way offering me a drink. "Hi P, thanks for the drink, does it have any alcohol in it?" "No, this is an alcohol free gig." Slowly, the anxiety begins to subside after sitting down for a few minutes and I observe all the others in the room who are probably going through exactly the same feelings of inadequacy, if the truth be known.

their age, gender or sexuality. However, transgender people face unique risks and it is most important to be aware of these. This article aims to help you and your sexual partners manage these risks.

I observe people interacting, usually stilted niceties to begin with and then a sense of comfort sets in. People begin to mingle as the drinks and the food provide part of the props that allow a more comfortable transition.

This experience that I have identified above seems to be a natural part of being human. For me, this has been one of the biggest hurdles that I have had to overcome in my life to date. When I am in touch with my humanness and allow myself to feel what is happening then I know I am really alive.

As Project Manager of the Gender Centre, I now am finding a level of comfort that I am comfortable with. It seems to me the more I confront my fears the more comfortable within myself I become.

President's Report

by Jean Noble, Management Committee President

Hello to all, and welcome to the executive perspective where I will try to raise the awareness of the membership as to what has been happening on the committee and within the organisation generally. I trust everyone has recovered from the experience of our last Sleaze Ball and our association's annual general meeting and that a good time was had by all.

I would like to express my thanks to the membership for their show of confidence in me and the executive at the annual general meeting. The committee is:

- » **President** - Jean Noble
- » **Vice-President** - Dave Burrows
- » **Treasurer** - Faye Rescigno
- » **Secretary** - Ashleigh Martine
- » **Assistant Secretary** - Gary Lee Lindsay
- » **Ordinary Member** - Gina Burns

I would like to welcome and congratulate the new members and say that I look forward to working with them over the coming year and assure the membership that the executive will continue to do their utmost on their behalf.

Well, down to the business at hand (as I used to say to my clients, "hee hee"). On a serious note, the organisations continued funding by the AIDS Bureau which included new funding submissions has helped us enormously in enabling us to introduce new services, in particular the rural outreach service. Lea Westin, the community worker, gave me some very positive feedback on, among other things, the outreach trip to the north coast with Camille to introduce the new outreach service while presenting workshops and urgent counselling. On their return the girls were excited that this initiative had all the potential of becoming a standard undertaking, due to the important contacts and liaison that had been achieved up north.

Increased funding means that we were able to develop, in conjunction with the Family Planning Association, the *Transgender Information Resource* Pamphlets. These resources cover subjects of importance to the transgender community such as breast augmentation, hormone therapy and genital realignment. They are available from the Centre and most community medical services state-wide. The feedback from the community on the first pamphlets has been very positive, and indeed they seem to be fostering discussion on hitherto taboo subjects while spreading the necessary information they were designed to communicate.

The much missed "Social & Support Project" will soon be returning. The advertising period has finished and the sorting of applicants is well underway. The response has been absolutely overwhelming and I am delighted to see that many of the applicants identify as having gender issues. We are looking forward to an excellent result and to filling the position and reinstating the program within the next month.

Finally, on behalf of the executive and myself I would like to thank the staff for all their hard work and efforts in continuing the teamwork over the past months and say that I look forward to continuing our productive and happy rapport in the year to come, and take this opportunity to thank all the community organisations who have encouraged, supported and given input in enabling the Gender Centre to blossom and develop in its own particular and unique way. We at the Centre wish you the best in the future and look forward to your continued involvement with us.

I look forward to seeing you at our next social event, 'til then

contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.

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Soft Minded Men

South-East Asian Gender Crossing

by Roberta Perkins

Article appeared in Polare magazine: November 1994 Last Update: October 2013 Last Reviewed: September 2015



In Toraja society ... any warrior who had lost his taste for war and severing heads could abandon the warpath and become a woman and learn the religious arts. No one in Toraja society would condemn or ridicule him for his change in roles.

Across South East Asia there is an ancient tradition of crossing gender. In the folk tales of many societies we meet beings that change sex as a source of power. The famous witch of Balinese mythology, Rangda, is always impersonated by men in the ritual plays. In the traditional theatre of Java, Ludruk, a key figure is the transvestite, who teaches her audience the proper values of Javanese society. Before the arrival of Christianity and Islam, two religions which are particularly intolerant of gender-crossing, traditional priests and shamans from the Philippines to Indonesia permanently lived as women and were highly regarded by their societies. In this article we shall look at some of these social attitudes and compare them with modern day gender-crossing in Thailand, Java, Vietnam and elsewhere.

... boys who received a holy calling through spirit visitations were considered sacred and as basir were expected to live as women in honour of the tribe's bisexual godhead.

Perhaps a good place to start is with the tribal societies of Borneo because here perhaps we see the purest manifestation of the ancient practice of crossing gender. Among the Sea Dyaks gender-crossers were known from the first contact with European mariners, but our best reports are of a Land Dyak tribe known as Ngadju. Schwaner, a nineteenth century Dutch bigot, made this remark about the Ngadju trannies: "In spite of their loathsome calling they escape well-merited contempt". Harleland, another nineteenth century traveller to Borneo, cast a disapproving eye over the Ngadju with this comment about their shamans: "Dressed as women they are made use of at idolatrous feasts and for sodomic abominations and many of them are formally married to other men." What these early travellers to the region failed to appreciate due to their ethnocentric prejudices was the

essential role of the tranny priests (basir or "unfertile") in Ngadju society.

The way anthropologist Hans Scharer interprets it, boys who received a holy calling through spirit visitations were considered sacred and as basir were expected to live as women in honour of the tribe's bisexual godhead. At the important new year ceremony of the Sacred Service the basir performed the ritual of the creation when male and female elements combined. In other words, the basir were essential for making sure that the cosmos remained unified. Without them the world would come asunder.

On the northern Indonesian island of Sulawesi (the Celebes) lived a warlike tribe, the Toradja, greatly feared for their headhunting habits. Men strove to become great war chiefs and take many heads. Yet the society had a place for men who abhorred war. These became bajasa (deceivers), or transgender priests who lived as women and were fully-accepted into that role. In a warlike society such as the Toradja any man who chose not to be a warrior had no other option but to become a woman. Incredibly though, any warrior who had lost his taste for war and severing heads could abandon the warpath and become a woman and learn the religious arts. No one in Toradja society would condemn or ridicule him for his change in roles.

Still on Sulawesi but south of the Toradja dwelt the once powerful kingdom of the Bugis. Their priests were a group of trannies called bissu (asexual or bisexual), so highly regarded that they lived in the palace with the king, who wanted always to be close to their source of magical power. The bissu behaved as women in every regard, but due to their intimacy with the court they were restricted to certain behaviours. According to the sixteenth century Portuguese traveller Paiva, any impropriety with the princess, into whose bedchamber the bissu could enter, could end in their drowning, or if found having sex with any of the courtly women they were boiled in oil.

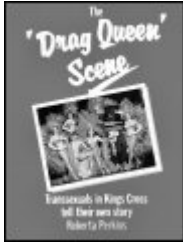
Bugis culture has been totally uprooted with the intrusion of Islam. Yet the bissu still have an important role to play in Sulawesi society today, as healers, as custodians of sacred cult objects and as prophets. Even among the Muslim community of Sulawesi bissu are respected. One bissu and successful businessman, Haji Gandaria, who also became a Muslim, has been to Mecca eight times, including once dressed as a woman. Contrast this to the outrage expressed by the Muslim community of Java who opposed the return of Ruben Vivianto to Indonesia after a sex-reassignment operation.

Gender crossing was also widespread across the Philippines. When the Spaniards arrived in the sixteenth century they found Tagalog shamans on Luzon dressed as women praying to a hermaphrodite god. Once again we see the divine influence of bisexual gods on the

society's holy men. However, to the south on the island of Negros the transgenders (bayot) of the Cebuans do not seem to have been priests or shamans. Today the bayot are only found in rural communities where they dress ambivalently and dress fully as women only during fiestas. They are not condemned by other Cebuans, nor are they highly regarded. A kind of joking relationship exists between them and their communities in which harmless teasing takes place. In Cebu City and Manila, though, we find the hardened attitude of Catholicism towards transgenders (or binabae as they are called in Tagalog). The binabae respond by adopting the western like attributes of transsexualism, with drag shows, prostitution and a strong desire for a sex-change dominating their lives.

Roberta Perkins

Roberta Perkins established the Gender Centre (then known as Tiresias House) in 1983. She is also a Senior Lecturer in Sociology at The University of New South Wales and has conducted many government-funded research projects into prostitution. A transsexual herself, she has the confidence of the people she interviews; a sociologist, she has counselled transsexuals for a number of years; an activist, she has worked with them in the struggle to overcome the problems they face every day of their lives. Roberta is also the author, and co-author of five books and scores of journal articles on sex work research in Australia and has also taught Native American Studies for many years in Sydney



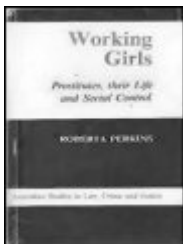
The Drag Queen Scene: Transsexuals in Kings Cross
Author: Roberta Perkins Publisher: Allen & Unwin (1983)
I.S.B.N.-13 978 0868610474

Through a unique series of frank interviews, *The Drag Queen Scene* deals with the experiences of male-to-female transsexuals who live and work in Sydney's Kings Cross area. It focuses on twelve people — showgirls, strippers, bar girls and prostitutes. Each of the twelve speaks for herself, providing first-hand insights into life and work in her world — a world a few people understand. Their stories uncover the raw reality behind the shallow popular view of the "Drag Queen". These revealing every-day accounts demonstrate how much accepted attitudes are based on ignorance, prejudice and callousness. By offering the reader a rare opportunity to view a closed subculture as its participants see it, *The Drag Queen Scene* is an attempt to break down the resistance facing transsexuals, to influence changes in social attitudes and the law. In this book, twelve voices, hitherto silent, challenge the reader to question the stigmatising and ostracising transsexuals endure.



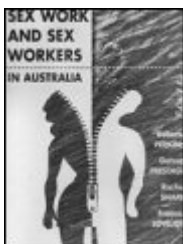
Being a Prostitute: Prostitute Women and Prostitute Men (with Garry Bennett)
Author: Roberta Perkins and Garry Bennett Publisher: Allen & Unwin (1986)
I.S.B.N.-13 978 0868616780

Constant media coverage and popular concern about prostitution, recent changes to legal and administrative regulations governing prostitution in its various forms in its several States, and the emergence of organised groups to represent the views and interests of prostitutes in public discussions and to influence policy formation ensure that the subject retains a high level of visibility and social significance. At the same time there have been remarkably few empirical studies of prostitution in Australia and our knowledge is largely confined to sensationalised reports of criminal cases and media exposés. So a book giving detailed accounts of the perceptions and experiences of a variety of prostitutes, male and female, homosexual and heterosexual, of different ages and background, and covering the diversity of forms of occupational types and organisational settings of prostitution at the present time would seem to be timely.



Working Girls: Prostitutes, Their Life and Social Control
Author: Roberta Perkins
Publisher: Australian Institute of Criminology (1991)
I.S.B.N.-13 978 0642158765

From Abe Books: This book has three objectives: 1. To demonstrate empirically that prostitutes are basically ordinary women with only their occupation distinguishing them from others; 2. To bring to the general public a balanced, well-informed view of prostitution, shed of its tawdry reputation; 3. To convince legislators to adopt a more practical method of dealing with prostitution.




Sex Work and Sex Workers in Australia
Author: Roberta Perkins
Publisher: University of New South Wales Press (1994)
I.S.B.N.-13 978 0868401744

From Google Books: *Sex Work and Sex Workers in Australia* is one of the most comprehensive books on the sex industry. This book's main focus is on prostitution and it is broken down on many levels: female, male, transsexual, health care, oral histories, and foreign workers (e.g.. Thai). It is very easy to read and one leaves this book with an excellent history lesson as well as viewpoints from both men and women which balances this book.

Call Girls: Private Sex Workers in Australia
Author: Roberta Perkins and Frances Lovejoy
Publisher: U.W.A. Publishing (2007)
I.S.B.N.-13 978 1920694913



From Booktopia:  *Call Girls* casts a penetrating, red light gaze upon the upper echelons of the world's oldest profession: private sex workers who use the telephone as a means to solicit clients. Containing frank accounts from women working in the Australian sex industry, *Call Girls* puts a human face on this hitherto shadowy, clandestine world as it documents how many women became sex workers; run their businesses; maintain their health; and how the call girls work affects their relationships with husbands, lovers and families. Far-removed from the moralising, victim stereotypes and *Pretty Woman*-inspired fantasies which pervade popular culture, *Call Girls* places the world of the sex worker within social, political and legal contexts which will surprise and change the preconceived notions of many readers.

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Good Girls do it Too

Two Transsexual Sex Workers and Talk About Their Experiences

by Michelle & Georgina

Article appeared in Polare magazine: November 1994 Last Update: October 2013 Last Reviewed: September 2015



I loved the work but I was exhausted

This story began a short time ago. A young unemployed lady decided to work for a madam. She discovered her first date was a city businessman and was set up by someone who paid attractive women to attend parties and spend evenings out with well-to-do men looking for excitement and romance. It's lucrative, offers flexible hours and has been described as fun. It's how these two transsexuals justify working as sex workers and talk about their exclusive experiences.

When you're working ... you adopt a certain persona to get through ... it's like being schizophrenic ... you have different roles for different occasions.

Michelle 27, Double Bay

"I was doing my final school year at Sydney Technical College at the age of nineteen. I wanted to go to university but I was poor, Austudy wasn't enough. I was broke and very hungry but because I was studying, I didn't have the time to take on regular work. It came to an absolute head one day and I thought, 'enough is enough'. This is my story!

I am a transsexual and I knew people who had been sex workers and successful. They were intelligent, presentable, respectable and could afford lots of treats. I decided to join

them.

Firstly, I was recommended and worked in a brothel four nights a week from 8:00pm to 4:00am with an average of ten clients each shift and studied during the day from 9:30am to 5:00pm. I did it for about four years and earned about \$2,000 a week. I loved the work but I was exhausted. I probably didn't do as well at Tech as I could have though.

It put a lot of stress on me. I knew if anyone found out, like friends or my boyfriend, it would change their perception of me. I compartmentalized my life.

I made lots of money but I couldn't keep any of it because I couldn't reconcile having so much money and being a student. If I'd bought bonds, my boyfriend would have wanted to know how. So a lot of money got spent on romantic moments and memories, with nothing to show for it.

When I eventually got to university I started doing escort work and thought I might get spotted by someone who knew me or that a client would walk in and I would know them. It did happen. He didn't know where to look or what to do. I wore wigs and different make-up and dressed in clothes I don't normally wear.

I still haven't finished my university course. I had this idea about what university would do for me but it's what you put into it that matters and I didn't put in much!

I'm now working for the Sex Workers' Outreach Project which offers information and support to sex workers in the industry

I got out at twenty-five. I thought I was too old and didn't have the earning capacity of a younger person. I've been left with very expensive tastes but I don't regret it at all. I do miss the excitement, fun and the men. But, I'm happy, now!

Georgina, 36, Darlinghurst

There's a certain type of monetary gain being a sex worker that makes life just that little bit easier. Because I worked in the entertainment industry before, the sex industry has always been there for me. But I've never looked at it as a career.

Of course you do question your own morality but I just wanted some financial security and put some bikkies in the bank while I was still young enough to be working. It paid for a good lifestyle, took away the struggle and I enjoyed my work.

When you're working, whether it's in parlours, privately or on the streets, you adopt a certain persona to get through. I'm a transsexual

but it's like being schizophrenic ... you have different roles for different occasions.

I made a lot of money doing it but it was exhausting the mental fatigue. I was always very evasive with friends about where I was and I always set up a legitimate excuse. I was in disguise while I was working. I virtually was a different person.

But the chance of being discovered is a terror you always live with. I did have a lot of near misses. Your heart skips a few beats when it happens. But if someone asks you what you're doing there, you can always ask them the same thing.

I did it for ten years and I don't regret it. I did it for a purpose and I achieved that purpose. I took the rewards and left. I was lucky enough to be in that position. Now I am really enjoying my sleep.

If I meet a partner later on, I don't know if I would tell him. My past isn't going to change, the justification has already happened. If it was necessary to tell him, I would. If it wasn't, I don't see any reason to rock the boat. And I am quite a moral person, I would expect monogamy.

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Tranny Sex

An Unnecessary Luxury Easily Sacrificed

by norrie mAy-welby

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For the purpose of this article, "tranny" refers to "M.T.F.", the case the author is more familiar with, although much may similarly apply to "F.T.M.."



norrie mAy-welby

For the last fifty or so years, medical doctors have been turning transnys into drug dependants with life-long addictions to a psychoactive drug that renders us much less psychologically and physically able to enjoy sex. The medical doctors seem to think that sex, or at least the enjoyment of sex, is an unnecessary luxury easily sacrificed to achieve the goal of making us more "acceptable". None of the medical doctors seem to have considered the enormous damage to our health and sense of wellbeing caused by a significantly reduced ability to enjoy sex, particularly masturbation. Yes, masturbation, a gift given to us by Mother Nature so

... doctors have been turning transnys into drug-dependants with life-long addictions to a psycho active drug that renders us much less psychologically and physically able to enjoy sex.

that we could directly experience pleasure in our existence, despite what our critical parents or judgmental society had to say about us.

These drugs are hormones, the addiction that seems hitherto unacknowledged. But every day that it stays in the too-hard-basket for transnys, D.& A. workers and medical professionals, another tranny gets hooked, and more and more damage is done to those already hooked. They are drugs! We should at least get out of denial long enough to acknowledge this. Hormones for transnys are commonly either synthetic, brewed in a chemical laboratory, or equine, distilled from horse's urine. They are not a natural addition to the human body like Vitamin C or riboflavin.

What is only tangentially acknowledged in the pharmaceutical manuals is that these drugs are potentially psychoactive, causing an increased tendency to depression, subservience, emotional dependence, less ability to challenge "authority", strong mood swings, lack of concentration, poor memory and low self-esteem. The wisdom of routinely prescribing such drugs to a set of people whose personal resources are already much taxed by the hostile environment of a rigidly gender policed society is questionable, to say the least. Because of the abovementioned effects, the tranny adversely affected by hormones is less inclined or equipped to challenge or question this drug regime. Further, because these are psychoactive drugs of physical and psychological addiction, the addict is even less likely to challenge the authority of the prescribers, upon who they are dependant upon for supply.

The resources, self-will and self-interest of many transnys on these drugs are so far diminished by the time that even more sinister physical effects manifest that they tend to accept without question the diminished physical ability to enjoy sex or masturbation. Apart from the psychological effects of depression and such outlined above, the expression of sexuality is further crippled by a lessened ability to achieve erection (If you are tempted to think this is favourably indicative of "girliness", consider how sexy a woman unable to experience clitoral arousal would feel), a lessened ability to reach orgasm, often an inability to ejaculate, experiencing physical pain from arousal (as the biological mechanisms that facilitate erection atrophy), and even a much reduced capacity to enjoy being fucked, as the once erogenous prostate gland withers away under the onslaught of foreign hormones and testosterone deprivation.

I don't know how typical this is of other transnys, but in my case the medical doctors also routinely prescribed mogadon®, serepax®, prothiaden®, temazepam and rohypnol®. Yes, all at once, and no, I didn't "doctor shop". They saw this level of doping as medically appropriate, and I, experiencing all of the effects listed above (in varying degrees), was in no state to question them. Rendered insensitive to my own body by both the hormones and the more recognised depressants, I never even thought to ask them why arousal caused me such pain. And they never thought to warn me, apart from vague long-term concerns about cardiovascular effects, employment and relationship prospects, and the increased danger of tobacco. Thanks, guys.

It's hardly surprising that someone who experiences agony every time their penis is aroused will agree to its removal, particularly when they are so isolated from their own body, feelings and emotions by the standard transsexual medical philosophy ("Trapped in the wrong

body!") and drug "therapy".

It seems to me that the sole concern of the medical profession prescribing drugs and surgery for transnys is "Can we make this person into a reasonable simulation of a woman?" Not whether the tranny will be happy, or capable of experiencing full sexual satisfaction (for this is clearly not an issue, given the documented effects of the hormones, and the post-operative effects of prostate atrophy and genital nerve amputation), but will the tranny seem like a woman (which is usually defined as a man's idea of a woman) and (in the case of genital realignment) be suitably satisfying to their sexual partners? (Trannys incidentally, are told by the plastic surgeons that their genital realignment will make them indistinguishable from women. Perhaps with the sort of partner who doesn't care to really look or go down there, but otherwise, it just ain't so.)


As the philosophies of health authorities move from "sickness management" to "fostering wellbeing", full potential for happiness and self-expression is an outcome that should take priority over conformity to (socially or surgically) constructed gender "norms". As long as we depend on the approval of others, we can never truly be happy and free to express ourselves.

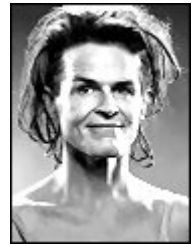
Trannys and ways of being beyond rigid gender conformity have existed long before the medical profession took ownership and control of transsexuality. There are non-medical options beyond sexual conformity, and for transnys with a poor body image, low self-esteem or internalised homophobia, I would suggest that it may be beneficial to address the underlying factors {which may often stem from the family of origin, sexual repression, genital taboos, childhood abuse (whether physical, sexual, emotional or psychological), no longer useful belief systems, body stereotypes, undeveloped stress - coping mechanisms, and/or vulnerability to other people's judgments about gender and "acceptable" behaviour), rather than simply pursue the current cosmetic approach (of drugs and surgery).

I would never tell any tranny that they should or should not take any particular drug, nor presume to tell them what surgery is good or bad for them, but informed choice requires information. Do what you truly feel best sisters, but make sure you've got all the facts and know all your options and their consequences.

The Hippocratic Oath, while I am not sure if medical doctors in this country take it, has these pertinent words to say to all medical providers: "First, do no harm.". Bear this in mind before you prescribe psychoactive and powerfully addictive drugs that could cripple your patient's sexuality.


norrie mAy-welby

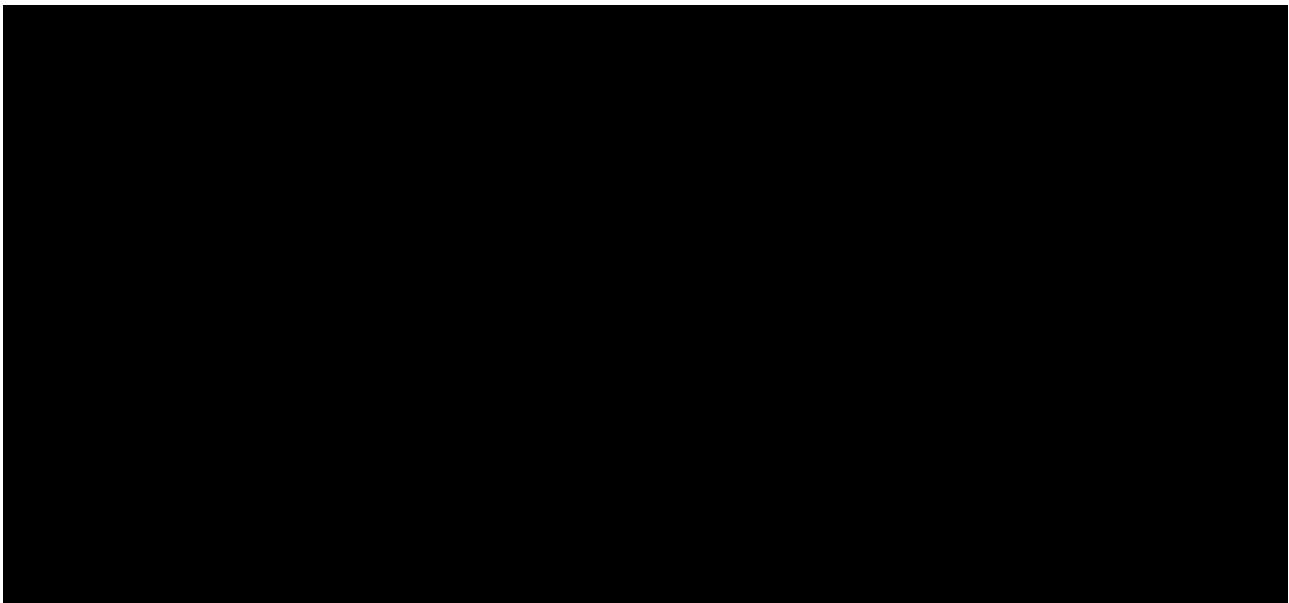
From [Wikipedia](#)  norrie mAy-welby became the first person in the world to be officially declared to be neither a man nor a woman, making Australia the first country in the world to recognise a "non-specified" gender.



Born in Paisley, Renfrewshire, Scotland, as a male and moving to Perth, Western Australia at the age of seven, norrie underwent male-to-female reassignment surgery in 1989, but later found that being a woman was not what zie felt like either. Zie moved to Sydney in the early 1990s. Doctors stated, in January 2010, that norrie was a neuter, neither male nor female, as hir psychological self-image was as a neuter, hir hormones were not the same as a male's or female's, and zie had no sex organs.

One of hir worries about being labelled male or female is that zie now looks like neither and is physically neither as well. Because of this, if hir passport states gender as being one or the other, it is possible that zie might be detained for not fitting what the gender field says zie should look like. This was one of norrie's reasons for seeking recognition as gender neutral. Of hir own sexuality, norrie has stated: "I'd be the perfect androgyne if I was completely omnisexual, but I'm only monosexual. Just think of me as a big queen girl."

norrie has been an integral part of the Gender Centre in many ways since moving from Western Australia many years ago. [Visit hir website for more about norrie](#)  Meanwhile, this excellent video has appeared on You Tube, an interview with norrie in which zie explains her views on many topics





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A Couple of Boys

Max and Jasper's Top Surgery Trip to Queensland

by Max Zebra-Thyone

Article appeared in Polare magazine: November 1994 Last Update: October 2013 Last Reviewed: September 2015



Thursday 17th March, 1994, and what a very special day it is! In fact, the whole week has been special, for here I sit in the house of a brother, alongside another brother whose pain and euphoria are the same as mine. On Sunday, Jasper and I arrived here in Queensland. Larano and Jamie were there to greet us at the airport and to whisk us off to Jamie and Sheryl's (*House of Recovery*) home where we'd be spending the next fortnight.

I'd been through theatre a number of times before and had experienced a degree of nervousness and fear but this time there was just a feeling of peace and total relaxation.

The Valium[®] we'd had for the flight (both being terrified of flying) had worked so well at keeping us relaxed we had some again that night, because tomorrow was our big day. So, at what felt like the crack of dawn, we crawled out of bed, showered and headed for the Wesley Surgical Centre.

Jasper was due to be operated on first, around eight-ish, and so he was. They decided to operate on a youngster between our ops, which you think would throw me into nothing short

of panic. Thank the health food stores for valerian, I was so relaxed I even nodded off to sleep in the waiting room. A young nurse came out at one stage to explain the delay and on my request about Jasper she promptly returned with the information that all had gone well and he was in recovery doing nicely.

When finally I had to go in, I was asked to change into a flattering outfit of surgical gown, disposable paper hat, bootees and knickers. Left sitting in a chair while they prepared the operating room for me, I was able to see Jasper lying in recovery through a curtained doorway. I waved to him and kept looking over but I guess I'd neglected to remember that just because he appeared to be awake and talking to the nurses didn't necessarily mean he was with it.

Soon enough I was asked to follow a nurse into the theatre. Once there she introduced me to the other nurses in the room. (Who would remember what they looked like later when they all wore surgical gowns, masks and hats?) The anaesthetist whom I'd met earlier, arrived soon after I'd been settled on the table with a pre-warmed blanket. I'd been through theatre a number of times before and had experienced a degree of nervousness and fear but this time there was just a feeling of peace and total relaxation. The anaesthetist applied a needle to my arm then as he was injecting the anaesthetic, asked if I was ready for a sleep. All I remember saying was "Yeah", and closing my eyes.

I awoke some time later attempting to remove the oxygen mask from my face. Shortly afterward they moved me to the ward where next to me, in his bed, lay Jasper. We looked over at each other and croaked out a "Hi", a faint semblance of a smile playing on our lips and faces. We knew that the waiting was finally over.

After popping in and out of sleep for what seemed like an eternity, I was able to stay awake longer. Jasper was having a cursory bath and being shuffled out to a recliner chair, the next stage before going home. Jamie in the meantime was playing mother hen and going from one to the other of us lending all the support he could.

Hours later after the 'do not be sick' and 'do not pain' injections appeared to be working I was waddled out to sit beside Jasper. I must say, he kept looking a hell of a lot better than I felt. But I don't know how real that was at the time. I'm not sure what the anaesthetic was that we were given but it caused me to be sick again. I understand that the walk of ten to fifteen metres was enough to cause others such as Jasper the same stomach churning discomfort.

Jasper was allowed to go home soon after. Me? Well I was being my usual stubborn self and not really coming out of it (or is that to it?) as quickly and effectively as my brother, so I was kept some time longer. So, off into the world Jasper taxied with Jamie, home to bed while I stayed sleeping with Larano as my companion/guide/driver, who with efficient haste brought me home when it was time and helped deposit me in my bed opposite my brother in our dormitory of healing. The next day we were up, dressing gowns over our pyjamas, drains and tubes in supermarket carry bags and off to the medical centre to have our drains removed.

And, oh hell, does it hurt? First there's the prodding of the scars and then the tubes are literally whipped out. It certainly leaves the body

suffering mild shock and a lot of pain, enough that when we got home we went straight to our beds to seek refuge in sleep.

At times we have been so euphoric that we laugh hysterically and at others the pain is so much that we need to take a tablet and sleep to escape. Night-time goes hand in hand with pain-killers and sleeping-pills and yet we still wake up in the middle of the night tossing and turning for hours, unable to go to sleep and so need to be drugged again. Soon, hopefully, this need will cease to exist but we understand that part of it is caused by having to constantly sleep on our backs, I though, have sometimes found a place sort of on my side where I can lie for a while bringing some respite to my back. Mornings and days exist of vitamins, minerals, royal jellies and arnica treatments to help the healing on the inside. And to deal with the boredom, it's television, television, more visits to the medical centre, five-minute shuffles around the garden and of course more television (that is, if we're not sleeping).

Sheryl and Jamie have been pure gems. Jamie, especially on the first night was up every half an hour checking our drains and making sure we were all right. Sheryl, after having nursed Jamie for a couple of weeks after his operation (only three to four weeks ago) is now back at work and helping to care for us in the evenings. The concern from 'our family' in Sydney has been wonderful. From phone calls of inquiry about us to flowers, all let us know that we're cared for and loved very dearly.

And now in the background whilst I've been writing, I've been listening to the sounds of Jasper's new-age and classical tapes brought from home and constantly feel my eyes filling with tears. I wonder, is it for the loss of what for at least twenty-plus years was a part of me? Is it in anticipation of the bandaging and stitches coming off and out this afternoon and my fear and excitement of what I will see? Or is it just my body's way of showing relief that it's all over? Whatever the reason, I guess it doesn't really matter except that to cry is to heal that part of me that scalpel, herbs and talk can't reach. To acknowledge that it is as important to cry as all else that has happened and all that is to follow, while I heal my new chest and grow a new mat of hair where all was once shaved.

Postscript: Jasper and I are to attend the medical centre again next Tuesday to have the stitches removed. For reasons known only to himself our surgeon didn't remove them today. Jasper's scars look good and the result of his surgery I feel is something for him to be very happy with. I still have a small amount of fluid contained on my left side which gives the appearance of slight bustiness. Hopefully on Tuesday, if it is still there, it will be aspirated and my chest will be as complete and as promising as Jasper's.

Apart from the pain which is still in varying degrees at various times of the day, I judge that Jasper and I are making a quick and steady recovery brought about by the care given by our brother and sister here in Queensland. And by having a brother by our side going hand in hand through the very same process. Thank you to Jamie and Sheryl, and a special thanks to Jasper for being my 'bobbsey-twin', I'm sure the whole process would have been a much harder and lonelier road without you.

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A Male-to-Neuter Transsexual Experience

Taking Matters into My Own Hands

by Robyn Araluen Grotjohan

Article appeared in Polare magazine: November 1994 Last Update: October 2013 Last Reviewed: September 2015

From about the age of seven years, the time when I became aware that I was a boy, and that I was not supposed to cry (because tradition says that boys don't cry), I gradually became aware that being a boy had side-effects. Boys were accepted for what they would become when they were grown up, girls on the other hand were liked for what they were, simply girl, never mind their future fulfilment.

Being male was tolerated, not loved. When I tried to be like a girl in behaviour, I was scornfully called a sissy, whilst you could plainly see that girls who behaved like boys were adored as tomboys. 'Tomboyism' was considered cute. I learned that 'girls are sugar and spice, and everything nice', boys were second rate 'frogs and snails'. Later being checked up for my army service, I was told that I was "a nice bit of cannon flesh". Indeed males are the expendables during armed conflicts, to be sacrificed in their millions.

By the time I was twenty years of age I had absorbed so much of this type of discrimination that I thoroughly hated my male identity and went to see my family doctor and asked to be castrated. I was practically thrown out of his office. Not to be deterred I went to see another doctor, and with a resounding NO ringing in my ears I was out on the street thirty seconds later.

By this time I was becoming so determined to get rid of the offending male appendages that I decided to do the job myself. I acquired a local anaesthetic, some antiseptic, a needle and thread, a good sharp knife and set to work. Well dear reader, Roberta Perkins wrote in her article 'Geldings for the Gods' (see *Polare* edition 4) that young males in Babylon had a ritual of slicing off their genitals. I don't know how they avoided bleeding to death, for let me tell you, that is what would have happened to me if I had not made a quick trip to hospital. This experience taught me that this is a job you cannot do yourself.

After this I went through a frustrating thirty-year period of time of alternatively accepting and rejecting my male identity. I never married, for in order to make marriage a success you first of all have to live in peace with yourself before you can make another person happy. I kept busy in sports and hobbies.

Rather late in in life I accidentally learnt by reading an article on transsexual operations that I was not all that alone in rejecting my male identity. The person who wrote the article was reported to do counselling work for transsexuals and I went to see her for advice. She informed me that such operations were only performed on men who intended to become female in appearance and that you had to live and work as a woman for a year or more before such an operation was performed. As I did not intend to become female, but longed for the neuter state, she said I would never succeed in obtaining such an operation in Australia.

With great determination I set to work to overcome this obstacle. I wrote to specialists in Germany and Singapore, no good! I did the rounds to just about every psychiatrist in Sydney. They were all keen to put me on all sorts of 'happy pills' to cure me of my obsession, but consent in writing to a plastic surgeon to get the job done without the use of female hormones was not forthcoming. It became a sort of battle of ideals with them, they sticking to their perceived principles, whilst I hung on to my ideals with grim determination.

Friends, this battle went on for about ten years, me growing older and seeing time slipping away. I was about to agree with the counsellor, that it could not be done in Australia, but persistence pays. One final try with a sex counsellor and another trial time on 'happy pills' brought the 'go-ahead letter' to my plastic surgeon! In spite of that letter I sensed reluctance by him to perform the job as this was not the done thing. Male-to-neuter is not the regular program. He gave me his due warning that "All of that will be gone" accompanied by a sweeping gesture towards my miserable appendages. I accepted my destiny, thrilled at last to become the neuter person I wanted to be for most of my life.

Can you imagine how I felt when I finally climbed on the operating table under the huge overhead operating lights? Scared? Nervous? No way! I was in a state of jubilation and that was how I still was when I opened my eyes again about two hours later. That day to me became better than my birthday and I will celebrate it as such from now on. I have been smiling ever since, my awkward male behaviour had gone and for the first time ever I was able to relate to women as my equals, as my sisters. Those who knew me remarked on my happy facial expressions and how much better I looked, without even knowing what had caused this change.

Freed from my male hormones I even fell in love intensely and totally, for the first time in my life. The object of my devotion was a single lady whom I had known for about three years. I even dared to propose to her trembling in my boots. Unfortunately she turned me down, kindly but firmly, as she had been so hurt in the past by some nasty male. So she could not entertain any thoughts of trying again. I cried as I have never cried before, totally surprised by the intensity of my emotions, which I had never thought possible for a

Rather late in in life I accidentally learnt by reading an article on transsexual operations that I was not all that alone in rejecting my male identity.

person without the drive of male hormones. But the experience related in *Polare* of August 1994 page 7, of Jay, a male-to-female person, seems to indicate that this is totally possible. It is likely that future articles in *Polare* will bring out such like experiences of a similar nature.

As for me, I assess myself to be an ideal husband for a female who is emotionally scarred by a rape in childhood and who is not able to relate normally to a male in a sexual way. My urges are limited to nurture and protect and share ordinary every day things, without the need for sexual intimacies. Finding such a one is of course next to impossible as women don't like to advertise themselves in this way. But then again, I have no sexual drive to force me to find such a one. Otherwise, as unbelievable as it may sound, I have come alive with every fibre of my being. I have come to enjoy music and my swimming and canoeing sports with an intensity as never before. My mind and body have blended together as one vibrant unit of life at long last.

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Lifestyle Concerns for People with Gender Issues

Protection against H.I.V. and Other Dangerous Viruses

by Unknown Author

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Only condoms can help protect you during intercourse from the H.I.V. virus and other sexually transmissible diseases.

All people are at risk of catching the H.I.V./AIDS virus regardless of their age, gender or sexuality. Unprotected anal or vaginal sex are known high risk practices for transmitting H.I.V.

Sharing needles or exposure to contaminated blood and blood products is also known to easily transmit H.I.V. Oral sex may also be a risk if the receptive partner has lesions (e.g. cuts, ulcers, gum disease, recent dental work) in the mouth.

People with gender issues, however, face unique risks and it is most important to be aware of these. This article is to help you and your sexual partners manage these risks.

If you have an offensive smelling vagina then see a doctor rather than douche, as an unpleasant smell could be a symptom of a sexually transmitted disease.

How Can I Protect Myself:

Hair Removal

If you shave or wax your body or pubic hair, be careful of cuts and scraping. Cover any cuts and abrasions before sex and never allow anyone's body fluids (blood, semen or vaginal fluids) on damaged skin. Be particularly careful if you shave your pubic hair, legs, chest or armpits and then engage in "trick sex" (having intercourse between closed thighs or under armpits etc.)

Needles

Some people may use syringes/needles for hormone injections. H.I.V. and other dangerous viruses including hepatitis can hitch a ride in a shared needle or syringe. If you inject your own hormones or help friends with theirs, keep a clean supply and never share needles or syringes.

Needles and syringes are available from the Gender Centre Needle Exchange program. They stock correct size needles and syringes for the administration of hormones and for intravenous drug use.

For 24 hour information on needle exchange services call A.D.I.S. on 9331 2111. Needles and syringes can also be obtained from many chemists as part of their exchange programs for a small fee.

Taping, Strapping and Tucking

If you are taping, strapping or tucking you could create a warm moist area leading to skin disorders, chaffing and dermatitis.

Removing tape roughly could result in damaged or broken skin. Any of these increase the risk of the virus penetrating your skin during sex, particularly if you get someone else's body fluids onto that region, as might happen from unprotected "trick" sex.

So: Always use condoms.

Try to keep these areas as dry and clean as possible (unscented sterilized talcum powder may help) and let them breath a bit when you're in private.

Remove tape carefully and remove any traces of adhesive with something gentle and soothing like eucalyptus oil.

Surgery

If you have recently undergone any surgery that has involved any areas of your body that may be exposed to body fluids during sex, then be sure to cover the area until your skin has completely healed.

Douching

If you have a neo-vagina (created through surgery), a natural vagina or engage in receptive anal intercourse you may practise douching to keep these passages clean. Douching weakens the lining of the anal passage or vagina and removes friendly bacteria and mucus, exposing the porous membranes (surface skin lining) and increasing the risk of H.I.V. transmission and the risk of contracting general infections.

The practice of frequent douching is generally discouraged by health workers. If you feel you must douche for personal comfort, then it should only be practised once a week at most.

If you have a vagina then it is best to try and keep it slightly acidic as this will minimise the damage to friendly bacteria, while discouraging infections. This can be achieved by using a product called aci-gel that can be bought at the chemist. Use about a third to a quarter of an applicator two times a week. If you continue to douche, try to maintain the acidity by using a mixture of warm water and vinegar (one part vinegar to twenty parts water).

Remember douching and gels are not an alternative for safe sex. Only condoms can help protect you during intercourse from the H.I.V. virus and other sexually transmissible diseases.

Douche equipment should never be shared without thorough cleaning between uses.

If you have an offensive smelling vagina then see a doctor rather than douche, as an unpleasant smell could be a symptom of a sexually transmitted disease. Doctors who work in women's health, for example through Family Planning N.S.W. have experience in vaginal care.

Remember you have the right to be treated with respect when receiving medical treatment.

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