

Polare

MAGAZINE OF THE NEW SOUTH WALES GENDER CENTRE



Edition 85

October-December 2010



the Gender Centre Service Magazine

The Gender Centre is committed to developing and providing services and activities which enhance the ability of people with gender issues to make informed choices.

The Gender Centre is also committed to educating the public and service providers about the needs of people with gender issues.

We offer a wide range of services to people with gender issues, their partners, families and organisations, and service providers.

We specifically aim to provide a high quality service which acknowledges human rights and ensures respect and confidentiality.

the Gender Centre

The place to go for confidential, free services for people with gender issues.



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www.gendercentre.org.au**

**The Gender Centre is staffed
10am-5.30pm Monday to
Friday**

DROP-IN

Wednesday 6pm - 8pm

**All other times by appointment
only**

Our Services

- Support and education
- Social and support groups
- Drug and alcohol counselling
- Quarterly magazine *Polare*
- HIV/AIDS information
- Condoms and lube
- Needle exchange
- Accommodation
- Referrals to specialist counselling, medical, HIV/AIDS, education, training, employment, legal welfare, housing and other community services
- Outreach - street, home, hospital and jail
- Counselling and support groups for partners and family

Residential Service

For all enquiries relating to the residential service, please contact us.

Cover: **Warren Fegan**, twenty-year-old trans man. Warren recently moved to Sydney from a small town and is active in the newly formed FTM support group. He says he “likes getting lost and finding his own way”. That applies to a lot of us in this community, Warren!

October-December 2010

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THE FINE PRINT

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Polare A Magazine for people with gender issues

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DEADLINE

for submissions to the next edition of **Polare** is the
eighth of December 2010

The Gender Centre is funded as a health and welfare centre for the transgender and gender questioning community. While we endeavour to promote the rights of the community we are not funded as an activist or political centre. Nor, with the limited funding available to the Centre are we able to respond at will when one group or an individual demands the Centre provide a new event or service.

The Gender Centre has always run a range of specific support, training and social groups which require us to provide funds for staff to attend, organise and run. While these events provide a valuable service to the community they need to be balanced against the funding required to deliver the programmes and support that the Gender Centre is contracted to provide via our funding agreements. The range of programmes available to community members can be found in service brochures and on our website and the Centre consistently complies with and exceeds our funding obligations.

There is, however, a limit to how far the Gender Centre resources can be stretched. Some community members have suggested to me in recent weeks that we should be providing many more social events and groups. The reality is that this is not possible under current funding limits and staff members cannot be expected to work extra unpaid hours since this would clearly be in breach of the industrial award under which the staff are employed.

The Centre is always open to looking at options for extra programmes that fall outside our funding umbrella, but this would only be possible if there were people in the community willing to volunteer their time and expertise to help deliver them. Otherwise the primary, and in fact sole, 'obligation' of the Centre is to deliver those programmes demanded of us by our funding bodies.

I hope this helps clarify the Centre's position to those community members who are making demands that cannot be met.

The Gender Centre cannot possibly be 'everything' to 'everyone'.

Phinn Borg

PLEASE NOTE!

Appointments for counselling should be made directly with the Gender Centre Counsellor.
Phone 9569 2366 Monday-Thursday.

WOULD YOU LIKE TO HEAR BY EMAIL?

The Gender Centre is compiling a list of email addresses of those clients and friends who would like to be notified of social, support, educational and other functions and events of interest.

Just email us

reception@gendercentre.org.au

Put "Email list" in the subject line and give us your first name and Email address.

Gender Centre Library

To borrow books you will need to become a member of the Library. You will need to supply personal details (phone number, address etc.) You can make an appointment to join and see the Library by phoning 9569 2366 on Monday or Wednesday. Ask for the Resource Worker.

Video tapes and dvds are not for loan but can be viewed, by appointment, in the Gender Centre.

The Library is now housed in the Office of the Resources and Information Officer.

Books may be borrowed for 3 weeks

If you are isolated for any reason and would like to have material mailed to you, please let the Resource Worker know. Don't forget to include your mailing address!

PLEASE NOTE:

The email address for Resources and Polare is:

resources@gendercentre.org.au

NB Please put the word 'Polare' somewhere in the subject line



Issue No. 84 of *Polare* which dealt with mature and ageing transgenders and their special needs attracted a lot of favourable attention. Many people expressed admiration for Phia and even more expressed appreciation for the work done by Jessica Williams in

researching her long and informative article on the need for an awareness of the problems which may beset transgenders when they are aged and in need of retirement home care. Our thanks and appreciation go out to Jessica.

I think there is much to consider when one looks at Jessica's research and recommendations. Like many problems experienced by transgenders the basic answers lie in promoting awareness of ourselves and our needs. In other words, as in the case of other problem areas such as the violence experienced by transgenders, in public, in institutions, domestically and through self-harm, there is a crying need for education at every level and through every medium, formal and informal.

For me, there were also some questions raised which I would like to put out in the public domain for comment. The first of these is minor. Jessica suggested that it is accepted truth that as people become older they become less able to pass as belonging to their affirmed gender. This is contrary to my own experience and to that of many of my friends. I believe that pre-pubertal children are often fairly androgynous, then the sexes diverge in appearance as puberty strikes and hormones rage, creating strong gender-markers in both sexes. With the advent of old age, however, many of those gender markers become less distinct, and the sexes start to look more like each other. I find now, that with my wrinkled face and sagging muscles I need far less effort to present as female, and there are many days when I do not apply any makeup yet I am still accepted (among strangers, on trains and buses etc.) as female. If anything I encounter more occasions when children are urged by their parents to "Stand up

and give the lady your seat" than I ever did in the first bloom of my affirmation. Some of this is because of my age, of course, but I definitely hear the word "woman" applied to me in this context.

As I said, this is a minor point, and probably largely subjective and anecdotal.

I find my other point of greater interest, as it impinges on the limits of what it is reasonable for a transgendered person to expect from society which is only now beginning to understand that we are a group with special needs and that we have some human and social rights additional to those which are self-evident (I refer to matters such as the right to be recognised without the need for surgery, the right to self-define rather than having to contend with gatekeepers, the right for full revision of documentation and the guaranteed purging of former names from the records of official bodies etc.).

On page 12 there is an article titled "Are Breasts A Right Or A Privilege", which explores the thought that to some breasts are essential to their mental health and wellbeing, while to others they are desirable but do not necessarily need to be large, or perfect, in order to satisfy the individual. The same situation occurs in women born women, as the current phrase goes. To some, breasts are so important that they will pay a fortune for implants, for others they can be a nuisance. Female athletes, for a variety of reasons, often have minimal breast tissue.

I am, however, straying from my topic, which relates to the problem described by Jessica of the aged person who needs, or believes she needs, dilation and cannot achieve it for herself in a nursing home or carer situation. I find myself sceptical about the ongoing need for dilation into old age, or past the age at which one can dilate for oneself. It was suggested to me when I discussed my affirmation surgery that I would need to dilate for the rest of my life.

That is simply not true.

It makes good sense to continue dilation for as long as it takes for everything to settle down and heal up, but unless one is bent on a continued

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and vigorous sex life, there is no real reason to waste precious hours lying around with a dilator inserted into one's vagina. And if one *is* enjoying a vigorous sex life, the regular insertion of a penis is, according to my surgeon, the best dilation method of all.

One friend of mine, having neglected dilation to the point where things had minimised themselves, decided she wanted her capacity to entertain men friends back and went to her surgeon for advice. He offered to put things back in working order and, according to her, did so by running at her with a sawn-off broomstick with two nurses supplying backup muscle. I take this as exaggeration and hyperbole but I also assume the process was painful and probably undignified.

If, however, you think, as I do, that there is no good reason to have people poking parts of their anatomy into parts of your anatomy as gestures of goodwill, then it seems simpler just to forget about dilation. I have not dilated for about twenty years and everything that needs to work is still working perfectly.

So the question arises, is it reasonable to expect a carer to dilate for one if one cannot do so for oneself? I accept that there are some hygienic procedures which *are* necessary, and which may be difficult or impossible for an aged person to do for themselves, but I wonder if it is reasonable to expect daily dilation by a carer when the expectation of using one's parts for sexual activity may be a remote rarity. If it isn't a rarity, then the need for manual dilation probably doesn't exist as everything should be in good working order.

So ... is assisted dilation a privilege or a right?

This reminds me of the discussion between academics as to the true profession of God. The final verdict was that God is a Town Planner, as only a Town Planner would run sewage through the recreation area.

This discussion on age and ageing leads on, in a way, to a question which Gaye asked me as an add-on to her series of questions which appear on pages 7-9. She asked if it was too late to include it in her original list of questions and it is, because I spent some time shaping everything

to fit neatly into three pages. I will, however, answer it here, partly because I can deny Gaye nothing and partly because it fits the context of this editorial.

Gaye said "Here I go again referring to age but in recent years my awareness of the plusses and minuses of getting older has been intensified. I'm wondering what you see as the plusses and minuses of getting older and are there, in your opinion, any particular concerns (relating to emotional and physical well-being) which arise from having 'transitioned'?"

My response is that I think this may be a question with too many variables to have a single answer. As Jessica pointed out, and I have in the past, old age is likely to bring with it a series of conditions requiring medication. Not only will there be the ongoing regimen of gender-related medications, including hormones and related drugs, but there will also be the medicines one might well have accumulated without having transitioned ... blood-pressure treatments, cholesterol control, blood thinners, pain killers, medication for cramps and many other ailments which assail the ageing or aged. This suggests a considerable financial cost for the drugs themselves. In addition there is the need to watch out for the effects of synergy (where two or more drugs interact to create side-effects which would not have occurred without the use of multiple drugs).

There is also the matter of long-term treatment with hormone therapy and other gender related drugs. Very little research has been done into the long-term effects on transgenders of the various cocktails of medication prescribed for them although research indicates that indefinite use of HRT in women is ill-advised.

There are questions of social and mental problems brought about by alienation of transgenders from their families. Alienation is not confined to transgenders, of course, but it is common among them, and to be without family support when one is aged and/or infirm can certainly affect one in physical terms and even more in terms of mental health.

The probability also exists that one will enter old age in a much more precarious financial situation than one would have done without the

turmoil of family breakup, divorce and division of property.

There is the possibility that one will need either home care or full-time care in a facility for the aged and brings us to the problem Jessica outlined, of the need for appropriate training for the staff of rest homes which may find they have aged transgendered among their clients, or may decide to specialise in this area and seek out transgendered, with the danger of ghettoising them.


I remember an email from Kate Bornstein once where she pictured the two of us in rocking chairs at some Twilight Home for Recalcitrant Transgendered and although the thought of spending my declining years with Kate was tempting, the thought of having nobody but transgendered for company was depressing. I draw my friends from a much wider circle and suspect this is true for most of us.

So, there is some of the down side. What is good about ageing? Well, for a start I don't have to wear high heels. In fact my fashion sense in general has relaxed to the point of being torpid, if not flaccid. Occasionally I dress up, usually to honour a friend or to recognise the fact that my friends are honouring me, but more often I allow myself the luxury of comfort.

If I had been more financially prudent in the past I might have said that an advantage of old age is that I can do whatever pleases me but this is not the case. I must admit that I am luckier than many, having found two jobs in which I believe I can help those who need help. I can empathise with these people, having experienced both the lows of losing loved ones and friends, and a brilliant career brought to a grinding halt, as well as the highs of achieving my life's daydream and emerging from the drab chrysalis of my previous existence to enjoy the amazing ecstasy of living for a while as the person (or butterfly) I always knew I was. I have those memories to look back on, and some achievements, like my Human Rights Award, to cherish. Give me back my family and I would have no significant regrets at all. And life goes on.

Katherine





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Membership is FREE!

SAGE no longer sends out printed newsletters - instead we send out occasional news and updates via email, and also post news items, articles and documents on the SAGE website.

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and sign up to our low-volume mailing list
For more information visit our website

www.sageaustralia.org

SAGE - campaigning for your rights!

Gaye's Farewell Column

I remember when I was a child at pre-school, there was a picture book I was drawn to and often looked at. It showed a very neat and tidy town in which everything had its place -- there was the

post office, the school, the police station, the fire station, the hospital.

Gazing at it brought a sense of comfort and security but I puzzled over what I now recognise as the incongruence between the orderliness and static nature of the depicted town and the messiness of the real world -- a world, however, in which people worked to create order and get things done -- and a world in which things changed.

Years passed and now, in writing this to you, I can explain this memory as an awareness of contradiction in life. In my conversations with people here over the years, I have often heard of such contradiction: of people's struggle against the strictures of society in order to live authentically, coupled with the need for stability and safety provided by connections with family, friends and community and involvement in that same society.

What enables people to manage what may seem an impasse? I think it comes from an acknowledgement and acceptance of the possibility of change. Our world is more than the town depicted in the picture book.

At this time of leaving, I am aware of the contradictory feelings that come with change: on the one hand, missing what will soon be in the past, and on the other hand, feeling an eagerness about what will soon be the present.

Looking back and looking forward. Sadness and expectation. Recently an insightful woman commented that I would be leaving when Winter had passed and Spring was beginning. Soon, when you are reading this, the 'old'

counsellor will be gone and the new counsellor will be here.

On leaving I say "thank you" to the beautiful and inspiring people I have met throughout my time as counsellor at this service. I endeavoured to serve you and the service well. Thank you for trusting me, sharing your lives with me, your insights and the words of wisdom you have offered.

The counselling room will look somewhat different as the new counsellor takes over the care of it -- the room is not static and there will be differences, but it will remain the place that you can enter and where you can stay a while to share your story with someone who will listen.

Trust in the process, in the moment, and that things will work out.

Gaye



Gaye

Healthcare

Gay, lesbian, bisexual or transgender or queer?
Aged 18 or over?
The University of Sydney is conducting a study looking at barriers to accessing primary healthcare. If you would like to find out more about our project, click here
<http://gibt.med.usyd.edu.au>

THE UNIVERSITY OF SYDNEY

Gaye: Katherine, it's almost five years since I was first introduced to you, Elizabeth Riley and Paula -- three very impressive women (dare I say matriarchal figures?) who have contributed much to this community and society as a whole. Now time and circumstance do not permit me to talk with all three of you but fortunately I can talk with one. Thank you, Katherine, for agreeing to answer some questions.

Katherine: I'll do my best, as long as you don't call me a matriarchal figure again.

G: Last week I attended the UWS Forum Series talk "The Mental Wealth of Australia". As the title suggests, it seems that a nation can benefit from looking after the mental health of its people.

Two issues which were raised in the forum as being significant to a person's mental health or ill-health were those of 'employment' and 'stigma'.

Maintaining employment contributes to a person's mental health and negative labelling of a person contributes to mental ill-health. What are your thoughts in relation to this concept of mental wealth, employment and stigma?

K: In so far as employment provides stability and security, it is clear that for most of us employment is conducive to better mental health than unemployment. There may be exceptional cases of people who are well provided for, by inheritance or some other form of guaranteed income, and for whom many of the pressures of modern life are alleviated or eliminated, but this is not the norm.

The stress of uncertainty, the knowledge that one may become physically ill or lose one's employment for any of a number of reasons, or the worse case of having already lost employment and being unable to find new work can be shattering.

In our community (it's not really a community but it is a group of people with common social difficulties) there is the added burden of the stigma of transgender. Although we are protected by law it still remains true that an employer does not have to employ us, if we apply for work, and if we are employed can

usually find a way to get rid of us, if he/she wishes. I know a number of cases where people have lost employment under circumstances which seem blatantly unfair.

It follows, I think, that transgenders are liable to suffer from mental ill-health and that the wider community suffers from the loss of the skills and contribution that might be made by these workers if they were treated even-handedly and encouraged back into employment whether they left it willingly or unwillingly.

G: Through speaking with many people in counselling, I'm aware of generational differences between younger and older people. I'm aware that for those people who are transitioning later in life, there is some regret that there wasn't the opportunity to do so earlier, at a younger age. I'm also aware that older people have life experience (difficult though some of that experience may have been), including forming relationships and all that comes with these, whereas younger people have less experience from which to draw. Of course, as well as the commonalities, there are the many individual differences, regardless of shared age and even life experience. As you reach a grander age, Katherine, what do you see as your shared experiences and concerns with your peers and do you see as being individual.

K: There you go again with your "grander age". Okay, I'm overhauling seventy-six but my mind still operates much as it did when I was half that age. It is a difficult question to answer because there are many kinds of human experience and to be experienced in one aspect of life creates no guarantees that one will have put together useful experience in other fields ... and they may all be vital in the long run.

From the point of view of my career I was lucky to be fully qualified in my profession before I transitioned, and had a good reputation and was on a number of Federal and State bodies as a result of my experience and reputation.

When I transitioned I had no problem being accepted by my peers. On the other hand, when I was made redundant in a downsizing in 1988, and then again eight years later, I found I could no longer attain top jobs, but was relegated to the lower rungs of the staff structure. Twenty-

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two years later I am still on those lower rungs. Did I lose my drive, my skill or my knowledge? I don't think so.

These are matters of pro and con, of course. If I had transitioned as a teenager or soon thereafter I would have needed to make my career as a woman at a time when transgenders were hardly visible and when protection under the law was almost non-existent. In those days an employer could say, "I won't employ you because you are transgendered (he/she would probably have said 'transsexual')," and there would have been no recourse to protection under the 1977 Anti-Discrimination Act (by which time I was forty-two) because transgender was not added as grounds for discrimination to be alleged until 1996 (by which time I was sixty-one).

On the positive side of early transition I would have learned feminine skills much earlier and not have had the years of conflict and uncertainty I experienced with my family after transition. On the devastatingly negative side my three beloved children would never have existed. I understand that had that been the case I would never have known and loved them, any more than I knew and loved my fourth child (the one we never had).

But having known the children I fathered, to wish them out of existence is unthinkable. Don't try and tell me this is Orwellian double-think. I am well aware but this is where my mind takes me.

Similarly, to digress a little further, take the case of suicide. Although I am certain there is no life after death, and that once having snuffed myself out I would have no continuing knowledge of my survivors, more than once the clinching argument against self-destruction has been the thought of the effect on my loved ones (whether or not they still love me is a separate issue).

As for the experiences I share with my peers and the experiences that are individual, I think we are all individuals despite the fact that we experience problems which appear similar and may be solved by consulting the experiences of others. Humans are social animals and we tend to share experiences and pass on solutions.

But some of us are bolder, or more timid, more defiant, or more diffident, and these characteristics will always modify our reactions. There is seldom a one-to-one congruence of experience and outcome.

My own belief is that although occasional gains may be achieved by joint action it needs to be creative effort and not simply mindless duplication of mob action. Chanting in the streets and signing petitions have limited use, in my view, whereas individually composed letters directed to the right person can achieve much more, and public speaking in appropriate forums can also be useful. Talking to TAFE or university classes, for instance, may plant seeds of understanding in the very people who will be dealing with the social problems of transgender when they take up their careers.

G: As I get older I've joked (but there is some truth in the joke) that one of my goals in life is to better organise all the paperwork that seems to have accumulated over the years. I think I need another lifetime or three to do that as well as doing the things I enjoy: spending time with people, being outdoors, reading all the books I want to read, visiting family, friends and places, working and being involved in activities and community.

As for you, Katherine, how many lifetimes do you need or is one enough? What more do you want to accomplish in your life?

K: Good question. A pity it is only theoretical. I often say that the most valuable thing I have is time. I have many things I want to work at, and many of them will never be finished. I deplore the time wasted in eating and sleeping. On the tg side there is so much to achieve in the area of human rights and so much to find out about the reasons for our being the way we are. There is a tremendous effort needed to educate society to understand and to accept. Understanding may never happen, for us or them, but acceptance should be possible. We have seen great progress made in our time in the reduction of racism and homophobia. It may be tg's turn to start moving into the sun.

On the non-tg side of my life I have a lot of writing I want to finish. Currently I am working on a biography of my father, a children's book

about guide dogs and a film script which is a psychological thriller (yes, the main character is transgendered ... how did you guess?).

G: UWS is holding an International Conference on Human Rights Education. Reflecting on your life and your commitment to human rights, how do you think your interest in human rights came about and what has fuelled it over the years and, no doubt, into the future.

K: Anything I am and anything I may become, I owe to my parents. It sounds trite, but they set me examples I know I can never live up to, but I must try. They, of course, were Christians, and I am not, but the principles of fairness, equality and justice do not need a religious basis, and morality is a human construct which varies from nation to nation and from one historical period to another. We simply need to seek to do better.

John Stuart Mill said “If all mankind were of one opinion, save one man, and he of the contrary opinion, mankind would no more be justified in stifling that one man’s opinion than he, if he had the power, would be justified in stifling the opinions of all mankind.”

Justice Learned Hand said “Your right to swing your arm stops just short of my nose.”

My father said, “When you are hungry, be sure your dog has been fed. When you are thirsty, make sure he has plenty of good, clean water. When you are tired, make sure he has a comfortable place to sleep.” He also said, “Never kiss another man’s wife (remember he was addressing his son), never feed another man’s dog and never poke another man’s fire.”

I leave you to extract the principles behind these philosophies. In the main they boil down to the Golden Rule.

The *American Declaration of Independence* stated: “We hold these rights to be self-evident, that all men are created equal...” okay, we might quibble at the verb ‘created’ and they did go on to define a Negro as being equal to three-fifths of a European but the basic idea of equality was right and the anomalies were sorted out in time.

It is up to us to go on sorting, finding the anomalies in our laws, and fighting with hearts and minds to change injustice and see that those who have no legal voice (such as children) have their views expressed and defended.

G: It is not uncommon for the view to be expressed that society is rigid and unaccepting of difference, in particular of difference regarding what may be seen as ‘gender transgression’, that is, people who live their lives in their innate gender and not the gender assigned to them at birth. Drawing on your observations of society and your own experience, what do you think?

K: I can’t agree that society is rigid and unaccepting of difference. There has been a slow evolution in Western society from a society which believed in the superiority of one race over others, in slavery as a God-given right, in women as property, in class superiority, in capital punishment for many crimes, including homosexuality, in the right of religion to exert power in both spiritual and temporal fields, towards a society which counts all humans as equal, is starting to recognise children’s rights, is working to eliminate slavery of all kinds, has seen the decline of religion and the recognition that religious dogma is the invention of humans and not divinely inspired. We have a long way to go but we are improving. Thomas Love Peacock in the Nineteenth Century used to write novels about people with all sorts of beliefs, including Perfectibilitarians, who thought things were always getting better. I guess I’m a Perfectibilitarian.

G: And finally, if there is life out there and someone from another planet asked you what *Polare* and the Gender Centre do, what would be your answer.

K: *Polare* tries to provide current news, information and advice as accurately and clearly as possible. I try to give space to articles, book reviews and original writing which I believe will stand the test of time as news items in a quarterly can be up to three months out of date. The Gender Centre does as much as possible for those who are deprived of social justice, within the constraints of our limited resources and finite energy. We should always go the extra mile. We should always say “Yes” unless it is *absolutely* necessary (for legal, moral or practical reasons) to say “No”. **“Never retreat, never surrender!”***

* Tim Allen as Commander Peter Quincy Taggart in “*Galaxy Quest*”.

TRAINING!

Training courses have been offered throughout 2007-10 including Makeup, Hotel Worker, Workplace Hygiene Certificate and Senior First Aid Certificate.

Little interest has been shown and these courses have been poorly attended.

What courses **would** you like to see offered in 2011?

Please contact Liz on 9569 2366 or email

casemanagement@gendercentre.org.au

Barbecues and other events

Xmas Barbecue 12 December at the Joseph Sargeant Community Centre, 60 Prospect Street, Erskineville. This will commence at noon and finish at 4.00pm



.....
There will be a Day of Remembrance Observance on 20 November

Watch the Gender Centre Website, Twitter and Facebook for details

Change of mailing list?

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The Gender Centre Inc
PO Box 266
Petersham
NSW 2049

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different Address?
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All my **NEW** details

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Young and Transgender? 20-35 years?

Whether you're a verified gender outlaw or just gender questioning and want to find some like-minded travellers ... why not come along, trade questions, answers, thoughts and support.....

A discussion group will be forming soon, but we need people to sign up in advance so that the programme can be properly planned. For more information call Dash on 9569 2366.

Cover Story, Warren Fegan, Trans Man

Issue Eighty-Five

by Jo Ball

This edition of *Polare* features Warren Fegan on the cover. Warren is a twenty-year-old trans man who has been involved in the establishment of the Gender Centre's new FTM support group. Warren spoke to Jo Ball, who is the Case Worker at the Gender Centre, about his life and his transition.

Warren recently landed himself a job on the railways, a workplace he describes as being a very supportive place to work, so, if you're lucky, you might get to see this friendly young man next time you're catching a train around Sydney. If, however, you're quick you might also see him speeding around the Inner West on his new single-speed road bike that he introduces to anyone who's interested as "Frankie".

Originally a small town boy, Warren recently moved to Sydney and says he likes the place. He likes it because, as he explains, "it is so diverse, you can go to one place in the city and it feels like another country. Going to Parramatta feels very different -- like, say, you are in Lebanon, whereas Marrickville feels like a little piece of Greece or maybe Vietnam".

Warren's a man who enjoys the small things in life, for example, he likes going for coffee or as he told me, "on the weekend you can find me sleeping in the park". When he's not lounging in a café or sprawling out in a park you might find him pursuing his other passion, baking.

Warren used to work as a baker but now he does it for love rather than money. When I asked Warren why he loves to bake he intriguingly explained to me that he has "always been fascinated by baking, it's something where you really have to get the method right, the method is crucial. It's not like you can just wing it like most other cooking, which is a challenge to me because I don't generally like following methods". Warren is particularly passionate

about gluten-free baking because, Warren sighs, "gluten hurts my insides". His *pièce-de-résistance* is gluten-free banana bread.

Warren is a trans man who wanted to share about his transition that he is eighteen months into transitioning physically and he has recently had his first chest consult. Happily his family are all supportive and he is excited to have come into a very accepting and open community here in Sydney.

Warren explains that he "likes getting lost.

Wherever I am going, I like not knowing where I am. I don't like following maps, I like finding my own way." I think that says a lot about the kind of man Warren is. He is involved in the FTM Connect and Still Fierce. FTM Connect is the Gender Centre's support group that meets monthly on the first Friday of each month. The next meeting is to be held on Friday, October 1.

You can stay in touch with FTM Connect either by joining the Gender Centre's Facebook group or you can do it by sending an email request to Jo Ball at the Gender Centre using her email caseworker@gendercentre.org.au and asking to be added to the



Warren Fegan

contact list.

Still Fierce describes itself as a "sex and gender diverse collective, a new collective for trannies, gender diverse, transgenders, intersex, transsexuals, trans peeps, gender queers, gender pirates and other sex and gender diverse people to organise! Allies and friends welcome!"

You can also join the Still Fierce Facebook group or contact mish glitter pony on mishglitterpony@gmail.com.

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Although the National Health Service in Great Britain has paid for gender reassignment for transsexuals since 1999, at a cost of approximately £10,000 per procedure, precisely how much masculinisation or feminisation should be funded by the taxpayers remains a matter of ongoing controversy. Many patients with Gender Identity Disorder have for years complained that local health trusts generate countless bureaucratic obstacles for those seeking reassignment, often reducing the NHS promise of medical therapy into merely a paper right. In contrast, Christian conservatives -- many of whom deny the existence of Gender Identity Disorder, or believe it should not be treated at all -- have drawn attention to costly services available to transsexuals but not to the general population, such as last week's revelation that the NHS in Glasgow was advertising for a 'hair removal specialist' for its transgender clients. Now, in a Kafkaesque decision that may prove a setback to transsexual health rights, Justice David Bean of the High Court has ruled that funding for breast enhancement for male-to-female transsexuals is not an essential part of their transformation.

This is not the first time a British transsexual has confronted a local health care board unsympathetic to the flat-chested. Earlier this Spring, the British media reported on the case of forty-year-old Miranda Lee, a male-to-female transsexual whose friendly neighbourhood NHS Trust, South Essex Primary Care, paid for her genital surgery and then refused to pay for her breast surgery. Ms Lee pleaded her case in stark terms: "I was born with a female brain, have suffered constant abuse throughout my life, and was even married. In my determination to become a woman, I've lost almost everything ... and now the health trust has left me half-man and half-woman." In contrast, supporters of South Essex noted that, at a time that budgetary constraints led to long waits for many critical health services, the system could not afford to pay for largely cosmetic procedures.

The transgender appellant in *AC v. Berkshire West Primary Care Trust*, the ruling handed down on May 25, had for unclear reasons

refused genital surgery for her Gender Identity Disorder but had applied to her local NHS trust for breast augmentation after hormonal therapies failed. She provided expert psychiatric testimony that she suffered chronic distress from her lack of breasts and that her 'self-consciousness' had increased with time. In another case several years earlier, Berkshire West Primary Care had paid for augmentation for an eighteen-year-old Gender Identity Disorder patient suffering from severe depression. Nonetheless, Berkshire West, which remained more than willing to cut off Ms C's penis on the public shilling, refused augmentation funding. According to the local health board, breast enhancement for transsexuals was not a 'core' procedure for the treatment of Gender Identity Disorder, unlike genital surgery, so it would not be covered. They wanted no part in making mountains out of molehills.

One cannot assess the NHS policy towards transsexuals without comparing it to the treatment of breast cancer survivors. In Great Britain, women who have had therapeutic mastectomies have their reconstructive surgery paid for in full by the taxpayers. Although the United States does not have national health insurance, reconstructive breast surgery is guaranteed for virtually all holders of private insurance under the Women's Health and Cancer Rights Act of 1998. Medicare also covers such reconstructive surgery, as do most (and possibly all) state Medicaid plans. The purpose of such funding, which seems both reasonable and compassionate, is that reconstructive surgery may be in the best interests of certain patients. But one should not lose sight of the fundamental fact that both 'reconstructive' breast surgeries for cancer patients and 'enhancement' surgeries for transsexuals are inherently cosmetic procedures. Nobody dies for a lack of breasts. In fact, 80% of mastectomy patients choose against reconstruction. If policy makers are going to distinguish between the two groups of patients, they should have a stronger foundation for their guidelines than their personal belief that cancer victims are more deserving than people whose brains do not match their genitalia.

The reality is that breast size has significant psychological and social implications for many

women. I do not in any way mean to suggest that it should. Anyone who judges another human being by the size or shape of her cleavage is a first-rate idiot. But until everyone shares that view, women must live in the world as it is, not in the world as it ought to be. One cannot help sympathising with the views of Jenna Franklin, the fifteen-year-old English girl who launched a public campaign in 2001 to obtain permission for breast implants on her sixteenth birthday. Franklin, who wore a 34A brassiere, sought C or D size cups. She told the BBC: "You've got to have breasts to be successful. Every other person you see on television has had implants. I used to pray my boobs would grow. Then I thought, what's the use when I can have implants when I want? I just want to be happy with my body and I think having my breasts enlarged will give me more self-confidence." Franklin was denied surgery at age sixteen. (I do not know if she has sought enhancement since -- but whether or not, I hope she has found happiness.) I suspect Franklin's experience is the subjective experience of many other girls. Some suffer depression as a result, while others face fewer professional and romantic opportunities as a result of their physical anatomy. Why are they any less entitled to cosmetic surgery than cancer survivors or transsexuals?

In drawing an arbitrary line between breast cancer survivors and transsexuals and flat-chested teenagers with low self-esteem, we fall victim to the fallacy of naturalism. Somehow, making women 'whole' after cancer is different from 'enhancing' them beyond their normal size -- even if their normal size is substantially below average. But one could easily view extremely flat-chested women as less-than-whole and socially handicapped -- as insurers tend to do, for example, in cases of children with cleft lips. Moreover, assuming both groups of women have suffered, does our society want to entangle itself in the business of comparing their suffering? Admittedly, paying for breast enhancement for the flat-chested caves in to many disturbing stereotypes regarding breast size and human (particularly female) worth. But so does reconstructing breasts after a mastectomy. (How many of the self-styled feminists who

chastised Jenna Franklin for buying into a 'beauty myth' were willing to criticise Olivia Newton-John for not embracing her scar?) Yet once we reject the naturalist fallacy that we are making some women 'whole' while merely 'enhancing' others, we confront the challenge of whether we are willing to fund breast surgery for any women or men who desire it? And how can we justify such expenditures at a time when many in the world go without any health care at all? On the other hand, are we willing to turn breast enhancement -- with its concomitant psychological and apparent social benefits -- into a privilege of the wealthy?

King Solomon might have split the difference and agreed to enlarge one breast per woman, but no contemporary student of ethics or policy should view these as easy questions to answer. The very distinction between "medical" and "cosmetic" often reflects social, rather than biological principles. Maybe we should publicly fund all "elective" surgeries, recognising that the desire for such procedures is entirely subjective, and that the value of large breasts or a straight nose or a full head of hair is too personal to be assessed by a panel of experts. And before we declare this approach to be a major waste of public funds, we should at least consider the possibility that the personal happiness, and increased productivity, and savings on long term psychiatric care, generated by such "free" surgery might more than pay for the initial costs. Or maybe it would cost society a fortune -- but we'd all be happier.

What should be clear is that many of our current rules in this field are rather arbitrary and ill-considered -- among these, the British policy that pays for genital surgery and hair-removal for transsexuals, but not for breast enhancement. It should not really matter whether breast enhancement for certain GID patients is a "core" medical necessity or merely a service that can vastly improve their lives. What ought to matter is that a human being is suffering and the medical establishment has the technology and resources to help.

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the Start of a Good Idea by Katherine Cummings

In 2004 the Brits passed their Gender Recognition Act and many of us expats thought that justice was to be done and happy days were here at last. For years Britain had been hanging out with Ireland, Albania and Andorra as the European holdouts who were not going to confer affirmed genders on their transgendered nationals, not for ever so. Press for Change, a self-help organisation working primarily for the rights of the transgendered, managed to persuade some politicians to take up the cause and the Gerbil (Gender Recognition Bill) resulted, culminating in the 2004 Gender Recognition Act.

For the first time, those of us born in Britain had a chance to revise our birth certificates and some of us were quick enough to take advantage of the opportunity. We sent off our details to the British authorities and were soon in proud possession of revised birth certificates.

It did not take long for the Brits to stuff things up. They started fiddling with the regulations which accompanied the Act and soon it became necessary for a doctor registered with the General [British] Medical Council to certify that irreversible medical procedures had been carried out before records would be changed.

It turned out that there were relatively few Australian doctors registered with the GMC (what a surprise) and it seemed at one time that it might be necessary to fly a GMC doctor out to Australia to certify multiple applicants for new birth certificates, this being more economical than having the applicants all pay fares to Britain and back. Incidentally, it was not sufficient for the doctor to be GMC registered. It was also required that he or she be acquainted with the procedures involved in gender affirmation, further reducing the eligibility pool.

Changeling Aspects (www.changelingaspects.com) listed *one* GMC registered doctor in Queensland.

Then the rules changed again. Not only must the doctor be registered with the GMC. He or she must be licensed to practise in Britain ... which overseas doctors cannot be. So that transgenders not resident in Britain will need to go there, or, as noted above, bring GMC registered doctors to their countries to certify groups of British-born transgenders.

And now the Brits have managed to further damage the good which had been achieved, (limited though it was) by the Gender Recognition Bill. The Equality Act, passed this year, has now disastrously enacted transphobic regulations which remove recognition from transgendered

women that they are, in fact, women, and state that when group therapy is offered to rape victims, transgendered women will be excluded from the group, in case they upset the ‘womyn born womyn’, who might see the transgendered woman as a man in woman’s guise.

For the same reason, transgendered women are denied the option of working as rape counsellors, in case their antecedents are unacceptable to the rape victims.

As Zoe Brain puts it in her brilliant blog: (www.aebrain.blogspot.com):

“A counsellor working with victims of rape might have to be a woman and not a transsexual person, even if she has a gender recognition certificate, in order to avoid causing them further distress. The provisions of the Gender Recognition Act 2004 that over-rode that 1975 act have now been repealed. There is a distinction between “women” and “transsexual persons with (or without) gender recognition certificates” now. Now of course, who could reasonably object to a counsellor whose appearance might be upsetting to a rape survivor? In such cases, we cannot afford to be too precious about rights of employment, we must consider the victims first and foremost. But it’s not about appearance. It’s not about the victims and their feelings. It’s about transphobic prejudice. It’s now legitimate to refuse help to victims who are “transsexual persons” because of the transphobia of others.

There are other consequences to this re-definition of transgendered women as ‘transsexual persons’ rather than women. It means that ‘real’ women, like the “womyn born womyn” [that is *such* a foolish phrase!] can see to it that women who have a transgendered background are excluded from ‘women only’ spaces, and worse, from employment in their chosen field, if that happens to be, for instance, rape counselling.

They are no longer women but rather “transsexual persons” and as such they can be subject to as much transphobia as those of ill-will towards the trans community can muster.

One comment on Zoe’s blog suggested that there is now no support for the GRC system in Parliament and that it will be necessary to make progress through the courts.

Another said that she had used the services of a rape crisis centre and found accessing them unproblematic. But she went on to say that she felt that legally sanctioned discrimination of this kind is disgraceful, not least because it is fairly certain there will be no separate provision for trans people [and would we want it if there were?].

Much of the information in this piece was based on Zoe’s blog. Zoe is a scientist and documents her comments meticulously. Read her!

An Introductory Column From Anthony Carlino, Our New Counsellor

“I want to know that I am safe .. Before the parts of me which have not been as honoured or celebrated as they deserve, before they might emerge again, I want to know you will not intentionally seek to criticise or hurt me. It does not mean you must understand, I just want to sense you are trying and, if for the moment you are unable, it is the trying that matters. If you can do this, I know these parts will surface once more to be celebrated and marvelled at by both of us -- in discovering who I am you will be invited on the journey. This is the gift I might bring to you as your client and the gift you give to me as my therapist. I will, paradoxically, be changed into what always was.”

I penned the above words a number of years ago while reflecting upon what it was I wanted my own therapist to know in my early counselling sessions. They echo my search for a space where my experience of the world was met with genuine empathy and curiosity, a willingness to be accompanied by another in exploring what it meant to be me.

Although I may not have been able to verbalise it in those early counselling sessions, it is an acknowledgement that relationship heals.

When our experience of the world has all too often involved receiving the message, covertly or overtly, that we are not worthy of love, that we are of little value, or that there is something fundamentally wrong with us, we often change our behaviours or hide parts of ourselves. This may well have been beneficial at the time and created a safety and way of managing. Over time, the usefulness of such behaviours diminishes and, despite this, we continue, preventing ourselves from obtaining what it is we need. Part of the counselling process can involve exploring these familiar patterns of being, with an increased awareness of these patterns leading to a greater choice of alternatives.

The exploration of oneself, and a willingness to share it with another, requires the creation of a very real relationship between the counsellor and client or what is also known as the “working alliance”:

This alliance involves the development of an active partnership, a bond of trust between client

and therapist in which you share a mutual understanding of your work together and its goals.” (Joyce and Sills, 2001 at p.41).

It has been my experience that the creation of a true working alliance leads to the possibility of therapist and client being changed by one

another, while at the same time acknowledging and allowing their differences to co-exist. This involves two people meeting as persons, responding and impacting on one another moment by moment. It is in this space, where two people are relating to each other with authenticity, that healing takes place through relationship.

It is my hope, for both current counselling clients and those who might seek out this service from the Gender Centre, that we will be able to create this working alliance, a space where you are fully received by another.

To feel connected, not isolated.

To be acknowledged, not dismissed.

To be heard, not told.

It has become increasingly apparent to me that the Gender Centre is a special place for those who use its services. The first time I walked into the Centre it did not take long for me to get a sense of the abundance of support which is available for those who seek it.

I would like to take this introductory column to personally thank all of the staff -- Phinn, Rusty, Liz, Jo, Katherine, Nicola and David for making me feel so welcome.

This column would not be complete if I did not make special mention of our current counsellor. Gaye has supported my transition into the role of counsellor with a warmth and willingness I



Anthony

have found invaluable. Gaye's compassion and empathy is also apparent in her support of her counselling clients. I wholeheartedly want to thank her for helping me ease into the role and wish Gaye nothing but the best for her future endeavours.

I also want to thank all the current counselling clients who have shown a willingness to work with someone new. The shift to a new counsellor can bring up many different reactions in people, and I have been struck by the willingness of so many to communicate their concerns, hopes and even delight as a result of this transition. My commitment is to honour your experience of this transition and be supportive of what it is that may result from it.

And lastly, to those readers of *Polare* who have not met me, I will share with you my hope spoken in the words of Jellaludin Rumi:

"Out beyond the ideas of right-doing and wrong-doing there is a field --

I'll meet you there."

Warmly,

Anthony Carlino

Are You Young and Transgendered ? Do You Write Creatively?

Interestingly?

Do You Want To Have Your Say?

We Want You To Have Your Say!

The Gender Centre Administration would like to see more material for *Polare* coming from the under twenty-five segment of our community. We are aware that the problems and experiences of transgenders who transition early are different from those of transgenders who transition late. We would like to have these differences defined so that we can campaign to improve the legal, social and therapeutic conditions of those who transition early. Such people may not have had the advantage of making their way in the world in their assigned gender but may instead have encountered all the disadvantages of early transition. They may lack financial security, established reputation and social acceptance and we would like to hear your suggested strategies to ameliorate such situations.

You are encouraged to contribute material for the October-December 2009 issue of *Polare*. Please send your contribution to: The Editor, *Polare*, PO Box 266, Petersham, NSW, 2049 by 8 March 2010

No money to study? We can help!

The Pinnacle Foundation was established to provide scholarships and mentoring for disadvantaged gay, lesbian, bisexual transgender and intersex youth (16 to 24 years old). No matter what your interest or what you aspire to be, we may be able to offer the financial support and resources to help you get there!

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Issue Eighty-Five Recovery From Hep C Treatment

by Dr Max Hopwood

My study into life after Hep C treatments came about through a mix of three things. First, I wanted to hear about people's perspectives on their treatment experience, particularly those whose treatment had failed them after they had time to step back and think about it. Second, I identified a gap; except for a small amount of clinical literature, mainly case reports, there are hardly any research studies into the post-treatment period. These reports show that a small number of people treated with interferon experience a persistent neurotoxicity -- in other words, the effect of the drug on the central nervous system can linger for prolonged periods, making people unwell. Case reports also show that, in some instances, new symptoms can emerge in the weeks or months after treatment has finished. Finally, anecdotal reports from people in the sector (and testimonies on various websites) indicated that some people were having problems with their health after treatment. People often described symptoms which resembled their treatment side effects.

How the study was conducted

To be part of this study you had to have finished hep C treatment at least six months prior to being interviewed. I had no trouble finding people who wanted to talk about their experiences after treatment. I advertised the study in *The Hep Review* and *Good Liver* magazines, thanks to Hepatitis NSW and Hepatitis C Victoria. I was then surprised how quickly people contacted me and how eager they were to talk about their post-treatment experiences.

It is important to remember when reading the results of this study, however, that it used a small sample of people who applied to be part of the research, and as such the findings do not represent the average experience of life after hep C treatment. Instead, studies like this one show the diversity of people's post treatment experiences. So, although these reports are likely to be uncommon, they are important to document in order to understand the range of all possible outcomes from treatment.

Brief overview of main findings

Clinicians and health workers usually assume that patients will feel at least as good a month

or so after treatment finishes as when they started, and probably much better if treatment clears their infection. In most cases this assumption seems to be true but several people in my study reported that their health had not returned to pre-treatment levels, and this included people who had been cleared of hep C infection. Some people reported feeling so unwell at the time of their interview (at least six months after completing treatment) that they were unable to return to work, while others were finding it difficult to socialise with friends or form new relationships.

Individual accounts of well-being are influenced by many factors in a person's life, and this type of study cannot identify all those factors. But for many participants, one explanation they had for their ongoing poor health was the continuing effects of the treatment drugs. These people perceived that the side effects they had during treatment were still happening long after their treatment had finished. In people who did not respond to treatment, or who relapsed shortly after treatment, some thought that their ongoing ill health might also be caused by underlying liver damage from years of living with hep C infection, and the ongoing effects of infection. These are indeed plausible explanations. Nevertheless, underlying liver damage seems unlikely to explain why some people reported feeling worse after treatment than they did before treatment.

The study also highlighted how people had difficulty dealing with the fallout of a slower-than-expected recovery. Some were too sick to return to work when expected after finishing treatment and had run into financial problems as a result. Some people with partners and children felt that they were not meeting their family responsibilities for long periods after treatment. Participants talked about separating from partners and/or having to repair close personal relationships which were damaged during and immediately after treatment.

Some in this study were annoyed by their clinics' lack of interest in post-treatment issues and health problems; they were frustrated in their attempts to find information about the

ongoing effects of treatment; they expressed disappointment in the lack of referral for medical care to address ongoing symptoms; some needed counselling for problems in re-adjusting to life after treatment; and nearly all participants wanted further support to help them get back on their feet after treatment.

For the majority of this study, their clinics provided no support after treatment. When treatment was finished, people were told not to return to the clinic. It is hardly surprising that people in this study were so concerned about finding avenues for support; they had been through a very challenging time during treatment and often they felt fragile, and sometimes ill, for months afterwards.

Could this happen to me?

How common are types of post-treatment problems? It's a question many people want answered.

Currently, we don't know. We need a study that uses a representative sample of people in the treatment, then measures how well people feel before they start treatment and during treatment, and compares this data with those collected six months to two years after finishing. The results could tell us a lot about the long-term benefits and risks of hep C treatment. Even if the worst problems identified in this study are shared by only a tiny minority of people, it is a risk that clinicians should warn their patients about before they start.

Implications of this study

Ideally, after treatment is completed, feedback and support systems should be in place for people with ongoing health problems so that they can have continued medical care through their treating clinic. People need access to more and better organised information, both before and after treatment. Referral systems need to be in place at the end of treatment where people can easily access other health professionals and/or services if required, and there need to be opportunities for obtaining further social support for those people who feel they need it.

One possible way to increase support after treatment is to develop a survivorship program,

similar to existing programs for cancer survivors. A post-hepatitis C survivorship program would be available to anyone who felt they needed further medical care, information, counselling, referral or other means of support. It would aim to help people to psychologically re-adjust to everyday life after treatment. In some cases it might be as little as referring people to the community-based hepatitis organisations for information, support or advice. For others, it might mean a period of face-to-face counselling until they feel able to adjust to life after treatment or a period of further medical care until their symptoms settle down.

If better systems can be put in place to organise appropriate levels of support during and after treatment then people on opiate substitution programs and/or who currently inject are more likely to consider having hep C treatments.

Dr Max Hopwood is a researcher with the National Centre in HIV Social Research. This article was reprinted from *The Hep C Review* (September 2010) with the kind permission of Dr Hopwood. It first appeared in *User News* (ED61, Winter 2010).

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2010

FTM Australia is a membership-based network which has offered contact, resources and health information for men identified *female* at birth, their family members (partners, parents, siblings and others), healthcare providers and other professionals, government and policymakers since 2001.

Newsletter

Our newsletter - Torque is published four times a year for the benefit of members, their families and service providers. Torque is available as a pdf document which is emailed to you or available on our website. All the information about Torque is on the website at www.ftmaustralia.org/resources/torque.html

OzGuys Discussion List

Our e-mail discussion list is called OzGuys.

OzGuys - is open to FTM Australia members living in Australia and New Zealand.

Goals of the discussion list include:

- To encourage friendships and information sharing amongst members
- To empower members and their families in understanding transsexualism
- To encourage members to adopt positive images of being men in society and achieve anything and everything they dream of.

For more information please visit <http://groups.yahoo.com/group/ozguys/>

To find out more or read our resources please visit our website at www.ftmaustralia.org

by Lucy MacKenzie [England]

ways think the '50s didn't get started until 6. And the '60s didn't get going until around 4 when teen angels wanting to look pretty had to wave a gloved hand to polka dots and petticoats and gingham. PanStik and Pagan perfume with the slogan "Don't wear it if you're only bluffing". And the Chiffons on the turntable. And ... the end of the biggest witch hunt of Trans and Gays England had ever known; the national press telling its readers "A real man putting on a frock always lets you know he's a man, in some way". "After all," it said "only evil pansies could deliberately try to create the illusion of being a real girl". Accusing the Quakers, who abhorred insincerity and hypocrisy, of promoting promiscuity when they told the world of their acceptance of 'difference' in their book *Towards a Quaker View of Sex*, published in 1963, and were rejected by a lustful public.

[Transcribed from diaries] ... *who would hesitate to applaud a constable loudly arresting a young pre-op wallflower out shopping to buy curtains for her new flat ... on the grounds that "She looked too convincing", before shoving her into an open police Landrover when a young queen dashed out of the crowd, risking arrest to slip a packet of cigs and matches into her coat pocket (her handbag had disappeared when she was handcuffed in the crowded shop). Charging her with Outraging Public Decency after she'd been forced to take all her clothes off in front of the entire station who'd invaded the cell door to watch.*

The risk of her aromatic self internalising the constabulary filth and stale sweat was real. So, too, was the need to find sisters outside-the-law to scream at. To hug her. To tell her over and over again, she was, 'all in all, a lovely thing'. Sisters in the early 1960s were more likely than not queens and femmes for despite the occasional straight acting Gay with a hang-up over Trans betraying the male image as he saw it ... Gays were accepting of us when no one else was.

Our heroine had been recognised en femme from fashion photographs confiscated in a police raid on the tailor who made her skirts ...

The diaries were made up between 1961 and mid-1963, overflowing with giggling and happenings of existing beautifully. And nights were kept warm by tears ... one entry, redolent of hopelessness ...

Leicester 1962. A small group of Empire Loyalists, children of pre-Second World War fascist Blackshirts indistinguishable from anyone I know, anyhow. Anywhere. Witnessed in a pub one lunchtime boasting to locals how they were ... going to find one of those fairies ... present him with an exotic flower, 'help him on his way. Help him to end it all'.

Before the 1967 Sexual Offences Act most sexuality and gender outsiders were isolated, in hiding.

The lucky few, lucky enough to find 'someone like me' haunted by Coroners' reports of 'suicides' and 'accidents' that didn't add up in anyone's book ... tried very very hard to find all the sisters. Trans and Gays we knew. And those we didn't ... but recognised. Unrelenting night after night cycling out into the back streets to warn them ... in anonymous pubs.

Quiet little corner cafes no one heard about. And 'safe' Espresso bars, simply because they were unpopular ... anywhere our sisters might go to stave off loneliness. At our wits' end, unable to rest. Anxious we'd missed someone somewhere. Nagged by "shouldn't we go back there ... they could've turned up after we left." Painfully aware that we'd be neither use nor ornament to the sisters who needed us if we asked the police for help. That all they'd be interested in would be fitting us up and throwing as many of us as they could into the cells.

I don't think I, or any of us, understood the real reason (apart from an Act of Parliament) for our oppression. We did know that the great unwashed saw Trans and out-femme Gay queens as one and the same. We were aware



that one couldn't just go to any doctor for medical treatment after, say, being attacked in the street ... that most hospitals treating a sister for any ailment for that matter, would inform the constabulary if her presentation or body language was gender-atypical. What we weren't aware of was that practitioners' texts in those pre-Wolfenden days told doctors that people who were 'really' male but looked female must want sex with other males. That girls who looked masculine would wish for sex with other women.

Had we been, we would have undoubtedly realised that we were victims of not just Transphobia but Homophobia too. Simply because the root of Homophobia is not sexuality as such, but gender. That society was basically Femphobic. Which would have explained to us why on occasions straight-acting butch Gays were 'tolerated' because the man in question was, outside his private life, no different from any other male. Because he 'passed' for a 'real' man. The consolation then in 1962 was that the

average Homophobic or Femphobic couldn't tell you what a real man was. But he sure could tell you what he wasn't, after a few pints.

Transcribed from the diary:

Picture if you will. Narrow street in old part of town, terraced houses and factories. Eight o'clock on a hot sticky overcast Summer's day in 1962. Miss Poetry in Motion in a 'you ain't seen nothin yet' mood. Skips out the back door. Up the entry. Out into street pulling faces at the net curtains opposite (she always did). Turns left at the corner shop. Pint of milk, please. Card to say something nice to Dorothy. Leaves shop. Gives birth to kittens as black car passes slowly on her right side, she thinking it's the cops, as the driver leaning over yelling hysterically out the open passenger window at her, "Get somat on 'em!" She, feeling like a queer Martian, stops. Stares at him, as he, still staring at her while driving, runs into a large (as high as the car) mountain of rubble at a roadworks. Leaving her in stitches ... □□□

Sex, Gender & Sexuality Clinic

Director: Dr Tracie O'Keefe DCH, ND



Doctor of Clinical Hypnotherapy
Psychotherapist
Counsellor
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- Del LaGrace Volcano

"The genius of the editors is in capturing these different visions."
- Christine Burns, VP of Press for Change, UK

"A rich and varied array of informative and provocative stories of relationships."
- Jamision Green

"Do not neglect this book."
- Professor A.W. Steinbeck

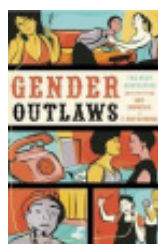
An anthology of real-life stories by trans people of their experiences of being in love

Contributors include Sydney legend 'Carmen' and a foreword by Kate Bornstein & Barbara Carrellas

Published by Routledge, 2008
(In stock at The Bookshop and the Feminist Bookshop in Sydney, and at Hares & Hyenas in Melbourne).

Still available: *Finding the Real Me: True Tales of Sex & Gender Diversity*, eds: Tracie O'Keefe & Katrina Fox

KATE BORNSTEIN REVISITS THE GENDER OUTLAW



Kate Bornstein's book *Gender Outlaw* created a sensation in 1995. In her new book, *Gender Outlaws, the New Generation*, edited by Bornstein and S. Bear Bergman, she brings together the writing of a new set of writers, who bring together essays, humour, social commentary and opinion. Bergman is known as a theatre artist and raconteur and Bornstein has also been active in the intervening years with her stage presentations, books and appearances in the media.



Kate Bornstein

INTERSEX WOMAN IN DISPUTE WITH HUSBAND'S EX-WIFE AND MOTHER-IN-LAW

Nikki Araguz was classified as male at birth, despite birth anomalies. She married Thomas Araguz, a firefighter who died in a factory fire. This left death benefits of \$600,000 to be divided between his wife and his sons by a former marriage.

The former wife, however, claims that Nikki is a male although she has identified as female since she was a toddler, and has been living as female. Nikki claims that she was born female and therefore has never identified as transgender.

An intersex commentator has made a number of points concerning the disadvantages of the intersexed, even by comparison with transgenders.

Thomas' former wife and Thomas' mother have had Nikki's assets frozen so that she has no funding to live on, nor to fight the case. Well-known and respected transgender attorney Phyllis Randolph Frye has taken the case, pro bono, stating that the case threatens every transgender person's civil rights. Others in the Houston transgender community are also offering financial and emotional support.

AUSTRALIAN HUMAN RIGHTS COMMISSION DIVIDES SEX AND SEXUALITY INTO THREE PARTS

The Australian Human Rights Commission has stated that the majority of submissions to the Commission have supported the separation of issues relating to sexual orientation from those relating to sex and/or gender diversity and those relevant to intersex.

There was no consensus on use of the term "intersex and sex and/or gender diversity". Nor was there majority support for the term "sex and gender diversity". Some submissions preferred retention of the phrase "Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI).

The Commission has decided to create three divisions on its website.

1. Sexual orientation and human rights.
- 2 Sex and/or gender identity and human rights.
3. Intersex people and human rights.

Within each section the Commission will acknowledge the diverse range of identities and the range of human rights issues.

They will retain the use of LGBTI because it is internationally recognised, but will replace the term transgender with 'trans'.

They have raised issues of usage of the term "gender equality" and "men" and "women" on the website with the Sex Discrimination Commissioner.

Do You Believe You Are Intersexed?

If so and you would like to know more and meet others like yourself then contact:

OII Australia [Organisation Intersexe Internationale] at PO Box 1553, Auburn, NSW, 1835

or at:

oii australia@bigpond.com or visit our website at www.oii australia.com

Three very different issues are emerging or already significant to the transgender community at present.

Day of Remembrance

As you all know, the day of Remembrance is approaching. On the 20th November this year the Gender Centre will be launching an anti-violence campaign as part of the Day of Remembrance program. While the details of the actual event are still in the planning stage, the focus will be on reminding people that violence against transgender people is unacceptable. We plan to include in the event real life stories of people who have experienced violence, and the impact this has had, to further show how severely damaging this violence has been. If anyone wishes to contribute to this part of the day they can contact the Gender Centre and speak to Liz or Katherine. You do not necessarily have to present a written document. We will be happy to help you tell your story in written form. You can remain anonymous if you wish.

A second aspect of the Day of Remembrance will be the sale of purple ribbons with the logo: End Transphobic Violence embossed on them. These ribbons will be available for purchase in the two weeks preceding the Day of Remembrance at the Gender Centre. The cost is \$1.00 each to cover the cost of the ribbons.

Young trans people

Over the past year or so it has become apparent that there is little by way of suitable support or resources for young trans people in Australia. To that end the Centre is now looking at developing connections, programs and resources to support young trans people in the community. Other youth services are keen to be involved in the project so that the availability of support systems for young trans people expands to encompass an array of general youth services. If you would like to contribute time or have any ideas about what we should be looking at in developing these young-people-focussed resources, please let Liz know. All feedback is welcomed.

Polare page 26

October-December 2010

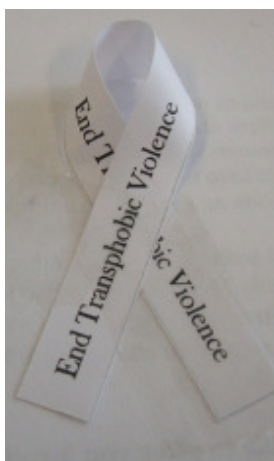
Transparents

You may be aware of someone who is transgender and a parent. The support and information which exists for these people is quite limited. We have heard from a number of parents the challenges they face, not only with informing their children about their gender issues, but also the challenges about working with the services that support their children, such as the local schools. This group of people seems to be an emerging group who are in need of information and resources as well as support.

In order to address this need we are planning on having a parents' forum whereby parents will have the opportunity to raise their issues and provide insight into the types of direction and strategies the Gender Centre should be developing to support these families. Macquarie University has been invited to be involved in the development of resources and information to ensure that there is a strong level of professional support available for this project. Anyone who would like

to be part of this forum is encouraged to contact Liz at the Gender Centre.

As yet a date for the forum has not been set as we would like to select a time and a day suitable to everyone who expresses interest, so that all voices are heard.



The Gender Centre runs a Youth Support Group(16-25 years old)

*The next group will start when we
have eight people interested in
participating and will run for eight
weeks*

*Call the Gender Centre
9569 2366*

**All gender questioning
trans and gender queer
young people are welcome
to participate**

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run solely by a transsexual in Brisbane, Queensland, Australia with the aim of assisting those in need of accommodation and assistance. It is open to all those who identify as transsexuals and who are mentally stable and drug and alcohol free.

The location of the shelter is kept confidential to protect the tenants. The accommodation is in an upmarket suburb on Brisbane's upper north side.

You can stay either up to six months or twelve months and we can house up to six people at a time.

If you want more information or are interested in assisting with the project, please telephone, write or email the

Queensland Gender Centre (see p.36 for contact details).

PLEASE READ THIS!

If you are moving, or changing your email address, please tell us.

Undeliverable copies of Polare waste money that could be used for other services.

The Gender Centre has joined Twitter!!!

For those who don't know, Twitter is an Internet text-based social networking system a bit like SMS. Messages are restricted to 140 characters but if you want to keep up to date daily (or more frequently) with what is going on at the Gender Centre, you can do so on Twitter.



Go to the Internet, and type in www.twitter.com/thegendercentre to see the latest Twitter news. Note that this is one-way information. You can't respond or ask questions on Twitter. If you need further information you will need to phone (02) 9569 2366

or email reception@gendercentre.org.au or resources@gendercentre.org.au.

LEGAL PROBLEMS?

The Inner City Legal Centre will be providing advice sessions for clients of the Gender Centre.

The ICLC can advise in the following areas:

family law | criminal matters | fines | AVOs | victim's compensation | employment | identity documents | police complaints | discrimination | domestic violence | sexual assault | complaints against government | powers of attorney | enduring guardianship | wills | driving offenses | credit and debt | neighbourhood disputes

Dates for 2010 have not been set but sessions will be held monthly. To make an appointment please contact a Gender Centre Staff member on 9569 2366 or email reception@gendercentre.org.au. Bookings are essential

More News Items of Interest

FTM SENIOR DENIED HOMECOMING KING ROLE BY SCHOOL

Oakleigh Reed, born Oakleigh Marie, was elected as Homecoming King by his Senior Class at Mona Shores High School in Muskegon, Michigan. The school administration disqualified him because he is still registered with the school as female and was therefore ineligible. The Seniors feel their right to elect the Homecoming King has been compromised and are protesting, on Facebook and elsewhere.



Oakleigh Reed

Oakleigh's family are also outraged at his being denied the right to self-determination.

NEW ZEALAND TRANSGENDERS COMPLAIN ABOUT "LACK OF RESPECT"

A New Zealand Human Rights Commission report in 2008 suggested that transgender services are 'patchy and inaccessible'. Now patients waiting for gender affirmation surgery and hormone therapy are complaining that they are being marginalised by ill-informed, disrespectful doctors and a health system which is confusing.

Doctors and transgenders are combining on a one-year project, nationwide, to improve the situation.

Waikato plastic surgeon, Chris McEwan, says that the cost of nearly \$40,000 and dissatisfaction with the system are causing two-thirds of transgenders to go overseas for their surgery.

The Medical Association says that all patients should be treated respectfully.

SHADOW ATTORNEY-GENERAL CLAIMS THAT COALITION WOULD INCLUDE TG IN FEDERAL ANTI-DISCRIMINATION LAW

George Brandis, the Shadow Attorney-General, said in August that if the Coalition were elected the Federal Anti-Discrimination laws would be amended to include sexual orientation and gender identity, probably in the first term of government.



George Brandis

Brandis repeated the Coalitions opposition to same-sex marriage and said that the recommendations of the Australian Human Rights Commission's document, *Sex Files*, would be carefully considered.

OII (ORGANISATION INTERSEX INTERNATIONAL) PROTESTS UK GENDER RECOGNITION ACT

Gina Wilson, spokesperson for OII attacked Press For Change, the British lobbying organisation, and the outcomes of the Gender Recognition Bill and the Gender Recognition Act (2004). She says that Press For Change failed to recognise the needs of intersex and gender-queer. She believes that a number of provisions of the Gender Recognition Act are 'repulsive' and protests the recommendation in the Human Rights' Commission's *Sex Files* that something similar be adopted for Australia.



Gina Wilson

Wilson also suggests that the need to stay in the affirmed gender for the rest of life is burdensome and unreasonable, that the need to have cardinal documents changed only after approval by the gatekeeper panel. This is a retrograde move for intersex people who could formerly have their documents amended on production of evidence of intersex.

There is also a requirement for anyone who wants cardinal documents changed to agree that they suffer from "gender dysphoria", a 'concocted mental illness'. This requirement includes intersex people who were assigned at birth to the wrong sex.

THE AUSTRALIAN RIDICULES GREENS FOR 'OUTLANDISH' POLICIES

The Australian, recognising the fact that the Greens will control the balance of power in the Senate has launched an attack on them by drawing attention to such 'outlandish' policies as the provision of "free gender reassignment surgery for those born with an intersex condition" (since when has remedial surgery been 'outlandish'?) and support for trials of state-supplied heroin on prescription (similar to the British system of allowing people to register as addicts).

They also maintain that the Greens support higher personal income tax, higher company tax, death duties and 'a suite of other new or increased taxes' and that the Greens 'pander to some of the hardest of hard-left trade unions'.

But what do they *really* think of the Greens?

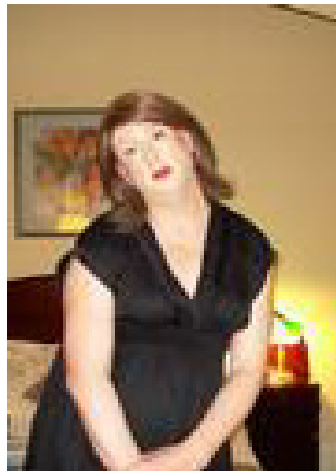
AUSGENDER LAUNCH NEW NATIONAL TRANSGENDER SOCIAL GROUP IN AUGUST

Ausgender, based in Melbourne, will support people in transition through monthly meetings and a newly established website.

Sammantha Elmes, speaking for Ausgender, said that the intention was to help people going through the physical and legal process of transition.

“We looked at what was already out there and Ausgender was really formed for transsexual men and women. The broader trans community, we think, is already well serviced with the Seahorse groups in various States,” Elmes said. “What we want to focus on is the transsexual element of the trans community because that’s where we think help is most needed.”

Ausgender will lobby for transgender rights in



Sammantha Elmes

the political area and will work with organisations such as the Zoe Belle Gender Centre, with the intention of establishing a gender centre.

Sally Goldner, from TransGender Victoria said Ausgender was a welcome addition to existing support groups. “There’s a lot



Sally Goldner

of goodwill and cross-promotion and resource-sharing,” she said. “It means there are more resources out there which is a good thing.”

TASMANIA RECOGNISES SAME-SEX MARRIAGE FROM OTHER STATES OR COUNTRIES

The Parliament of Tasmania has passed a law recognising same-sex marriages and civil unions registered in foreign countries or other Australian States. Only three of the twenty-five MPs in the lower house did not support the

new law, which was an amendment to the Relationships Act. Lara Giddings, the Tasmanian attorney-general said, “This is really a small step, but a significant and important step for those people who have registered or been through a civil union process elsewhere around the world and want us to recognise that relationship as being in existence.”

WESTERNAUSTRALIAN FTMs LOSE APPEAL, MAY TAKE CASE TO HIGH COURT

Two FTMs who won the right to be considered male in the State Administrative Tribunal in 2009 have now lost an appeal lodged by the State Attorney-General.

The Administrative Tribunal had ruled that the law did not require them to have their female reproductive organs removed in order to be considered male but the Attorney-General argued that there could be unforeseen consequences if a person who was legally male were able to bear children.

The Court of Appeal, in a majority decision, upheld the appeal, on the grounds that a person who retained the reproductive characteristics of a woman would not be seen as members of the male gender by the general public. The identity of the two has been suppressed but it has been stated that they intend to take the case to the High Court.

The Chief Justice, in his summary of the sixty-three page judgement stated that “In their (the majority) view, because each individual possessed none of the genital and reproductive physical characteristics of a male, and retained nearly all of the normal external genital characteristics and the internal reproductive organs of a female, they would not be identified as males by reference to community standards, despite the existence of some secondary male physical characteristics.”

The gender reassignment legislation passed in 1999, stated that certificates of reassignment could be issued when a person “demonstrates a belief in the gender they have been reassigned, has adopted the lifestyle and gender characteristics of that gender and has had counselling.”

The lawyer representing the FTMs, Steven Penglis, stated that the law did not require people to be sterile to have their gender reassigned and such a “fundamental and profound” requirement would have been made clear in the legislation if it had been intended.

George Tannin, for the State said the FTMs could not be recognised as men while “retaining the capacity to have children.”

TRANSGENDER DAY OF REMEMBRANCE

Saturday 20 November 2010

**On this day we will remember trans people
who have lost their lives to transphobic
violence since 2009**

**We will mark their passing at the Gender
Centre between 2.00pm and 4.00pm
Light refreshments will be served
ALL WELCOME!**



**IT HAS BEEN ESTIMATED THAT EVERY THREE DAYS A
TRANS PERSON WORLDWIDE DIES A VIOLENT
TRANSPHOBIC DEATH
THIS DOES NOT INCLUDE ACCIDENTS NOR SUICIDE**

The Hep C Virus: Up Close And Personal

Issue Eighty-Five

by Adrian Rigg

The hepatitis C Virus (HCV) is a very clever little creature. It has spread worldwide, affecting humans, and one type of chimpanzee, and is able to outwit most people's immune system due to its "unstable" RNA (ribonucleic acid) genetic make up.

All the hepatitis viruses are so named because they affect the liver; apart from that, the viruses don't have much in common. For example, HCV is more closely related to the dengue fever virus than to the hepatitis A and hepatitis B viruses.

The physical size of a virus is measured in nanometres and a nanometre is a billionth of a metre. The HCV is a relatively small virus, measuring between 50 and 80 nanometres. This small size made its discovery difficult as it could not be seen under a microscope and was identified through genetic-based research.

Different strains of the same virus are called genotypes. HCV has six main genotypes and some are broken down into sub-categories labelled a, b, and c etc. The different genotypes are generally found in specific parts of the world. It is important to know the genotype of the virus, as this determines how the virus will respond to treatment. The most common genotypes in Australia are 1a, 1b and 3.

How it was discovered

Although perhaps not very imaginatively named, the hepatitis virus names do show their order of discovery. In the 1970s, a study of people who had undergone blood transfusions showed that some had contracted a virus that was neither hepatitis A nor hepatitis B. It was not until 1988 that the virus was discovered and named hepatitis C; its discovery was made possible through the study of the virus's genes and cloning the genetic material.

When a new drug is developed it is often patented, with profits for its worldwide use going to one company.

Unlikely though it sounds, a virus can also be patented by its discoverer and effectively owned by a person or organisation. A pharmaceutical

company named Chiron, now owned by Novartis Diagnostics, took out a patent on the hepatitis C virus and also on some of the means of diagnosing it. Patents on viruses can mean big money for the owners, and today anyone undertaking research on HCV must pay a fee to Novartis Diagnostics or risk being sued. Undertaking research is expensive and time-consuming; researchers must have good reason to believe that their research will be worth while, and having to pay an additional fee may discourage some research around HCV.

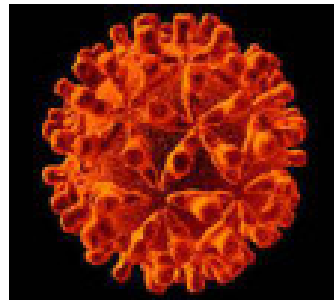
Of course, the vast majority of research by virologists is done to develop treatments and vaccines, rather than with thoughts of profit. Work in this area requires dedication and a genuine interest in advancing knowledge, as it can take years of research to achieve results. It is only

with perseverance that improvements to treatments, and ultimately vaccines, are discovered.

HCV and the liver

Viruses can only replicate within a host body; HCV can stay alive outside the human body for up to four days, but cannot reproduce itself. When it gets into the bloodstream, HCV penetrates healthy liver cells, copies their genetic make-up and then emerges from the cell. It makes mistakes in copying, however, some of which help the virus avoid being detected in the bloodstream; this is called mutation. HCV can mutate faster than most viruses, changing in response to the host's immune system. This makes it harder for the host, and possible future hosts, to fight the virus. HCV also produces a relatively weak response from the human immune system. These are the main reasons why no vaccine has yet been developed against HCV. It also reproduces very quickly. As there may be no symptoms for years, by the time a diagnosis is made and treatment started the virus will have reproduced enormously

The liver is important for good health as it breaks down toxins from food, and it processes medicines and other drugs so the body can better



hep C virus

absorb them. HCV does not always directly harm the liver; often it is the body's immune response to HCV that damages liver cells. The immune system reacts to the presence of HCV in the liver and tries to fight it; this damages liver cells and causes swelling in the liver tissue. The liver can recover by producing new cells but it sometimes cannot keep up with the reproduction of HCV and the subsequent damage. In these cases, scar tissue forms and affects the liver's ability to function. This is fibrosis. As more scar tissue builds up, cirrhosis can occur; this is when healthy liver tissue is replaced by so much scar tissue that the liver can no longer function properly. When the liver is seriously damaged a range of liver complications can occur (this happens only in a small number of people who have hep C).



The treatment prescribed depends on the HCV genotype and on liver health; continuation of treatment depends on ongoing measurements of the success of the treatment. The most effective treatment is combination therapy -- simultaneous use of pegylated interferon and ribavirin. Pegylated interferon alone may be prescribed for people who cannot take ribavirin.

Interferons occur naturally in the body -- when a virus is present, the immune system creates interferons to combat it. They increase the body's natural defences against viruses and help stop them growing. Artificially made interferon can be used to treat cancers and viruses, as the body does not produce enough interferon to fight these conditions. When interferon is injected it helps prevent HCV from replicating, as well as helping the immune system to fight the infection. Pegylated interferon is specially designed to be effective longer, meaning it only needs to be administered once a week. This can make a big difference to the lives of people having treatment, who would otherwise need to have interferon injections three or more times a week.

Ribavirin is used for treating viral infections; it causes mutations in RNA viruses that can destroy the virus. In combination with pegylated interferon it works to prevent the

growth of HCV in the body. Ribavirin can cause birth defects and that is why males and females undertaking treatment, and their partners, must make sure they prevent pregnancy during treatment and for six months after finishing treatment. Likewise, women should not breast-feed babies during this time.

The future

The best research outcome would be a completely effective treatment and a vaccine for HCV. Researchers are also striving to develop treatments that work faster and minimise side effects. It is not easy to grow human liver cells in a laboratory setting, so it is hard for researchers to study HCV. The virus's ability to mutate also makes improving treatments difficult. The complex path of clinical research, along with the costs involved and the rigorous treatments testing that must go with any new discoveries, means that progress is slow, but researchers around the world are successfully studying and trialling potential new treatments and vaccines.

Adrian Rigg is a freelance health writer who regularly writes for *The Hep Review*. This story appeared in *The Hep Review* (September 2010).

The Gender Centre runs a Youth Support Group(16-25 years old)

*The next group will start
when we have eight people
interested in participating and
will run for eight weeks*

***Call the Gender Centre
9569 2366***

***All gender questioning
trans and gender queer
young people are welcome
to participate***

by Katherine Cummings

We have seen a lot of argument in recent years concerning the pros and cons of same-sex marriage. To my mind this is rearranging deckchairs or fiddling round the edges. I have dealt briefly with my view of marriage reform in an editorial a few issues ago, but I would like to go more deeply into some of the points raised, and add some more.

The refusal of both the Government and Opposition to spend more than a sentence or two in dismissing the arguments for same sex marriage, reiterating the mantra that “marriage is to be between a man and a woman” merely indicates that they are going where they think the votes are and are unwilling to think logically about the whole concept of marriage.

First, marriage is not a religious contract. It is a civil contract, as shown by the fact that a) a legal marriage can be performed at a registry office or by a celebrant with no reference to any religion, and b) religious marriages have no legality until they are recorded with the Registry of Births, Deaths and Marriages. It follows that all the pomp, circumstance and decoration which surrounds the service is simply, as it were, icing (and sometimes cute little bride and groom figures) on the cake. Essentially a marriage is a voluntary contract providing mutual support and entered into for life.

Before going on to examine that concept, let us look briefly at the Marriage Act 1961. The Act runs to a neat 100 pages but much of it is exploration of unlikely cases and the creation of regulations to say who may marry whom and under what circumstances (no, you can't be married by a ship's captain, that's a myth).

The Act starts with a list of definitions, twenty-one in all, although many are subdivided. We are told that *Australia includes Norfolk Island*. Since this has been true since 1914 and Norfolk is a Territory just like Cocos, Christmas, the ACT and the Northern Territory, among others, I wonder why it was singled out for mention.

Marriage means the union of a man and woman to the exclusion of all other, voluntarily entered into for life. Note, however, that the terms *man* and *woman* are **not** defined anywhere in the Act. Too hard? I thought so. The truth is that any definition of ‘man’ or ‘woman’ can be shown to have exceptions except for the arbitrary fallback of politicians “A man is a person defined by the law as a man, and a woman is a person defined as a woman”. But on what are these definitions to be based? The presence or absence of a defining birth certificate?

What will happen to those who do not fit the neat gender boxes defined by the law? People who claim to be of no defined gender? People who have components of both sexes in their genetic makeup? People who change gender role but cannot have irreversible genital surgery?

We also have the Family Law Act 1975, which covers, *inter alia*, divorce, or as they more ominously put it, the dissolution of marriage. And this dissolution is also to be entered into voluntarily, at least for one of the potentially dissolute people involved. So surely we need a revision of various parts of the marriage ceremony., e.g. “Whom God has joined together, let no man put asunder ... unless he is a Judge of the Family Court.” And “for better, for worse, for richer for poorer, in sickness and in health... or until I change my mind for whatever reason ...”.

We pretend be monogamous. The truth is we are merely serial monogamists, wedding as often as we wish, but to one person at a time.

Did you know that an “*overseas country means a country or place other than a part of the Queen's dominions, and, in Part V, includes a vessel which is for the time being in the territorial waters of such a country or place*”? If this means anything in English it means that New Zealand and Canada and around fifteen or sixteen other places are not overseas countries and if you sail a vessel through the territorial waters of one of the Queen's Dominions, your vessel becomes part of an overseas country for as long as you stay.

We have established that marriage is a civil contract, not a supernatural endorsement, but it cannot be registered unless it satisfies various parameters concerning the persons being married, their ages, relationship to each other, previous marriages etc.

Clearly these parameters could be altered by a stroke of a Parliamentary pen, just as age of consent has been and should be if they contravene the wishes of the majority. Most people are in agreement that same-sex marriages are a reasonable extension to the current system. And since is a civil contract, why should not the contractors write their own terms, by mutual agreement, yet retain all the protections of the law accorded to marriages?

Why should not a contract be written to include more than two people and a variety of sexes? Why should it not be written for a set length of time? Adults should make their own terms for living, as long as no third parties suffer. Let us think more broadly and campaign more imaginatively rather than limiting our projected reform to same-sex marriage.

Make Sex and War by Katherine Cummings

Let me hasten to clarify the title of this piece. The usual paradigm (there is that word again) is “Make love, not war” and was a watchword of the hippy and flower child anti-war movements of the 1950s and 60s. Let me also hasten to state that I do not see “Love” and “Sex” as interchangeable terms, although I recognise, I may be in a minority there.

My concern here is the almost paranoid attitude of war boffins to ensure that if there is any sex going on in the armed forces it has to be ‘normal’ sex. (Please define ‘normal’.)

When I was in the army cadets in the late 1940s there was an urban myth that our tea was laced with ‘bromide’ to suppress the sex urges of the healthy young men playing soldiers in the bush at Holsworthy or Singleton.

Observation militated (how very appropriate) against this theory. I never actually observed any sodomy or fellatio, but self- and mutual genital stimulation was as frequent as one might expect in any single-sex gathering of healthy teenagers.

Later, when I served in Her Majesty’s Navy, fulfilling my National Service obligation to protect the nation against the Asian hordes to the north, I noticed (again observation, not participation, not that it matters) that there were a lot more gay men around when we were at sea than when we returned to land. A parallel, I assume, with the experience of men in prison, confined to a single-sex society for a period and taking sexual relief wherever it is available.

Since my 1954-55 stint in National Service, many segments of the armed forces have been opened up to female participation, and this has presumably reduced the pressure on those who think sex is a right, enabling them to find sex partners on the high seas as well as ashore.

Mind you, the only females in Flinders Naval Depot, where I served my Nasho, were the WRANs, who were confined to the Wrannery (when not actually being trained), a formidable fortress with high walls and humourless guards.

Because I was training to be a Wireless Telegraphist, which was a skill carried out by WRANs at shore bases, I spent much of my time in close proximity to classes of WRANs but, in the main, they were not a distraction and even the randiest of my fellow sailors seemed to prefer weekend marauding in Melbourne to the company of WRANs mid-week.



Some military types seem to think that even if there are no atheists in a foxhole, there are bound to be sex-obsessed perverts in all of them unless prohibitions are upheld.

What on earth am I on about? I am trying to draw a line from the time when sex was supposed to be suppressed in the armed forces, even through the use of drugs, to the time when it was recognised that some people are same-sex attracted but

this does not mean they are sex-mad beasts with matching anatomy. Until recently, gay, lesbian and bisexual were tolerated but transgender and intersex were tossed out as soon as they were recognised as such, because, after all, their conditions were listed in the DSM4, the listing of mental illnesses and treatments accepted by psychiatrists world wide (as if that meant something).

The Australian armed forces stopped persecuting gays and lesbians about eighteen years ago.

The American armed forces backed into a pseudo-tolerance under President Bill Clinton with their “Don’t ask, don’t tell” policy, which basically meant that a blind eye would be turned unless a person was so offensively, blatantly, raucously gay that the horses might be frightened and the media might become excited.

Recent attempts to rescind “Don’t ask, don’t tell” have foundered on the mad American habit of attaching unrelated clauses to the main motion, in the hope of having them passed on the coat-tails (or apron strings) of the main legislation. One hopes for a return to relative

sanity after the US mid-term election in November this year.

Britain has tended to accept sexual anomalies calmly (hey, they invented most of them) and have even been known to pay for gender affirmation surgery for their soldiers, sailors and airmen in some cases. Oddly enough it is after transgenders leave the service that they encounter most obstruction.

A friend of mine served in the Royal Navy with considerable distinction. After leaving the Navy an offer was made of a high-ranking position in the Civil Service. The offer was accepted, but my friend felt honour bound to inform the employing body that transition and affirmation surgery were looming and the offer was immediately withdrawn. My

friend went on to accept a high-ranking position at Oxford University and later, when the political climate changed, sued for breach of contract and won her case.

And now, at long last, transgenders and intersex in the Australian armed forces are moving out of the shadows and into the sunlight of (relative) acceptance.

Air Chief Marshal Angus Houston, Head of the Australian Defence Force, has issued an order cancelling the current policy (which only dates from 2000) of mandatory expulsion for intersex and transgender personnel.

The directive from Houston orders the ADF “to manage ADF transgender personnel with fairness, respect and dignity ... and ensure that personnel are not subjected to unacceptable behaviour.”

The new policy resulted from the case of a transgendered person whose recent transition was met with behaviour which was far from accepting. Nor was it acceptable. Luckily this caused enough resistance to have the armed forces policy modified. And high time.

It should be noted that other countries have dealt with this situation (I will not call it a problem) without having the world fall in on them. Canada, Thailand, Spain and the Czech Republic support their transgendered personnel and even provide diversity programs.

The Palm Center, in the United States, which has studied LGBTI issues in the military since 2007 has stated that bans on intersex and transgender personnel are based on myths and these personnel pose no barrier to effective military service.

It is time for all walks of society to treat people for who they are, not what they are. Valuable resources are being wasted every day by denying people employment and the right to serve.

The attitude of allowing sex and sexual habits to dominate almost every walk of life is so juvenile and inane that I am amazed more people do not throw off the shackles of religion and advertising (much the same thing in many ways, since both depend on uncritical acceptance of unproven assertions) and stop basing important aspects of life and service on sex and/or sexualities.

Military leaders and civil lawmakers might also take

a leaf from the book of General Dwight D. Eisenhower, who was informed that many women in the US armed forces in WW2 were lesbians.

He told his top female aide to ferret out the names so that these women could be dismissed from the service. She responded that she would do so, if that was his order, but that many of the top ranking women in the armed forces names would be on that list, and her name would be first. Eisenhower wisely left things alone.*

*Ed.note. Spoilsports like snopes.com suggest this never happened, but if it didn't, it should have.



Air Chief Marshal Angus Houston, Head of the Australian Defence Force

New South Wales

THE GENDER CENTRE Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on Monday, Tuesday, Wednesday or Thursday 10am - 5.00pm.

Outreach service

Available to clients in the inner city area on Tuesday nights from 6.00pm to 2.00 a.m. and on Thursdays from 10am - 5.30pm by appointment only. Monday and Wednesday afternoons and Friday 10am - 5.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 9569 2366.

Social and support service

Provides social and support groups and outings, workshops, forums and drop-ins. For more information contact the Social and Support worker. 9569 2366

Resource development service

Produces a range of print resources on HIV/AIDS, medical and other information relevant to people with gender issues and their service providers. We provide printed information including a quarterly magazine *Polare* and a regularly updated website at:

www.gendercentre.org.au

For more information contact the Resource Development worker on Monday or Wednesday 9569 2366

Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an appointment contact the Outreach or Social and Support worker 95692366

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen or over. Residents can stay for up to twelve months and are supported as they move towards independent living. They are also encouraged to consider a range of options available to meet their needs. A weekly fee is charged to cover household expenses.

Assessments for residency are by appointment only and can be arranged by contacting the Counsellor, Outreach worker or Social and Support worker 9569 2366.

For partners, families and friends

Support, education and referral to a wide range of specialist counselling, health, legal, welfare and other community services are available for partners, families and friends of people with gender issues. For more information contact the Social and Support worker 9569 2366.

For service providers, employers and others

Advice, support and workshops are also available to employers, service providers, students and other people interested in gender issues. For more information contact the Gender Centre Co-ordinator, 7 Bent Street or PO Box 266 Petersham NSW 2049
Tel: (02) 9569.2366
Fax: (02) 9569.1176
coordinator@gendercentre.org.au
<http://www.gendercentre.org.au>
For after hours counselling contact **Lifeline** on 131 114 or the **Gay and Lesbian Counselling Service** 5.30pm-10.30pm seven days on (02) 8594 9596 1800 105 527
<http://www.glcsnsw.org.au/>

2010 - TWENTY10/GLBT YOUTH SUPPORT

Twenty10 is a NSW-wide organisation that provides support to young transgender, lesbian, gay and bisexual people who are having trouble at home or are homeless. We provide accommodation support, counselling, case management and social support. We also provide information and referrals for young GLBT people and their families and do community education programs throughout NSW.

PO Box 553, Newtown, NSW, 2042

Youth callers needing help:

Sydney local: (02) 8594 9555

Rural NSW : 1800.65.2010

All other callers:

(02) 8594 9550

Fax: (02) 8594 9559

Email: info@2010.org.au

Web page: www.twenty10.org.au

ACON - AIDS COUNCIL OF NSW

Information and education about HIV/AIDS, caring, support for people living with HIV/AIDS.

9 Commonwealth St, Surry Hills, NSW 2010

PO Box 350 Darlinghurst NSW 1300

Tel: (02) 9206.2000

Fax: (02) 9206.2069

tty: (02) 9283 2088

ACON - HUNTER

129 Maitland Road

PO Box 220

Islington 2296

Tel: (02) 4927 6808

Fax: (02) 4927 6485

hunter@acon.org.au

<http://www.acon.org.au>

ACON - ILLAWARRA

47 Kenny Street, Wollongong

PO Box 1073, Wollongong, NSW,

2500

Tel: (02) 4226.1163

Fax: (02) 4226.9838

www.acon.org.au

ACON -MID-NORTH COAST

Shop 3, 146 Gordon St

Port Macquarie NSW 2444

Tel: (02) 6584 1163

Fax: (02) 6583 3810

mnc@acon.org.au

POB 1329, Port Macquarie, 2444

ACON -NORTHERN RIVERS

27 Uralba Street

Lismore NSW 2480

PO Box 6063

South Lismore NSW 2480

Tel: (02) 6622.1555

or 1 800 633 637

Fax: (02) 6622 1520

northernrivers@acon.org.au

AFAO (AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS)

National AIDS lobby and safe sex promotion organisation.

PO Box 51

Newtown 2042

Tel: (02) 9557 9399

Fax: (02) 9557 9867

ALBION STREET CENTRE

HIV testing, clinical management, counselling and support, treatment and trials for HIV/AIDS.

Tel: (02) 9332.1090

Fax: (02) 9332.4219

ANKALI

Volunteer project offering emotional support for People Living with HIV/AIDS, their partners, friends and carers. One on one grief and bereavement service.

Tel: (02) 9332.1090

Fax: (02) 9332.4219

ASTRA (ASSOCIATION OF SEXY TRANSESTITES)

An erotic social club for the bold and the beautiful! All ages, shapes and sizes. Discreet meetings, weekly parties.

PO Box 502, Glebe NSW 2037

BOBBY GOLDSMITH FOUNDATION (BGF)

Provides direct financial assistance, financial counselling, employment support and supported housing to people in NSW disadvantaged as a result of HIV/AIDS.

Tel: (02) 9283 8666

free call 1800 651 011web

www.bgf.org.au; email

bgf@bgf.org.au

BREASTSCREEN

Phone 132050

CENTRAL TABLELANDS TRANSGENDER INFORMATION SERVICE

Provides information and directions for anyone seeking medical or psychological assistance in changing gender. Provides information on gender friendly services available in the Bathurst, NSW Area. Brings together transgenders, their families and friends and provides support and understanding in a non-counselling atmosphere.

Operates 9 am - 8pm Mon - Fri

Tel: 0412 700 924

(CSN) COMMUNITY SUPPORT NETWORK

Transport and practical home based care for PLWHA. Volunteers welcome. Training provided.

Sydney Mon-Fri 8.00am-6.00pm

9 Commonwealth St, Surry Hills

Tel: (02) 9206.2031

Fax: (02) 9206.2092

csn@acon.org.au

PO Box 350 Darlinghurst NSW 1300

Western Sydney and Blue Mountains

Mon-Fri 9.00am-5.00pm

Tel: 9204 2400

Fax: 9891 2088

csn-westsyd@acon.org.au

6 Darcy Rd, Wentworthville, 2145

PO Box 284, Westmead, 2145

Hunter

Mon-Fri 9.00am-5.00pm

Tel: 4927 6808 Fax 4927 6485

hunter@acon.org.au

129 Maitland Road, Islington, 2296

PO Box 220, Islington, 2296

MacKillop Centre - Hunter

Training and development opportunities for PLWHA

Tel: 4968 8788

Illawarra

Mon-Fri 9.00am-5.00pm

Tel: 4226 1163 Fax: 4226 9838

illawarra@acon.org.au

47 Kenny St, Wollongong, 2500

POB 1073, Wollongong, 2500

Mid North Coast

Outreach project: by appointment

Tel: 6584.0943

Fax: 6583.3810

4 Hayward Street, Port Macquarie, 2444

POB 1329, Port Macquarie, 2444

HIV AWARENESS AND HIV AWARENESS AND SUPPORT

For HIV positive IDUs and their friends. Meets on Wednesdays.

Contact Sandra or Tony at NUAA.

Tel: (02) 9369.3455

Toll Free: 1800.644.413

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. For information contact FTMAustralia .PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

GAY AND LESBIAN COUNSELLING SERVICE OF NSW (GLCS)

A volunteer-based community service providing anonymous and confidential telephone counselling, support, information and referral services for lesbians, gay men, bisexual and transgender persons (LGBT) and people in related communities.

Counselling line open daily from 5.30pm - 10.30pm
(02) 8594 9596 (Sydney Metro Area - cost of local call, high for mobiles)
1800 184 527 (free call for regional NSW caller only)

Admin enquiries: (02) 8594 9500 or admin@glcsnsw.org.au
website: www.glcsnsw.org.au

INNER CITY LEGAL CENTRE

Available to discuss any legal matter that concerns you.
Tel: (02) 9332.1966

INTERSECTION

Coalition group of lesbian, gay, transgender and other sexual minority groups and individuals working for access and equity within local community services and their agencies.

Christine Bird (02) 9525.3790

KIRKETON ROAD CENTRE

Needle exchange and other services
Clinic Hours:

Monday to Friday, 10am - 6pm
Saturday to Sunday, 2pm - 6pm
Outreach Bus - Every Night
100 Darlinghurst Road
(Entrance above the Kings Cross Fire Station - on Victoria Street)Sundays

PO Box 22, Kings Cross, NSW, 2011

Tel: (02) 9360.2766
Fax: (02) 9360.5154

LES GIRLS CROSS-DRESSERS GROUP

An independent peer support group for transgender people. Free tuition, job assistance, friendship and socials, general information. Bi-monthly meetings.

Coordinator,
PO Box 504 Burwood NSW 2134

(MCC) METROPOLITAN

MCC Sydney is linked with MCC churches in Australia as part of an international fellowship of Christian churches with a social concern for any who feel excluded by established religious groups. MCC deplors all forms of discrimination and oppression and seeks to share God's unconditional love and acceptance of all people, regardless of sexual orientation, race or gender.

96 Crystal St, Petersham, 2049
Phone (02) 9569 5122

Fax: (02) 9569 5144

Worship times:

10.00 am and 6.30 pm

office@mccsydney.org

http://www.mccsydney.org.au/

MOUNT DRUITT SEXUAL HEALTH CLINIC

Provides free, confidential and respectful sexual health information, assessment, treatment and counselling.

Ph: (02) 9881 1206

Mon 9.00am-4.00pm

Wed 9.00am-1.00pm

Fri 9.00am-1.00pm

NEON

is a support and social group for transgender people of all ages. It's a chance to get together and discuss experiences, gain support and make friends. We meet at the ACON Hunter office on the last Wednesday of every month from 7pm-9pm and on the second Wednesday from 7pm-8pm

Tel: (02) 4927 6808 (ask for Cath)

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
0249 276 808

NORTHAIDS

A community based organisation providing step down and respite care for PLWHA on the Northern Beaches.

Tel: (02) 9982 2310

NUAA - NSW USERSAIDS ASSOCIATION

A peer-based community organisation providing education on safe injecting, safe using and safe sex. Information on services for injecting drug users. Free needles, swabs, water, spoons, condoms, dams, gloves and lube. Free newsletter and material on HIV and AIDS and other topics of interest or concern to people using drugs illicitly.

345 Crown St., Surry hills, 2010
PO Box 278, Darlinghurst, NSW, 1300

Tel: (02) 8354 7300

Tollfree: 1800 644 413

Fax: (02) 8354 7350

admin@nuaa.org.au

PARRAMATTA SEXUAL HEALTH CLINIC

provides free, confidential and respectful sexual health information, assessment, treatment and counselling.

Level 1, 162 Marsden (cnr. George St)

Parramatta 2150

Ph: (02) 9843 3124

Mon, Wed, Fri 9.00am-4.00pm

Tue 9.00am-1.00pm

Fri 9.00pm-1.00pm

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst NSW 2010

Tel: (02) 9361.6011

Fax: (02) 9360.3504

http://www.plwha.org.au/

Katoomba:

P.O. Box 187

Katoomba NSW 2780

Tel: (02) 4782.2119

http://www.hermes.net.au/plwha/

plwha@hermes.net.au

POSITIVE WOMEN

Can offer one-on-one support for HIV positive transgender women. Contact Women and AIDS Project Officer or Women's HIV Support Officer at ACON.

Tel: (02) 9206 2000

http://www.acon.org.au/education/womens/campaigns.htm

REPIDU

Resource and Education Program for Injecting Drug Users

Mon - Fri, 9am - 5pm Sat & Sun, 1

- 5 Deliveries Tue, Fri 6 - 9

103/5 Redfern Street, Redfern, NSW, 2016

(Redfern Community Health Centre, enter via Turner Street)

Tel: (02) 9395 0400

Fax: (02) 9393 0411

RPASEXUALHEALTHCLINIC

provides a free and confidential range of health, counselling and support services

SAGE FOUNDATION (Sex and Gender Education Foundation)

A voluntary lobbying organisation made up of gender variant people to lobby the government to ensure equal treatment in all respects of life. Sage is non-profit. All welcome.

Ph: 0421 479 285

Email:

SAGE_Foundation@yahoo.com

SEAHORSE SOCIETY OF NSW

The Seahorse Society is a non-profit self-help group funded by members' contributions. Open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, outings, contact with other crossdressers, a telephone information service, postal library service and a newsletter.

PO Box 168, Westgate, NSW 2048 or
Tel: 0423125 860

www.seahorsesoc.org

crossdress@seahorsesoc.org

SOUTH COAST of NSW

from Ulladulla to the VIC Border. We are a group of like-minded people trying to establish a social and support group. Jen Somers, Sexual Health Counsellor, Narooma Community Health Centre, Marine Drive

Narooma, NSW 2546

Tel: (02) 4476.1372

Mob: 0407 214 526

Fax: (02) 4476 1731

jenni.somers@sahs.nsw.gov.au

(SWOP) SEX WORKERS OUTREACH TRANSGENDER SUPPORT PROJECT

Provides confidential services for people working in the NSW sex industry.

69 Abercrombie Street

Chippendale NSW

PO Box 1354

Strawberry Hills NSW 2012

Tel: (02) 9319 4866

Fax: (02) 9310 4262

infoswop@acon.org.au

www.swop.org.au/

SYDNEY BISEXUAL NETWORK

Provides an opportunity for bisexual and bisexual-friendly people to get together in comfortable, safe and friendly spaces. Pub social in Newtown on 3rd Sunday of every month followed by a meal. All welcome. PO Box 281 Broadway NSW 2007

Tel: (02) 9565.4281 (info line)

sbn-admin@yahoogroups.com

http://sbn.bi.org

SYDNEY BISEXUAL PAGANS

Supporting, socialising and liberating bisexual pagans living in the Sydney region.

PO Box 121, Strawberry Hills NSW 2012

SYDNEY MEN'S NETWORK

Welcomes FTM men.
PO Box 2064, Boronia Park, 2111
Tel: 9879.4979 (Paul Whyte)
paulwhyte@gelworks.com.au

SYDNEY SEXUAL HEALTH CENTRE

Provides free, confidential health services, including sexuality, sexual function, counselling and testing and treatment of STDs including HIV.

Level 3, Nightingale Wing, Sydney Hospital, Macquarie St, Sydney, NSW, 2000.
Tel: (02) 9382 7440 or freecall from outside Sydney 1800 451 624 (8.30am-5.00pm) Fax:(02) 9832 7475
sshc@sesahs.nsw.gov.au

SYDNEY WEST HIV/HEP C PREVENTION SERVICE

Needle and syringe program
162 Marsden St, Parramatta, NSW 2150
Ph: (02) 9843 3229
Fax: (02) 9893 7103

TOWN & COUNTRY CENTRE

Drop In Centre - Weekly Coffee Nights - 24 hour ph line - regular social activities - youth services - information, advice and referral - safer sex packs and more! - for bisexual, transgender folks and men who have sex with men
80 Benerembah Street, Griffith
PO Box 2485, Griffith, NSW 2680
Tel: (02) 6964.5524
Fax: (02) 6964.6052
glsg@stealth.com.au

TRANS MASH

For younger Trans people (25 and under). Newcastle area. Contact Judi Butler j.butler@acon.org.au

WOLLONGONG - TRAN

Transgender Resource and Advocacy Network.
A service for people who identify as a gender other than their birth gender. Providing a safe and confidential place to visit, phone or talk about gender issues.
Thursday AND Friday 9am - 5pm
Tel: (02) 4226.1163

WOMENS & GIRLS DROP IN CENTRE

is a safe, friendly drop-in Centre in inner Sydney for women with or without children. Shower, relax, read the paper, get information, referral and advice.

Monday to Friday - 9.30 - 4.30pm
177 Albion Street, Surry Hills, NSW 2010
Tel: (02) 9360.5388

A.C.T.

AGENDER AGENDA is a non-profit group committed to providing support, education, information and relief to people living with any type of sex or gender related condition (whether symptoms are physical or mental and are attributable to genetic or other origin).

PO Box 4010, Ainslie, ACT, 2602
Ph: 0412 882 855
Fax: (02) 6247 0597
Email: polar@homemail.com.au

AIDS ACTION COUNCIL OF ACT

The AIDS Action Council of the ACT provides information and education about HIV/AIDS, caring, support services for people living with HIV/AIDS

Westlund House, Acton, ACT 2601
GPO Box 229, Canberra, ACT 2601
Tel: (02) 6257.2855
Fax: (02) 6257.4838
info@aidsaction.org.au

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

People living with HIV/AIDS ACT provides peer based support, advice and advocacy for people with HIV/AIDS in a relaxed friendly environment.

Westlund House, Acton ACT 2601
GPO Box 229, Canberra ACT 2601
Tel: (02) 6257.4985
Fax: (02) 6257.4838
plwha.act@aidsaction.org.au

SWOP ACT (SEX WORKER OUTREACH PROJECT)

Provides services for people working in the sex industry in the ACT.

Westlund House,
16 Gordon Street, Acton.,
ACT, 2601
GPO Box 229, Canberra, ACT, 2601
Tel: (02) 6247 3443
Fax: (02) 6257 2855
E-mail:
aacswop@aidsaction.org.au

Directory Assistance

Northern Territory

NORTHERN TERRITORY AIDS & HEPATITIS COUNCIL

Incorporating Services and Support For HIV Positive and Hepatitis Positive people.

- Needle Syringe Program
 - Sex Worker Outreach Project
 - Peer Project GLBTI Community Education, Social & Emotional Support
 - ATSI Project - Indigenous Gay Men & Sister Girls
 - Community Education
- Tel: (08) 8941 1711
Freecall: 1800 880 899
www.ntahc.org.au
info@ntahc.org.au

Queensland

(ATSAQ) AUSTRALIAN TRANSGENDERIST SUPPORT ASSOC. OF QLD.

A non-profit organisation providing counselling, support, referral and information, crisis counselling, drug and alcohol for transgender people, their families and friends.
Ph: (07) 3843 5024 8am-6pm
Email: trans.atsa@bigpond.com
www.atsaq.com
PO Box 212, New Farm, Qld, 4005

BRISBANE GENDER CLINIC

Doctors from private practices with an understanding of the transgender community ARE available for consultation by appointment each Wednesday afternoon from 1.30pm to 5.30pm.

Phone (07) 3837 5645
Fax: (07) 3837 5640
Level 1, 270 Roma Street,
Brisbane 4000

CAIRNS SEXUAL HEALTH SERVICE

A public health clinic with an interest in and experience of transgender medicine. Doctors, nurses and psychologist with referral to other services as required.
The Dolls House, Cairns Base Hospital, The Esplanade, Cairns
Ph: (07) 4050 6205

GOLD COAST SEXUAL HEALTH CLINIC

A public sexual health clinic with an interest in and experience of transgender medicine. Medical staff, nursing staff, dietician,

psychologist. Referral to speech pathology, endocrinologists, psychiatrists, surgeons available. Consultations free, by appointment.
2019 Gold Coast Highway
PO Bopx 44, Miami, Qld, 4220
Ph: (07) 5576 9033
fax:(07) 5576 9030

QUEENSLAND GENDER CENTRE

Transsexual semi-supported accommodation available to those who identify as Transgender and who are drug and alcohol free. Accommodation available for six or twelve months.
PO Box 386, Chermside South, QLD 4032 Ph: (07) 3357 6361
www.queenslandgendercentre.org

SEAHORSE SOCIETY OF QLD

We provide a safe environment for members and other persons in their lives to meet and socialise and offer counselling where possible. We are wholly self-funded And open to both sexes no matter what their sexuality
PO Box 574 Annerley QLD 4102
www.geocities.com/WestHollywood/8009/
seahorse@powerup.com.au

(SQWISD) SELF HEALTH FOR QUEENSLAND WORKERS IN THE SEX INDUSTRY

Provides a confidential service for trannies working in the sex industry in Queensland. Offices in Brisbane, Gold Coast and Cairns. Also has an exit and retraining house for sex workers wanting to leave the sex industry.
PO Box 5649, West End Qld 4101
Tel: 1800 118 021
Fax: (07) 3846 4629
Email: sqwisib@sqwisi.org.au

Andrejic Arcade, Suite 32,
55 Lake Street,
PO Box 6041, Cairns, Qld, 4870
Tel: (07) 4031 3522
Fax: (07) 4031 0996
Email: sqwisic@sqwisi.org.au

Level 1 Trust House
3070 Gold Coast Highway,
Surfers Paradise, Qld, 4217
PO Box 578, Surfers Paradise, Qld 4217
Tel: 1800 118 021
Fax: (07) 5531 6671
Email: sqwisic@sqwisi.org.au

Level 3 Post Office Arcade
Flinders Street, Townsville, Qld, 4871
PO Box 2410, Townsville, Qld, 4810
Ph: 1800 118 021
Fax: (07) 4721 5188
Email: sqwisit@sqwisi.org.au

TRANSBRIDGE

A support group for transgenders in the Townsville area. We have connections with sexual health, mental health, AIDS counselling and others by association.

Transbridge Support, PO Box 3572, Hermit Park, QLD 4812

If we can help you at any time we have a mobile phone for twenty-four hour support at:

0406 916 788

email: transbridge@mail.com

(SATS) SOUTH AUSTRALIAN TRANSEXUAL SUPPORT GROUP

A support group for transsexuals who have changed or are about to change their gender role and for their partners. Also provides information on transsexualism for the community and people with gender identity difficulties.

SATS C/o PO Box 907

Kent Town SA 5071

or the Gay and Lesbian Counselling Service (Gayline) on: (08) 8422 8400 or country on 1800 182 223 or Sarah on 0409 091 663 or www.tgfolk.net/sites/satsg/hrt.html
email: satsgroup@yahoo.com.au

Tasmania

WORKING IT OUT

Tasmania's sexuality and gender support and education service providing counselling and support, mentoring for lesbian, transgender and intersex (LGBTI) Tasmanians and education and training programmes to schools, workplaces, government and non-government organisations. Office hours vary from office to office.

Hobart, 39 Burnett St, North Hobart (03) 6231 1200 or 0429 346 122

Launceston, 45 Canning St, Launceston

Burnie, 11 Jones St, Burnie (03) 6432 3643

www.workingitout.org.au

Email: coord@workingitout.org.au

Victoria

CHAMELEON SOCIETY OF VICTORIA Inc.

While the group does not meet on a regular basis it is there to provide support and information to those requiring assistance with all matters. PO Box 79

Altona, VIC.3018

Telephone message bank service (03) 9517 9416

email:

chameleonvicgirls@hotmail.com

robr@vicnet.net.au

FTM PHALLOPLASTY CONTACT

Michael is F2M who has had GRS and is willing to be contacted for information and support around Gender Reassignment Surgery for F2Ms in particular phalloplasty as performed by the Monash Medical Centre Gender Team.

Michael Mitchell. Tel: 0405 102 142

Tel: (03) 5975 8916 messagebank

pathwaysau@yahoo.com.au

GENDER AFFIRMATION AND LIBERATION

is a caring self-help group for transsexed people. It meet monthly to support people who are in the process of gender/sex affirmation (transitioning or transitioned).

PO Box 245, Preston, VIC, 3072

Tel: (03) 9517 1237

<http://groups.yahoo.com/groups/gaal1>

PROSTITUTES COLLECTIVE OF VICTORIA

RhED in the sex industry

Are you interested in contributing to **RED**, the magazine produced by the RhED Program? If you are, please contact RhED on (03) 9534 8166 Mon-Fri 10am to 5pm

SEAHORSE CLUB OF VICTORIA Inc.

A fully constituted self-help group financed by members subscriptions. Full or postal membership is open to transpersons who understand and respect the purpose of the club. Partners are also considered to be members. We have private monthly social meetings with speakers from relevant professions. Besides a monthly magazine and a library, we offer a contact mail service.

GPO Box 86, St Kilda, VIC, 3182

Tel: (03) 9513 8222

<http://home.vicnet.net.au/~seahorse>

seahorsevic@mbox.com.au

(TGV) TRANSGENDER VICTORIA

Transgender Victoria is dedicated to achieving justice and equity for people experiencing gender identity issues, their partner, families and friends. We provide support on a range of issues including education, health, accommodation and facilitating assistance with workplace issues for those identifying as transgender, transsexual or cross-dresser. PO Box 762, South Melbourne, VIC, 3205

Tel: (03) 9517 6613 (leave a message)

transgendervictoria@yahoo.com.au

www.vicnet.net.au/~victrans

Western Australia

CHAMELEON SOCIETY

Provides support to crossdressers, their relatives and friends.

PO Box 367,

Victoria Park WA 6979

Tel: 0418 908839 (8pm-10pm)

Email: chameleonswa@email.com

www.chameleonswa.com

FREEDOM CENTRE

93 Brisbane Street, Northbridge, Perth, WA 6000

Ph: (08) 9228 0354 (opening hours

(08) 9482 0000(admin)

Fax: (08) 9482 0001

Email: info@freedom.org.au

Web: www.freedom.org.au

Provides peer support, information, referrals and a safe social space for young people (under 26) who are gay, lesbian, bisexual, transgender, transsexual, queer and questioning. We have a monthly drop-in specifically for Trans- and/or gender diverse young people called Gender Q (see below) on the first Thursday of every month from 5-8pm.

GAY AND LESBIAN COMMUNITY SERVICES

2 Delhi St, West Perth, WA, 6005

Ph: (08) 9486 9855

Counselling line (08) 9420 7201

Counselling line country areas 1800 184 527

Email: admin@glcs.org.au

Web: www.glcs.org.au

Gay and Lesbian Community Services provides telephone counselling and other support services for people with diverse sexuality and gender. They have an excellent referral list for trans* friendly doctors, psychs etc.

GENDER-Q

Meets at the Freedom Centre (93 Brisbane Street., Northbridge Perth WA) on the first Saturday of every month from 1pm-4pm. It is a free peer-based support session for young people (aged 25 and under) with diverse gender expression. Significant others welcome.

Freedom Centre, PO Box 1510, West Perth 6872, WA

Tel: 9228 0354

www.freedom.org.au

email: info@freedom.org.au

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

See International listings on p.39

MAGENTA

Magenta offers support, education and information to transgender, male and female workers in the sex industry: PO Box 8054 PBC Northbridge, WA 6849

Tel: 08. 9328 1387

Fax: 08. 9227 9606

South Australia

CARROUSEL CLUB

A non-profit, social group that operates as a support group for persons with gender issues, and provides social outlets. Produces a Club Newsletter every two months. PO Box 721, Marleston SA 5033

Tel: (08) 8411.0874

ccsai@hotmail.com

www.geocities.com/carrousel_2000

CHAMELEONS

Counselling, information and support aimed at minimising the isolation of transgender people in South Australia. PO Box 2603 Kent Town SA 5071

Tel: (08) 8293 3700

Fax: (08) 8293 3900

AH: (08) 8346 2516

DARLING HOUSE COMMUNITY LIBRARY

A non-profit, community based resource that operates as a joint project of the AIDS Council of SA and the Gay and Lesbian Counselling Service of SA Inc.

64 Fullarton Rd Norwood

PO Box 907 Kent Town

South Australia 5071

Tel: (08) 8334 1606

Fax: (08) 363.1046

Freecall: 1800 888 559

SHINE - SEXUAL HEALTH

Networking and Education South Australia Inc. (formerly Family Planning South Australia) provides sexual and reproductive health services for the South Australian community.

17 Phillips Street, Kensington,

SA. 5068 Tel: (08) 8431 5177

Fax: (08) 8364 2389

PYCIS

Ph: (08) 9338 2792
Fax: (08) 9388 2793
Email: picys@westnet.com.au
PICYS provide medium to long-term support and accommodation for young people aged 16 to 25 who would otherwise be homeless. PICYS staff are well informed about TTI issues and are trained to provide young people with specialised support. TTI-specific resources and referrals to medical professionals.

TRANSCOMMUNITY WA

We provide peer support for, information resources about, and advocacy on behalf of, people who are transitioning, are planning to transition, or have transitioned. We also organise discreet social events at which significant others and supporters of our membership are welcome.

Contact Lisa on 0427 973 496, email lisasonau@yahoo.com.au

TRANSWEST: THE TRANSGENDER ASSOCIATION OF WESTERN AUSTRALIA (INC)

Support, information, advocacy and social events for all kinds of transgender and transsexual people. Established 1997
PO Box 1944,
Subiaco, WA, 6904
Mob: 0407 194 282
hmp Perth@cygnus.uwa.edu.au
www.geocities.com/transwest_wa

TRUE COLOURS PROGRAM

1st floor, Trinity Buildings,
72 St Georges Terrace. PERTH,
WA, 6000
Ph: (08) 9483 1333
Fax: (08) 9322 3177
Email:
jaye.edwards@unitingcarewest.org.au
Web: www.unitingcarewest.org.au
The True Colours program aims to promote safe and inclusive rural and regional communities where young people with a diverse sexuality and gender, their families and friends are supported and affirmed. This program offers support to young people who are coming out as well as educating the community services sector and community members about the impact of homophobia and heterosexism on these young people, their families and friends.

WELLBEING CENTRE OF WA

Service for people with blood-borne diseases such as Hep C and HIV/AIDS. This service is for people with issues such as health problems, relationships, medication and alternative therapies.
162 Aberdeen Street,
Northbridge
Tel: (08) 9228 2605

www.free2be.org.au is a WA based website for DSG youth that has a section on gender too (www.free2be.org.au/gender.html)

Directory Assistance

National

(ABN) AUSTRALIAN BISEXUAL NETWORK

ABN is the national network of bisexual women, men and partners and bi- and bi-friendly groups and services. ABN produces a national news magazine, houses a resource library and is a member of the International Lesbian and Gay Association (ILGA).
PO Box 490, Lutwyche QLD 4030
Tel: (07) 3857 2500
1800 653 223
ausbinet@rainbow.net.au
www.rainbow.net.au/~ausbinet
IRCL (oz.org network) A.B.N.

AISS SUPPORT GROUP (AUSTRALIA)

Support group for Intersex people and their families. We have representatives in all Australian States.
PO Box 1089
Altona Meadows, VIC, 3028
Tel: (03) 9315 8809
aissg@iprimus.com.au
www.vicnet.net.au/~aissg

AUSTRALIAN WOMAN NETWORK

Australian WOMAN Network is primarily a lobby and health support group for people who experience the condition of transsexualism, their families, friends and supporters. There are email discussion lists for members as well as a bulletin board providing places for both public and member-only access. There is also a large archive of related material available for education and research purposes.

www.w-o-m-a-n.net

CHANGELING ASPECTS

A caring national support organisation for Transsexual people, their partners and families. For information, please write or call.
email:knoble@iinet.net.au
www.changelingaspects.com

FTMAustralia

Resources and health information for all men (identified *female* at birth), their partners, family and service providers. Contact FTM Australia for more information.
PO Box 488, Glebe, NSW, 2037
www.ftmaustralia.org
mail@ftmaustralia.org

TRUE COLOURS DIVERSITY

True Colours represents young people who experience transsexualism and a network of their parents, families throughout Australia. Whether you are a parent, a family member, a carer, a friend or a young person experiencing the diversity in sexual formation called transsexualism, you have come to a friendly place. TRUE Colours offers mutual support and advocacy for young people with transsexualism and their families. We also offer a parents/caregivers email discussion group.
Web: www.truecolours.org.au
Email: Mail@truecolours.org.au

International

AGENDER NEW ZEALAND

A caring national support organisation for Cross/Transgender people, their partners and family. For a detailed information pack, please write or call.
PO Box 27-560
Wellington New Zealand
Tel: (64) 0800 AGENDER
president@agender.org.nz
www.agender.org.nz

BEAUMONT SOCIETY

Non-profit organisation for crossdressers throughout Great Britain. Social functions, counselling and a contact system for members. Provides a magazine - Beaumont magazine
BM Box 3084
London WC1N 3XX
England
www.beaumontsociety.org.uk/

BEAUMONT TRUST

The Trust is a registered charity, the aim of which is the support of transvestites, transsexuals, their friends and families. It fosters research into both psychological and social aspects of transvestism and transsexualism and can provide speakers to address other organisations. It produces literature and arranges workshops, develops befriending facilities and assists with conferences.
The Beaumont Trust, BM Charity, London WC1N 3XX.
http://www3.mistral.co.uk/gentrust/bt.htm

CROSS-TALK

The transgender community news & information monthly.
PO Box 944, Woodland Hills CA 91365 U.S.A.

FTM INTERNATIONAL

A group for female to male transgender people. Provides a quarterly newsletter - FTM.
160 14th St
San Francisco, CA, 94103
http://www.ftmi.org/
info@ftmi.org

FTM NETWORK UK

A support group for female to male trans people. Provides a newsletter - *Boys' Own*
FTM Network, BM Network, London, WC1N 3XX, England.
www.ftm.org.uk

GENDERBRIDGE Inc.

Support and Social Society for people with gender identity issues, their families, partners and professionals involved in care, treatment and counselling.
PO Box 68236, Newton, 1145, New Zealand
Phone: (64) (09) 0800 TGHELP (0800.84.4357) (24 hrs)
www.genderbridge.org
info@genderbridge.org

GENDER TRUST (THE)

A help group for those who consider themselves transsexual, gender dysphoric or trans-gendered. Provides trained counsellors, psychologists and psychotherapists and a there is a referral procedure to a choice of other therapists.
The Gender Trust
PO Box 3192, Brighton
BN1 3WR, ENGLAND
http://www3.mistral.co.uk/gentrust/home.htm
gentrust@mistral.co.uk

INTERNATIONAL FOUNDATION FOR ANDROGYNOUS STUDIES (IFAS)

Support, information, advocacy and social events. An incorporated body established to advance the health, well-being, basic rights, social equality and self-determination of persons of any age or cultural background who are transgender, transsexual, transvestite or intersex, or who are otherwise physically or psychologically androgynous as well as gay, lesbian and bisexual people.
PO Box 1066
Nedlands, WA, 6909, Australia
Mobile ph: 0427 853 083
http://www.ecel.uwa.edu.au/gse/staffweb/fhaynes
IFAS_Homepage.html
www.IFAS.org.au

IFGE INTERNATIONAL FOUNDATION FOR GENDER EDUCATION

Educational and service organisation designed to serve as an effective communications medium, outreach device, and networking facility for the entire TV/TS Community and those affected by the Community. Publisher of materials relevant to the TV/TS theme. Produces TV/TS journal - *Tapestry*.
PO Box 229, Waltham, MA 02254-0229 U.S.A.
http://www.ifge.org/
info@ifge.org

IKHLAS

IKHLAS drop in centre is a community program by Pink Triangle Malaysia. Provides an outreach project, HIV/AIDS information, counselling, medication, workshop and skill building for transgender people in Kuala Lumpur Malaysia.
PO Box 11859, 50760
Kuala Lumpur Malaysia
Tel: 6.03.2425.593
Fax: 6.03.2425.59

ITANZ INTERSEX TRUST

AOTEAROA OF NEW ZEALAND

Registered non-profit charitable trust to provide a number of educational, advocacy and liaison services to intersexuals, their parents, caregivers, family, friends and partners within the Community and those affected by the Community.
PO Box 9196, Marion Square
Wellington, New Zealand
Tel: (04) 4727 386 (machine only) Fax: (04) 4727 387

PROSTITUTES COLLECTIVE OF AUCKLAND - NEW ZEALAND

PO Box 68 509,
Newton, Auckland,
New Zealand

PROSTITUTES COLLECTIVE OF CHRISTCHURCH-NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 13 561
Christchurch,
New Zealand

PROSTITUTES COLLECTIVE OF WELLINGTON - NEW ZEALAND

Provides a confidential service for trannies working in the sex industry.
PO Box 11/412, Manner St
Wellington New Zealand
Tel: (64) 4382-8791
Fax: (64) 4801-5690

Every effort has been made to include accurate and up-to-date information in this directory. To amend your listing fax (02) 9569 1176 or email the Editor on resources@gendercentre.org.au



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FIRST VISIT

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Bankstown Shop P 013, Centro Bankstown North Terrace Bankstown NSW 2200 Phone 9793 2155	Drummoyne 170 Victoria Road Drummoyne NSW 2047 Phone 9719 1391	City Dymocks Building Suite 5, Level 3 428 George St, Sydney NSW 2000 Phone 9221 8594
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PERMANENCE
The permanent hair removal specialists

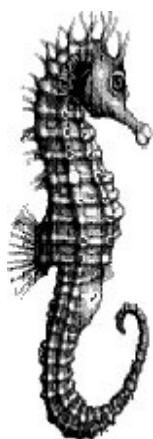
100% GUARANTEE

The Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or 1800 063 060

Dressmaker and Tailor

Specialising in Transgender

Contact: Adele N. Dunne,
0404 215 519
Adele.N.Dunne@gmail.com

THE SEAHORSE SOCIETY is a self help group based in Sydney open to all crossdressers, their relatives and friends. We offer discretion, private monthly social meetings, social outings, contact with other crossdressers, a telephone information service, postal library service and a monthly newsletter.

NSW
Seahorse Society

THE SEAHORSE SOCIETY OF NSW INC
PO BOX 2193 BORONIA PARK, NSW 2111

Call on **0423.125.860** and our website is:
www.seahorsesoc.org
Email: crossdress@seahorsesoc.org
Membership enquiries, change of details etc. contact
Membership Secretary,
PO Box 6179, West Gosford, NSW, 2250
“crossdress with dignity”

Graduate Diploma in Sexual Health

The University of Sydney
Faculty of Health Sciences



Do you or have you ever considered yourself transgender?

Are you a parent of a transgender child or adult?

Are you a professional who works with transgender clients?

If so, would you like to take part in an important research study on the needs of gender variant children and their parents?

Elizabeth Anne Riley, in conjunction with the **University of Sydney**, is doing her PhD and conducting research entitled:

Gender Variant Children: Views of Professionals, Parents and Transgender Adults [Ref. no. 11203]

If you would like to take part, or would like more information about this survey, visit:

www.fhs.usyd.au/sexual_health

This is an international survey, please pass it on to anyone who may be interested.

Community Contacts Cancelled

The Gender Centre regrets that following misuse of the service Community Contacts will no longer be provided. Unfortunately growing reports of predatory actions by some 'contacts' forced us to take this action.

Advertisements of a service nature (e.g. "For Sale", "Accommodation Wanted" or "Accommodation Available") will continue to be published.

The Permanent Solution...

in Permanent Hair Removal

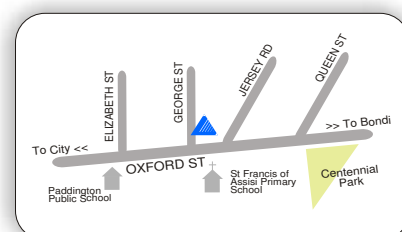
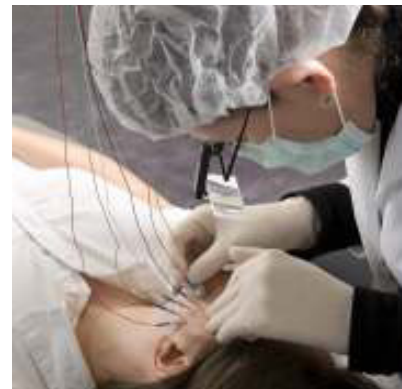
For those who are embarking on the transition from male to female, the permanent removal of hair is vital. However, with so many clinics and procedures to choose from, it's crucial that your chosen solution is reliable, safe and permanent.

At Advanced Electrolysis Centre, we have been specialising in permanent hair removal since 1996, continually improving the methods and the technologies that deliver the best results. You'll be in the hands of our experienced and qualified specialists, where you'll receive the ultimate level of personal care and attention. We also offer on-site parking for our 3hr clients subject to availability.

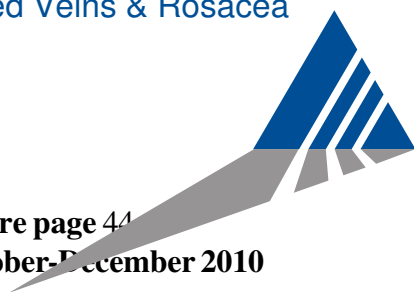
Galvanic electrolysis is a scientifically proven technique that is effective no matter what type of hair you have, and no matter what colour skin. It works perfectly, even if you have blonde or grey hair. However if you have dark hair this can be treated by laser or IPL, or in many cases a combination to achieve a true permanent result.

So, whether you are in need of some general information, or you have already decided on a method that best suits your needs, come in for a chat and get expert advice on how to effectively be free of your unwanted hair FOREVER!

- Multi probe galvanic 16, 32 and 64 (Dual operator) follicle treatment
- Guaranteed Permanent Results
- Skin Rejuvenation
- Pigmentation Reduction
- Red Veins & Rosacea



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9 George Street (just off Oxford St),
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