

Polare Edition 50

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Editorial

by Katherine Cummings, Polare Editor

Stephen Whittle and his family are the subjects on the front cover of this issue. It would be hard to over-estimate the achievements of Whittle and his colleagues in the British transgender lobbying and support organisation Press For Change. They started from a situation which looked virtually hopeless as the entrenched forces of regression stonewalled every attempt to bring British gender law into line with an increasingly enlightened Europe.

Whittle and his wife were themselves the central characters in an action which tried to force the British Government to allow Stephen to have his name registered as the father of his children. This was one action which failed, as so many actions have failed, yet one cannot help but think that without these actions, chipping away at the rock underpinnings of the dour castle of British intransigence, there would not have been the tremendous success of the recent decision to conform to the European Court of Human Justice's ruling and allow transgendered people to enjoy all the rights and privileges (and duties) appropriate to their true gender.

Nor, of course, would Stephen have been awarded the Human Rights Award for 2002. There are tributes to Stephen and his work, and his winning of the Liberty/Justice Human Rights Award for 2002, in the "News Items of Interest" section on pages 8 and 9. This award comes from his fellow lawyers, who are in the best position to assess the contribution.

The world community of transgender owes Stephen a debt of gratitude, especially those of us who are expatriate Brits with a birth certificate we never thought would change in our lifetimes.

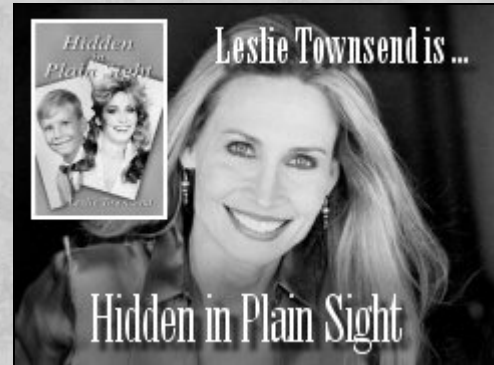
Thank you, Stephen.

On the home front, I have to report that my report on anti-transgender violence for the Attorney General is not yet complete, but it is in the home stretch and there is a list of harm minimisation strategies for the Steering Committee to consider when next they meet. What remains for me to tidy up is the peripheral material such as the bibliography, glossary, relevant legislation and appendices. It is, however, not too late for more material. Contact me on (02) 9519 7599 if you feel you can contribute.

We are fortunate that the governmental spotlight has turned our way and we should make every effort to take fullest advantage of this unusual phenomenon. The Anti-Discrimination Board is running a program on the "Neglected Communities", which will include transgender, intersex, transsexual and bisexual communities (clearly they are not using transgender as an umbrella term, but we can't carp about vocabulary when we are receiving benign attention of this nature). Georgina Beyer will be a keynote speaker and papers will be given by Rachael Wallbank (on the re: Kevin case, for which we have still not seen the Appeal judgement, one year on and counting), Dr. Jay Ramanathan (on the medical paradigm), Glenn Vassallo (on bisexual issues), Tony Briffa (on intersex) and our own Elizabeth Riley (on transgender and transsexual issues).

Finally, you will note that our page 23 girl, Nicole, has no column in this issue. She is on leave but she has been preparing social and support events for the coming year, some of which you will find in the 2003 calendar on page 21. Some dates for our standard events

Feature Articles



The energy it took to hide my past always weakened any attempts to become a whole person with the strength and conviction to live free of fear.

Hidden In Plain Sight

Leslie Townsend "passes" in ways that make your head spin, yet she lacks the resources to pay for her operation and turns to prostitution. Post-surgery deep stealth comes at a high price, the inability to fully share life with others, especially one important other.

Vagina Schmagina

Is it necessary for a penis to exist in order for a person to be a man and for a vagina to exist if a person were to claim to be female? Clare Cahill takes the view that it is not the presence or absence of specific anatomical organs (or neo-organs) which create gender.

The Long and Winding Road

Peta is a transgendered woman born in Balmain in 1951, now living in Canberra and in the middle of life is finding contentment, a sense of balance. She has most of what she needs, her unmet needs can't be bought. She delight in the simple pleasures, this is her story.

Total Abdominal Hysterectomy & Bilateral Salpingo Oophorectomy

Kyle Scanlon shares his experience of undergoing total abdominal hysterectomy with bilateral salpingo oophorectomy. In other words, removal of the uterus, fallopian tubes, or ovaries and they were all being removed via a bikini line scar through the lower abdomen.

such as the Men's Group, remain to be fixed. Our web designer has also resurrected our webpage in a new format and this has been taking a lot of her time and energy. Have a look ... it's excellent.

Manager's Report

by Elizabeth Riley, Polare Editor

I hope you all had a joyous festive season and that 2003 sees an end and not an escalation to the insane and inhumane conflicts that have beset the world in recent times.

I am writing this report well in advance of my usual deadline since I will be on holidays throughout January. It is, therefore, more of a forecast than a report. However, there are some interesting and exciting irons in the fire and even though some changes may occur I don't want to miss the opportunity to let people know what is afoot.

Mardi Gras Festival

Undoubtedly of great significance is the Anti-Discrimination Board's Mardi Gras Forum 2003. As part of the Mardi Gras Festival the A.D.B. has regularly been involved in the carriage of major events. In 2001 there was the launch of the Acts of Passion, which was a formal launch at Parliament House of the Same-Sex Relationships Bill. In 2002 the A.D.B. were behind the Skool's Out campaign which focused on the issues surrounding coming-out of gays and lesbians in school and the attendant homophobia. The great news is that in 2003 the forum will be titled the "Neglected Communities, the Missing Bits of GaBLITT. Chris Puplick, President of the A.D.B., put forward the idea at the last transgender consultation and it was enthusiastically welcomed by everyone in attendance. Chris's idea stems from his observations that the gay and lesbian communities have enjoyed many opportunities over the years of Mardi Gras to promote their issues but little exposure has been afforded to the bi-sexual, intersex, transgender and transsexual communities.

What makes this event so significant is the chance it will provide to present our concerns to an elite audience in the salubrious surroundings of Parliament House. Invitations will be sent to the Board's various community consultation groups, relevant community organisations, the political parties, academic researchers, a range of government departments and agencies and the media. The forum will be extensively advertised as an open and free event through all media outlets associated with Mardi Gras 2003. Speakers, selected for their expertise in particular fields, will present papers on the legal and medical issues concerning the "neglected communities", and on the specific issues of concern to the bisexual, intersex and transgender/transsexual communities. Papers from A.D.B. and E.E.O. agencies around Australia will also be sought for inclusion in the Background Paper which will be posted on the A.D.B.'s website and possibly on the Mardi Gras website. Invited representatives of the major political parties will be asked to participate in the debate and to state their formal party policies or commitments in relation to the issues raised.

I see this as an enormous opportunity to place our issues on the table before an influential audience in a red carpet setting. That we now find ourselves in a position where we can enjoy this level and quality of exposure is also a clear reflection of how far our communities have advanced in the pursuit for access, equity and recognition. Our task now is to ensure that we make the most of our opportunity and in the wake of the forum maintain the momentum towards true equity and the respect our communities deserve.

This is a truly exciting development for us all. Keep a look out in the Mardi Gras advertising for details of the event which is scheduled for 7:00pm to 9:00pm on Tuesday, 25th February in the Jubilee Room at Parliament House in Macquarie Street.

Transgender Anti-Violence Strategic Investigation

By the time this edition goes to print Katherine will have completed the investigation stage of this project and also the final draft of the report. The Steering Committee will be meeting in early February to plan the next stage of the project which will involve a six month trial of one or more of the strategies aimed at reducing the levels of violence to which transgender people are subject. I expect Katherine will provide more detail but we may be seeking interested members in the community to play a role in the trial. I cannot give details at this stage since the nature of the trial will be dependent on the final report and the advice of the Steering Committee. However, as soon as this becomes clear we will be publicising our intentions and possibly seeking expressions of interest. Stay tuned for this one.

While the Gender Centre has a range of projects that we perform as part of our funding agreements we are always keen to hear from the community if there are any areas that need addressing that we may be able to include in our service delivery. Are there workshops that you would like the centre to run that could benefit yourself and others in the community? Are there social events that you would like to participate in? Just contact any staff member and we will explore the possibilities. We are always keen to ensure that the service we provide is as good as it can possibly be within the limitations of the funding we receive.

Once again I hope 2003 proves to be prosperous and fulfilling for everyone and I look forward to seeing you throughout the year.

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Book Review: Hidden in Plain Sight

Autobiography of a Woman Who 'Passes' in Ways that Make Your Head Spin, Yet Stealth Comes at a Price

Reviewed by Willow Arune

Article appeared in Polare magazine: February 2003 Last Update: October 2013 Last Reviewed: September 2015



Hidden In Plain Sight, by Leslie Townsend

Hidden In Plain Sight

by Leslie Townsend
Published by Wrighters Club Press
(2002)
I.S.B.N. -13 978 0595237821

The energy it took to hide my past always weakened any attempts to become a whole person with the strength and conviction to live free of fear.

Years ago, Pat Califia covered transsexual autobiographies in *Sex Changes*. She made a good case for the evolution of the autobiographical form from a straight lineal approach, ("then I went here and there ...") to other books she saw as being both different in style and heavier on issues.

Then last year came *Second Skins*, a deeply academic book that suggests strongly that our autobiographies, as our lives, were shaped by the stories we were required to formulate in order to satisfy the gatekeepers. Posner's point is that we are all forced to formulate our pasts to satisfy the Clinic in one way or another and that this formulation also takes over when we venture forth in print.

I wanted to read Leslie Townsend's autobiography when I read about it on the 'T.S. Roadmap' website. I was interested in finding out about another side of transsexuality, the side we all know exists and rarely talk about - those who turn to prostitution to fund their

operations. As a secondary, I am far from this group, as most of us are, yet I know that on a statistical basis, we who inhabit the Internet are in the minority. We are mostly secondaries, with past lives that we carry around with us and no hope of truly passing. What would it be like to be a primary, starting hormones at an early age, yet lacking the resources to pay for the operation?

Leslie Townsend answers this question. There is no doubt that her autobiography is lineal; it proceeds along the path of her life with a steady rhythm. This is not an academic piece that is difficult to understand. It is written in a clear prose with a hard edge to the comments as she passes from one town to the next. Nor does it parrot the 'clinic line' that others tend to resort to so often.

Leaving home at nineteen to pursue her dreams Leslie goes to Florida, then New Orleans, then New York, in a quest for hormones and medical services. She is still in her late-teens and, to judge by the pictures included, a very passable transsexual woman. Take that back - she is gorgeous and I would kill to look half as good as she does. In this journey she helps us explore the underside of transsexuality, the girls who cannot afford the treatments and doctors.

Unlike many of her sisters (at least, so it seems to me), Leslie has but one goal to which everything is sacrificed - the operation.

She arrives in Trinidad when she is only twenty-three, after earlier operations for breasts and throat.

Now she is a woman The world of prostitution and sleazy bars is left behind - or is it? She strikes out as a model and does well, but not well enough and she tries secretarial work, but still has to augment her income. What impressed me most here was not what she did, but how she felt.

With every fibre of being directed to having S.R.S., the let down leaves her looking around for a new purpose, a feeling I have known several times. After my S.R.S., I seemed to lack a goal, the drive had been so strong to arrive at the surgeon's door.

She moves, not once, but several times. She experiences the womanly fears of being stalked and of attempted rape. One thing she finds she cannot do, she cannot let the world know what she is, a transsexual woman. She is in deep stealth except for her family and one or two others. And when she tells one boyfriend, he leaves her ...

Now, I want you to think about this ... this woman passes in ways that make your head spin. Yet stealth comes at a price, the inability to fully share life with others, especially one important other. She seeks affirmation in the sex trade which, as we all know, is one route to employment open to all. But with Leslie and her wonderful appearance she is wanted not because of being a transsexual woman, but as a woman. Is there one of us who has not dreamed of that? Or preened ourselves for nights after an indecent suggestion? I think not, for somehow male attention, even if for the purpose of sex, is something we all crave in one degree or another. On the few

occasions when I have been approached, I did not accept, but inside a part of me glowed.

Finally, she grew "The energy it took to hide my past always weakened any attempts to become a whole person with the strength and conviction to live free of fear", she states. In denying her history in an attempt to fit in, she had joined the society that discriminated against her.

I truly enjoyed this book. It was interesting, never dull and offered me a glimpse inside the life of a primary - something far removed from my secondary status. I, for one, can cut down on the number of times I gaze at a picture and say "I wish", for I now know that the other road has many faults too. And in a way it was affirming. If I look at the other field and say that it is greener, maybe someone else is looking at me and my situation and thinking the same thing

Leslie Townsend

From Lynn Conway's website: ... For me, it has been a challenge to embrace my successes. For years I held onto the shame of being a trans person. I enjoyed my life and pursued my dreams, but there was this nagging thought that I could accomplish more if I didn't have this baggage to contend with. I had a really hard time embracing my "genderality". As we all know, society puts so much pressure on everyone to "fit in". I was always wrestling between society's expectations and the desire to be true to myself. I let society win for a long time. And here I am, putting myself in the spotlight for the first time. It is time for me to embrace my life, my past and my accomplishments.



I used to dream about making a real difference in the world and how society viewed transgender men and women. As a teenager, I was sure that someday I would be the poster girl for transgender people everywhere. Somewhere along the way, I let that dream become clouded. Following my surgery, I realized that I could fit into society as a woman and no one would ever be the wiser. And until very recently I lived in deep stealth. In fact, I was in so deep that I didn't know there was a name for it. Stealth. Once I was told its meaning and its use in the transgender community, I realized that it is definitely a word that describes the last twenty years of my life. In all that time I never found it easy or advantageous to reveal the details of my past to anyone. I'm sure that fear was the motivating factor in keeping my secret. Fear of rejection, loss of friendship, loss of boyfriends. In retrospect, I think I feared the loss of my female persona and validation of that persona that I received from the men in my life. Fear can be such a crippling emotion. For me, the prospect of divulging my secrets went hand in hand with giving up life as I knew it in my seemingly secure little world. Looking back, I have to wonder how secure that world was if one tidbit of information could have brought it tumbling down. It has taken me all of those twenty years to come to terms with the shame I held onto for so long.

It started from the moment I saw the look on my parents faces the night they found out that their eighteen year old son wanted to become a girl. In that instant my world tilted on its axis and was never the same. [Read more of Leslie's short biography at Lynn Conway's website](#).

Hidden in Plain Sight
Author: Leslie Townsend
Publisher: Writers Club Press (2002)
I.S.B.N.-13 978-0595237821

From Amazon Books: Leslie lives life to the fullest. She is loved and respected by her family and friends. Throughout her life, she has achieved many goals including working as a model, getting



married and entertaining audiences as a stand-up comedienne. However, all the while, Leslie has been hiding a secret about her past. Always fearful of being rejected and ostracized if the truth came to light, Leslie kept her past just that, the past. But secrets weigh heavy on her mind and after years of lies and covering her tracks through career pursuits and relationships, she has decided to tell the truth about her transsexual history and the struggle to live with the legacy of her decision. This story follows the journey of a child in confusion, an adolescent in turmoil and a young adult, who embarks on a quest for wholeness. It is a story of breaking gender barriers and of crossing the chasm from male to female.

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Vagina Schmagina

The Fetishisation of the Vagina

by Clare Cahill

Article appeared in Polare magazine: February 2003 Last Update: October 2013 Last Reviewed: September 2015



Woman to me refers to the type of role a person plays in social groupings of people.

This talking point arose as part of a discussion on an Internet list concerning itself with transgender theory, and arose from a discussion of the criteria for a legal change of sex. I thought the topic was of sufficient importance to make it a talking point for *Polare* and obtained permission from Clare Cahill to reprint her basic argument. Other viewpoints have not been quoted but have been paraphrased. Clare's viewpoint was expressed after a long exchange of views centred around the necessity (or not) for a penis to exist in order for a person to be a man and for a vagina to exist if a person were to claim to be female. Clare takes the view that it is not the presence or absence of specific anatomical organs (or neo-organs) which create gender. Clare said:

My "tribe" is the tribe of all people living as women, whether they have vaginas or not.

This is something that has been bothering me ... the potential for fetishisation of the vagina ...

My initial reaction [to an earlier post] was to ask whether some women really do come from Venus! Separatism in any form really sucks, but when it is based on some quasi-mystical semi-metaphysical statement with no real experience of the full horrors, unpleasantnesses, mess and joy of being a woman capable of becoming pregnant, or having the expectation

of being capable of becoming pregnant, then it becomes ludicrous.

My "tribe" is the tribe of all people living as women, whether they have vaginas, penises, or some combination of both, but through my dear F.T.M. friends I have come to realise that there are some fundamental differences between female energy and male energy. All of my F.T.M. friends exude male energy - there is no doubt that they are men, and many of them still have vaginas.

But I digress slightly - back to vaginas ...

Most women I have talked to don't feel any such thing as the sacredness of the vagina ... those sentiments seem to be a consequence of having acquired a vagina, or having been taught that maybe one should learn to feel some sort of sacredness, through consciousness-raising type activities.

The sacredness (and the bother) of womanhood comes from having the potential and/or inclination and/or equipment for producing and bearing new life.

A woman is so much more than a vagina, and to continue reducing women to a category of people possessing vaginas offends me deeply, because it suggests that women are chiefly defined by one part of our bodies - a fairly small and insignificant part at that, to the effective exclusion of all else.

Just because a person has a vagina does not automatically make that person a woman. Given that I am unlikely to check between your legs, I am more likely to assess your woman-ness from other signs, such as voice, facial expressions, clothing, language and, most of all, manner.

The only time I am going to worry about whether anyone else has a vagina is if I am going to want to have sex with them, or if I am assisting at a birth, as I did with my ex-girlfriend. The rest of the time I exercise the natural modesty of most woman, by putting that part of the anatomy into its proper perspective.

Woman to me refers to the type of role a person plays in social groupings of people - the role of the person who would rather take a more direct role in female nurturing behaviours ... the ability and/or desire to grow and produce life at its most basic level, the ability to multi-task, the ability to read signs that many men do not.

Female nurturing does not necessarily limit people to warm and fuzzy behaviours; nurturing is often proud and fierce. But the energy is different from the nurturing of men.

There are some people who claim to have vaginas, yet I find it difficult to read them as woman, because their language and fetishisation of genitals is not something that is in my experience of woman. However I accept the validity of these people's identity as woman, notwithstanding my difficulties.

Then there are others who openly say they have not had S.R.S. but are living as women, and that is the thing - they are living as women and it is easier for me to read them as woman. The genitals are unimportant, as unimportant as they are for most women, when they are not having sex, menstruating or giving birth.

You want to use essentialism as a basis for womanhood? Then you don't make it. Me, I prefer to accept people according to the gender they present at any given time, regardless of how well, or how badly, they present it.

When it comes to the law and legal attribution of sex, then I think the real-life test is sufficient, and there are sufficient mechanisms available to make provision for the courts to approve a legal change in sex.

I don't see what is wrong with having a system whereby a person who has been living fulltime in their proper gender for a minimum of say two years, applies to the court, undergoes a psychological and medical assessment by court-approved specialists, swears various affidavits and is granted a court order allowing for the change of legal sex, without having S.R.S. as a prerequisite. Needless to say, a person should be able to change their legal sex only once.

There are all sorts of legitimate reasons why S.R.S. is not appropriate or available for all people. The test should be about whether the person is living and presenting as a gender that is at variance to their legal sex.

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The Long and Winding Road

To Be Able To Be Who I Am

by Peta Bourne

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I no longer have a terrible secret

In the middle of my life I am finding contentment. A sense of balance. I do some systems development work a couple of days a week. This keeps my mind active. I go to art classes and indulge in oil painting. This is good for my spirit. I do volunteer work in the national office of a political party whose values most closely match mine. This is good for my soul.

I [was] envious of a "boy" in class who was able to wear a dress to school and be a girl. Of course [she] was in reality a girl but she had short hair and was tall ...

I have most of what I need. My unmet needs cannot be bought. I delight in the simple pleasures ... time with family and friends; watching a parrot in the tree outside my living-room; reading; sunsets and sunrises; the natural beauty of this

country; good wine, good food and good conversation.

I despair at times about the state of the world and of the direction Australia is heading. We need more tolerance; we need more talking to resolve disputes rather than using primitive means like warfare. We need to embrace and manage change in such a way that all are given the opportunity to share in the benefits. We need to appreciate what we have. Above all, we need to respect each other and the fragile environment in which we share our existence.

Contentment has been a long time coming. And I had almost given up.

My journey thus far...

I am a transgendered woman living in Canberra. For over forty years I presented to the world as a male - it was a chromosome thing. I have XY instead of XX.

I have three wonderful daughters who have taken my drastic new direction in life in their stride. My mother and brothers and sisters are (mostly) supportive of my decision to live as I have chosen.

The 1950's

I was born in Balmain in December 1951. In those days Balmain was a working class suburb of Sydney. We moved up market to Concord in 1953 following the birth of my first brother (I have an older sister). I knew I was different from an early age but somehow knew that I had to conform or risk humiliation and ridicule.

"I don't want to be a man called Peter"

There was a popular song from a movie of the time (c.1955) called "A Man Called Peter". I clearly remember throwing tantrums whenever my mother sang this song to me. Recently, after I had told my mother of the changes I had planned for myself, she recalled those tantrums and told me that I used to scream out: "I don't want to be a man called Peter"

My childhood was a happy one. In 1957 I commenced school at the local convent. I thought school was a magic place with all those colourful crayons and plasticine and finger-painting and listening to stories and singing songs. I have clear memories from one of my first days at school.

"Why can't I be a girl?"

I remember feeling very envious of a "boy" in my class who was able to wear a dress to school and be a girl. Of course this person was in reality a girl but she had short hair and was tall so I naturally assumed she was a boy. I thought:

"If he can be a girl, why can't I be a girl?"

Of course I knew not to share such thoughts with anyone. It was my deep terrible secret.

The 1960's

During the 1960s I attended Christian Brothers schools in Sydney. Of course, I would have preferred an education. I knew that I could never let anyone know of my secret yearning to be a girl so I just tried to fit in. School life was fairly ordinary. I enjoyed art during primary school and was greatly encouraged by one of the teachers. I was an altar boy.

In 1962 my younger sister was born.

Peta? Yuk!!

When my mother was expecting the fifth child in our family, we all participated in selecting names. We had a boy's name picked out and a girl's name. I took this opportunity to find out what girl's name had been chosen for me. "Peta," said mum. "Yuk!!" I thought.

I soon came to realise that art wasn't seen as a serious subject and so when it came to high school I did what was expected of me - English, Maths, Science, French, Latin and History. Just the sort of subjects needed for a proper job. The Christian Brothers did a fine job of training me in "how to pass the Higher School Certificate". By the end of the 1960s I had my H.S.C., a Commonwealth Scholarship to attend university and no faith in the Catholic Church.

The 1970s and '80s

I really didn't know what I was supposed to do after leaving school. Well, I knew I should go to university, (especially since I had a scholarship to pay for it) but I had no real idea what courses I should study. I chose Engineering partly because I had done well at Maths and partly because it was such a male dominated area ... no one would suspect that I was really a woman. In the 1970s First Year Engineering class there were a few hundred males and, besides me, one female. One of the consequences of attending a Christian Brothers School was that I didn't have to develop any self-discipline. All discipline was imposed from above. So when I started university I was completely unprepared for freedom. I spent many hours in the library learning as much as I could about transsexualism (not much) and many hours at the movies or lying on the grass in the Sun. I don't think I attended one tutorial (they weren't compulsory) although I did get to most lectures. Inevitably, I didn't do well in the exams at the end of my first year although I somehow managed to pass Pure and Applied Maths and Physics.

Much to the dismay of my father, I decided to drop out of university after the first year. I went to the Vocational Guidance Office in Sydney in the mistaken idea that they would be able to guide me in my choice of career. I did a number of tests and was told I could be anything I wanted. Fat lot of help that was.

I moved to Canberra and worked in Systems Development for a Government agency. I married a wonderful woman and had three lovely daughters. My life was very conventional - moving up the ranks at work, handing over lots of my money to the bank to payoff a mortgage and raising a family with my wife. Not so deep down, however, I had this terrible secret.

I grew a beard.

The early 1990s - the Dark Ages

My wife left me and the children in early 1990. She needed "space". I suspect she just wanted me to accept what she had known for a while. She has a great deal of insight and is a very supportive friend. Work was becoming hectic. I was Project Manager for a couple of major systems development projects. The work was interesting and I had a great team working with me. But I was becoming dissatisfied with the new style of "economic rationalist" management which was sweeping through the public service agencies. One night in 1993, I felt I'd had enough.

Autumn 1993

***Black. Dense, smothering black
I sit back waiting ... for what?
Whatever comes after this time on earth.
Another hell?
My eyes are closed as the engine
Quietly pumps its breath around me
I thought I was ready
But my daughters fill my mind.
Tears run down my cheeks as
I switch off the engine ... So weak
I despise myself.***

What a failure! I couldn't even kill myself. I knew I needed professional help and got it. This terrible secret was killing me slowly.

The Late 1990s - the Renaissance

I confided in my G.P. and was referred to a psychiatrist who confirmed my gender dysphoria. After exploring some of my issues through the Seahorse Society of N.S.W. and the Gender Centre in Sydney, I accepted myself. In early 1997 I commenced taking hormones (prescribed by an endocrinologist). I accepted a "voluntary retrenchment" at work and started living again. In late 1997 I told my daughters and my mother of my plans. This was the hardest thing I have ever done in my life. Had my daughters rejected me, I didn't know what Plan B would be. As it was, they were just wonderful. A huge weight was lifted from my shoulders.

Happy ... Coincidence of Self

*To be able to be who you are
is not a remarkable thing for you.
It's just the way it is, the way you are.
No wonder you can't understand
the overwhelming joy I feel
As at last I am able to be who I am.*

In early 1998 I wrote to my brothers and sisters and to a dear friend, advising them of the changes I was going through. The response was more than I could have hoped for. During 1998 I commenced electrolysis, and over the next two years underwent over 250 hours of torturous hair removal. I applied for a job in Batemans Bay (a beautiful town on the South Coast) and informed the interviewers of my transsexuality and my intention to transition (i.e. start presenting to the world as a woman within months. I got the job and in October 1998 I changed my name and transitioned. In November 1999 I had plastic surgery to feminise my nose. In July 2000 I moved back to Canberra to be closer to my family.

During 2001 I saw a couple of psychiatrists in order to get the go-ahead for gender reassignment surgery. In September of that year I met with a surgeon to discuss the operation. On 3rd February 2002 I was admitted to Westside Private Hospital in Sydney and on the following day I underwent gender reassignment surgery.

I no longer have a terrible secret.

The clerk in the Vocational Guidance Office all those years ago was right. I could be anything I wanted.

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(The Gender Centre advise that this article may not be current and as such certain content, including but not limited to persons, contact details and dates may not apply. Where legal authority or medical related matters are cited, responsibility lies with the reader to obtain the most current relevant legal authority and/or medical publication.)

Everything you wanted to know about ...

Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy

by Kyle Scanlon

Article appeared in Polare magazine: February 2003 Last Update: October 2013 Last Reviewed: September 2015



Kyle Scanlon - Photo: Alaina Hardie

Six months ago I had the Total Abdominal Hysterectomy with Bilateral Salpingo Oophorectomy. In other words, no more uterus, fallopian tubes, or ovaries and it would all be coming out via a 'bikini line' incision going through my lower abdomen.

... when they first told me I was supposed to get up and walk only twenty-four hours after having my guts split open, I thought they were nuts.

Why the hysto? Plenty of reasons. For one, I'd had a few bad pap smears in a row, possibly due to the 'atrophying' effect of three years worth of testosterone on my 'biological bits' due to being a transman. A hysterectomy was recommended for me because of the fear of atrophic cancerous cells or fibroid cysts forming. Combine that with the very real fact that I wanted, for once and

for all, to get rid of that annoying oestrogen that still coursed through my body, and you have all the ingredients you need for a quick and painless decision. 'Cut me open!'

I'd done some preliminary research at a website called Hyster-Sisters, a support site for women who are scheduled to have (and have already undergone) a hysterectomy, and been bolstered to realise that I had many factors on my side as a transman going into this procedure. For one thing, the average age of the women on this site seemed to be mid-to-late forties. At only thirty years old, I suspected my recovery was bound to be a little speedier. Another major issue in terms of healing is the psychological aspects. Many of the women on this site were clearly feeling a certain sense of sadness and depression at the imminent "loss of their womanhood and ability to bear children". For me, as a transguy, I was practically throwing a party. "Female bits be gone!!" Certainly psychologically I was well prepared. Another benefit to me was the fact that I was already on hormone replacement therapy while many of the woman at Hyster-Sisters are going to be scattering to deal with the effects of an immediate menopause as a result of their surgeries. And finally, I was a transguy who had not experienced the joys/pains of giving birth, so my abdominal wall remained unstretched and strong. I'd even begun a workout regimen about six months prior to this surgery, so I knew that in terms of my abs, I would be in good shape for a relatively speedy recovery. The foundation was in place. I was ready.

I booked my hysterectomy with a gynaecologist/obstetrician in the greater Toronto area. I chose her for one specific reason; she'd had many transmen as clients, and came highly recommended. I didn't want to have to 'teach' my surgical team what pronouns to use, and I wanted to feel comfortable that even while I was under the effects of anaesthetic and unable to speak for myself, I would be referred to with the appropriate male pronouns. Once I had my primary care physician send a referral, I was able to meet with her for a preliminary examination. I immediately appreciated her warmth and the tact with which she accepted a man who needed a hysterectomy. She earned my respect quickly. I had no hesitation in booking the surgery.

Now for those of you who were wondering, Ontario's health care plan will cover a hysterectomy as long as a) there is still an 'F' on one's health card, and b) there is a surgeon willing to sign off and say that the procedure is a medical necessity (which it is). My doctor needed neither 'convincing' nor 'cajoling' to make that determination. For once, a trans surgery that we don't have to pay for out of pocket! (As long as we don't call it a trans surgery, of course. Shhhh!)

I arrived at the hospital for my pre-admittance appointment on Monday the 18th March. Pre-admit basically serves two functions: To check you out one final time to determine that you are healthy enough to undergo this major operation, and to give final instructions before you come for the procedure. (Grand River Hospital even has a video presentation about the procedure itself to help familiarize patients with what they can expect in terms of their hospital stay.) Pre-admit took about an hour. Standard tests included blood work, blood pressure, weight, discussing drug allergies, dietary needs, etc. They even took a urine sample so they could do a pregnancy test (In my words, "that would be the immaculate conception right there.") They made me sign off on a number of release forms and the basic 'next of kin' forms, which always fill me with a sense of confidence.

I also wrote a veritable essay on my pre-admit forms regarding proper identification. Where it said 'M' or 'F' I sadly had to circle the 'F' because my Ontario Health Card lists me as Female. Those of us in Ontario who need to get this surgery covered by our Ontario Health Insurance must still be considered 'female' according to our Health Cards. Nevertheless, after circling the 'F', I carefully added "F.T.M. -

Female to Male Transman" in big letters, and then added in even larger letters "Please use male pronouns." None of that made it onto the official paperwork they printed up at the registration desk, naturally.

Day One: Day of Hell

My surgery was scheduled for 9:00am Friday morning, 22nd March. I was told to arrive at the hospital at 7:00am. Why so early? Apparently so they could take my clothes, my meds, give me a pair of cotton drawstring pants, some funky slippers, a hospital backless gown and a robe. Two hours for that. (These are the same people who kick a person who has just had a hysterectomy out of the hospital after only a three night stay. Weird!) I was famished from not being able to eat or drink past midnight the previous night, and nervous. I think I went to the bathroom about one hundred times despite the emptiness of my stomach. Perhaps peeing was just the only way I could think of to pass the time. Fortunately, I did have better options. Chris, my friend came along to keep me company and calm my nerves.

An emergency C-section took my doctor's attention until about 10:00am and then finally I was called in. I bid farewell to Chris, and walked with a nurse to the Operating room, took off most of my clothes in an extremely cold room, and then hopped onto a steel table. Fun. Good thing my top surgery played havoc with my nipples or I would have been perpetually in the upright position. There, a nurse once again ascertained I had not eaten anything, and I talked with the anaesthetist about my previous reactions to anaesthesia. He promised me a gentle and non-nauseous ride, and then started an intravenous in my arm. My doctor came over and greeted me and assured me everything was going to be fine. I "thanked them in advance." hoping that they'd feel compelled to do a great job. Then, they began to put me under. It was much more 'gentle' than the last time I'd been put under. I remember that time being a swirling immediately nauseous feeling but this was very gradual. I far preferred it. I closed my eyes, and then, I was gone.

After what seemed like seconds but was actually about three hours, I woke up in the recovery room. They asked me how I was, and I tried to say 'fine' but could barely speak - my mouth was so dry after having been intubated during the surgery. They gave me a tiny sip of water (they didn't want me to vomit, so they wouldn't let me have anything more than a sip) and I still couldn't get the frog out of my throat. I had to cough but was scared, it's not that I was in intense pain, but I was certainly aware my guts had been split open within the last hour. (Fear is a factor for me.) The nurse was great. She held a pillow over my stomach so that I could cough and feel 'supported' in doing so. It didn't hurt as much as I had feared.

I passed out again, and woke up later when they were telling me my private room was ready. (This doctor, bless her heart, obtains private rooms for her trans patients by citing 'medical reasons', which means we don't have to pay for it. Even those of us without insurance, we won't end up in a room full of women.) Then they wheeled me upstairs via gurney while I teetered in and out of consciousness. (Frankly, I could have used a lot more of that on day one. Consciousness was no friend to me.) Shimmying from my mobile bed to my new home was a challenge. (You try moving between beds without using your abs!) Nevertheless I managed.

A morphine drip, a wonderful machine that allows you to administer a dose of morphine when you need it, became my new intimate. I actually barely used it that first day. I felt like shit, absolutely, but sleep was far, far better than being awake with morphine. (Repeat: consciousness was no friend on day one.) Now, here are words I never expected to write: I was thrilled to have been given a catheter. It meant I didn't have to move too much. Occasionally nurses would come in to check my vitals and get me to roll to one side for a bit, to help with circulation, and to decrease the chance of a blood clot forming.

I had a fever on and off for the first two days, so they gave me Tylenol for that. I also had nausea so they put Gravol right into the intravenous along with the morphine drip so that was under control fairly quickly. But still, day one was a big load of crap. Every time I awoke I thought "Please, dear God, don't let it be like this for long." I don't consider myself a wuss when it comes to pain, but this was really quite a huge toll on the body. Finally, around 7:00pm I was beginning to be awake, to feel more like myself. In pain and uncomfortable, but still myself. I began talking to the nurses and being a real human being again. Dinner was liquids only, broth and soup.

A note about pronouns: The hospital nursing staff was initially confused. It was almost a whole day before I actually understood what had gone wrong. Ironically, they assumed I wanted to be a girl and thought they were being super cool by using female pronouns on a person with facial hair. They didn't realise there were such entities as 'F.T.M.s.' Once I was actually in the care of the ward nurses, I told each of them individually "I'm a guy, and it actually physically pains me to be referred to as a female." One of the nurses made sure she took my wishes back to the head nurse so it could get written on my chart so there'd be no mistakes. And after that, a couple of the other nurses who had messed up previously in my presence came back to make it all right with me, which I thought was great.

And a few of the nurses took a real shine to me. Oh, that Scanlon charm!

Day Two: The Commode Commander!

In many ways, the days after surgery remind me of the watershed moments of an infant's life. I had my first words, first steps, and first meal of 'solid' foods. After two days of only liquids, those crappy hospital meals tasted so good! And then there was toilet training.

Things were looking up. I had slept fitfully, but I felt far better in the morning. They decided to get rid of the catheter, and get me up and going to the bathroom. That scared me. They taught me a way to kind of 'roll up' out of bed so that I wasn't using my abdominal muscles, and how to get back in the same way. Once in the washroom, taking a leak was 'different'. It's rather hard to describe, but here is a truth not commonly discussed, and why would it be, that most people who were born with a uterus actually make use of uterine contractions to help them control the flow of urine. And with a T.A.H.B.S.O., no more uterus! And therefore, bye bye to uterine contractions. practise with your kegel muscles, boys, cuz you're going to need them! You may find yourself 'concentrating' on peeing in a way you never quite have before. Now, don't let this scare you. It's not difficult or painful, merely 'unique'. Within a matter of three or four days, this new method of pissing became 'subconscious' again.

Initially, not to sound gross, the urine is quite red in colour with blood drainage, but apparently that's normal. Another thing about bathrooms ... they gave me a bottle of warm water with which to 'rinse' the entire groin area after urination before wiping. This helps reduce the risk of infection. I had to take this home with me and continue using it for a week or so.

Then there was that horrible feeling of 'backtracking'. Due to the vaginal bleeding and spotting that happens as a result of this surgery, I had to revert to wearing 'pads'. Oh joy.

The other obstacle to overcome was 'walking'. Believe me, when they first told me I was supposed to get up and walk only twenty-four hours after having my guts split open, I thought they were nuts. I found to my surprise that walking was fairly easy. Sitting was hard, but standing and slowly walking was comparatively a breeze. Especially thanks to the self-administered morphine drip. And walking helped with 'gas'. Apparently this procedure lends itself to people having terrible gas problems. Some people can't pass it. The intestines apparently kind of get 'moved aside' during the surgery, and then when they get 'put back' sometimes there are kinks in the hose, as it were. And you know what happens when you have a kink in a hose. Nothing gets through. All of this leads to 'bloating'. (In the language of women who've had hysterectomies, it's sometimes referred to as 'swelly belly'.) Walking helped unkink the hose. The nurses also gave me anti-gas pills, and ... well ... ahem ... another way to help get rid of excess gas is with an enema. (I know it sounds unappealing, but if it works, use it. Don't let pride get in the way of comfort.) Because I'd been forewarned about the bloating, I knew to buy and bring drawstring/elastic band pants, and underwear that is about two sizes larger than usual. The swelling and inflammation lasted for weeks. It began to subside after about a week, but I didn't return to my normal girth for quite a while.

Another thing about Day two was that it was the first time I got to see the incision. It was a thin 'bikini-line' scar about six inches in length and running along a natural crease at the base of my abdomen.

Day Three: Moving in the world again!

They took me off the intravenous morphine altogether and put me on pills for pain. I had a lot more freedom, and I was very active. They said I could get dressed if I wanted and go down to the cafeteria with my friends. (Keep in mind 'very active' still means I walked as quickly as a lethargic snail.) I was even allowed to take my first shower. (No baths, and no soap on the incision site.) All the activity meant I was in tons of pain that night and since I had already had my share of pills, they only had one other option for me. Morphine injection. You might think, as I did, that the morphine injection would be very similar to the morphine intravenous drip. It was nothing like the intravenous drip. Instead, and you can decide for yourself whether this is a good or a bad thing, it was very much a drug trip. I tripped out in my hospital bed. It wasn't restful in the least. Instead, my brain felt super-stimulated and my body was practically humming. Yet, when I needed to be able to control my body to get up and go to the bathroom, I felt very numb and uncoordinated. There was even a hint of paranoia. So, word to the wise, if you're not into being drugged out of your mind, don't overdo it and force them to give you a morphine injection. For those of you who enjoy this sort of thing, all the power to you!

Day Four and onward: Release and Recovery!

The doctor came by to sign me out, gave me a prescription for Tylenol with codeine and a good strong ibuprofen. The nurses wished me well, and I was on my way. The car ride home just about killed me with the pain of sitting 'upright' and being jerked and jostled with motion, despite the fact I was supported by about four pillows under and around me.

In the ensuing days, I slept a lot. I was staying with friends so I didn't have to cook my own meals at dinner time. I did, however, make my own simple lunches, preferring things like sandwiches or meals that could be nuked in the microwave. I felt capable of performing minor tasks. Moving was still very slow and somewhat painful. 'Blood spotting' on the pads I wore began to diminish rapidly.

On or around day four I had the realization that I very much needed to defecate. (Point of order: I'm talking about extremely personal matters in a very matter of fact way because, frankly, this is the stuff you need to know.) The whole notion of taking a dump scared the shit out of me. Well, actually, it did the exact opposite. Therein lay the problem. I have to tell you to break out your Metamucil, your apples and your wholegrain breads once you're back on real foods because you are going to want to make this as gentle on yourself as possible. 'nuff said.

About day six my movement became a little quicker, and much less painful. The only thing about day six that made it particularly different than the previous few days is that it was a T.-shot day, and I firmly believe that made a significant difference.

I got a really 'beginning phase' infection. The incision site looked to be a little red and inflamed in areas, and I went to a clinic to check that out. They gave me antibiotics and I was on my way.

The next few weeks went quickly, and with less drama. I confidently returned to my own home for self-care after only two weeks. I wasn't able to do much cleaning or cooking, and I was fatigued constantly, but I was able to buy a litre of milk for myself when necessary. I began going out to visit some friends to watch movies, but I required car rides because it was too painful to walk for more than about ten minutes. At four weeks I started working part-time on a very limited basis. I still slept a lot, and had to lay down whenever I began feeling physically pained. In retrospect I wish I'd laid off the part-time work at only four weeks. Total healing time is estimated at being six to eight weeks, and with only one chance to heal well, I know I compromised my body's ability to heal itself. I was plagued with a number of low-grade infections that needed to be treated with antibiotics and which slowed down the overall recovery process.

By approximately three months after the surgery, I was almost completely back to normal, free of infections, cleared to begin an exercise regimen, and back at work full-time.

Now, six months later, I'm thrilled that it's done. The scar is becoming less and less visible as time passes. The psychological scars are also fading. Now that I no longer have the uterus, fallopian tubes or cervix, I am feeling more and more 'whole' as a man. I've also had some friends comment that my body is changing as a result of testosterone even more quickly post-hysterectomy, which makes the

whole experience worthwhile! Some might say that makes me vain, but I think that's just 'hysterical'!

Kyle Scanlon

From *The Torontoist*: 📧 Tuesday July 10th 2012 - Toronto's queer and trans communities lost a valued leader, gifted mentor, and much-loved friend this past week when Kyle Scanlon, the education, training, and research coordinator at the 519 Community Centre, took his own life on July 3 at his home in downtown Toronto.



An activist, researcher, and front-line worker, Scanlon worked with agencies like the 519 and Sherbourne Health Centre to develop programs to address the needs of Toronto's trans community, and gave generously of his time, energy, and expertise in assisting trans people with issues of employment, housing, sexual health, and acceptance within the larger community.

"Kyle knew what needed to be done when it came to social justice, and he did it," said long-time friend Alaina Hardie. "He didn't seek accolades, and was happy to be either right on the front line or helping quietly in the background, with really no thought given to being recognized. He was selfless to an extent you rarely see. He just wanted to get the work done."

A tribute from Toronto's Trans PULSE project noted: "For the past 10 years, Kyle worked at The 519 Church Street Community Centre, first as the Trans Programs Coordinator and then as the Education, Training, and Research Coordinator. In these roles, Kyle trained thousands of service providers around the province to make their services accessible to trans people. He served on countless boards and committees, and despite his many responsibilities, he responded with an open heart to the needs of members of the trans community on a daily basis."

As news spread of Scanlon's death over the weekend, an image soon emerged of a kind and caring man with an open heart and winning smile, who tirelessly came to the aid of others — but who privately fought against chronic depression that first manifested in his youth. His friends and peers are now grappling with the question of how he could help so many others through the most challenging moments in their lives but not seek the same help himself in his moment of need.

"I often had to tell Kyle how proud I was of him and what he'd accomplished," said close friend Janet Knights, who has faced down depression in her own life. "He couldn't seem to take in the value of his work or the role he played in other's lives. For a lot of years he struggled to find a place to belong. He had trouble with university life and took on some unsatisfying jobs before finding his space at the 519. He had many friends and acquaintances and did find peace with his family. But it wasn't enough. It could never be enough."

An October 2010 U.S. study by the National Centre for Transgender Equality and the National Gay and Lesbian Task Force, surveying more than 6,000 people who identified as transgender and gender non-conforming, found that a staggering 41 percent reported attempting suicide, compared to 1.6 percent of the general population. Because of intense and pervasive societal pressures like stigma, prejudice, and discrimination, people from marginalized communities run a higher risk of experiencing depression at some point in their lives. Financial constraints, racial and cultural factors, limited access to resources, and a lack of nuanced understanding from helping professionals exacerbate the challenges that those in marginalized communities with mental-health issues may face.

"Kyle struggled for a long time with mental-health issues," observed Hardie. "I think it's important to mention that they did not come from him being trans or queer. Mental health issues cross all demographic boundaries. We all need to work together to de-stigmatise mental illness so people in Kyle's situation know they can ask for help and receive respectful treatment."

Writer and activist S. Bear Bergman thinks that Scanlon may have faced a special challenge in seeking help, arising from his role within the queer and trans community. "I worry that Kyle, a guy who was such a helper-of-all, may ultimately have found himself, in a brutal moment, feeling like there was no one he could turn to because in all his relationships, the current of help moved from him to others." He added: "Queer and trans people often end up working directly with our communities and, even in a big city, Queerville can be a pretty small town. When you add in over a dozen years of community work and experience, as Kyle gave, who is left for him to reach out to?"

Bergman concludes: "Obviously, we can't know much about other people's internal landscapes. It may be that nothing could have helped in that moment. Part of the truth of mental health is that not all mental or emotional issues can be "solved" by people being nicer or by inviting the guy out for a coffee more or whatever. I do want to flag the narrative of "we should have done more", because the flip side is "if we do enough, we can help someone to feel better" and that's just not always true."

In spite of the challenges he faced, Scanlon's contribution to the trans and queer communities in Toronto and across Canada was significant in both breadth and depth. "Every day, Kyle was looking for a way to help out, and to make the world a better place," says Hardie. "If we all do a tenth of what Kyle did in his short life, I have to believe that so many of our social problems would be in the past now."

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