

Polare



Farewell, Roberta Perkins

MAGAZINE OF THE NSW GENDER
CENTRE

ISSUE 116 AUGUST - OCTOBER 2018

The Gender Centre presents:

transtopia 2018

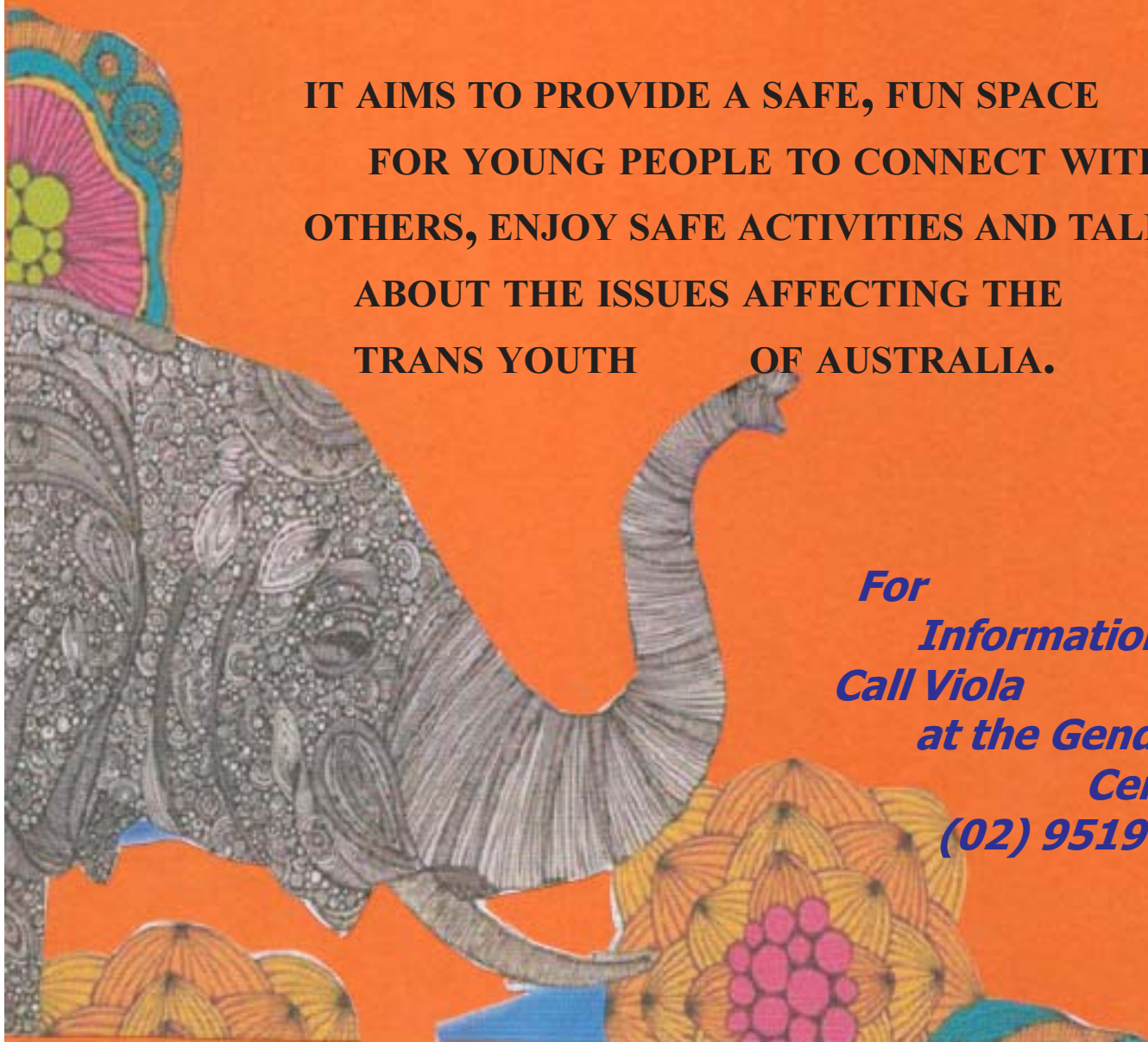
gender-questioning?

gender-queer?

‘TRANSTOPIA’ IS A MONTHLY GROUP TO BE HELD OVER TEN MONTHS IN 2018 FOR TRANSGENDER YOUTH BETWEEN THE AGES OF FOURTEEN AND NINETEEN...

**IT AIMS TO PROVIDE A SAFE, FUN SPACE
FOR YOUNG PEOPLE TO CONNECT WITH
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ABOUT THE ISSUES AFFECTING THE
TRANS YOUTH OF AUSTRALIA.**

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Information
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Centre:
(02) 9519 7599***





The Gender Centre is committed to developing and providing services and activities which enhance the ability of gender diverse 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 gender diverse people.

We offer a wide range of services to gender diverse people, their partners, families and organisations, as well as service providers.

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

The Gender Centre is the place to go for confidential, free services for gender diverse people

Contact Us

41-43 Parramatta Road,
Annandale

NSW 2038

Mail to:

PO Box 266

Petersham

NSW 2049

Tel:(02) 9519 7599

**Outside Met. Sydney
1800 069 115 (9-4.30, M-F)
Fax: (02) 9519 8200**

Email:

reception@gendercentre.org.au

Website:

www.gendercentre.org.au

**The Gender Centre is staffed
9am-4.30pm Monday to Friday**

Our Services

- Support and education
- Social and support groups
- Drug and alcohol counselling
- Quarterly magazine *Polare*
- HIV/AIDS information
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- Accommodation
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- Outreach - street, home, hospital and jail
- Counselling and support groups for partners and family

Residential Service

For all enquiries relating to the

Front Cover: Roberta Perkins, who worked tirelessly on behalf of the disadvantaged and marginalised, died on 19 June, 2018. She founded the Gender Centre, and SWOP (Sex Workers Outreach Project) and wrote a number of works on related topics. See p. 10

Twenty10 Inc. GLCS NSW

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Mobile: 0415 454 770

Email: mentoring@wipan.net.au

Website: www.wipan.net.au

Having a MENTOR has changed my life
... my FUTURE is BRIGHTER than ever!

August-October 2018

CONTRIBUTORS

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swan

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Editor: Katherine Cummings

THE FINE PRINT

Polare

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unless agreed otherwise.

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Opinions expressed do not necessarily
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Centre, Inc, Human Services - Community
Services or the Sydney South West Area
Health.



How often does it have to be said before it sinks in?

Sexuality has nothing at all to do with gender identity!

Nothing. De rien. Nada. You can

say it in any language and it is still true.

A transgender person may be gay, straight, lesbian, asexual, bisexual, pansexual or any other sexuality you can imagine or invent.

Yet the World Health Organisation is patting itself on the back and receiving approving nods from health specialists and even from gender questioning and gender diverse organisations because WHO has removed gender identity from its classification as a mental disorder and reclassified it as a sexual health concern. See the News Item on p.14.

When I heard the news I said “Out of the frying pan into the fire”. Who needs to be thought of as possessing a sexuality problem because one’s gender identity is different from that which was assigned at birth? The concept is ridiculous at best and, by implication, libellous at worst.

On p.18 you will find an article by Phaylen Fairchild, titled “From Bad to Worse”, which expresses the same sentiments as mine and expands on them forcefully.

Phaylen is an activist I have not come across before and she is prolific in presenting her views on a variety of matters to do with transgender. I have now looked at several of her columns

and they have all been well worth reading and thinking about. Of course I don’t always agree with her and I shall now proceed to demonstrate that fact.

You may or may not know that Scarlett Johansson recently came in for a lot of criticism because she accepted the role of a transgender man for the biopic *Rub and Tug* (the life story of FTM Tex Gill) and this is seen by many socially active LGBTIQ networkers, including Phaylen Fairchild, as usurpation of a part which should have been reserved for transgender actors. Johansson was seen as having form in this area as she had earlier played a military cyborg, Major Motoko Kusanagi in the film *The Ghost in the Shell*, crossing ethnic and gender lines

Kusanagi was originally a character in *manga* (graphic novel) and *anime* (animation) works, and similar objections were made from those who believe the part should have been reserved for a Japanese actor. Someone even made the point that only 3.9% of Hollywood speaking parts went to Asians in 2017. This argument would have more force if it were not for the fact that Asian ethnicity, according to 2013 stats from the US Census Bureau, accounts for only 6% of the population. To turn the argument around, how many Caucasians do we see in the multitudinous productions from Bollywood? Why are parts not being written for the (minuscule) number of Caucasian actors in the sub-continent? Producers of popular entertainment tend to follow the

patterns of their projected audiences. I took the time to watch Johansson's version of *The Ghost in the Shell* and found it to be a below-average action movie with a saccharine and predictable ending. I doubt if she has enhanced her acting reputation by taking this part. It appeared to be placed in an Asian milieu, but then, so did the original version of *Blade Runner* which is set in a future Los Angeles. It may have been my imagination but I thought I detected a subtle use of makeup to create an epicanthic fold for Johansson's eyes although from memory she was only called Major. My main objection was the director's preference for filming in crepuscular gloom, which seems to be *de rigueur* when 'atmosphere' is demanded.

Johansson yielded to the vociferous outcry although her first reaction was to refer people to the agents of actors (male and female) who have crossed the gender line to play a transgender part, including Felicity Huffman, Hilary Swank, Eddie Redmayne and Jeffrey Tambor. This was taken as insulting by those who were attacking her, although to me it bears out the French maxim: "This animal is dangerous. When attacked it will defend itself".

The first point to make is that acting is, by definition, portaying a *persona* that is not one's own. Even transgender actors playing transgender parts, unless they are acting in their own biopics, are portraying *personae* other than their own, even if they have characteristics in common with the subject. Similar

complaints have been made about Caucasian actors playing Asian or black parts yet if the actor is skilled enough and the portrayal accurate enough, it seems to me to be no more than another challenge to the art of acting.

If the criticism of Caucasians playing black parts is based on the unlikelihood of a Caucasian being convincing we should bear in mind the Caucasian American, John Howard Griffin, who disguised himself as an African American, not for a brief theatrical performance, but for six weeks in public, in order to speak from first-hand experience about the conditions that existed for African Americans living in the Deep South during segregation. Griffin's observations were first published by *Sepia* magazine and then in a book titled *Black Like Me* in 1961. Nor was he the only person to do this. A journalist named Ray Spigle did the same thing for thirty days in 1949 and wrote a book titled *In the Land of Jim Crow*. Note that neither of these men was a trained actor, and their masquerades risked death, rather than poor reviews from cranky critics. Griffin was, in fact, badly beaten by the Ku Klux Klan in 1975.

Returning to the theatre, we should note that Laurence Olivier played Othello, as have a number of black actors, and Linda Hunt played an Asian male in *The Year of Living Dangerously*.

I have heard Olivier's performance criticised for its quality but never for its usurpation of a 'black' part by a Caucasian and I have never heard

Linda Hunt's performance criticised at all.

I admit there are certain types of humans that other types of humans would find difficult, if not impossible, to simulate.

Dwarfism is an obvious example and those who are born with this condition and choose acting as a profession must find it difficult to find quality acting parts.

An exception is the redoubtable Peter Dinklage whose breakthrough came with his part in *The Station Agent* in 2003 and who has been recognised with an Emmy and a Golden Globe for his performance in *The Game of Thrones*.

Doubtless he will continue to build his reputation.

Should Rock Hudson have revealed the fact that he was gay and given up his romantic hetero hero roles?

Should Tom Hanks have turned down his role as a gay man with AIDS in the 1993 film *Philadelphia* so that the producers could find someone whose life was more congruent with the part?

If transgender activists believe that transgender parts should be reserved for transgender actors a number of corollaries follow.

Maybe cisgender parts should be reserved for cisgenders? This would cut down drastically the opportunities for transgender actors prepared to act in non-transgender roles.

Surely most transgender people who transition would prefer to be fully accepted in their new gender roles (impersonators and activists

excepted) so that in most cases a transgender actor or actress would decry the reservation of transgender parts for transgender people.

When I lived in the United States in the 1970s there were persistent rumours that a well-known actress was a transgender woman. I have no idea if this was true or not and do not consider it relevant.

It is not unusual for acting parts to be re-written in order to make them suitable for big-name actors who will enhance the producers' chances of making a profit on their outlay.

Tom Cruise is not a man-mountain, yet he has been fitted into the part of Jack Reacher without a significant protest from those who think the film version should have followed the books.

It is understandable that producers who invest large sums of money in a film or stage production hope to recoup their investment, at the very least, and one factor in this is the choice of actors. Clearly a well-known and popular actor or actress is going to attract larger audiences than a relative unknown.

To protest because transgender people are not preferred for transgender parts is clearly unrealistic typecasting and unlikely to help transgender actors to achieve selection in the wider milieu of acting in general.

To exhibit fury on behalf of transgender actors who have been overlooked for transgender parts is a perverse form of discrimination.

The problem lies in the habit of some transgender people who confuse rights with privileges and try to push the pendulum of equal rights past the still point at the centre of the arc. To do so is to invite the counter-swing that is virtually unavoidable.

It is better, surely, to work for equality and balanced rights, than to insist on preferential treatment for

a minority group who may, if their wishes are granted, find themselves locked into an enclave of their own making rather than having access to all the roles their talents can encompass.

Katherine



Transgender Anti-Violence Project



Have you experienced an incident where you felt discriminated against, harassed, victimised or unsafe because of gender identity?

You are not alone! And it is NOT your fault.

If you report transphobic incidents to us, we can support you and try to stop it happening to someone else.

If it is an emergency: call the police on

000. Otherwise, contact the TAVP:

ph: (02) 9519 7599, email:

tavp@gendercentre.org.au

online:www.tavp.org.au

or the Gender Centre on

ph: (02) 9519 7599,

email: reception@gendercentre.org.au

Vale, Roberta, Trailblazer and Onlie True Begetter of the Gender Centre

Roberta Perkins (1940-2018) was a trail blazer and a champion for the rights of transgendered as well as other marginalised people in Australia.

Having completed an Honours degree with her major study based on a survey of sex workers in Sydney in 1983, she published a re-written version of her thesis as a book, entitled *The Drag Queen Scene*.

Frank Walker, the Minister of Youth and Community Services read the book and asked Roberta to come for an interview.

Walker was disturbed by the semi-nomadic lives of young female sex workers who were being raped, assaulted, harassed and evicted from their homes and were unable to use either male or female refuges.

Roberta said Walker's words would always be with her. "Roberta, we have got to find them a place where they can lay their heads at night."

Roberta made a submission to the Minister and he responded by approving a grant of \$80,000 to set up the first Gender Centre in Petersham in October 1983.

The cheque, incidentally, was made out to Roberta personally and she used to joke that she thought of running off to South America and living a life of leisure.

When the Centre was first set up there was accommodation for twelve residents, four in each of the bedrooms, sleeping in bunk beds.

On the fourteenth of December, 1983, Frank Walker opened the refuge which was officially named Tiresias House. Six years later it was renamed the Gender Centre.

A second house was added in Ashfield, followed by a third in Haberfield so that by mid-1984 the Gender Centre had short to medium accommodation available.

The next move was to set up a halfway house in a fourth house in Petersham specifically for transgender ex-convicts.

A crisis arose in 1984 when one of the residents claimed to have been forced into dressing as a woman, and bullied into taking heroin.

This created a media barrage and Roberta feared her work would be undermined and destroyed, but Frank Walker stood by her and persuaded other politicians to support Roberta and the Centre.

Roberta left the Centre in 1985 convinced that the teething period was over. In the course of her career she wrote several books, including *Working Girls: prostitutes, their life and social control* (Australian Studies in Law, Crime and Justice), *Call Girls: private sex workers in Australia* (with Frances Lovejoy) and *Being a Prostitute: prostitute women and prostitute men* (with Garry Bennett).



Roberta Perkins

Over the years the services of the Gender Centre have grown significantly, with three crisis houses and twenty transitional apartments available, some in co-operation with other housing organisations.

There are also ancillary services ranging from information and resource provision to needle exchange and counselling and an outreach service for those who cannot come to the Centre (clients who are in prison, are shut-ins or in hospitals or other institutions where their movements are restricted).

In addition to her groundbreaking work in establishing the Gender Centre, Roberta was also involved with the creation of SWOP (Sex Workers Outreach Project).

In addition, Roberta lectured for many years to students at the WEA (Workers Education Association) on the topic of North American Indian culture, including an enthusiasm for the 'two-spirit' people of North America and the phenomenon of *berdache* which allowed men to live as women, marry men and nurture children and women to live as men, even to the extent of fighting in the forefront of the tribal warriors.

It is typical of Roberta that she acknowledged the assistance she received from others. A typical case was that of Frank Walker whose assistance in creating the Gender



Roberta Perkins, holds up the cheque provided by Frank Walker, Minister for Community and Youth Affairs to establish the Gender Centre in December 1983. Walker right foreground *Photo by Zakara*

Centre has been noted above. When Walker died on 12 June 2012, Roberta wrote an obituary that appeared in the July-September 2012 issue of *Polare*.

Inter alia she wrote:

“I was involved in the Victimless Crimes Debate as a member of a Macquarie University advocacy group in favour of repealing all the laws in which there were no victims.

Since I had contact with a number of transgender streetwalkers I was particularly interested in removing the prostitution laws from the statutes, particularly the ‘soliciting’ law which criminalised street sex workers, and the ‘consorting’ law that was used to arrest sex workers in brothels.”

“After interviewing a number of sex workers and brothel managers, I wrote a submission explaining their viewpoints and sent it to Parliament House.”

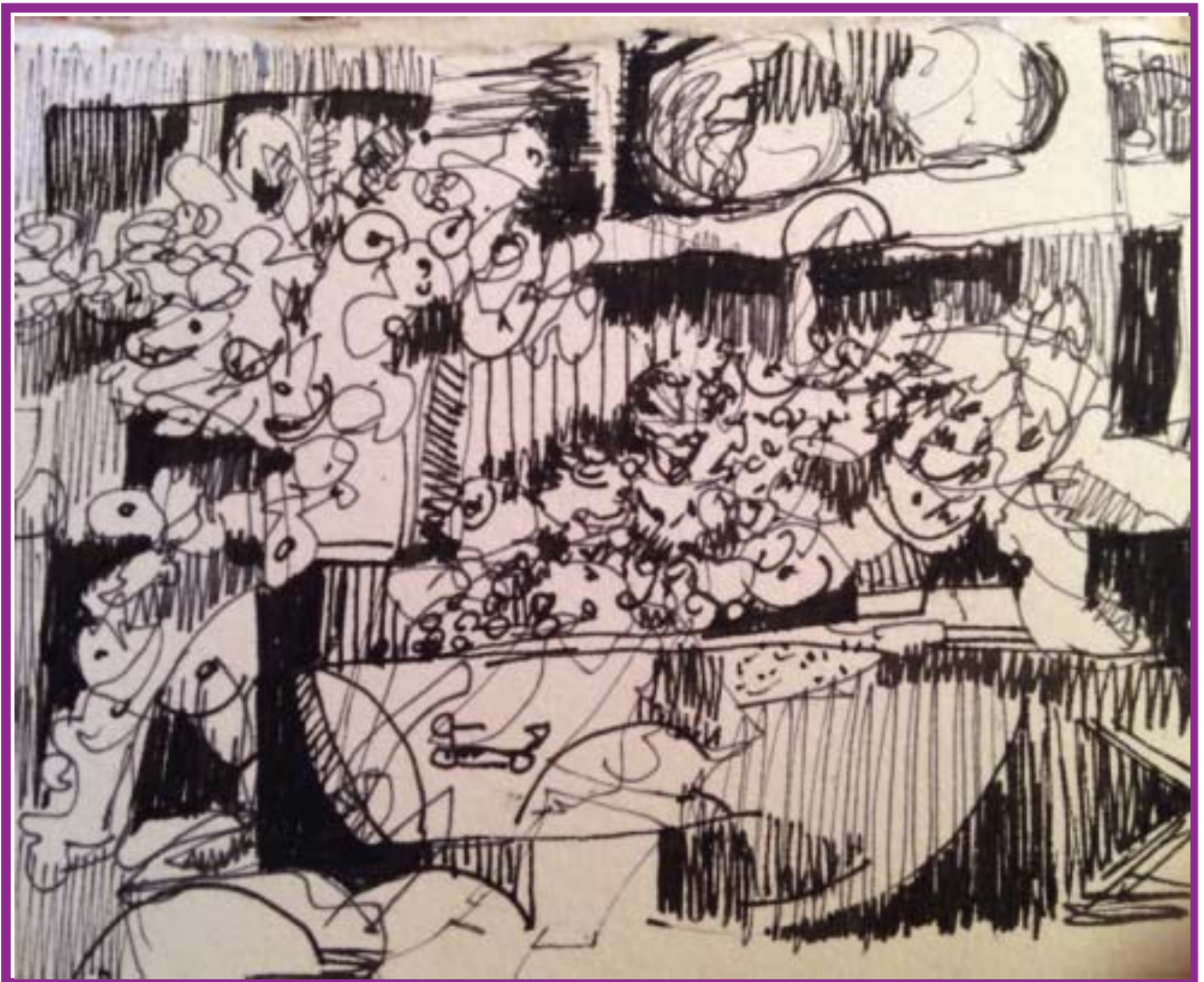
“As Attorney-General, Frank Walker would have been the first to read this submission and express his opinion to his parliamentary colleagues.

“To my surprise, these laws, along with some other ‘victimless crimes’ were officially removed from the law code in April 1979.”

There is no way to over-emphasise the difference Roberta Perkins made to

the lives of transgender people in Australia. We owe her a debt of gratitude and will always honour her contribution to our wellbeing, our safety and our social recognition.

After a prolonged period of infirmity she passed away on Tuesday 19 June, 2018.



Tribute to Roberta by artist, Anastazia, made at Roberta’s funeral.

Do You Believe You Are Intersexed? If you would like to know more and meet others like yourself, contact:

OII Australia, PO Box 46, Newtown, NSW, 2042 or
infor@oii.org.au or visit our website at **www.oii.org.au**

NUTRITIONAL SERVICES AT THE GENDER CENTRE WITH JAMES LYONS

I'm a nutritionist and I specialise in trans health, HIV/AIDS and Hep C support. Specialties aside, I work with all aspects of health for all types of people, from allergies to broken bones, from weight management to mood and memory.

I can help with general health concerns, improving food security with cheap and easy recipes, pre- and post-operative care, maximising HRT benefits and reducing side-effects, and lots more. I provide a non-judgemental space to talk about food and health.

I'll be at the Gender Centre every second Friday and the upcoming dates will be:

10 August, 24 August, 7 September, 21 September, 5 October, 19 October, 2 November, 16 November, 30 November, 14 December.

James Lyons

RPA SEXUAL HEALTH CLINIC

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WHAT HAPPENS WHEN YOU VISIT THE CLINIC FOR THE FIRST TIME?

You will be asked to fill out a registration form. The information you give us will remain confidential and kept in a numbered file. Keep this number and quote it for any test results and when making future appointments. A nurse will determine whether you need to see a doctor or nurse for a medical issue or a counsellor to discuss sexual health, safer sex or relationship issues.

FREQUENTLY ASKED QUESTIONS

Do I need an appointment? Yes, an appointment is preferable. **Do I need a Medicare card?** No, you don't. **Do I need to pay?** No, all services are free. **Do I need a referral from a doctor?** No, simply call 9515 1200 for an appointment.

Interpreters available

News Items of Interest

W.H.O. TAKES TRANSGENDERISM OUT OF MENTAL ILLNESS CATEGORY

Transgender people, who identify as the opposite gender from the one they were assigned at birth, should no longer be considered mentally ill, according to a new UN categorisation.

The World Health Organisation issued a new catalogue on Monday, 25 June 2018, covering 55,000 diseases, injuries and causes of death, in which it discreetly recategorised transgenderism.

In the new catalogue, which still needs to be approved by UN member countries, “gender incongruence” is now listed under “conditions related to sexual health”, instead of “mental, behavioural and neurodevelopmental disorders”.

“We expect [the re-categorisation] will reduce stigma,” said the coordinator of WHO’s department of reproductive health and research, Lale Say.

WHO no longer believes that gender incongruence is characterised as a “marked and persistent incongruence between an individual’s experienced gender and his or her assigned sex.”

Several new chapters appear in the first update of WHO’s International Classification of Diseases catalogue since the 1990s, including the one on sexual health.

“We think it will reduce stigma so that it may help better social acceptance for these individuals,” Say said, adding that since the catalogue is used by doctors and insurers to determine coverage, the move away from a mental

disorder could “even increase access to healthcare”.

We think it will reduce stigma and may help create better social acceptance for these individuals.

The document, which member states will be asked to approve during the World Health Assembly in Geneva next May, will take effect from January 1, 2022, if it is adopted.

Several countries, including France and Denmark, have already taken steps to reclassify transgenderism and take it off the list of mental disorders,

Say said she thought the text, which is the result of years of discussion among experts, would easily win approval, despite widespread lack of acceptance of transgender people in many parts of the world.

WHO’s latest catalogue also has a new chapter on traditional medicine, which previously went unmentioned, despite being used by millions of people around the world.

It also includes a section on video gaming, recognising gaming disorder as a pathological condition that can be addictive in the same way as cocaine.

FREEMASONS RECOGNISE TRANSWOMEN AS BROTHERS

The largest Freemason Lodge in the United Kingdom is to allow Masons who transition after joining the Freemasons to continue in their membership of the society and says that they should be treated with respect. Their official classification will, however, remain ‘Brother’.

The ACON Lesbian and Gay Anti-Violence Project can be contacted on (02) 9206 2116 or Freecall 1800 063 or avp@acon.org.au

QUEENSLAND GENDER CENTRE

The Queensland Gender Centre is run 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. PO Box 386, Chermside South, QLD, 4032. Tel:(07) 3357 6361

Luxe Clinic

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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 Sessions will be held monthly, if requested. To make an appointment please contact a Gender Centre Staff member on 9519 7599 or email reception@gendercentre.org.au. Bookings are essential.

For after-hours counselling contact Lifeline on 131 114 or Gay and Lesbian Counselling Service 5.30pm-10.30pm seven days on (02) 8594 9596 or 1800 105 527

www.glcsw.org.au

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Wollongong Parents' Support Group

This parents' support group meets on the first Tuesday of each month.

The aim of the group is to offer support to parents as they address the issues that arise for them in their roles as family members and care givers.

The group accepts all parents whether they are accepting or not of their child's diversity. The only requirement is that they come with open minds to explore and work towards understanding their children.

It is hoped that through these support meetings parents will be able to understand their children in a more open and informed way.

ALL PARENTS OF TRANSGENDER AND GENDER QUESTIONING YOUTH are invited to come and be part of these discussion nights. This group is run in partnership with Wollongong Headspace and our facilitator from the Gender Centre is usually in attendance at this group.


Where: Headspace, Wollongong, 7 Atchison Street, Wollongong

When: First Tuesday of each month at 6.00pm

Do I need to book? No **Cost?** Free.

For further details see the website www.gendercentre.org.au or call the Centre on 9519 7599 (1800 069 115 outside Metropolitan Sydney (9.am - 4.30pm Mon-Fri.))

Dates for Special Interest and Support Groups 2018

<p>Transtopia 14-19 yrs 5pm-7pm</p> <p>Wed Aug 8 Wed Sep 5 Wed Oct 10 Wed Nov 7 Wed Dec 5</p>	<p>Young Women's Group 18-35 yrs 6.00pm-7.30pm</p> <p>Tue September 4 Tue October 2 Tue November 6 Tue December 4</p>	<p>FTM Connect 6.30pm-8.00pm</p> <p>Fri August 3 Fri September 7 Fri October 5 Fri November 2 Fri December 7</p>	<p>Parent's Support Group - Sydney 6.30pm-8.30pm (doors open 6.00pm)</p> <p>Mon August 13 Mon September 10 Mon October 8 Mon November 12 Mon December 10</p>
<p>Over 40s (formerly Seniors) 1.30pm - 3.30pm</p> <p>Wed 29 August Wed 26 September Wed 31 October Wed 28 November</p>	<p>Queer Agenda Group 5.30pm- 7.30 pm</p> <p>Fri 24 August Fri 21 September Fri 19 October Fri 23 November</p>	 <p><i>End Anti-Transgender Violence</i></p>	

STOP discrimination
KNOW YOUR RIGHTS



**Call the
Anti-Discrimination
Board of NSW**
1800 670 812
email:
adbcontact@justice.nsw.gov.au

www.antidiscrimination.justice.nsw.gov.au

PARENTS OF TRANSGENDER CHILDREN

The Gender Centre hosts an information and support group for parents who have children (any age) who are transgender or gender diverse.

Meetings are held on the second Monday of each month from 6.00pm to 8.00pm. A light supper will be provided. Contact Liz on 9519 7599

From Bad To Worse:

World Health Organisation Reclassifies Transgender As a Sexual Health Condition by Phaylen Fairchild

On Monday, June 18th, 2018, the World Health Organisation announced that in its most recent edition of the *International Classification of Diseases*, people who identify as transgender will no longer fall under the category of suffering a mental illness.

Many activists around the globe applauded this decision. The justification for the reassignment of trans-identifying humans to another chapter of the book was that it might help reduce the stigma and bias that its previous classification promoted. From their website:

“During a meeting held in Antigua, Guatemala in May 2000, an expert group convened by the *Pan American Health Organisation* and the *World Health Organisation* (WHO) in collaboration with the *World Association for Sexology* (WAS) compiled an overview of sexual concerns and problems that should be addressed in order to advance sexual health (PAHO/WHO 2000).

“Sexual health concerns are life situations that can be addressed through education about sexuality and society-wide actions in order to promote the sexual health of individuals.

“The health sector has a role to play in assessment, and in providing counselling and care.”

This was in May, 2000, 18 years ago, and the conference imposed the changes made on Monday, June 18, 2018. So, where did they relocate us in their renowned *Classification of Diseases Directory Revision*?



Phaylen Fairchild

Under the category: “Sexual Health Problems.”

You read that right. The state of identifying as transgender is now considered, officially, a “Sexual Health Condition.” While not a mental illness, an illness, nonetheless, but this time, a sexually-

related one.

I am absolutely amazed at the overwhelming support this amendment has provoked from organisations, allies and even some trans folks. In a statement, the advocacy group *Transgender Europe* (TGEU) called the decision a “historic achievement.”

Excuse me? That’s like saying, “*Hey, we’re not mentally impaired anymore, now we’re just sexually abnormal.*”

For most trans men and women, there is nothing - I repeat - **nothing** wrong with the state of their sexual health.

To point out what others have done thousands of times over the years, probably more eloquently than I intend to here; sexuality has nothing to do with gender or gender identity. Our

sexual behaviours and performance, just as is the case with our cisgender counterparts, is not dictated nor impeded by our gender identity.

Identifying as a transgender individual is not indicative of a sexual disparity by comparison to anyone else. Our sexual interests are not abnormal because we are transgender people. Most transgender people, whether they identify as gay, lesbian, straight, bisexual, pansexual, demisexual or asexual, are not collectively suffering a sexual health issue.

While many were overjoyed that the state of existing as a transgender human being has been declassified as a mental illness, few seem to consider the damage that reclassifying us as “sexually unhealthy” will inflict upon us.

Politically, it will favour those conservatives who have deemed us sexual deviants; specifically targeting transwomen, whom they claim are disguising themselves as women in order to infiltrate, in some perverse, covert operation, women’s public bathrooms.

Religious leaders and conservatives have had a hyper-focus on the sexuality of transwomen to perpetuate the irrational fear that we are a threat to their wives and young daughters.

Radical feminists have malignantly leveraged the sexuality of transwomen to accuse them of feigning womanhood with the intent of “forcibly penetrating lesbians by pretending to be women.”

Rape. They’re calling transwomen rapists. Without any precedents and motivated by pure prejudice, they

aggressively spread misinformation to incite fear and hatred toward transgender women by creating false, harmful stories regarding our sexual proclivities.

By reclassifying the state of being transgender as a “Sexual Health Issue,” WHO is not reducing stigma. They’re not reducing prejudice.

Whereas before, when it was determined - albeit incorrectly - to be a mental illness, at least it provoked some semblance of sympathy.

Now, we’re just decidedly sexually skewed individuals whose behaviours are “incongruent” with our biologically assigned genders.

Again, they’re disregarding the irrefutable science that gender identity and sexuality are unrelated. The fact that one is transgender is neither influenced nor caused by an individual’s sexuality - nor the function of their sexual health.

World Health Organisation spokesperson, Dr Jennifer Conti, said this to *USA Today* after the announcement:

“By changing the class of this condition, WHO is effectively saying to everyone and to the world that this is not a mental disorder and we support people who are transgender,” Conti said. “It’s a really meaningful step because it promotes inclusivity, it promotes acceptance.”

I am not fond of being classified in the same broad category as male erectile dysfunction, sadism and pedophilia nor as someone whose sexual pattern places me or others at risk of HIV “and/or other STIs.”

Our enemies, however, will love it.

Sexual health problems

Sexual health problems are the result of conditions, either in an individual or a society that require a specific action for their identification, prevention and treatment.

The expert working group of PAHO/WHO proposed a syndromic approach to classification that makes problems easier to identify by both health workers and the general public, and easier to report for epidemiological considerations.

All of these sexual health problems can be identified by primary health workers. Some can be addressed by trained health workers at a primary level but for others referral to a specialist is necessary.

■ *Clinical syndromes that impair functioning (sexual dysfunction) such as sexual aversion, dysfunctional sexual arousal and vaginismus in females, and erectile dysfunction and premature ejaculation in males.*

■ *Clinical syndromes related to impairment of emotional attachment or love (paraphilias) such as exhibitionism, paedophilia, sadism and voyeurism.*

■ *Clinical syndromes related to compulsive sexual behaviour such as compulsive sexual behaviour in a relationship.*

■ *Clinical syndromes involving gender identity conflict such as adolescent gender dysphoria.*

■ *Clinical syndromes related to violence and victimisation such as clinical syndromes after being sexually assaulted as a child*

(including post-traumatic stress disorder); clinical syndromes after being sexually harassed; clinical syndromes after being violated or raped; clinical phobia focused on sexuality; patterns of unsafe sexual behaviour placing self and/or others at risk for HIV infection or/and other STIs.

■ *Clinical syndromes related to reproduction such as sterility, infertility, unwanted pregnancy, abortion complications.*

■ *Clinical syndromes related to sexually transmitted infections such as genital ulcers, urethral, vaginal orrectal discharge, lower abdominal pain in women, asymptomatic STIs.*

■ *Clinical syndromes related to other conditions such as clinical syndromes secondary to disability or infirmity, secondary to mental or physical illness, secondary to medication.*

[From the WHO Website]

In a disastrous move, WHO has provided ammunition to the politicians, evangelicals and conservatives who continually campaign against our inclusion in mainstream society.

While transgender individuals require specialised medical care from a medical community that largely lacks appropriate training in treatment protocols and simple sensitivity, our transgender status has nothing to do with the function of our sexual practices or overall health.

Being transgender has less to do with sexuality than for any person - straight or gay - who enjoys receiving anal

sex. Yet, many bigoted conservatives claim that that factor alone is indicative of a sexual health defect.

It's important to note that the document released by WHO does not reference the sexual habits of LGB people specifically - only transgender people. It identifies us, categorically, as posing a risk to ourselves and others - rather than as vulnerable people at risk of prejudicial social violence and even murder motivated purely by our transgender status.

It does not bother to investigate the high rates of depression, anxiety and suicide, not caused by being transgender, but rather by the hostile social and political climate that makes it increasingly difficult for us to thrive as emotionally sound, mentally stable human beings.

This creates a climate in which no person who is constantly targeted by the state, demonised by evangelists

and persecuted by those who believe mindless propaganda could ever thrive.

Many of us do, in fact, suffer from mental illness, but it's not because we're transgender. It's because we're abused, degraded and in a state of perpetual danger as a result of who we are.

WHO ignores the evidence that shows that transgender people would, in fact, suffer far fewer mental and emotional health problems than we do if we were not constantly dodging attacks from those in power who create laws and perpetuate mythologies that create the immense psychological damage that is then used as a rod to beat our backs.

This reclassification does not help.

Reprinted by kind permission of Phaylen Fairchild, comedian, actor, opinionator, filmmaker, activist, one time reality show cast member. <http://twitter.com/phaylen>.

Important! Please Read...

A PhD study exploring transgender experience of power and authority post-transition is being carried out by Margaret Kelly of Macquarie University. Ms Kelly is looking for transgender men and women who are adult (over twenty) and have been transitioned to their innate gender for at least five years. Interviews will take up to two hours, face-to-face. Confidentiality is assured.

The purpose of the study is to contribute new insights from transgender individuals on discrimination and gender inequality.

If you are interested, contact Margaret at:

margaret-jean.kelly @hdr.mq.edu.au.

Promising New HIV Vaccine Trialled in Humans

Reprinted from the transcript of ABC Radio National's Health Report for 9th July 2018, with the kind permission of the Presenter, Dr Norman Swan

Norman Swan: For thirty-five years since the HIV AIDS epidemic took hold, scientists have been searching for a vaccine. It's been formidably difficult because of the virus's ability to evade the immune system. And in the last three decades only four vaccines have been good enough to get into large-scale human trials.

Unfortunately they didn't work well enough or well at all, but now the fifth candidate vaccine is being studied and shows more promise, according to a paper just published in the *Lancet*. Earlier today I spoke to one of the scientists, Dan Barouch, who is Professor of Medicine at Harvard Medical School in Boston.

Dan, thank you very much for joining us on the *Health Report*.

Dan Barouch: My pleasure.

Norman Swan: What's different about this vaccine compared to others that have been tested with variable results?

Dan Barouch: The first one is that it uses a potent viral vector, the adenovirus that brings HAV antigens into cells, and that hasn't been tested before. And the second thing that's different is that it uses mosaic antigens.

What I mean by that is that the HIV sequences in the vaccine are not from any one single HIV strain but rather the sequences are small bits from many different HIV strains.

The goal is to raise immune responses that are relevant for a larger number of HIV viruses worldwide.

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Norman Swan: So you've got a cocktail essentially made up from different forms of the human immunodeficiency virus.



Dr Norman Swan

Dan Barouch: It is a cocktail, but many of the different pieces are stitched together.

Norman Swan: So what evidence did you have in animals before you went to humans that it actually could work?

Dan Barouch: In monkeys the vaccine was highly immunogenic, and also provided 67% protection against challenge with an AIDS-like virus in monkeys.

Norman Swan: And when you say immunogenic, it means it induced an immune response.

Dan Barouch: Yes.

Norman Swan: And then you did a trial on 400 people in Africa.

Dan Barouch: Yes, we did a phase 1/2a clinical study of 393 individuals in the United States, East Africa, South Africa and Thailand and the vaccine also raised robust immune responses in humans. The responses in humans were very similar to the responses in monkeys.

Norman Swan: A phase 1/2a trial is to test safety in humans and also to start working out the dose. The dose seemed pretty high to me and maybe impractical. You have to give a lot of different injections to get this response.

Dan Barouch: The vaccine was a series of four injections given at months zero, three, six and twelve. We are doing some additional clinical studies to look at shortened regimens and down to three immunisations.

Norman Swan: When you do a trial in humans you can't challenge people with HIV.

Dan Barouch: Of course not. The main finding from the current paper is that the vaccine was safe and induced robust immune responses in both humans and monkeys. And because of the protection in monkeys and the safety and immune responses in humans, this vaccine candidate has been advanced into a larger scale study which is called a phase 2b clinical efficacy study which will determine whether the vaccine will prevent HIV infections in humans in southern Africa.

Norman Swan: In other words, what you're doing is observing the population in a high prevalence area and seeing what they do compared to controls.

Dan Barouch: Correct. The study is in 2,600 young women in southern Africa.

Norman Swan: Why women?

Dan Barouch: Because young women is one of the highest risk groups in that region of the world. The way that the

study is conducted is that it's a randomised and blinded study and placebo-controlled, so half the women get the vaccine, half the women get a placebo. All participants are given the best medical care available as well as the best HIV prevention advice, so everyone benefits. But unfortunately, despite our best efforts, some infections will still occur. And then, several years later, we will be able to see if there's a decreased HIV incidence rates in the vaccine group compared with the control group.

Norman Swan: The last vaccine to show promise was in Thailand and it showed a 33% or around about a 33% protection rate which was considered too low to be practical. If you manage to achieve the 67% or thereabouts, in other words two-thirds, that you saw in monkeys and humans, is that going to be enough for a vaccine out in the field?

Dan Barouch: Well, it's a difficult question because it will depend on the prevalence rates, the state of the epidemic at that time, the desires of public health authorities, so it's difficult to answer at this point in time. But what is clear is that the more effective the vaccine is, the more likely it is that it will be in a position where it will be endorsed.

Norman Swan: One of the challenges with human immunodeficiency virus is that it changes its spots regularly. You've tried to deal with this by creating this cocktail of different viruses, but you haven't got closer to what is the Holy Grail which is the core piece of HIV which you could immunise against. How robust do

you think this is to changes in the human immuno-deficiency virus?

Dan Barouch: You hit on one of the major challenges of HIV vaccine development which is virus variability and the ability of a virus to mutate quickly to evade immune responses. The mosaic strategy at least partially addresses that challenge. Is it a perfect solution? No, of course not, nothing can be a perfect solution. But it does increase the relevance of the immune responses to be reactive against more strains worldwide. This is only the fifth HIV vaccine concept that will be tested for efficacy in humans in the thirty-five year history of the global epidemic. So there's not a lot of vaccine candidates that have made it to this point in testing. I think we are happy with the current results, we are cautiously optimistic, but we can't assume that this vaccine will work in humans until the clinical efficacy trials are done.

Norman Swan: It's a complicated vaccine. Is it going to be affordable if it works?

Dan Barouch: The cost of the vaccine is not yet known and will be determined at a later point in time. But certainly all the partners and stakeholders are very cognisant of the fact that the vaccine has to be affordable for the people who need it.

Norman Swan: Dan, thank you for joining us on the *Health Report*.

Dan Barouch: You're very welcome.

Dan Barouch is Professor of Medicine at Beth Israel Deaconess and Harvard Medical School in Boston.

Gender Centre Interest Groups

**If you are M2F;
F2M; Over 40;
Queer (non-binary); Transtopia Youth Group (aged between 14 and 19); Young Female (under thirty-five); or Parents of a Transgender Child, then there is a group at the Gender Centre tailored for you.**

Groups usually meet once a month.

Call the Gender Centre for details on 9519 7599

They haven't called, they haven't written...

The Editor would like to receive more contributions from our readers. Letters, articles, opinions and life experiences are all welcome.

The Gender Centre's Outreach Support Service

The Gender Centre's outreach service provides support to our clients who may have limited access to our Annandale office or whom are confined to hospital or their homes, as well as correctional facilities within N.S.W. The Gender Centre also provides a weekly Wednesday night outreach service to sex workers in private, commercial and street based workplaces in the inner-city and surrounding areas from 6:00pm-11:00pm. Some of the free services we provide on outreach are:

- Safer Sex Supplies – Including Condoms, Lubricant, Dams and Gloves
- Safer Injecting Equipment
- Sexual Health Information & Education
- Emotional & Isolation Support
- Housing & Accommodation Information and Referrals
- Legal Information and Referrals
- Referrals for Counselling

For more information regarding our outreach and needle exchange services please contact the Gender Centre's outreach worker Natalie on 02 9519 7599

Be Part of the Action!

Can you write? Would you like to write something for *Polare*?

We are looking for writing that expresses some of the viewpoints we seldom see, like the views of younger gender-diverse people.

The Gender Centre is a Needle Exchange and operates Monday to Friday from 9.00am to 4.30pm.

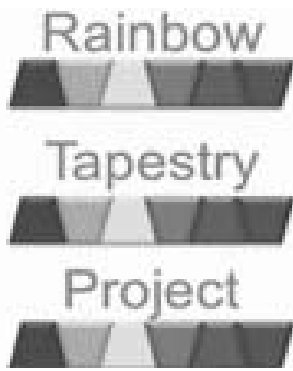
A confidential free service for people with gender issues (ask for the Outreach Worker).

Sharps containers, pill filters, syringes (1ml, 2.5ml, 5ml), needles (21g, 23g, 25g, 26g), condoms, spoons, water, fit packs, swabs, dams.

Or phone the Alcohol and Drug Information 24 hr advice, information and referral service, Sydney (02) 9331 2111 Country 009 42 2599

Email: resources@gendercentre.org.au

The Rainbow Tapestry Project by Claudia Turro



The Rainbow Tapestry project is the newest offering from the MCC Welfare Services organisation. It is funded by the

NSW Government through the Stronger Communities Fund and has been alive for almost four months with more to come!

The name was inspired by the idea of a tapestry as a metaphor. If you've ever seen the back of a tapestry, you'll know how chaotic and messy it can appear. The truth is that beyond being chaotic a tapestry is a stunning work of art, similar to people where everyone is a different piece of cloth that is created to be together. Only by weaving different threads it is possible to have a special type of strong cloth.

This is what the Rainbow Tapestry Project aims to do.

We are strengthening the social fabric among LGBTIQ communities of the Inner West by building social connections through its weekday events. We have run several social events, most of which have been free or at very low cost.

The Project organises events that emphasise social connections, fun, and personal empowerment. We encourage everyone to bring their diversity and share themselves in a safe and confidential atmosphere.

Each event is a reflection of me. I combine my rich professional

background working with diverse social groups, my passion for people, and my broad range of interests. The first events were born from my this inherent curiosity. For example my first event was a swap market where people were invited to exchange a meaningful object. This event reflected my motivation to set up the conditions for people to start to get to know each other by creating bonds between them.

My love of food led to the cooking and recipe exchange event where people were asked to bring a home-made dish.

What can people expect from our events?

First of all, a warm and friendly atmosphere. You will feel a sense of belonging and wellbeing from our genuine welcome to all LGBTIQ communities. From there, it will depend on the type of events.

We have evening games on the first Tuesday of every month. Expect laughter, relaxation and easy flowing energy. Example of these events are the two Trivia games about the LGBTIQ culture we have already run, or the exclusive Giant Board Game of LGBTIQ (see picture below).

On the second Thursday of each month we step directly into the uniqueness



of LGBTIQ groups. Events such as

the *Book Club: Queer, a Graphic History* or informal talks based on topics such as healthy love will give you insights about your own identity, your self and a wider understanding of other LGBTIQ groups different from yours.



If you would like to join us as we explore the unique qualities of the Inner West, on the third Tuesday of every month

we run tours showcasing the charm of the area. So far, we have visited Callan Park,



and the University of Sydney Campus and toured in Summer Hill.

Finally, on the fourth Thursday of every month are my favourites: short coaching workshops to expand your personal development.

As a life coach, I bring together my passion for people and my ability to boost their potential. Events such as *Life's Journey* where people discover some of their core values to make life choices had a great impact.

This project is about inclusion and making space for everyone to connect in a safe environment.



Sometimes we think that others will not understand our struggles or personal reality. We might exclude them directly, before giving them an opportunity to get to know us. Well, as a person and as a professional, my vocation is working for social inclusion and human potential. All of us, regardless of our differences, are human beings with the same essence. I start from this particular view in order to design and facilitate each event, making sure that you will feel safe and welcome. After each event you will feel a little bigger, happier and lighter.

This is me. I am Claudia Turro, the Community Engagement Office of the Rainbow Tapestry Project.

This photo was taken while I was looking after a group of our beautiful people on our tour of Summer Hill.



Claudia Turro

You can call me on 0435 904 582 or email me on programs@mccws.or.au to know more about the project and the events I am running.

You can also check our events on: www.mccws.org.au

I strive to combine my professional background in working with diverse social groups and my own broad range of interests.



HIV PrEP by Maggie Smith

PrEP stands for Pre-Risk Exposure Prophylaxis.

HIV stands for human Immuno-deficiency Virus

MSM Stands for Men who have sex with men

Receptive means a person is putting something into you

Insertive means you are putting something into someone else

STI stands for Sexually Transmitted Infection

PrEP is an HIV prevention method. People who do not have HIV take a pill every day to reduce their risk of becoming infected with HIV. The medication used is an antiretroviral medication, the same drug used for a person who is HIV positive.

There have been a number of HIV PrEP trials and the current medication recommended for use as PrEP has been proven to be very effective at preventing HIV transmission to those

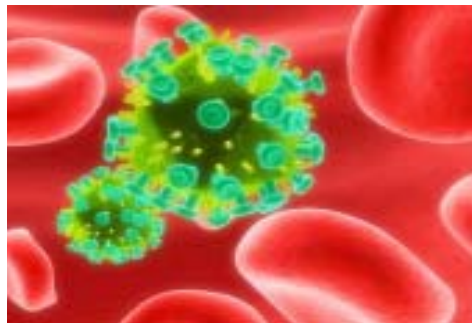
at risk. PrEP is recommended for people at risk of HIV. This includes, and is recommended for, the transgender population who are having sex that may put them at risk of HIV.

A lot of the health promotion and marketing in New South Wales for PrEP has been aimed at the MSM community but trans people are now an official population group that PrEP is recommended for and hopefully

soon some specific information and promotion will be available for the transgender community.

Risks for HIV are having condomless sex with a casual partner or partners or condomless sex with a regular partner who has sex with other people. People at risk for HIV include transmen or masculine identifying who have condomless sex with other men, (receptive vaginal/front hole or receptive anal sex), transwomen or female identifying who have receptive anal or receptive vaginal sex or insertive condomless sex with a partner. (Putting a penis/junk into someone else's anus or vagina/front hole.)

PrEP is prescribed by a doctor and a person will need to attend for regular appointments for a full sexual health screen, including an HIV test and other blood tests to check liver and kidney function. The number of times a person needs to attend for appoint-



HIV Virus

ments or tests is up to individual services. Please remember HIV PrEP prevents HIV effectively but does not protect a person against any other STI.

HIV PrEP is now available on the PBS (Pharmaceutical Benefits Scheme) and can be accessed through any GP or doctor or through sexual health services.

As some personal and sexual information needs to be discussed to

safely and effectively provide a person with PrEP, they may want to go to a service that is more trans friendly or aware.

If you do not have Medicare and are concerned you cannot afford to see a GP or pay for the medication, sexual health clinics or services such as t150 may be able to assist you (see the back cover of this issue).

If a person is taking hormones it is safe to take PrEP medication. There are no known interactions between these medications. If a person is on several different medications the clinician seeing you for the PrEP can assess this. It is important to let the clinician/doctor know all the medications you are taking, whether they are prescribed by a doctor or self-prescribed.

If you are unsure of your risk for HIV or would like more information about HIV PrEP you can contact your nearest sexual health service or phone the t150 service at Albion (9332 9600) and book an appointment. ☐☐☐

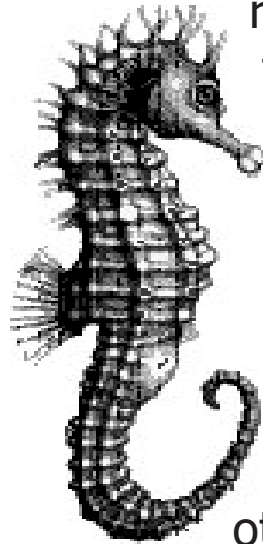
Maggie Smith is a Clinical Nurse Consultant working at the Albion Centre and the t150 service.

The information provided in this article is a guide only. Any concerns or for more information a person should always talk to their health care provider.

FREE!
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Call Margot 9335 2536
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The NSW 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.



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

Call on 0476 385 367 and our website is:

www.seahorsesoc.org

Email:

crossdress@seahorsesoc.org

“crossdress with dignity”

PrEP does not adversely affect feminising hormones

[22nd AIDS Conference, Amsterdam 2018]

Among the good news to come out of the 22nd International AIDS Conference in Amsterdam this past week, were recent study results that prove taking PrEP (pre-exposure prophylaxis) does not affect feminising hormone levels in transgender women, as reported by NAM AIDSMap.

These results provide reassurance that you can use PrEP without fear that it will decrease hormones to a suboptimal level,” said Akarin Hiransuthikul of the Thai Red Cross AIDS Research Centre during a press briefing on Tuesday.

The new iFACT study, jointly conducted by several major world health organisations in Thailand, was prompted in part because prior research showed blood concentrations of PrEP drugs in transwomen were lower than expected.

One previous study, presented at last year’s International AIDS Society Conference on HIV Science, found that some trans women living with HIV are hesitant to use antiretroviral therapy or do not take it as prescribed because of concerns about drug interactions with their hormone therapy.

Many HIV-negative trans women may have the same fears around PrEP use. Study researchers theorised that this decrease in drug levels occurs either because feminising hormones interact in a way that reduces drug levels, or because trans women have

poorer adherence. The latter may occur due to the myth that PrEP will negatively affect their hormone therapy, which Hiransuthikul says transwomen may prioritise over HIV prevention.

The iFACT study enrolled 20 HIV-negative transgender women who still had intact testicles and had not received injectable hormones within the past six months. At the start of the study, the participants started a feminising hormone therapy regimen of estradiol valerate (2 mg/day), a form of the female hormone estrogen, plus the androgen blocker cyproterone acetate (25 mg/day). (Hiransuthikul stressed that feminizing hormone regimens vary in different countries and these results are only applicable to this particular regimen.)

At week 3, the women started taking Truvada (the branded name of PrEP, which contains the drugs tenofovir and emtricitabine). At week 5, they stopped the hormone regimen so the researchers could compare PrEP drug levels on and off hormones, and then resumed at week 8. The women then continued on both hormone therapy and PrEP through week 15.

The study showed that concurrent use of hormone therapy and PrEP did not affect hormone levels. Comparing levels at week 3 (before starting PrEP) and week 5 (while on PrEP), the researchers saw no significant differences in estradiol levels.

Also, no changes in testosterone levels occurred. With these findings, they concluded that PrEP did not significantly affect levels of feminising hormones. However, in looking at the effect the feminising hormones had on PrEP drugs, researchers did discover that total tenofovir exposure was about thirteen per cent lower in the presence of estradiol. (The study did not measure emtricitabine levels.) This difference was statistically significant, but Hiransuthikul emphasised that even with this reduction, the tenofovir level was still above the target level shown to confer protection.

He also noted that it is not known whether this difference in blood levels correlates with tenofovir levels in rectal tissue, where HIV exposure typically occurs.

One other interesting thing researchers noted after analysing previous studies—although PrEP appears to work well for cisgender (non-trans) women, previous data suggests that they may need to take PrEP more consistently than men to achieve a similar level of protection.

This suggests female hormones in general may affect drug levels, and stricter adherence is needed for both transgender and cisgender women.

Since transwomen are among the most marginalised and vulnerable populations in terms of HIV, it is extremely vital that these women understand they can safely continue their hormone therapy while protecting their health with PrEP.



More News Items of Interest

QUEENSLAND WILL PERMIT DOCUMENT CHANGE WITHOUT DIVORCE

The state's 'unjust and unfair' legislation was amended following the federal marriage equality vote although the laws were drawn up before same-sex marriages were recognised.

Queensland Attorney-General Yvonne D'Ath says the reform will allow transgender people to live 'without judgement'.

The Queensland government has removed an anachronistic quirk of State law that forced married transgender people to divorce if they sought legal recognition of their gender.

The vote by the Queensland Parliament to amend the State's *Births, Deaths and Marriages Act* recognises the existing marriages of people who undertake gender reassignment. They can now apply to have their birth certificates amended without having to get divorced.

"This is not a cost or a consequence any law of this State should impose on members of our community," said the State's Attorney-General, Yvette D'Ath. "It has been unjust and unfair and I'm proud to say this distressing choice will no longer be a requirement in Queensland.

"I hope delivering this reform will help the transgender community to live their lives openly and without judgement."

More News Items of Interest (cont.)

law changes and the Queensland bill. The changes were supported by the Liberal National party opposition, the Greens and the independent Sandy Bolton. One Nation and Katter's Australia Party MPs voted against them.

PREVALENCE OF HIV IN TRANSGENDER PEOPLE IN ASIAN AND PACIFIC NATIONS

HIV remains a critical concern for many transgender populations across Asia. Particularly high HIV prevalence rates have been found among transgender populations in cities such as Delhi (49%) and Mumbai (42%) in India, and Phnom Penh (37%) in Cambodia.

For a lot of these cities, HIV prevalence is much higher among transgender populations compared to men who have sex with men.

Transgender populations are very often isolated by societies in many Asian and Pacific countries. This has serious knock-on effects for obtaining both health-related information and also developing health policies and programmes that effectively support this key affected population.

“Absence of experts in health services in low-resource areas can lead transgender people ‘underground’ to undertake transition operations and hormone treatment within non-regulated settings which can in turn lead to greater health complications and increase vulnerability to HIV.” -

Steve Kraus, Director of UNAIDS Asia and the Pacific.

Stigma, discrimination and legal barriers remain major obstacles for providing and accessing services for transgender populations in Asia. Many countries are starting to show signs of progress in recognising transgender identity and rights, especially in Pakistan where transgender rights are widely included in various settings such as work and education.

Challenging these laws and addressing social, sexual and gender norms which increase transgender people's vulnerability to HIV is vital in future HIV responses across Asia and the Pacific.

Extracted and reprinted by kind permission of AVERT (www.avert.org) from *HIV and AIDS in Asia and the Pacific*.

Please Help!

Call for participants! The Trans Resilience Project at the University of Georgia is seeking people who are trans or gender nonconforming for a short survey on what helps you keep going on the good days and the hard days. Their research team includes non-binary people who live and work within trans communities. They need their health providers to level up and this survey will help develop responsive and respectful care. The survey is at:

<http://bit.ly/2kRq8hu>.
Email your questions to:
transilience@gmail.com

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My **OLD** details:

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**Mail to The Editor, Polare,
PO Box 266, Petersham,
NSW , 2049**

Central Coast Transgender Support

The CCTS is a totally free and unfunded service to all with gender issues. It offers guidance to all who are contemplating commencement of the medical and psychological requirements that are involved in full MTF transition under the World Professional Association for Transgender Health Standards of Care (formerly known as the Harry Benjamin Standards of Care).

*.CCTGS operates Monday to Saturday 10am-10pm
Ph:0404 054 000
Email:smh101@exemail.com.au*

Ask
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about how
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LGBTI people
live at home
for longer

UnitingCare Ageing have a number of Home Care Packages available specifically for the benefit of the LGBTI Community.

If you are over 65 years of age, identify as LGBT and have low to high care needs, then one of these government subsidised packages could provide you with cost effective care in your own home that will help you to live independently.

For information or assistance call **1800 486 484** or visit us at unitingcareageing.org.au



For Those Who Live on the Central Coast of NSW.

The Deepwater Practice in Woy Woy, run by Melissa Turner, has agreed to bulk bill counselling clients who come with a GP referral and who mention that they are also clients of the Gender Centre.

Deepwater Practice, Unit 2, 101 Blackwall Road, Woy Woy. Ph: 4344 7386

Directory

A.C.T.

A GENDER AGENDA

works with the sex and gender diverse community. This includes transsexuals, transgender people, intersex people, cross-dressers and other non-gender conforming people. We acknowledge the important role that partners, family members and allies play and these people are specifically welcomed as part of our community.

PO Box 4010, Ainslie, ACT, 2602 Ph: (02) 6162 1924
Fax: (02) 6247 0597
Email: support@genderrights.org.au
Website: www.genderrights.org.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.

Havelock House, 85 North-bourne Ave, Turner, ACT 2612
PO Box 5245, Braddon, ACT 2601
Tel: (02) 6257 2855
Email: contact@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: aacswoop@aidsaction.org.au

NEW SOUTH WALES

NSW GENDER CENTRE

Counselling

Provides counselling to residents and clients living in the community. For more information or an appointment contact the Counsellor on 9519 7599 between 10am - 4.30pm.

Outreach service

Available to clients in the inner city

area on Tuesday nights from 6.00pm-2.00 a.m. and on Thursdays 10.00am-5.30pm by appointment only. Monday and Wednesday afternoons and Friday: 10.00am-4.30pm. Also available to clients confined at home, in hospital or gaol - by appointment only. For an appointment contact Outreach Worker - 9519 7599.

Sex workers:

Safe sex aids, education and support. Outreach service: Wednesday nights 5.00pm-12.00 midnight

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. 9519 7599

Resourcedevelopment service

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

www.gendercentre.org.au

For more information contact the Information Worker Wed-Fri 9519 7599

Drug and alcohol service

Provides education, support and referral to a broad range of services - By appointment only. For an appointment contact the Outreach Worker 9519 7599

Residential service

Provides semi-supported share accommodation for up to eleven residents who are sixteen years of age or over. Residents can stay for up to twelve months and are supported as they move towards independent living. 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 9519 7599.

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 Manager, Gender Centre, 41-43 Parramatta Road, Annandale or PO Box 266, Petersham, NSW, 2049
Tel: (02) 9569 2366
Fax: (02) 9569 8200
manager@gendercentre.org.au
www.genercentre.org.au

2010 - See Twenty10

ACON HEALTH LTD

Information and education about HIV/AIDS, caring, support for living living with H I V / A I D S .
41 Elizabeth St, Surry Hills, NSW 2011 or POBox 350 Darlinghurst, NSW 1300
Ph: (02) 9206 2000
Fax: (02) 9206 2069
tty: (02) 9283 2088

ACON-HUNTER

129 Maitland Road or PO Box 220, Islington, 2296
Ph: (02) 4927 6808
Fax: (02) 4927 6845
hunter@acon.org.au
www.acon.org.au

ACON-MID-NORTH COAST

Shop 3, 146 Gordon St
Port Macquarie NSW 2444
Tel: (02) 6584 0943

Fax: (02) 6583 3810
mnc@acon.org.au

ACON-NORTHERN RIVERS

27 Uralba Street
Lismore NSW 2480
PO Box 6063
South Lismore NSW 2480
Tel: (02) 6622 1555

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 car-
ers. One on one grief and bereave-
ment service.

Tel: (02)9332.1090
Fax: (02) 9332.4219

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
Ph: (02) 9283 8666
free call 1800 651 011
www.bgf.org.au
bgf@bgf.org.au
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

BREASTSCREEN

Phone 132050

CELLBLOCK YOUTH HEALTH SERVICE

Provides free, safe and confidential
support, counselling and health services
for young people aged 12 to 24. We
offer support, information and someone
to talk to about your relationships, family
problems, school, sex, mental and
physical health, accommodation and
money, drugs and alcohol, and more...
No referral or Medicare card needed. All
services are free!

Open Mon-Fri 9 am - 5 pm
Closed wed 9 am - 11.30 am
288 Abercrombie Street, Redfern, NSW,
2008
Tel: 9562 5640
Email: youthblock@sswahs.nsw.gov.au

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. Provides
support and understanding for
families and friends 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

FTMAustralia

Contact, support and information
for all men (identified *female* at
birth), their families, partners, and
service providers. Contact
FTMAustralia for more information:
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 to 10pm daily (02) 8594 9596
(Sydney Metro - cost of local call,
higher for mobiles). 1800 184 527
(free call for regional NSW callers
only). Admin enquiries: (02) 8594
9500 or admin@glcnsw.org.au
Website: www.glcnsw.org.au

HOLDEN STREET CLINIC

Sexual Health Clinic is staffed by
doctors, sexual health nurses, a
clinical psychologist and an
administration officer.

Mon, Tue, Wed. 9.00am-5.00pm
(closed 12.15pm-1.00pm for lunch)
Men's Clinic Thursday evenings
5.00pm-8.00pm
Appointments preferred (02) 4320
2114

Ground Floor 69 Holden St, Gosford
2250

Tel:(02) 4320 2114

Fax: (02)4320 2020

INNER CITY LEGAL CENTRE

Available to discuss any legal
matter that concerns you.

Ph: (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
PO Box 22, Kings Cross, NSW, 1340

Tel: (02) 9360.2766

Fax: (02) 9360.5154

Directory

KIRKETON ROAD CENTRE

Needle exchange and other services

Clinic Hours:

Mon, Tue, Thu, Fri, 10am - 6pm

Wed 12 noon-6pm

Weekends and public holidays, 10am

- 1.45pm (NSP & methadone only)

Outreach Bus - Every Night

100 Darlinghurst Road

(Entrance above the Kings Cross Fire Station Victoria Street

Clinic 180

180 Victoria Street, Potts Point, 2011

Tel: (02) 9357 1299

Fax: (02) 9380 2382

Clinic 180 open

Monday to Saturday

1.30pm-9.00pm

Needle syringe program

Condoms

Monday to Friday

1.30pm-9.00pm

Sexual health screening HIV screening hepatitis C testing, hepatitis B testing and vaccination

First aid and wound care

Counselling and social welfare assistance

Drug and alcohol assessment and referral

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 CHURCH

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 deplores 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.

Tel: (02) 9881 1206

Mon 9.00am-4.00pm

Wed 9.00am-1.00pm

Fri 9.00am-1.00pm

NEWCASTLE SWOP

SWOP at Newcastle has a Mobile Sexual Health Team
4927 6808

NORTHAIDS

A community based organisation providing step down and respite care for PLWHA on the Northern Beaches.
Tel: (02) 9982 2310

OPEN DOOR COMMUNITY OF CHRIST

The Open Door Community of Christ is a church for everyone! We meet every Sunday at 6.00pm. Based in Sydney's west, at Cranebrook, the Open Door has been serving the LGBTIQ community for the past fifteen years. The Western Sydney Transgendered Support Group and the Western Sydney Coming Out Group are sponsored by the Open Door. Bj's cafe is held on Wednesdays from 11.00am-1.00pm. The Youth Is Knocking youth group is held monthly with accredited facilitators.

Contact Pastor Sue Palmer

0411330212 or

pastorsue@theopendoor.org.au

for further information, or check the web page

www.theopendoor.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 9.00am-4.00pm

PLWHA (PEOPLE LIVING WITH HIV/AIDS)

PO Box 831, Darlinghurst, NSW, 2010

Ph: (02) 9361 6011

Fax: (02) 9360 3504

www.plwha.org.au

PO Box 187,

Katoomba, NSW, 2780

Ph: (02) 4782 2119

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.

Ph: (02) 9206 2000

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

RPA SEXUAL HEALTH CLINIC

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

Ph: 9515 1200

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@yahoogroups.com

**(SWOP) SEX WORKERS
OUTREACH**

**TRANSGENDER
SUPPORT PROJECT**

Provides confidential services for people working in the NSW sex industry. Lvl 4, 414 Elizabeth St, Surry Hills, NSW, 2010
PO Box 1354
Strawberry Hills NSW 2012
Tel: (02) 9206 2159
Fax: (02) 9206 2133
Toll free 1800 622 902
infoswop@acon.org.au
www.swop.org.au

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 2193 Boronia Park, NSW, 2111 or Ph: 0476 385 367

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 sexual function, counselling and testing and treatment of STDs, including HIV.
Level 3, Nightingale Wing, Sydney Hospital, Macquarie Street, Sydney, NSW, 2000
Ph: (02)9382 7440 or freecall from outside Sydney 1800 451 624.
(8.30am-5.00pm)
Fax: (02) 9832 7475
sshc@sasahs.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
gls@stealth.com.au

**TWENTY10 INCORPORATING
GLCS NSW**

Twenty10 incorporating GLCS is a Sydney-based organisation supporting people of diverse genders, sexualities and intersex variations (LGBTIQA+) across New South Wales. We provide a broad range of specialised services for young people 12-25 including housing, mental health, counselling and social support. For adults, we provide social support and for people of all ages we offer telephone support and webchat as the NSW provider for the national QLife project. We also offer inclusivity training and consulting for organisations and service providers across most sectors.
Intake and support: (02) 8594 9555
Rural support: 1800 652 010
Admin: (02) 8594 9550
Email: info@twenty10.org.au
Website: twenty10.org.au

**WOMENS AND GIRLS EMERGENCY
CENTRE**

174 Redfern Street, Redfern
Tel: (02) 9319 4088

National

**(ABN) AUSTRALIAN BISEXUAL
NETWORK**

National network of bisexual women and men, partners and bi- and bi-friendly groups. ABN produces a national 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

**AIS 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 for both public and member-only access.
www.w-o-m-a-n.net

CHANGELING ASPECTS

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

**NATIONAL LGBTI HEALTH
ALLIANCE**

Office: (02) 8568 1110
Fax: (02) 8212 9013
PO Box 51, Newtown, NSW, 2042
www.lgbtihealth.org.au

QLIFE

QLife is Australia's first nationally oriented counselling and referral service for people who are lesbian, gay, bisexual, trans, and/or intersex (LGBTI). QLife provides nationwide early intervention, peer supported telephone and web-based services to people of all ages across the full spectrum of people's bodies, genders, relationships, sexualities and lived experiences.
Open 3.00pm to midnight every day of the year. Call 1800 184 527 or visit qlife.org.au for web chat.

Directory

International

AGENDER NEW ZEALAND

A caring national support organisation for Cross/Transgender people, their partners and families. For a detailed information pack, please contact:
Email: 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://www.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 and 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

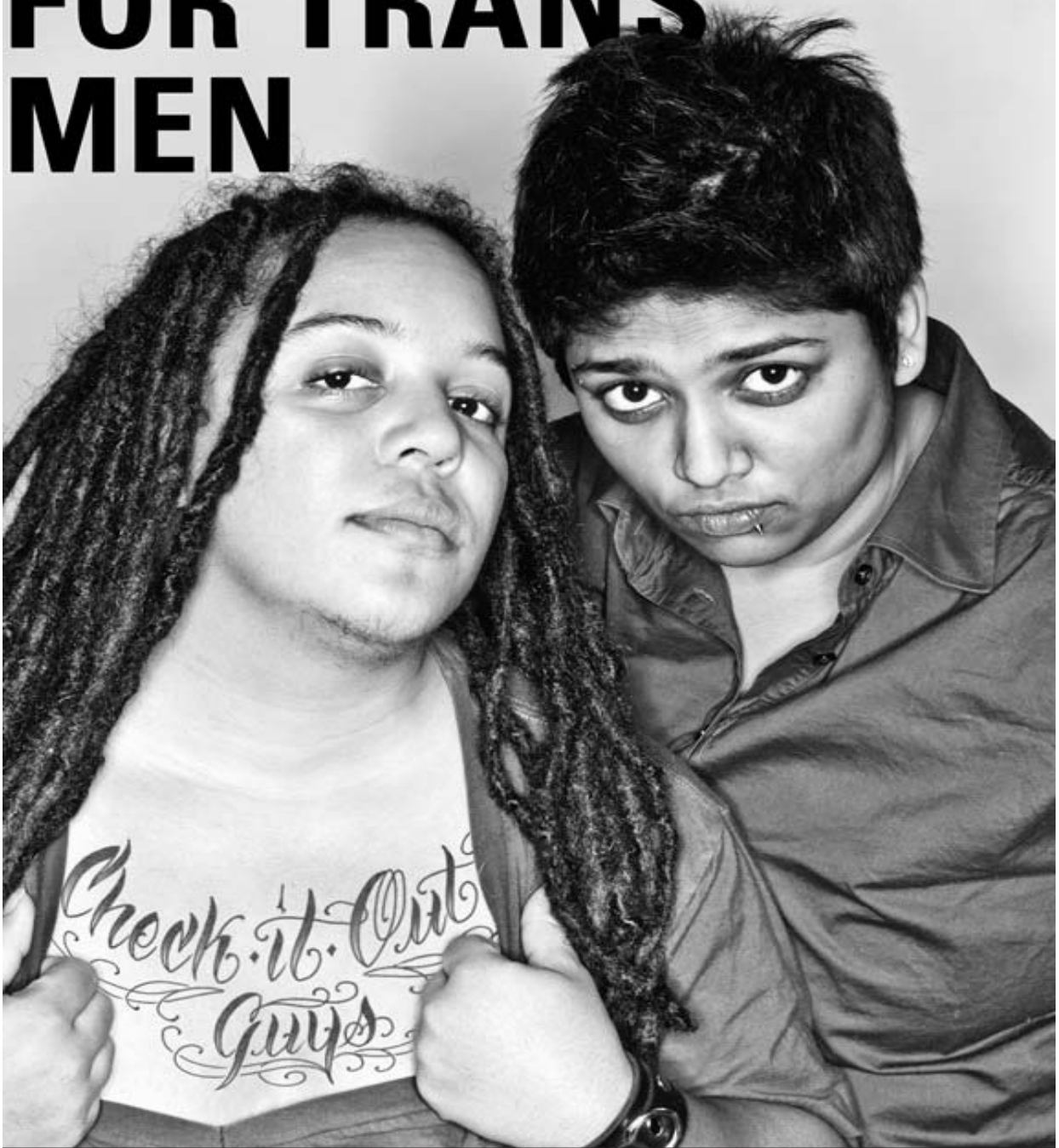
Provides a confidential service for trannies working in the sex industry.
PO Box 13 561
Christchurch,
New Zealand

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) 9519 8200 or email the Editor on resources@gendercentre.org.au

PAPS MATTER FOR TRANS MEN



If you've ever been sexually active in any way and have a cervix you need regular Cervical Screening Tests. For more information and tips on how to make getting a CST easier, contact the **Gender Centre** on **9569 2366** or **RPA Sexual Health Centre** on **9515 1200**. Note that the test is no longer called the Pap and can be self administered. For more information call one of the numbers shown above.

The Gender Centre acknowledges with gratitude the permission granted by the Trans Mens Pap Campaign to use the content of this poster.

checkitoutguys.ca

t150

PARTNERSHIPS IN HEALTH

Open every Tuesday 2-6 PM

Level 3, 350 Albion Street, Surry Hills

t150 is an innovative specialist HIV and sexual health service providing holistic care for the transgender and gender diverse (TGD) community in a dedicated clinical space.

t150 will be staffed by a trained peer and skilled clinicians.

Services t150 offers:

- ◆ HIV, sexual health and blood-borne virus (such as Hepatitis) screening.
- ◆ HIV point of care testing.
- ◆ Immediate linkage and referral to HIV and Hepatitis C management and treatment within the service.
- ◆ Treatment of any diagnosed STIs.
- ◆ Education and provision of HIV PrEP and PEP.
- ◆ Vaccinations for Hep A and B
- ◆ Cervical screening for anyone with a cervix.
- ◆ Safer injecting education.
- ◆ Health education sexual health with aTGD specific focus.
- ◆ Transgender reproduction advice.
- ◆ Provision of health screening (weight, BP, etc.)

Appointments or Enquiries

You can make a booking by phoning Albion on 9332 9600 and selecting option 2.

Please advise the staff member you are calling for the t150 service.



Like Albion on Facebook to support t150

<https://www.facebook.com/TheAlbionCentre/>