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Editorial - Building better health together: why intersex, trans and gender diverse people’s needs are about all of us

Guest Editor, Gávi Ansara, National LGBTI Health Alliance

When Murri Elder, activist and educator Lilla Watson and the Aboriginal activists group in Queensland participated in the shared process from which the featured quotation emerged, their focus was on challenging the belief that Indigenous people needed ‘saving’ by outsiders. Since the 1970s, this wisdom has been applied to a range of contexts. These words acknowledge that there is another way to engage with struggles for respect and inclusion by people who have experienced marginalisation. With this issue focused on intersex, trans and gender diversity, we acknowledge the interdependent nature of our lives and our belief that the incorporation of full inclusion of intersex, trans and gender diverse people throughout our working processes can lead to improved health and wellbeing for all LGBTI people, families and communities.

In June 2012, the Alliance convened a two-day National Health Roundtable of seventeen people from across Australia to discuss critical health areas for national reforms to improve the health and wellbeing of intersex, trans and gender diverse Australians. Roundtable participants combined various forms of personal and professional knowledge and expertise with research evidence and community wisdom. The Diversity in Health Report based on the Roundtable provided key recommendations in areas with obvious relevance to health such as the need for regulation of medical interventions to protect intersex people from “normalising” surgeries; better access to hormone blockers for young trans people; effective and equitable coverage for medical and pharmaceutical benefits; and inclusion of gender diversity and intersex status in health research.

“If you have come here to help me, you are wasting our time. But if you have come because your liberation is bound up with mine, then let us work together.”

Aboriginal activists group including Murri Elder Lilla Watson, Queensland, 1970s.

The Report also contained some key recommendations that might require explanation or prior experience before their relevance to intersex, trans and gender diverse people’s health can become evident. These health-related recommendations covered elements that affect people’s ability to participate in and contribute to their communities and to society at large, such as “access to legal recognition of the self-expressed sex and gender of all people born or living in Australia” (p. 10); “comprehensive
protection in Australian law from discrimination” (p. 16), including protection to keep people’s sex and gender histories confidential; and access to education, community and government services that are “inclusive, accountable, knowledgeable and respectful” (p. 8) of the recommendations and concerns of intersex, trans and gender diverse people.

One of the key messages reported by the Intersex, Trans and Gender Diversity Rapporteur at Health in Difference 2013 was that the use of inclusive language and the integration of words like intersex, trans, gender diversity and genderqueer into regular conversation are critical parts of making these experiences known to the wider community. In this issue, our contributors expand on the use of inclusive language to consider some of the everyday experiences and concerns that affect intersex, trans and gender diverse people’s health and wellbeing. Morgan Carpenter of Organisation Intersex International (OII) Australia provides an overview of intersex people’s health issues, such as the health and human rights implications of involuntary and coerced genital “normalising” surgeries that continue to be performed on intersex people in Australia. Morgan’s article identifies some strategies that intersex organisations have used to raise these issues with the Australian Government. Mani Mitchell of Intersex Trust Aotearoa New Zealand (ITANZ) describes Mani’s journey from being an intersex child filled with fear, shame and secrecy to being an intersex elder whose story has transformed health care environments into settings that promote informed, respectful practice. Veteran Trans* activist Kathy Knoble of Changeling Aspects explains some of the major problems that Trans* people continue to face regarding identity recognition, offers guidance for those in the process of navigating this administrative tangle and articulates her vision for how the Government and LGBTI communities can address Trans* people’s identity recognition needs.

The Alliance remains strongly focused on the national context of health and wellbeing. In this instance, we believe that an international information exchange beyond Australasia will be useful for our readers. Brenda Rodriguez Alegre of the Society of Transsexual Women of the Philippines (STRAP) shares her experience of how political forces shape the health needs and experiences of trans people living in the Philippines. Brenda’s account reminds us of the careful balance needed to make effective health policy regarding hormone access and illustrates that people will create their own care pathways in the absence of viable, comfortable health services that meet their needs.

As we continue this journey together, it is important to remember that the views expressed by these four contributors could not possibly represent the views and experiences of all intersex, trans and gender diverse people everywhere. After all, many people who have bodies, genders and life experiences that are typically described using these terms do not use these labels about ourselves. This may be due to a
A combination of personal, cultural and/or religious reasons. In addition, some people’s experiences overlap and intersect across these three categories. Instead, these articles open windows onto a multifaceted landscape into which our contributors have invited you. We hope you will accept this invitation and continue to seek further glimpses of this landscape beyond the pages of the Update.

In his plenary speech, Peter Hyndal of A Gender Agenda explained the need to move beyond identity-based approaches towards shared responsibility for building inclusive and respectful communities. As noted by the Intersex, Trans and Gender Diversity Rapporteur, “there is no substitute for face to face meetings in building alliances, collaborations, great working relationships, creating ongoing dialogues and fabulous friends”. It is my wish that the articles in this issue will facilitate and extend this process of building alliances that lead to improved health and more respect for all of us.

Call for LGBTI Abstracts – ‘Grey Expectations: Ageing in the 21st Century’
Australian Association of Gerontology National Conference, November 2013

As part of the 46th National Conference of the Australian Association of Gerontology a call for LGBTI issues has been put out as part of the conference’s ‘diversity’ stream.

Held in Sydney between 27-29 November, this year’s conference theme will be ‘Grey Expectations: Ageing in the 21st Century’. As Australia adjusts to the new realities of an ageing population, this conference will address some of the key questions this change raises for ageing in the 21st century:

- What can we expect of governments, corporations, the community, our families and ourselves as we grow older in the 21st century?
- What can we learn from current biomedical, technological and social research about what to expect for our health and quality of life?

Presentation types may be any of the following, all of which require an abstract/proposal to be submitted:
1. Presentation (15 minute oral presentation)
2. Symposia (Comprehensive review of a topic incorporating a number of speakers)
3. Poster Presentation

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**Adelaide Workshops:**
- **Rainbow Blues:** Understanding depression and anxiety; supporting each other effectively **THU 23 MAY**
- **From Dying to Thriving:** Suicide amongst LGBTI people and what we can do about it **SAT 25 MAY**
- **The Suicide Closet:** LGBTI Suicide Prevention for clinicians, professionals and service providers **FRI 24 MAY**

Learning to look after ourselves and others in times of challenge and distress

For more information about workshops in your state/territory or to register please visit: [www.lgbtihealth.org.au/mindouttraining](http://www.lgbtihealth.org.au/mindouttraining)
Reflections from a change agent

Mani Bruce Mitchell, Intersex Trust Aotearoa New Zealand

My name is Mani Bruce Mitchell. I am a therapist, an artist, with a private practice that specialises in gender and trauma issues, and an educator (my initial training was in Education).

I have been out as an intersex person for two decades. I have been out as a queer-identified activist for almost 40! I am a New Zealander and grew up on a remote sheep and cattle farm in the centre of the north island.

Almost 12 years ago, a close friend and colleague, Pamela Neeson, moved back to Tasmania. Pamela is a sexual health nurse and was based in Launceston. Not long after, she contacted me to say she was observing a zero awareness of intersex issues amongst service providers and asked if I would be interested in doing some educational work similar to what I was doing in New Zealand.

It is interesting to look back and see what has become a decade of work both in Tasmania (I have travelled there many times) and NZ of a speaking and partnership relationship with multiple agencies that is so entwined with own journey and my own finding a voice and words.

Like many intersex people, I grew up shrouded by shame and secrecy. I had very little information about what had happened, what had been done, only my own hazy childhood memory and understanding. What had informed my own silence was a deep fear. My work in Tasmania has been about moving past that fear by transforming it into story and information that can lead to change to informed respectful practice.

Like many intersex people, I had managed to live a ‘plastic’ acted life being a person I thought the world wanted. The change for me had come in a dual process—my own therapeutic journey, which I had started in my early 40s, and my transforming attendance of attending the world’s first ever residential retreat for intersex people.

‘What had informed my own silence was a deep fear. My work in Tasmania has been about moving past that fear by transforming it into story and information that can lead to change to informed respectful practice.’
A film was made of that first gathering. It was called “hermaphrodites speak”.¹ Last year, I travelled around Tasmania with Working it Out’s Educator/Counsellor Sharon Jones. Like me, Sharon grew up in a rural community and has a passion for challenging trans/homophobia and intersex exclusion and for making it safe for members of the ‘rainbow’ community to live and be supported in all communities, towns and countries.

This road trip built on previous ones and took us into some of the more remote corners of the north west.

On reflection, this is what I would say are the learnings and thoughts from that trip:

• Networks, credibility, and being known are paramount when working in rural areas.

• There is a large desire for information and ‘practice wisdom’ coming from the service providers. (I have seen a massive shift in a short space of time from people having said they don’t have gender and sexuality diverse clients to people wanting/needing information to work with the clients they do have.)

• We need GLBTIQ training included in basic training programs. (People lament their lack of knowledge, resources and expertise in working well with our communities.)

• We need programs that build: One-off sessions may raise awareness, but something more sustained and robust is needed to ensure a shift in competent practice.

• ‘Portals’ – This idea is not yet well-developed, but somehow we need a place for frontline providers to go to get expert knowledge. Our GLBTIQ community is large, diverse, and complex. No training, no matter how robust, can cover all contingencies – I feel we need to harness the power of the internet in a creative way to give both the community and service providers access to clinical information that is accurate, needed and has veracity – some kind of super one-stop shop?

I am heartened by the work that is going on in Australia and look forward to continuing my contribution towards making it better for all of us on both sides of the Tasman.

¹ Editor’s note: Although some intersex people use this term about themselves, it is generally considered offensive to use this term about someone else.
Intersex health issues are human rights issues

Morgan Carpenter, Organisation Intersex International (OII) Australia

Intersex is an umbrella term for a range of physical variations that are not strictly male or female.

Although organised intersex people here use the word intersex, the term is contested internationally and in medicine, which regards us as having a “disorder of sex development”, or DSD.

We are treated as disordered and stigmatised due to our characteristics, which affect perceptions of our realness as men or women.

Intersex is not about sexual orientation or gender identity; intersex people are as diverse as non-intersex people. Intersex people have non-heteronormative bodies. Intersex bodies do not meet societal expectations. We are part of LGBTI because of a homophobic response to our bodies.

Surgical and other interventions are made to erase intersex differences. Clitorectomies and other genital surgeries are carried out unnecessarily on infants, without patient consent or regard for the full range of possible life paths. Sterilisations are typically carried out on adolescents, on the basis of inflated claims of cancer risk.

The impact can be seen in the resulting lack of sensation, repeat surgeries, infertility, scarring, painful intercourse, depression and trauma.

Most research is conducted by non-intersex clinicians, with small samples and case studies of people treated by the researchers. Very few pilot studies look more broadly. Of those, Schutzmann, 2007, found “prevalence rates of self-harming behavior and suicidal tendencies”...“comparable to traumatized women with a history of physical or sexual abuse”.

Surgery is thought to enable adjustment to society. A 2006 statement by the clinicians that coined “DSD” defined “psychosocial” surgical rationales as “minimizing family concern and distress” and “mitigating the risks of stigmatization and gender-identity confusion”.

The Swiss National Advisory Commission on Biomedical Ethics said: “If... interventions are performed solely with a view to integration of the child into its family and social

‘Clitorectomies and other genital surgeries are carried out unnecessarily on infants, without patient consent or regard for the full range of possible life paths. Sterilisations are typically carried out on adolescents, on the basis of inflated claims of cancer risk.’
environment, then they run counter to the child’s welfare”. All “(non-trivial) sex assignment treatment decisions which have irreversible consequences” are to be deferred until the patient can consent. Criminal sanctions are to otherwise apply.

In February, The UN Special Rapporteur on Torture described [PDF] “irreversible sex assignment, involuntary sterilization, involuntary genital normalizing surgery” as forms of torture.

Victoria has a new framework protocol for intersex children, published in February. It’s state of the art in Australia, and with clinician support it speaks of intersex not DSD. But it references a “debate” about psychosocial rationales:

“Some advocates for intersex people now firmly argue that protection against potential psychosocial stress associated with looking different alone should no longer provide a satisfactory rationale for surgical intervention, and no longer provide a basis for characterising a treatment as therapeutic.”

Irreversible surgery to make genitals “look consistent with the norms of their assigned gender” remains the therapeutic protocol for infants and children where there is “more certainty about future gender identity”.

We believe there is never enough certainty about future gender identity to justify surgery on infants and children, based on psychosocial rationales.

Psychosocial rationales unfairly place the burden on the intersex person to adapt. Different ethnic appearances are often associated with discrimination and poor health outcomes. We don’t require people to modify their appearance as a result; we try to tackle the discrimination.

Other issues include pregnancy terminations and risky prenatal preventative treatments.

The Senate is currently conducting an Inquiry on sterilisation. We recommend the submissions and hearings transcripts.

Surgery does not make us “normal”. Adults face the same interventions as children, with pressure to take testosterone to become a “real man”, and cases involving OII Australia members even include a non-consensual normalising outcome from surgery as an adult.

As well as health issues, accessing healthcare, other services and employment can be an issue for adults. The most obviously different of us are the most vulnerable. Intersex is a human rights issue.

The Senate report on the Human Rights and Anti-Discrimination Bill correctly recognised that intersex is biological. A separate attribute, “intersex status”, is part of the Sex Discrimination Amendment Bill. We hope this passes and will spark new dialogue.

Find out more about intersex at http://oii.org.au


This paper is based on a plenary presentation at Health in Difference, 2013. To read the full presentation, visit http://oii.org.au/22160/intersex-health-hid2013-plenary/
Guest Editor’s Note: The Update focuses mainly on LGBTI health issues within Australia. We also believe those working for LGBTI health and wellbeing in Australia can benefit from staying aware of LGBTI health issues in other countries. With that aim in mind, this guest contribution comes to us from Brenda Rodriguez Alegre in the Philippines.

Brenda R. Alegre is currently completing her PhD at the University of Santo Tomas, where she is specializing in Clinical Psychology. She is currently a Teaching Assistant at The University of Hong Kong. She used to be a Human Resources and Psychology practitioner in the Philippines before moving to Hong Kong in 2011. She is a member of The Society of Transsexual Women of the Philippines (STRAP). STRAP is the first and leading support and rights activist organization in the Philippines for transgender people. STRAP was established in 2002 and now has over 100 members in the Philippines and other parts of the world. She can be contacted at: goddess_nayrb@yahoo.com

The Philippines is a predominantly Christian nation. Over 90% of the population is Christian, with about 80% Catholics. Although some Catholics are LGBTI people or support LGBTI people, this religious affiliation has contributed to a conservative social climate that has disadvantaged LGBTI people in The Philippines.

On December 21, 2012, Philippine President Noynoy Aquino signed the long debated Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354), informally known as the Reproductive Health Law, which was pulled back for further debate on legalization and implementation. This law would have guaranteed universal access to contraception and fertility control techniques, sex education, and maternal care throughout the Philippines. This law would have been very beneficial to the population, not just to LGBTI people. Many of the political parties that opposed the Reproductive Health Law presupposed that this law would eventually lead to other legislations they deem “sinful” and “immoral”, including LGBTI recognition laws, LGBTI-protective anti-discrimination laws, equal marriage laws, recognition of gender change laws and others.

Conservatives in the Philippines also greatly oppose divorce and it will also be evident that one’s Christian views are strongly incorporated in most political, educational, legal and even medical discussions. LGBTI people, most especially the transgender population in the country, need legislative protection. There have been various hate crimes against transgender people over the past years, but closure to these unsolved hate crimes become futile partly because the Philippine Government could not treat these as
priority compared to crimes perpetuated against cisgender and heterosexual people.

Health care is also a problem among transgender people in the Philippines. A most recent publicized case is that of a transgender man whose life story was portrayed in a local TV program. He was able to get testosterone because it is not medically supervised or monitored in the Philippines, so he bought it over the counter and did self-administration or with help from a nurse friend. Although getting testosterone improved his life, the show revealed that he had been denied gender-affirming surgery and even other forms of gender reconstructive procedures because those are considered unethical, sinful and immoral here.

The situation of hormone availability over the counter has two sides. On the positive side, trans people are not denied the opportunity to proceed with transitioning in the absence of a trans positive health care management model. This has meant that, for a long time, trans people have been sharing information on the potency and efficacy of hormones as needed for gender transition. Some effects of hormones have not been sufficiently researched, yet trans people share this community knowledge based on their experiences. On the negative side, the lack of a health care model and the absence of medical supervision can nurture an invulnerability mentality for some trans people and this mentality may lead to damaging health conditions brought about by hormones abuse. The ideal system would involve both readily accessible hormones and readily accessible medical screening.

As a result of health care barriers as well as lack of information and assertiveness training, many transgender people here eventually end up assuming a non-transgender identity and living as lesbian or gay instead. There may also be a culturally bound identity that does not distinguish between sexual orientation and gender identity. This conflation of sexual orientation and gender identity has also been a long time problem among transgender people here that leads to many undocumented and unresolved cases of anti-transgender discrimination. HIV education becomes problematic because in the process, transgender women and femininely behaving gay men are stereotyped as the usual carriers of HIV.

Discrimination also happens in schools. A transgender student is required to present himself or herself as a cisgender student and behave according to his or her assigned sex instead. This commonly results in the student dropping out of school and losing a valuable chance to a highly favored university degree. Discrimination continues in the workplace and even Human Resource practitioners avoid transgender concerns and rule against these concerns, out of a belief that transgender individuals are extreme and bad kinds of ‘homosexuals’.

The Metro Railway Transit also discriminates against transgender women passengers by refusing to allow them to use the all-female sections of our transit cabins, which are separated by gender partly for women’s “protection”. I see this separation as generally embarrassing because it gives off a notion that Filipino men are sexually perverse and frotteurs, and makes transgender women vulnerable to assault.

Going back to health care, transgender people have continually maintained hormone therapy in an unsupervised and unmonitored process. The Department of Health does not seem to take this seriously. Transgender women here continue to take the cheaper hormones as though these are M&M candies, without knowing any potential health risks. In this regard, we proposed an active engagement of dialogue between the local and national government, the health sector and the LGBT groups.

The Society of Transsexual Women of the Philippines or STRAP remains the most active and vigilant force for transgender rights and
protection in the Philippines. However, despite its 11 years of forging alliances and active engaging, the efforts have yet to bear fruit due to extremely conservative legal rulings. We propose at this time that:

- The Philippine Government enact the Anti-Discrimination Bill with a particular section to ensure that this covers all gender identities, expressions and sexual orientations.

- That in its implementation all sectors are educated on SOGI (sexual orientation and gender identity) and all forms of discrimination are dealt with.

- We propose for a gender recognition law, similar to those in Argentina and the United Kingdom.

- We propose not to marginalize LGBT people in HIV education and protection programs and also in particular to reach out to the transgender population, who are often identified as at risk of HIV and STD given the nature of their jobs.

- We propose full implementation of the Reproductive Health Law to protect the entire population’s reproductive health.

- We propose removing the binary gender segregation policies in all private and public spaces, including rest room use.

- Lastly, we propose for all medical practitioners to receive intensive and extensive training on SOGI sensitivity and be professional and global in providing health care to transgender people, including their rights to receive gender affirmation procedures.

I also recommend the inclusion of the Yogyakarta principles among others in the Philippine Constitution. This will allow all lawmakers to invoke genuine equal rights so that there will be no more exclusion, and that finally transgender people can enjoy a right they were born with, their right to their gender identities.
Problems for Trans* people living in Australia and born abroad

Kathy Anne Noble, Changeling Aspects In affiliation with Transbidge Townsville

Trans*¹ people born abroad suffer a double whammy in regard to legislation they have to deal with in order to amend the gender marker on their documentation.

They have to come to terms with two sets of legislation, one from their country of birth and the second from their country of domicile.

This presents an extra dimension for Trans* people and people wishing to know how to amend UK documents, as it is not just their off shore documents, but also their Australian documents too.

There is very little difference in the numbers of documents those born abroad have to amend. The main ones, being residency and citizenship in Australia via Department of Immigrations and Citizenship (DIAC).

COUNTRY OF BIRTH

Many Countries and States now offer legislation that enables people born in those regions to amend their documentation. Some countries offer the option of doing so without a surgical requirement, including the UK, Argentina, European Union, Germany, Portugal, Spain and Uruguay as well as certain jurisdictions in the USA. This “non surgery” option helps more people to achieve their desired document changes. Some even have said that it is “unconstitutional to force couples to divorce in order to amend their birth certificate” Countries such as Austria, Germany and Sweden now support this thinking. Please view the ACT Law Reform Advisory Council Report 2 on the legal recognition of sex and gender diversity in the ACT.

[Editor’s Note: We note the Alliance’s submission that identified our concerns regarding the Beyond the Binary Report.]

AUSTRALIAN COMMONWEALTH GOVERNMENT

The Commonwealth Government allows departments to act autonomously, so we come up with differing solutions to the same problem. In many cases, the anomalies cause more harm than benefit. The Commonwealth Marriage Act 1961 is a case in point. All of the following concern Trans* people born off-shore.

The Sex and Age Discrimination Legislation Amendment Bill 2010 (Provisions) [PDF] states in Section 2.47:

This definition is included to complement changes made by item 62 of Schedule I of the Bill, which would amend section 40 of the Sex Discrimination Act. Section 40 sets out exemptions under the Sex Discrimination Act to acts done under statutory authority. The Bill would amend the Sex Discrimination Act to provide that nothing in Division 2 of Part II makes it ‘unlawful to refuse to make, issue or alter an official record of a person’s sex if a law of a State or Territory requires the refusal because the person is married’.

¹. The term trans with an * is sometimes used to refer to the broad spectrum of identities relating to gender; more info...
Section 3.82 of the Bill notes:
“Given that the Department has advised the committee that ‘the Marriage Act 1961 does not prohibit a person who is married from legally changing their sex...” (pg 41)

So is this in effect the Commonwealth agreeing with Austria, Germany and Sweden, that it is “unconstitutional to force Trans* people to divorce”?

The Commonwealth Government cited over 84 pieces of legislation that were amended or repealed in order to have the “2009 Same Sex Act” made a viable piece of legislation.

I would ask: how many pieces of legislation at all nine government levels in Australia need to be amended, repealed or amalgamated before they can be considered as addressing core issues of societal exclusion and inequality that are not user friendly in any way?

With the current mishmash of legislation concerning us, it is high time it is realised that these laws are oppressive and extremely threatening to Trans* people’s health and wellbeing. We were not adequately addressed in the “Same Sex Act 2009” and our concerns as raised in the Sex Files Report have been left unaddressed for nearly four years without any conceivable movement.

The amendments to the Same Sex Act 2009 had no effect on the Trans* population. More to the point, it appears that since then the Government mistakenly believes that our needs had been dealt with by that legislation.

AUSTRALIAN COMMONWEALTH DEPARTMENTS

Trans* people meet a great deal of confusion when dealing with departments, such as the Department for Immigration and Citizenship (DIAC) and the Department of Foreign Affairs and Trade (DFAT), as well as Centrelink and Medicare. Those of us who were born abroad are subject to the same legislation as those born in Australia. Most Trans* people born off-shore are unaware of whether they need to apply for residency status before the sex listed on their official documents can be amended.

- If you are a permanent resident only, then yes you do need to amend your residency status, as most Kiwis do. Their amended residency application form is a different number from the one used for other countries. The Kiwi residency certificate is a different number and colour.
- If you are a citizen, then you only need to amend your citizenship certificate.
- Neither the amended residency form nor the citizenship certificate contain a sex marker
- DIAC processes these forms and handles all migration and residency applications
- Few Trans* people realise the implications of residency status and how an amended citizenship certificate can help people to amend the sex listed on their passports.
- Some Trans* people arrived in Australia on their parent’s passport, but their details have not been captured or lost over time. I have this in writing from the relevant department and it has been proven to be so, when some Trans* people apply for amended documents. They then have to go back to their parents for confirmation of port of entry and date of arrival.

Now I am providing assistance to one person who has an Australian passport but is on her father’s citizenship. How can that be? I have been told that this was standard practice for children to be placed on the back of their father’s citizenship certificate.
How to Amend Your Sex Marker with the Department for Immigration and Citizenship (DIAC)

This Department accepts requests to change sex markers on Residency Status and Citizenship Certificates without requiring surgery: “Note: the surgeon’s statement would contain information such as confirmation that the person has undergone a full gender re-assignment procedure. The psychiatrist’s statement would provide confirmation that the person is living as their chosen gender of identity, has undergone hormone treatment and shows no intention of reverting to their original gender This is Australian Government direction.”

Either a Surgeon’s letter after sex affirmation surgery, or a psychiatrist’s letter as above enables us to amend residency status and citizenship. They will accept recognition certificates and amended birth certificates from abroad in order to amend the sex marker on these documents. Only Permanent Residents are required to amend their residency status. Citizens are required to amend their Citizenship as below.

Permanent residents who are Trans* are obliged to amend the residency status and are issued with form 283, the Certificate of Evidence of Resident Status (CERS). There is no sex shown on this form. This applies to people like New Zealanders who are permanent residents only. They have their own application form and certificate, due to the reciprocal arrangements between our governments. However, many do take out Australian citizenship as well, so this now moves them from permanent resident to citizenship and brings them into line with the rest of us who take out citizenship. We are then allowed to amend the name on our citizenship. Again there is no mention of sex. Both of these certificates accept the date of entry, or citizenship and backdate to those dates in our new name.

The Australian Citizenship Regulations 2007 (the Regulations), which came into force on 1 July 2011, were introduced by DIAC to protect against identity fraud. In November 2012, changes to the departmental systems enabled data to be printed on the back of citizenship certificates. This change has led to Trans* people’s previous details being exposed on the back of citizenship certificates, although we are listed under the “compassionate reasons” why a previous identity may not be included, that being “sensitive gender reassignment cases”. The letter sent to me by Adrian Burn, Director Citizenship Policy Section mentioned changes concerning Trans* people about which we were never notified until his letter.

One Trans* woman suffered from this privacy violation and was told to re-apply and that a further fee would have to be paid. We believe this problem is the result of lack of training for staff that deal with Trans* people, so we are fighting to address this problem with information about how the changes affect us. Staff at the Citizenship Branch have admitted this to be the case. Again, the only time Trans* people learn about these changes, is when they blow up. This is not good enough.

How to Amend the Sex Marker on Your Passport with the Department of Foreign Affairs and Trade PASSPORT OFFICE (DFAT)

The Passport Office accepts amended birth certificates and citizenship certificates in order to amend a passport. Since 7 November 2011, they have accepted requests to amend the sex marker on your passport without requiring surgery. They also allow those who remain married to amend the sex marker on their passports on a “case by case basis”. There is a whole section under Sex and Gender Diverse (SGD) Policy. This states:
“An Registry of Births, Deaths and Marriages (RBDM), DIAC or a medical practitioner registered with the Medical Board of Australia (or equivalent overseas authority) must determine an applicant’s sex.” Please remember that they no longer accept the provider number, and require their registration number. Again, we were not notified of these changes.

It’s amazing, but the same Trans* woman whose difficulties I mentioned earlier also had to have her psychiatrist write a new letter and now include his Medical Board Registration Number, as they would no longer accept the Medicare Provider number. This change in regulations came into effect in late 2012. Again, we were not informed of these changes. Just where does the onus lie? The Government appears to expect Trans* people to find out when these changes occur and also from when they apply.

The following is from the Passport Office’s legislation:

1. Applicants who have undergone sex reassignment surgery and have an amended cardinal document; or

2. Applicants, who are seeking a passport in a non-registered sex as they are unable to, or choose not to, obtain an amended cardinal document. These applicants may or may not have undergone sex reassignment surgery

3. We need to ask what constitutes a cardinal document? Is it an amended birth certificate, or a recognition certificate?

The Passport Office further state “In relation to Australian citizens not born in Australia, DIAC is legislatively empowered to amend citizenship records in relation to a person’s sex”.

Further, they state “A full validity passport in a new sex may be issued to sex and gender diverse applicants who present an amended birth certificate, gender recognition certificate, or recognised details certificate showing that RBDM has accepted the reassigned sex. For applicants born overseas, a gender recognition certificate, recognised details certificate, revised citizenship certificate or other evidence from DIAC may be presented.

This is all very well, but it smacks of “Cart before the Horse legislation”. It ends up with a woman holding a passport that says ‘female’ and a birth certificate that says ‘male’ because the States and Territories insist on surgery in order to amend her birth certificate. This could cause problems if she goes off-shore and customs wishes to view her birth certificate.

MEDICARE AND CENTRELINK

Since 2011, Medicare and Centrelink have functioned as one unit. The situation with regard to Medicare will allow you to amend your name and issue new cards from Medicare and private health, but they will not amend your sex marker until after surgery. This is the same situation with Centrelink. This can be and is embarrassing for all concerned. For those who cannot, or choose not to have surgery, their previous details remain. This means that those who never undergo surgery, will never have their sex marker amended. It places much pressure on Trans people, and can lead to embarrassment on both sides of the counter when claiming a refund.

How to Improve the Situation

We urgently need for all Government departments to consider Trans* people’s needs and listen to our feedback before making or changing policies. We also need to be informed of changes that affect us before we are faced with major problems that affect our ability to live our lives. We need very much for LGBTI organisations to continue their efforts and support in order to achieve user-friendly Government policies for Trans* people.
18-20 April 2013 saw nearly 300 delegates from around Australia attend the Health in Difference 2013 conference in St. Kilda Melbourne. Over the course of three days, the health and wellbeing of LGBTI people was considered in detail. There were more than 100 presentations by a variety of clinicians, service providers, politicians, researchers, and community representatives.

Thank you to everyone who presented, attended, volunteered their time and expertise, and who helped to make this event possible. Thank you in particular to those who took the time to complete the post-conference evaluation survey. Your feedback is appreciated and will help to shape Health in Difference 2015!

Legacy:
An online archive of powerpoint presentation materials from the conference is now available online here. This archive only includes those items that presenters have been able to share with us.

During the next few weeks we will be releasing recordings from some of the plenary sessions. These archival recordings will be made available online. Information about how to access these audio files will be advertised through the LGBTI Health Update, the conference facebook page, and the Alliance twitter feed.
New Staff Member:

The Alliance warmly welcomes Michelle Mars to our staff team. Michelle has joined the Alliance to work as Project Officer (Policy) with the MindOUT! Project.

Michelle has a background in gender and sexuality studies and holds a Masters (Gender and Sexuality) and a PhD (Social Policy). She has a decade of experience as a senior lecturer in the School of Health and Social Services at Massey University (Wellington).

In 2008 Michelle set up her own consultancy business as a sexologist. Michelle has provided policy and research management services in the government, NGO and private sectors. She has worked with the media on a consultancy basis on gender and sexuality related issues and published over a wide range topics.

Recent Alliance Submissions:

- Submission on Sex Discrimination Amendment (Sexual Orientation, Gender Identity and Intersex Status) Bill 2013 [May 2013]
- Alliance Submission on Aged Care Amendment Bill 2013 [May 2013]
- Policy Statement on the Victorian Department of Health Approach to Intersex Young People [April 2013]
- Submission re: Draft Australian Curriculum Health and Physical Education to Year 10 [April 2013]
- Submission on Recognition of Gender Identity and Intersex Status [April 2013]

LGBTI Media Workshop:

The Alliance, in partnership with Mindframe National Media Initiative, held a day long workshop for LGBTI media professionals.

The workshop aimed to build the capacity of LGBTI media to report on issues of suicide and mental health sensitively and appropriately.
Information for Members and Friends of the Alliance

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The views expressed are those of the authors and not necessarily those of the National LGBTI Health Alliance.

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Call for contributions

Members and friends are invited to share their expertise and experience by making contributions to the LGBTI Health Update in the form of news stories or articles.

All items should be semi-formal in style and concerned with LGBTI Health and Wellbeing and be broadly relevant to the Australian context.

If you would like to make a contribution to the LGBTI Health Update, please contact Warren Summers on info@lgbtihealth.org.au.