**Sexual Orientation, Gender Identity and Intersex (SOGII) Rights in Australia**

Dear Tim,

Before I get into the substance of this submission, I am asked by one of my patients to remind you of the difference between a transsexual and a terrorist; the answer being that you still have the opportunity with a terrorist to negotiate!

 ●A recent thought that is coming to the surface is the emerging question of the treatment of apparently gender dysphoric children. This whole question is in the melting pot with the Chief Justice of the Family Court declaring that really the Court has no business interfering in the treatment of these children and that it is unfair on the parents to shell out $35,000 or so to run a case when the parents, child and doctor are in agreement. Of course, in cases of contention with the parents the Court may still be needed. There needs to be a trial case to be run in order to set a precedent unless some cheaper alternative presents itself.

 ●With the treatment of children will come the certain backlash from fundamentalists of whatever persuasion. There will be predictable accusations of child abuse and neglect. The paediatric endocrinologists are I think well aware of this. One mistaken diagnosis or a single ‘regretter’ will cause immense trouble and inevitably compromise access to treatment for the rest of the kids. More recently, Dr Johanna Osborne in The Transgender Youth Program at Children’s Hospital Los Angeles came under significant attack in the social media that must have been so distressing. So if you are a doctor involving yourself in transmedicine, you had best be strong and resilient.

 ●Should we be proud to be a transwoman? Or might it be better to fade quietly into the background as a woman. We probably need some Catherine McGregors to carry the banner in a mature way but for most to disappear off the radar would be the norm (I am fortunate that being a prescriber with a high profile as a transwoman, I get to see the long term post-ops who are unremarkable women but with a history of interest). What the likes of Cate suffer is the fury of transphobia and that I believe I suffered with some disruptive consequences professionally; in addition there is the ‘burn out’ that she alludes to in your video when she referred to becoming ‘overexposed’.

 ●Then there is the question of provision of services. Medical fees in private practice are high and many in the trans community are notoriously poor. It is true that Medicare and the insurance companies may carry a proportion of cost but the individual aspiring to transitioning must be cashed up if he or she is to succeed; indeed that is how many of us drift into sex work at $280+ an hour. It may even be that the transwoman may not be able to afford affirmation surgery with the consequence that she becomes locked out of society, effectively a social hermit with sadly one solution being that of suicide. The fact that there is so little provision of public facilities (to my knowledge no more than three units in the entire country) underscores the essential fact that the icon of Universal Health Care has failed the trans community and in fact a case may be made that Medicare may be functioning illegally in it’s abrogation of trans services. In the current climate of stringency it is difficult to forecast any improvement.

 ●There are a plethora of legal and bureaucratic issues that need to be resolved. We have in South Australia the Sexual Reassignment Act 1988 that in the face of the breakneck speed of social development creaks like an old cart; the very name spells it out in terms of political correctness. We are working hard in SA to repeal this Act and replace it with minimal change to the Births Deaths and Marriage Act; Parliament has referred the matter to a Committee of Review with cross party support. One of the problems with liberalisation of this sort is that we may well end up with same sex marriage by default and so there has to be a parallel effort made with regard to that; and what delicious irony that might be, if the trans community acted as an enabler for the gay community.

 ●Of paramount importance is the question of education. Not only to inform the public at large but also to raise the awareness of kids in the schoolyard who may be struggling with gender issues. We managed to do it with child abuse, so we can do it for gender dysphoria.

**Dr Rosemary A Jones Thursday, 18th December 2014**

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