

Passport Problems and Other Issues - 2007-07-06

In my discussions with our Attorney-General and Births, Deaths and Marriages Depts, it has been made amply clear that if a GRC, or the equivalent is allowed, it will be for only Transsexuals who have undergone SRS and are not married. This is the current law of Australia and New Zealand! The word Gender in GRC conveys to them the idea of "Non Surgery" which will not be looked at.

This in our case in Queensland is queer, to say the least, as in many laws we are referred to as "Transgender", so to my mind they want it both ways! For a very long time here, it was the CDs who were better represented at law than us, with regard to what they were allowed at law as opposed to us. In fact, it sounds very like what is being talked about in this law that is now being discussed in UK.

I feel that they cannot have it both ways! Either they cover all, as is inferred in the GRA 2004, or they specify that only those who have had SRS are covered. I also read that "Unless you are registered as a transsexual (TG and TS?) the new proposals will not prevent people from discriminating against you" Does this really mean what I read it to imply, that a register of Transsexual people is being compiled? If so what happened to the supposed anonymity clause?

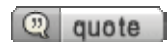
I must admit that this really has me scratching my head, as I have to think Non Surgery for both Countries out here. It is no where near as bad as what is being talked of in UK. We at least know that we are talking "Post SRS, and nothing else"

Are the authorities in the UK now becoming concerned that CDs may apply for a GRC/BC under the Act 2004? are they concerned that those who choose not to have surgery, maybe caught out when leaving the UK if they have to pass thru the new age X-Ray machines, which could cause embarrassment to the person, as well as the Government too, who have issued them with a GRC and an amended BC!

I still believe that there will have to be many amendments to the Act 2004, as we have found out Down Under to our chagrin!

Love and Peace, Kathyanne

Posted: Fri Jul 06, 2007 11:34 am Post subject:



This little exchange from yesterday's parliamentary questions provides some useful public commitment towards two very current issues -- the present disparity in PCT policies for health care referrals AND the question of protections for people who fall outside of the law's current focus on those who are planning to undergo, undergoing or have undergone gender reassignment.

These exchanges tend to illustrate how trans issues have now moved to become a more normal everyday matter for MPs to discuss. Note also the acknowledgment that this remains a cross party topic of concern.

- Christine

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House of Commons Hansard Debates for 5th July 2007
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Column 1089:

Gender Dysphoria

19. Chris McCafferty (Calder Valley) (Lab): How the Government are promoting equality for people with gender dysphoria; and if she will make a statement. [147657]

The Parliamentary Under-Secretary of State for Work and Pensions (Barbara Follett): The Government are committed to promoting equality for people with gender dysphoria. Since April 2007, the duty on public authorities to eliminate sex discrimination has underpinned the specific legal protections for transsexual people in the work place that we introduced in 1999. We are now consulting on ways to extend those protections.

Chris McCafferty: May I add my congratulations to my hon. Friend on her promotion, and welcome her to the Dispatch Box? Is she aware of the huge disparity in the ability of transgender people in the UK to access treatment and surgery? In her new role, will she liaise with colleagues in the Department of Health to ensure

equality for all transgender people nationwide across the UK?

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Barbara Follett: I am aware of the disparity to which my hon. Friend refers, and she will know all too well that responsibility for this matter rests currently with individual primary care trusts. However, I am already working across Government, and with the Department of Health in particular, to improve access to treatment and surgery for the trans community. The Department of Health has a programme of work that is aimed specifically at better meeting their needs.

Lorely Burt (Solihull) (LD): This is the last time that I will be speaking to the House in the role of my party's spokesperson for women and equality. [Hon. Members: "Shame!"] May I add my congratulations to the Minister, and wish her very well in her new role? Also, I want to place on record my thanks to her predecessor, the hon. Member for Sheffield, Heeley (Meg Munn), who is now Under-Secretary of State for Communities and Local Government. She worked in an extremely positive way with me and with Conservative spokespeople on these matters.

I congratulate the Government on their proposals in respect of transsexuals. They are defined as people who have had, or seek, gender reassignment surgery, but that definition does not cover the vast majority of trans people, who do not want surgery. Why is no protection in place or planned to cover the majority of trans people who are not seeking surgery?

Barbara Follett: First, I thank the hon. Lady for her kind words, and I commend her on the work that she done in this House on women and equality issues. I shall also convey what she said to my predecessor.

I agree that a great deal of work remains to be done in respect of the trans community. The Government and the Department of Health are trying to secure basic rights for the people in that community. After that, consultations will be held with them on the other issues that need to be addressed, one of which is the matter to which the hon. Member for Solihull (Lorely Burt) referred.

ENDS

How is she fighting the system?

Lorimer is, I understand, a psych, that is to say "someone specialized in treating diseases of the mind", not diseases of the body.

Yvonne went to Thailand to get her body remediated, not her mind.

She still needs ongoing mental treatment, in this case - so she can be awarded a GRC in two years' time. CHX should be grateful that she got a second opinion that led to essentially the same diagnostic conclusion and got her somatic disease treated that much sooner.

Lots of British postops will need to go through CHX solely for the purpose of obtaining GRCs. Anyone who can afford surgery in Thailand can get it, often while waiting for the first CHX appointment. Increasingly, the best way is to go for the superior surgery in Thailand first, followed by psychiatric treatment as needed nearer home.

It makes no sense to delay treatment where there is no need to delay in any disease. With the strength of the Pound, surgery in Thailand is becoming very reasonable, Dr. Wimon runs a little under GBP2000 - includes hospital, drugs, anaesthesia, excludes airfare and hotel. what can you buy for GBP2000 these days?

Holly - who believes that it may be better to live under robber barons than under omnipotent, moral busybodies. The robber baron's cruelty may sometimes sleep, his cupidity may at some point be satiated; but those who torment us for our own good will torment us without end for they do so with the approval of their own conscience.... (CSLewis)

Holly, I understood that it was 2 years from proving that you have lived in your preferred gender, not reliant on surgery, as those who do not wish to have, or cannot have surgery only have to offer proof of living in their preferred gender, in order to be able to apply for a GRC/BC.

Have they now altered that too? I think for the gals who live in the UK they have to be diagnosed as having had 302.85 or F64.0 or similar for at least two years prior to applying.

This is in addition to "*living in the other gender*" for two years. Of course "live in <any particular> gender"

is an empty and meaningless phrase that means whatever you want it to mean.

For example I don't consider that (personally) I "live in a gender", neither male, female nor other. So I wouldn't qualify for a GRC, except that I qualify under the "Overseas track" where living in a gender is not a requirement

Posted: Sun Jul 08, 2007 12:20 am Post subject:



Application for a Gender Recognition Certificate

This application process requires you to demonstrate that:

- You have, or have had, gender dysphoria;
- You have lived fully for the last two years in your acquired gender, and
- You intend to live permanently in your acquired gender.

Gender Recognition application process forms

Holly this is the wording of the GRA 2004. It does not stipulate what you have said as you can see. Are you talking RLE here? Because if you are, then that is diametrically opposed to the Act 2004

Love and Peace, Kathyanne

Kathyanne wrote:

... Holly this is the wording of the GRA 2004. It does not stipulate what you have said as you can see. Are you talking RLE here? Because if you are, then that is diametrically opposed to the Act 2004 ...

Oh, OK, from memory I thought they required that you had had gender dysphoria beginning at least two years ago.

But in fact, per the act, it is OK to "live in a gender" for two years and then get gender dysphoria and immediately qualify for a GRC - provided you are willing to "live in a gender" until death (how can one not live until death??).

My confusion. So Lorimer should issue the GRC paperwork at the first consultation then.

Kathyanne wrote

This is for those who cannot, or choose not to have SRS, but makes no mention of the RLE, which I suppose is covered by the 2 years living in preferred gender! I suppose that this in part has to do with FtMs and bottom surgery too! Please note, there is no reference to SRS, which I understand is also covered by the 2 year wait!

I still cannot fathom out the Living in role for life after acquiring a GRC/BC, how, or will this be policed, as there appears to be no current follow ups by the authorities to ensure that this occurs! I still think that it is open to moving back and forth as one feels the need.

I would point out that several have said that on here! don't forget that it also states that if you have a break from living in role, you go back to the start of the 2 year period, but that could be to do with RLE, but surely that would be also part of the Act 2004!

Kathyanne wrote:

... I still cannot fathom out the Living in role for life after acquiring a GRC/BC, how, or will this be policed, as there appears to be no current follow ups by the authorities to ensure that this occurs! I still think that it is open to moving back and forth as one feels the need. ...

Just a fine point, but there is no requirement to "live in a gender" after acquiring a GRC.

The only requirement is to **intend** to "live in a gender until death" at the time of applying for the GRC. As long as the intent is there at the time of making the application, the applicant is free to change his or her mind later. In order to revoke the GRC they would have to show that the plan all along was to abandon living in role and switching gender a further time (or giving up gender altogether) was not merely an idea that developed later.

The crucial point is, I suppose, that the psych has only to certify that GD is or was present. The "two years living in gender role" need not be proved *to the psych* in order to get a GRC (it does however have to be proved by document(s) directly to the GRP). A Declaration sworn on oath by the applicant should be a sufficient document, anything more is excessive.

CHX may very well have their own inhuman rules though, such as two years supervised RLE required before

remedial surgery is allowed, such as for a fistula. Fortunately that's more of a problem with European surgeons, not so much with Thai surgeons.

Holly, it does state "To live permanently in your acquired gender" If this is not so, then the whole Act 2004 is a mockery, and should not have been perpetrated on the Trans Community.

Documentation is a bit much also, as some of it is for Utility Bills, or letters from friends stating that you have changed your name. The first could be a change of name only and not living in your acquired gender. The second could be, that your friends state that you are, but are not, and who is to say otherwise if no policing is in force.

In OZ, people born here have to produce details of their surgery and in most States have to undergo 2 inspections to prove they have changed their genitalia, in order to receive their amended BC. This also applies to those States that offer a recognition Certificate to those born abroad! By the same token, it too is not policed, so many can go back and forth if they so desire!

I also thought that the 2 years imposed by CHX was regarded as the start of the 2 year requirement, is that not so either?

Love and Peace, Kathyanne
