



## Ministerial Advisory Committee on Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing.

---

Ms Rowena Allen  
Chair, GLBTI MAC  
c/Meg Gulbin  
Level 20  
50 Lonsdale Street  
Melbourne 3000

30 June 2009

National Women's Health Policy  
MDP 13  
GPO Box 9848  
CANBERRA ACT 2601

### **Re: Endorsement of the National LGBT Health Alliance's submission**

On behalf of the Victorian Ministerial Advisory Committee on Gay, Lesbian, Bisexual Transgender and Intersex Health and Wellbeing (GLBTI MAC), I would like to thank you for the opportunity to provide input into the development of a new *National Women's Health Policy*, and welcome the initiative.

The GLBTI MAC supports any moves to improve the health system to be more responsive to the specific needs of all women. However this letter and the submission by the National LGBT Health Alliance has a specific focus on sexuality, sex and gender diverse women.

The GLBTI MAC was established to provide advice to the three Victorian Human Services Ministers and the Department of Human Services on action required to promote and support the health and wellbeing of GLBTI Victorians. It also works to influence departmental programs and funded services in the areas of inclusivity and service responsiveness and to ensure optimal access to mainstream and, where appropriate, specialist health and human services.

We are disappointed to find that the Consultation's Discussion Paper does not even mention issues relating to the health and wellbeing of lesbian, bisexual or transgender women in section 5.2.2 - *Major inequalities in the health of Australian women*. Twenty years ago sexuality, sex and gender diverse women were also invisible and excluded from the National Women's Health Policy.

This exclusion is unacceptable given the Australian Government has passed the *Same-Sex Relationships Bill 2008* and the *Family Law Amendment Bill 2008* that remove some areas of discrimination and recognises some of the rights and responsibilities of GLBTI people, same-sex couples and their children. Australian has also signalled its intention to protect the rights of GLBTI Australians by ratifying the:

- *International Covenant on Civil and Political Rights*
- *International Covenant on Economic, Social and Cultural Rights*
- *Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity*<sup>1</sup>
- Statement made at the United Nation General Assembly in December 2008, to support international human rights protections include sexual orientation and gender identity<sup>2</sup>.

---

<sup>1</sup> *Yogyakarta Principles on the application of international human rights law in relation to sexual orientation and gender identity*. 2007. Accessible at: [www.yogyakartaprinciples.org/principles\\_en.htm](http://www.yogyakartaprinciples.org/principles_en.htm)

<sup>2</sup> Yade, Verhagen. *Statement on Human Rights, Sexual Orientation and Gender Identity*. 2008. Accessible at: [www.droitslgbt2008.fr/documents/?mode=download&id=2](http://www.droitslgbt2008.fr/documents/?mode=download&id=2), p.5-6. As cited by Graham Innes, March 2009, *Launch of Sex Files: the legal recognition of sex on documents and government records*

That statement made it clear that people who are sexuality, sex and gender diverse women have the same human rights as everyone else, including the right to the highest attainable standard of physical and mental health.

We therefore request that any further consultation or policy development process explicitly includes:

- the specific needs of lesbian and bisexual women
- issues faced by transgender and intersex people in relation to gender-specific health and wellbeing policy.

The GLBTI MAC believes being sexuality, sex and gender diverse is not in itself a risk factor for poor health and wellbeing. However, discrimination perpetrated by others when sexual orientation, sex or gender identity does not match societal expectations, often exposes lesbian, bisexual, transgender and intersex (LBTI) women to harmful experiences and compounds various risk factors in their lives, including violence, isolation, high rates of depression, anxiety, stress and suicide, homelessness, unemployment, drug and alcohol use, unsafe sex practices and exposure to sexually transmissible infections such as HIV. The National LGBT Health Alliance's submission quotes a raft of evidence of the health and wellbeing impacts of homophobia, transphobia and heterosexism on the wellbeing of LBTI women.

It is imperative that sexuality, sex and gender diverse women not be ignored given the purpose of the new National Women's Health Policy is to improve the health and wellbeing of all women in Australia, especially those with the highest risk of poor health; and to promote health equity among women.

Members of the GLBTI MAC are available for further consultation on ways sexuality, sex and gender diverse women can be included in the new National Women's Health Policy and look forward to being involved when further consultations are held in Victoria.

For further information please contact, Meg Gulbin, Executive Officer of the GLBTI MAC [meg.gulbin@dhs.vic.gov.au](mailto:meg.gulbin@dhs.vic.gov.au) or ph: 03 9096 8611.

We look forward to hearing how the Department of Health and Ageing will address the health and wellbeing of LBT Australians.

Yours sincerely



Rowena Allen  
Chair GLBTI MAC



Ian Gould  
Deputy Chair GLBTI MAC