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Panoply Panorama panpipe pansy, aha pansexual knowing no boundaries of sex or gender. Sound interesting? Then join Sally on Sundays at noon for out of the pan. All those gender questions making you think too hard? Whether it's transgender bisexual polyamorous or beyond will throw those questions into the pan and cook up the answers for you. So go on push that gender envelope. Only on 3 CR 855 am digital and 3cr Dot org dot au

3c 855 am 3cr Digital 3cr Dot org dot AU 3 CR on demand out of the pan with Sally first broadcasting Sunday afternoons from noon through one Australian extant, daylight savings time and three see our broadcasts from the lands of the Kulin nation, and we pay respects to Elders past present and emerging hello to any Aboriginal and Torres Strai. Islander people tuning in and acknowledge of course the sadly that all the lands were stolen and never ceded and that reconciliation is an ongoing process where we all need to play a part to achieve it as quickly and as effectively as possible.

As stated, I'm Sally Goldner. I use the pronouns she her and out of the pan is a show covering pansexual issues knowing no boundaries of sex or gender or in. Well, they'll be a brain is some degree of range of genres on the show today and opened up today with you two and Sunday, Bloody Sunday. Tell you why we played that in a second. There's ways to get in touch with the show, the modern means of communication. You can email out of the pan 855 at gmail.com., You can SMS six, one, four, five, six, seven, five 1215. You can tweet at Sal gold said so and that's the bottom line and look for posts on Facebook on 3cr out of the pan 3. CR 855 am Melbourne or my a page. Sally Goldner am and any opinions I express on the show are my own, not those of any organisation with which I've been associated past or present possible, content warnings, low-level mentions of homophobia and biphobia for the upcoming interview that will start about. Now. What is the interview about and why did we play Sunday Bloody Sunday? Because on Friday, just equal announced some research into the situation re blood donations in Australia, which sadly is not inclusive enough to put it mildly of gay and

bisexual men which will. And there's three words there to Define that we want to talk about. And we I'm joined on the show by my guests who's up there at around 8 minutes, past twelve minutes past eleven, Australian Eastern Standard time in Queensland, Sharon - Sharon welcome to out of the panel 3cr.

Good morning, Sally. It's great to have you with us and if it's okay to ask, can I just check in with which pronouns you use? If any? Yes, she and her cool. And there was one other detail that we just have to clarify if we if we can if you were able to find it out. Yes. I am. I'm living in Albany Creek. So that's the land of the you go. Rubble, people. Thank you for acknowledging that, and I should declare that. I've been

And some will say voluntary Consulting to the committee / Board of just equal Australia declaring that interest because you're here today on behalf of just equal to talk about an issue. That's well. It's sadly, you know sort of been on the list to deal with for some time. And that's the issue of who based on sexuality and to some extent gender, and possibly other will say attributes can donate blood in Australia and you've done some research on this.

For just equal. Perhaps, let's start by setting the scene. What is the current situation in Australia as to who can donate blood? And who is considered? Well, who is I'll do is I'll start with my more diplomatic words. Who are often excluded from doing so right, sir. So all people are screened in Australia for blood donation, prior to giving blood. However, as a group of people men, and

And women who have sex with men are deemed as a group to not be able to donate love without abstaining from sex for three months. Even if in there in a long-term relationship with a partner, but this doesn't apply to anyone else. And that's been, well, at least lifeblood Australia, argues that this abstinence period is to do with the higher incidence of HIV among that population. However, all the countries including the UK,

That have moved away from this applying a risk to a whole group of people in favor of an individual risk assessment that apply to everyone regardless of their gender or the gender of their sexual partner, have decided to use an assessment where they actually asked people individually about the type of sexual behavior. They've had recently and the UK, for example, you can actually have multiple partners provided you haven't had sex with multiple partners.

Anal sex with multiple partners aren't making fun. However, you can have anal sex with your, you know, one term or long term partner. So, this is very different from Australia where there's just this blanket deferral policy, regardless of your sexual behavior. If you happen to be a man or a trans woman who has sex with men. The also the issue is I guess the vast majority of men who have sex with men do not have HIV.

In Australia, proposes around 10% is the incidence but that has been based on bio samples of men surveyed by Ace councils. For example where you would expect the incidents to be higher recently, the US Food and Drug Administration estimates that the most likely incidence of HIV among men who have sex with men is less than 1%. Hmm, that is the case. Then the remaining 99% of those who don't have HIV, are being asked to abstain from sex.

Even with their long-term partner in Australia, there's so many thoughts that come out of that. I mean, you know, the fact that you can't have safe sex with the partner of your choice, which has to be. I'm not a human rights lawyer but sounds in plain language like a violation of Human Rights and real freedoms, but the thought the thought that pricks my is up as a person who identifies as part of what might be called the trans and gender diversity.

Verse grouping is the definition of men and you know definition of women and we're to non-binary people fit in and whilst it's not my lived expertise that I suppose. Then there has to be some questions asked about how people with intersex variation to have going all of this. But my trying to be well, it's almost hard, I say this to be serious because I know of trans women who have just been told out, right? Well, you're a man, you're in a relationship with the man you're dead.

Bank denied and you're sort of caught up in this. So and that's a lot to unpack there. But how what is the current policy in terms of unpacking that and I suppose you've got to ask about trans men as well whether they fit in. Well, it's exactly and in Australia are looking at the rules there that it doesn't apply to intersex for some reason or other and and neither does it apply to trans men? So it's based on my guests.

Whatever was on your birth certificate at the time and but not applying to intersects. So it doesn't really make a lot of sense. It makes far more sense. I guess, which is where, I

guess countries are moving towards us to actually look at the behavior rather than the category that they do people long to that actually will mean that more people that maybe are getting through now. Without being asked, those questions will be picked up if they're not safe. So,

It actually, if anything could make blood donation safer than it currently is, that's having. All right, go ahead. Oh, so that's a good point. But you keep going, I'll say having said that though, you know, a lot of research now. And this is why, I guess countries are changing is not because they've just thought about the issue about discrimination and exclusion that is involved here, but they are looking at the scientific evidence. And their reason, for changing to individual risk assessment is because

The empirical evidence that we have now from a number of countries, has found that even when taking into account the possibility of a higher rate of HIV among what what they deem to be men who have sex with men is so small that it's not considered what you call a meaningful risk. So no screening is like 100% risk-free, they found that like using modeling and all that special things of French study. One of the better studies of the lot was found that even if there was a risk it would be like, you know,

One in so many million that might just slip through, doesn't mean it that would infect someone but just would slip through into the into the blood supply. Now that happens. Anyway, HIV is not the only blood-borne disease that's been screened. And so it always is sort of like we will never have anything that's 100% risk-free, but is the risk meaningful. And the answer to that question, based on all the new studies coming out. Now is no, it's not.

And that the benefits far, outweigh, whatever small risk, there might be Australia for whatever reason is sticking to the argument that you know.

You know, there's at this higher risk, amongst our HIV amongst the population of men who have sex with men and trans women who have sex with men, but that's ignoring the fact that all the other countries that have moved away from this. Also have that risk. Hmm, and they're supposed to have the I'm not. I'd be the first to say this is my as big an area of expertise as save trans and by issues for someone like myself but is all you know as and I'm

But the one thing that I'm, I think is thoughtful of you to mention is that there's lots of ways. Sadly, that blood-borne viruses can be transmitted through blood transmission and dear friend of mine who experienced thalassemia needed regular blood transfusions, and unfortunately got one of the variations of hepatitis, through a blood transfusion. So, you know, things can get through I suppose of All Sorts whether it's

lv other blood-borne, viruses and also similar situations regardless of the screening. So that's where I wanted to ask about. Let I'll go to the next step. Try to keep this in logical progression and that is talk about your research and what exactly it covers in light of these current. Well, let's just call them severe shortcomings in the Australian policy. Yeah. Well, the research is very complicated for one because it's all medical research. The clinical studies.

That have looked at for example, comparing they've had in one case. I think the Netherlands where they looked at. They take blood samples from gay men in the population on a regular basis testing for HIV. So they looked at that in relation to men that they deemed as non men who weren't having sex with men. So the general population of men and they looked at the difference in the risk of

That HIV being entering into the blood supply. Once again, they came up with there being absolute, there was no, there was no meaningful risk. Like there was no difference between the two other Studies have actually looked at the blood itself, you know, that was thing donated and compared HIV amongst men who had sex with men, who donated versus straight population of men who donated. Once again, there was no difference between

In those two groups in terms of HIV infection, or any of the major, what they call like level a blood-borne diseases. There were some differences between groups on the lower level, like what they call level B, but none of the level a. So, you know, there's this perception also that if the if HIV is slightly higher amongst not as high as they are like Australia lifeblood is expecting to be saying 10% but even if it

Is higher than the general population, which is possible, right? It doesn't necessarily mean that applies to the men who are about to donate blood, because people who donate blood are usually fairly subcontinent conscious or aware of doing the right thing. Otherwise, they won't be bothering. We don't get paid in Australia to donate blood. So

it's an altruistic thing. So if you think you've been engaged in Risky Behavior, you're not likely. It's not impossible, but you're not likely to say, put up your

To donate blood. It's not like your date, taking a random sample of gay men and saying go donate blood and it helps we've got HIV in there, you know. These, it's so it's very much about what is the risk among men? I say men who have sex with men that are deemed, then the deemed to be men who have been of actually having HIV that want to donate blood, that risk would have to be so small. And the other issue is we have

Have right now, screening for HIV is very sophisticated. Aha. Not like, it was 20 years ago when there were the, you know, these blanket bands. It is very sophisticated. So something getting through, although it does is very rare.

And it doesn't warrant in my opinion, having read what I read it? And a lot of scientists are saying now, it doesn't warrant excluding a whole group of individuals based on that a characteristic rather than their behavior.

It also limits how much safe blood we can get into the blood supply especially at times like covid. That's why that is really actually the other issues here is probably was 12 months. There was a 12-month abstinence requirement for men who have sex with men and trans, women have sex with men in Australia and that was changed to three months and that was due to the coma. So because when times of need they thought okay. Well, we'll take a few more risks that

Fine, but having done, that nothing has slipped through so far. We're not aware of any HIV cases, getting through the net, I reducing it. In fact, there is trying to think there's title, but I'd like to say, I'm reading out here. He is the the chairman of Mark, Garmin the vice president of the medical Affairs and innovation of Heber, Quebec, Canada.

Dassault the blood supply, the Canada. He knows there is not a single documented case of HIV contamination. That can be attributed to the implementation of a temporary deferral. Policy for men, who have sex with men. That was 2020, and he won't Bend. Okay. So all these things are being put in place, these policies are being put in place.

It appears to be more on fear than a science. Yeah, it does seem very irrational because what I'm hearing is, okay, and I'm going to cut, get to this in detail in a second.

You've got questions that look at individual Behavior. Then seems to me that, once you've donated, there is some, this is, I don't know if this is the right word will say Channel analysis. Might be a good, what neutral word of the blood and make sure it's will say of the most appropriate standard and then it can be

For transfusions, whatever else. So, it seems like there's lots of checks and balances. So why you know why exclude groups of men and gay and bi men, of course, face, varying and sort of situations of stigma for being who they are. Some similar, some different for each group and then trans people as well, which only adds to it. Right? So the thing that I wanted to get to is how in

Say a better process rather than just doing this blanket ban approach. We screen people on behavior and how that is done. Let's say in a way that is respectful of, everyone's identity Behavior. The whole thing with it doesn't leave people feeling awkward or anything like that because that's obviously important if we're going to get to a more a much better policy and process. Absolutely and hats off to the UK because I mean,

The UK is not the only country, there's the Netherlands. The UK Argentina, Israel and soon-to-be, Germany and France by the looks of it. Also, the US and Canada are looking at moving forward. So it's how it's done and the UK model seems to be, you know, the most inclusive I guess from the information we have okay, everyone gets basically asked the basic sexual behavior questions like, have you been

Treated for syphilis or gonorrhea in the last 12 months. If they say, yes. They require further information. Have you had sex after taking recreational, drugs, including Viagra and cannabis in the last three months. If they say yes, then they have to defer, they can't donate. Have you had more than one sexual partner or new sexual partner in the last 3 months? If they say no, they can donate if they say, yes, then it's about have you had anal sex in the last three months. So the anal sex is the defining question. That's what?

To get good question. Okay, but only if it's being with someone new or someone more than one sexual partner. Hmm. So basically if you you have anal sex with your you no longer term partner, that's absolutely fine. Now, this get question gets asked of

everyone, right? Okay. So this way, it also picks up on people, like, for example, heterosexual, men, that maybe, you know,

No, you know, who don't even consider themselves to be really having sex with men or whatever. It is and their heads. Yeah, you know, it really makes in a lot of ways. It's safer that you may pick up on people who normally are not in that exclusion group, that may be having taking risky Behavior as well. Well, this is the thing. I mean anyone I will say of any body, including sex, characteristics, gender identity. Sexuality, could be having a normal

Six and could be doing it in different ways. Yes, it could be with, or say, a physical part of someone's body. And I know I'm being a little koi there because I'm aware that we are well before 9 p.m. In whatever time zone. But, you know, there's ways that the question of course, is whether it's been done safely, whether the appropriate protection of condoms, dams, whatever is being used, you know, in terms, not so much dams. I would imagine in terms of anal, sex, but so,

You know, and it's just is practice and hygiene being followed. And of course, that could be, as you say, I mean, you know, a petrol set, a heterosexual woman who has one monogamous partner being a heterosexual cisgender, male could be having anal of some sort and salute. Yeah, so that they would be free to donate without in Australia, you know. Yeah, so that's and that's where the inequality comes about and try and using the argument that

It's because there's a higher rate of HIV amongst men, who have sex with men and trickery, and that's the MSM population doesn't hold. When you really think about the fact that all the countries that have moved away, also have that issue. Whatever that rate is. We don't really know for sure what that rate is, but you know, we do like said the the American Food and Drug Administration thinks that that true rate is less than 1%. Yep.

So, you know men that are likely to donate and all that. So it's like no it's not as high as Australia as saying it is based on bias samples in the past. And and the main thing is even if you we were to say, okay. Well then let's hypothetically, say, okay. Well the rate is high the test that all the evidence in the modeling and the actual clinical studies that

have been done. Have focus on the fact that that might be the case and it's still showing that the risk is still very, very

Small. So small that it's not considered a meaningful risk. Yep. So you have a way you look at it whether you believe incidence rate is higher or lower. It's still not a risk because the worst case scenario situations have been taken into account in the research, that's being done. Okay, so I guess why Australia is not responding to this research and why they're just saying this blanket response that we get like. Oh, we don't have an even distribution of

lv in this country, really doesn't make much sense. Given we're no different from the countries that I moved, you know? Yeah. Have to change. Yeah, and the it's the other argument that will probably come about on pre-empting. This is Australia met.

You know, think it's satisfying the lgbtiq population by saying, okay, maybe they'll allow it for plasma donation. This is a step that some other countries have taken not the UK that I know of, they've gone straight from to whole blood donation, but plasma donation is something different and I have a feeling it's about to come up and therefore, you know, the lgbtiq population needs to be.

Paired of prepared for them. And what's this mean and plasma donation? Is different from Whole blood donation? In the sense that your blood is taken, and it's separated and then it's put back into your body. So you have a machine that you hooked up to and your blood flows through it separates it puts it back in, and it's a longer process. But the reason for why plasma donation, maybe being offered, I'm just

Pre-empting this might not be true. Right? So I'm just simply pre-empting it is that it has a longer shelf life. So if you've got, you can store this, freeze it for months and then in other countries that have done this, which is Israel, they call it like a quarantine period. So you store the blood, and then you can retest that individual when they come in to donate again, like four months later or something. And if they're still hiv-negative. No,

Sign of HIV infection. Then they will use the blood they donated four months ago. Got it, right. So it's, they can hold that blood for a longer period of time. Hold that blood product, plasma for a long period of time. However, that means every time you go to donate plasma, if you're a man who has sex with men or trans women as sex and every

time you go to donate that plasma, no one no one else has to do this, though. You will then need to go back and get retested.

In the whatever period that maybe three or four months, like when you go to do it again, if you don't do that, the blood, the plasma you donated prior to, that will be dumped because it can't be screen. It must be screened twice. So you get, you get screen before you do it and you get Molly and then they put it in quarantine and then you get screened again, and if it's still, you're still lied about it, they will use the blood if and if you're not, it gets dumped. So that means

Two things, if that don't apply to anyone else in the population that mean in terms of like this group deferral.

That means someone has to actually go in, is obligated to go and more than once or there or it will be dunked. Yep. And if we go in and they're obviously hiv-negative, I mean positive or they wouldn't worry, of course the news. Okay. Well, I am positive, therefore. I don't have a problem with the blood. I've donated being done because it's a safety issue, but you're obliged to keep doing this and if you don't do it, then it gets dumped. And that is, that is something that most people probably wouldn't realize on the face of it. When they think, oh, at least, we can donate plasma.

That. Yeah, because that's what works. It's the quarantine period that you can use for plasma that you can't use for whole blood. Yep. There's a few things I want to discuss but with had a really good message in. I'm not going. This is one. We the running joke on this show is we only have awesome listeners, not regular listeners and one of our awesome listeners has come in. I'm not going to name this person just for unless they email back and give me their permission. Great interview with dr. Sharon Dane. I've always wanted to donate

Blood. But never tried knowing the band's, the blood bank would advertise the earlier. In this person's life, our blood challenge to community groups. And this person felt horrible, that the piers could donate to our community group Total. But this person could not be a part, because the email says I was gay person is now almost 4.40, still can't donate. And then makes a very good point which I'd like your opinion on quote. We have rapid HIV.

Occation tests in the community. Why can't they just do that at the blood center and and stop the donation of a risk is indicated and test everyone not based on sexuality end quote. So thank you to that awesome listener. And as I so I'm just going to play ultra-safe as much as I know. You're someone who's pretty open about who you are. I'm not going to get. Put a name to are unless I get another email saying. So but for you sharing the quest, dr. Sharon Dane, the question is about

Bout that rapid HIV indication tests, which I'm not an expert on, but it seems like at least a reasonable question to me. Yeah. Well, I'm not an expert on that either. So, I'll put that forward now, but my, my I would guess that those tests while they are good or not as sensitive as the blood screening test. It's bit like the rapid antigen test. We take for covid, right? It's, it's good to have but it's not as sophisticated as the other testing it through the lab.

So, it would still pose a risk. It's good to know yourself, I guess by having these tests and it would limit trans, you know, spreading HIV, but by people having it, but it's not safe enough in terms of blood screening. That would be my guess. Given that the test that they use for blood screening are very, very sophisticated. Yeah. Now there's lots of with throwing lots of sort of pieces of Jigsaw and onto the table. So, to speak. What we want to assemble is a better.

Policy. What needs to happen to get there? And is there anything that the I don't like the phrase but we'll say the proverbial Australian citizen in the suburbs or regions. Etc, can do to assist achieving that policy implementation of the change in policy more quickly and effectively, what do we need to do to get there because you've described clearly the lack of logic and the irrationality that's going on. How do we get to a better place?

I guess it's awareness. Like everything people becoming more aware. I don't think the average person is really aware that when I think about, like, for example, men who have sex with men, that can't donate, they maybe think. Oh, yeah, those who are being risky, and whatever. But know this applies to people that can be in a long-term relationship never had sex with anyone other than, you know, they've been together for 60 years and never had sex with anyone, but they happen to be a man having sex with a man. They can donate without

Up abstaining from sex for three months. Now. I don't think you know, if the average person in the community were aware of that, how extreme this is. It might motivate people to say look this is really unfair, especially when we have the tools to screen out any potential risk, unless any what they call meaningful risk.

And that also that all the science is there. So maybe people need to start making a bit of a noise, you know, let their politicians know let their representatives know there are, there are polls going around, you know, be aware when that happens and contribute to that. Anything have a conversation with your neighbors or your friends or your family said. Did you know that a man who's had sex with a man who's being with that person for 50? Odd years, never had sex with anyone can't donate blood in Australia. Did you know that? You know, so get it out there?

Because I think a lot of the time things like this happen because the general public is just not truly aware of of them. It's not that dissimilar to marriage equality and then sense people say, oh, well, you can't get married, you know, so it's like just get it out there and pick that people become more informed. So people start making a bit of noise. Absolutely. What does the last question I think I have for now is

Where does the proverbial Buck stop here. Who is responsible for, or who will ultimately have the Y power. I suppose is the word to make a decision to change is of a government minister to government Department agency, recommendation, blah, blah, blah. Yes, life, but Australian, but it's also the TGA. So, it's not like something they vote on in Parliament, but nonetheless, there is political pressure and there's public pressure.

So in order to make any of those changes and they won't obviously make changes if there's no scientific evidence to support it, but there is yeah there is which and otherwise the UK wouldn't have made the change in the Netherlands want to make the change in Germany and France are about you know, he making the change these countries are just as cautious as Australia's and maybe some places more sir, you know, so they made the change because of the research. Yep, Australia needs to do that. Needs to look at this research, be less afraid of

And informed public, and, you know, take a bowl to step in this case. Well Boulder, but just almost not ball. It's a very well. I know, I can't like, move along with the rest of the Avant move, along with the fact that, you know, these things called facts and research

that hopefully still matter which is so important. Yeah. It's actually interesting to note that Australia was the first country. So it was ahead of its time.

Remove the blanket that lifelong ban for men who have sex with men, Australia? Did that first then it was followed by the US and Canada and the UK and France and European countries. It was the first to do that now, it's lagging behind and it and it's like, well, if you were both, you know, I've used to wear bold, they're probably but they made that decision based on what they thought was the right thing to do back. Then, why when other countries were behind them in that area and have now moved forward, are we

We dragging the ball. Yeah, question that needs an answer. But we hope we can. Well, not really get to the answer. Let's just get through the getting it done. I think is the thing. The last question I wanted to ask and then I'll throw this is anything else you wanted to cover on this whole topic. This is, I get a very strong impression. This is just an area. Yes. It's your research. It's your expertise, but I sent a very strong passion in there as well. Dr. Sharon day. No Japs, just wanted.

Quickly talk about that. What it is for you that engages you in this area of work and expertise. Well, it's I come from a more of a social perspective like the groups and the Discrimination that's involved. That's my, that's my area of expertise. I've collected research from people whose area of expertise is blood donation, right? So that's collectively, put together in this report. So in terms of stigma this room, this just

Reminds me of the old rationale use for many times. Why the lgbti community has been excluded from one thing or another when in time it was realized like, you know, why was that? So it didn't make sense to do so, and I think we're in exactly the same place with this. It, those fears about HIV transmission and about how the screen Fort are gone. Right? We know what, we know how its transmitted we know.

The risks are and we have fabulous screening methods. So it's what's left though is the stigma and you can't help but feel that that's what's part of this delay. And now the if lifeblood does suggest plasma as Israel did, and Canada's just talking about is like it can appear like a stepping stone. Right? It's like the old civil partnership versus marriage.

Mint. Yeah, great. It's not necessary. It's just all about perception. Yeah, and if we do that first and it's all ok, then we'll make the next step but we don't need that interim. Step. That's just going to all that's going to do is in a present more problems of exclusion. And the fact like I said that people have to go back all the blood gets dumped. So and that won't apply to anyone else except people who are deemed to be men who have sex with men. Yeah.

So yeah, I'm passionate about that because to me it's this is more so about all prejudices and exclusion and stigma. Yeah, then instead of his science fair enough to and well-spoken anything else that you want. Just want to add it on the topic because I think we've got it pretty well covered. No, just so I hope everyone has a great Sunday and I look forward to everyone being out. Everyone being able to donate blood.

I just having an individual assessment in there in a short period of time. That sounds like a wonderful man moment to conclude on. If people have more queries for you or your will say reasonably contact will via various means of communication. Yes, they're your trackable on the Internet or LinkedIn or something like that. I don't know. Yeah, well, link to I don't do so much now, but but certainly through email. Yeah, you've got I give you those details, Yahoo! Music.

Equal details. Actually that might be the best. Go will can't get your contact you via just a call and of course just equal. Put out media releases and thanks to the media who covered that on Friday and the last couple of days as well. The guardian and others. Dr. Sharon Dane. Thank you for your passion empathy and expertise that you put into the research and that your time on the show today. I'll leave you back to your Sunday in whatever time zone. And we look for sunny Queensland.

Sunny Queensland up there. Sometime soon with my family of origin, but hopefully, hopefully around December 17, and I better get it done. Yep. Thank you again. And just hang on a sec while. I'll get some music rolling and we'll go from there. Thanks very much. Thank you pleasure by dr. Sharon Dane. On 3, CR 855 am 3cr.

Three. See a DOT org dot a You 3cr On Demand out of the pan with Sally.

You just crossed my mind again. I'm not sure how you quietly. It's your intention to.

She's my sensors. Do it. You started this. Fire you flame my desire.

You started this fire you flame. I desire you.

You started this fire.

You just like the way.

You just crossed my mind again.

In the eyes of the old one watch from a distance. It was ever thus magic at best, but the hearts of the children filled with excitement, as they dreamed of their almond. The way is Holy.

Through the spray of the stick Silverstein. It was something of wonder that still plays Thunder.

I can hear the steam whistle blowing. I can see the spark, all the rag and a Dusty, all the tuna.

If you hear the whistle.

Did you hear the whistle while?

Now, the Stockyards are indeed steel real to rest a bit onto the window.

But with all will remember the steel and the Timber, and the pulse that punch people through this.

3c. Our community radio is dedicated to exploring the issues that affect our future because I think it is something we just need to be talking about 855 am tune in and listen up.

3c I-55. Am 3cr Digital 3cr Dot org dot r u3 c. Our on-demand, out of the pan was Sally on a Sunday afternoon is when we first broadcast noon through one Australian eastern daylight savings time or if you're in Queensland at the moment, that's a standard time

from 11:00 till noon. And that was where I guessed it. Sharon Dane was today what a who informative thoughtful comments concise to the point.

Research-based. We love it. Also love the music on the show, knowing no, boundaries of sex, gender, or genre prior to the message. There. We heard from Glen Campbell, the title track of his album bloodline, which seemed appropriate to play today. On this show, when we're talking about blood donation. And before that Michelle Parsons under my skin, whatever you're doing involving skin and blood do it safely. And just again we opened up the show with you to from live under a blood.

Sky Sunday, Bloody Sunday, anyone to think this show was planned and you'd be largely wrong. Got a comment in from Hoffer. Hello? Hoffer, you're listening into the cafe because you can I agree with that into an interesting interview. Yeah, happy caffeine, or whatnot, have caffeine, but happy food, and drink and sitting, I have to say I did the same on Friday when I could didn't really need to, but I could, it's just nice to have it back and went for a swim in the nails are looking glamorous, darling.

On my end. So it is good to be out in a boot again to have that freedom here in Metropolitan Melbourne and gradually, of course will Ripple out and around over to catch some news that you know on. We are now looking at 6 p.m. Next Friday for the ending of the well, the artificial still war between Metro and Regional Victoria and then when we get to 90% which was around November the 23rd 2/6 be pretty as much.

We'll say covid normal as we're going to get for those who are vaccinated. But now I'm sort of not going to get into detail there. Do want to thank all the lgbtqia+ organizations who banded together for the Fab jab week, which might still be going lots of organizations where you can go and get a vaccine your vaccines done. You know, it will say if you're willing and able we acknowledge that in parts of our communities. There may be some with medical conditions who genuinely can't get it. I'm not

Doctor by any means, but and that may be a reason for hesitancy, but I have to say, I have had a couple of reports come through on the Shelf covid, testing where people have gone to testing, centers, trans people, and being misgendered, which is not helpful. And I do know that it is being worked on at high levels. And if you do have any information on that, please get it through to me because I can get it through to people

and they'll then tar and sort of Target covert testing centers where they're not doing it, right? And can be more preventative happy to assist.

In that in part of our community on every level and of course, we are about to hit Australian Ace week. I found out, you know, we, we sort of been through ACE week. I own an international level, but I understand it too slow. It is, there's an Australian one. Coming up this week. I got followed by a couple of people on Tweeter land. So that's really important. And of course intersex awareness day this coming Tuesday. I'm thanks for going to Cody. Who is our gu s?

Last week for Cody's great analysis on, on intersection, on smiling, because of the wonderful gift that Hoffler has just hit me. I love it. My dog floating in a pool on a lie. Low, very awesome. Yes. I was in the pool. 8:30, Friday, and the by a couple of muscles screamed, but it was worth it. Anyway, that's all. I've got time for today. Freedom. Species coming up next. Not sure. What's right.

Stating in for rotations at to but there will be a podcast going up of all the rotation specials gradually over time. I did get contacted about that during the week. So watch that and I'll certainly put announcements throughout the social media channels and then clearing the air at three the next. Three hours of great entertainment and listening on 3cr take it out today. With while another hard-rocking woman is long along with Michelle Parsons who did under my skin. Here's the late great Chrissy Amphlett heading up the Divinyls and motion. Thanks for tuning in to out of the pan. I'm Sally Goldner catch ya next week.