**Busting All The Binaries**

**with intro by Pauline Vetuna and interview by Michele Vescio (MV) with Hunter Dillon**

**Pauline:**  Access is love. The following is an intimate conversation with Hunter Dillon, a queer transmasc person, tattooist and sex worker with chronic invisible illnesses who lives in Naarm. It was recorded by MV for 3CR’s Binary Busting broadcast on Transgender Day of Visibility 2021.

**MV:** Today's show may contain descriptions and discussions on mental health and illness, othering, and queerphobia, that may be distressing to some listeners. So if this is a trigger for you, please contact Lifeline on 13 11 14, or QLife on 1800 184 527, or contact your state-based service. I'll place those contacts on our web page show-notes later today.

**Pauline:** And with that, here’s Hunter.

**Hunter:** So I identify as a queer trans disabled person, and I also have dabbled in sex work. I have CFS - chronic fatigue syndrome - as well as ADHD, OCD, and PTSD. PTSD has its own list of symptoms. So I'm basically just tired and sore all the time, and then on extra special occasions I crash, and that usually lasts a few days. But I really just have to navigate what I do with my time, so that I can be as healthy as possible.

**MV:** And when you talk about crashing for a few days, can you explain what that means for someone that's not familiar with that term in relation to your illness?

**Hunter:** Sure. Yeah, sure. So when I crash, it feels like I have a really bad illness. Like, I get body cramps. I get very physically sore. I can't really move. I don't have any physical strength whatsoever. The illness itself is, for me, triggered by emotional stress, so the fact that I also have PTSD makes the CFS crashes worse, because when your nervous system is going on high for such a long period of time, it kind of depletes, and suddenly you have no dopamine. You have no energy. You can't even think. You can't recall any information. It's like a brain fog, and it can last anywhere, you know, from a day, for some people it can last months. I'm lucky in that mine usually passes within a few days. But for a lot of people, they're bedridden for weeks or months, and the depression that comes with that is, you know, also excruciating.

**MV:** So let's talk about that a bit more. So how do these chronic illnesses – so you have CFS, which gives you the crashes, but there's also OCD and the PTSD.

**Hunter:** Mm-hmm.

**MV:** How does that affect you in relation to your other identities? Your queer identity, your trans identity, and so forth.

**Hunter:** I think that it – it's intersectional, because I'm juggling trying to have a community with queer people whilst also being super restricted in the types of activities that I can participate in. And so it's really hard to be a part of a community when you're sick and tired all the time, and other than maybe social networking, there's really no space for people to have chronic illness to get together and spend time together. We're all stuck to our beds. So it's very difficult to be a part of a queer community or a trans community and maintain friendships with people from those communities when you can't get out of bed. And maybe there could be events that were just, like, laying in bed, something super low-key where people just watch films, and people are aware that, you know, no-one here has any spoons, so let's all just sit around together.

**MV:** For people out there that don't understand what 'spoons' mean, can you explain what that means in relation to chronic illness, and maybe give an example of how you use that in your daily life?

**Hunter:** Okay, well, yeah, so I have to assert a lot of boundaries with the people that I'm friends with. They all know that I have a chronic illness, and for me personally, it's kind of like how much energy you have left. For me, on a daily basis, I have to think, 'Okay, I've got 'til 2pm to do activities,' and then usually I nap from 2 'til 5, because if I don't nap, I have one of the crashes that I mentioned earlier in the evening. So I sleep every day for many hours throughout the middle of the day, and then that gives me more energy to then do a few more extra things in the evening.

So it's a juggle of social, mental, and physical, really, that you go, okay, well, what social things do I need to do today? I need to see this person. Maybe I need to meet this new person. That's gonna be a high-level activity, so maybe I won't have any physical energy for anything else that day.

Or if I have to ride to uni one day and go to class for three hours, I'm probably – I can't make plans for the rest of that day because I won't have any energy left, and it's about constantly juggling these activities to be like, 'Well, what's the most important thing that I need to get done?' And a lot of that means that you leave out social things, because, you know, you have to make phone calls. You have to go shopping. You have to cook dinner. So all of these take away little bits of the energy that I have, and then I'm just left with nothing.

**MV:** I see what you mean in relation to the restrictive nature of the illness and the way you need to prioritise what some people would view as, sort of, administrative activities.

**Hunter:** Yeah.

**MV:** And therefore you're stripped away of those opportunities to spend time with community and friends and —

**Hunter:** Correct, yeah.

**MV:** — a sort of broader sense of self-worth and belonging, and this ties in really well with the follow-up question that I wanted to ask. Like, the sense of belonging and how you feel you belong in typical and non-typical queer spaces in relation to accessibility and inclusion in these spaces. Can you give a bit more information on that?

**Hunter:** So typically I think that queer spaces are provided for queer people. They don't necessarily think about the other disabilities that queer people might have. It's often just left out of the equation. So when I think about trying to be a part of a community, I feel like I don't have the same agency to attend things or be a part of things, because a lot of it is maybe nightlife. Maybe it's – you know, there's a lot of people in one space, and these types of things, I feel like I can't go to, because it's just too much of an overload for me as a neurodiverse person.

So when I go to events, I am aware that the events aren't created for people like me, so I have to be really picky in the events that I choose to go to, and I need to – I often will spend time hyper-fixating on looking at previous photos from the event so I can look at things like, what are the people wearing that are attending the event? How many people are in that room? So that I can in some ways navigate how I look, or essentially make myself invisible within that space. How can I make myself not seen within that space, so that if I do, you know, have a moment where I'm having really bad anxiety, that I'm not the centre of attention, that people aren't all looking at me.

So I feel that even when I'm welcome in a space, I purposefully make myself as invisible as possible, so that I'm protected in some fashion, because the anxiety's so bad, I feel like it's physically noticeable at times. And then that, you know, I draw blanks. I can't communicate with people. I can't think on the spot. I've got nothing to say to anyone. So a lot of that, I think, has to do with the fact that there's, you know, so many people within the room, maybe the strobe light, and the combination of all these things just isn't catered for neurodiverse people, and so it can be very confronting and scary. So often you just don't go, and then you're excluded.

**MV:** And then you kind of – I suppose when you are a person that is neurodiverse, when you are in these situations, you usually – beforehand you have this idea of what your social script will be, and sort of predetermined —

**Hunter:** Yeah.

**MV:** — sort of, encounters you might have and how you might approach them, so when your social scripts are blown out the window, I can see why you feel like you're frozen and you can't interact with someone.

**Hunter:** Totally. And, you know, I've spent a lot of time in therapy, and I've learned that I can have certain phrases that I just have on-hand for when I draw a blank. You know, just certain questions like 'Oh, how was your day today?' is enough to maybe deflect so that people are no longer looking at me, and they're looking at the person who's speaking. And so it was, like, a thing that I needed to learn, was like, hey, have this little script that you just have in the back of your head at all times, and they're your go-to. So whenever you draw a blank, at least you've got these, you know, five different things that you can say, so you don't look like a deer in headlights.

**MV:** I suppose, how does the queer community understand the intersections of your identities?

**Hunter:** I think I'm lucky in some ways that I've gotten to a point in my life where a lot of the people that I spend time with are also members of the same intersectional minority group that I am. It's much easier to communicate your needs with people that also have their own needs, so nobody seems to be put out by each other's boundaries or requests, but there was definitely a long period of my life where I was pre-diagnosis for CFS, and I didn't understand why I was so tired. I didn't understand why it made me feel sick after I spent time with people that I cared about, my friends, my family. I didn't really get it, and so I didn't have any language to explain any of those things.

And then your community thinks that you're just – you don't care, or that you're just cancelling all the time, and they don't really get why you can't go to the thing with all of your friends, and, you know, because they don't understand if I go, it means I can only go for a certain amount of time. Everything is on a schedule for me, and people didn't really understand that for a very long time, and so they would just think I was being selfish or rude or bossy or controlling. And especially as a transmasculine person, that can come across as being abusive. If you've got, you know, all these limitations and rules that you need to set for the people that are in your life, they can take that in a very different way if they don't understand why those things are in place.

So there's a huge gap within that part of my identity and the rest of the community. Or if people have more understanding about why people act the way they act, and why, you know, 'why Hunter has to leave after two hours,' or, you know, 'why does Hunter never come on these long road trips,' they think it's about them. People naturally think, 'Oh, maybe they don't like me, or maybe they just don't want to hang out with me,' and so then you end up losing friends, and you lose community, and it's been a gift to get a diagnosis and an understanding, because it allows for behaviours to be accepted.

**MV:** Another thing that we wanted to speak about, because we had a pre-interview and you were speaking about, like, opportunities and self-agencies, and I suppose what I wanted to know is how you access and navigate public and private spaces, which also can include learning spaces and interpersonal and interdependent relationships and friendships.

**Hunter:** Yeah. Well, I got to La Trobe actually. I've only just started uni. I started this year, and I've been pleasantly surprised. On an institutional level, there's been a lot of conversations about people's pronouns at the start of class and in introductions, which never was a thing back, you know, when I went to school. There's lots of access to unisex bathrooms. The staff seem to have at least had some form of pre-educational teaching before I've arrived there.

So it's really easy to not have to navigate my gender in that space, which is very different, because in most institutional spaces, say, work – I was a barista for a long period of time – I was stealth at work about my gender and about my sexuality also, because people make jokes, and they think it's funny, and they think it's appropriate to ask you inappropriate questions, and sometimes it's just easier to not say anything at all. And so it's nice to be able to be in a place where people ask you, 'What's your pronouns? Oh, cool.' And it's just nothing, and then there's no explanation. There's nothing more. So that's been really great.

Also, as far as La Trobe's concerned, they have a great mental health department or disability department, and so I'm able to get extensions, I'm able to get, I guess, a bit more assistance than maybe other students get. They take a little bit more time out to explain things to me. I only have to say, like, 'Oh, I have ADHD, sorry. I can't recall information,' and they're like, 'Oh, no worries. Here's a prompt for you.' Like, the kind of – they just seem more aware that people learn differently and that people's brains work differently, and yeah, it's been a really great surprise.

They also have, like, lots of elevators, so I don't have to walk up and down flights of stairs and – you know, from one side of the uni to the other. So that's been really good for my physical body.

**MV:** And on that, let's talk about your experiences in healthcare with clinicians. What has that been like?

**Hunter:** Terrible. This is, I guess, a really big question, because I'm 35 now, and I've been on testosterone since I was 24. Right now, my biggest hurdle that I'm facing is NDIS. It is an absolute joke. They don't seem to accept any of the letters that I've provided to, you know, indicate how I suffer and in which ways. They've made it very difficult, and I've been denied many times and had to appeal many times, and I'm still appealing, and I've heard that it can take a year to a year and a half before they will, you know, approve you, and that it's set up essentially for you to fail, and that the sicker you are, the harder it is for you to actually get access to the help that you need.

It's just not set up for people that are queer and also disabled. So they just expect you to be able to go and see any psychologist or any psychiatrist, but as a person who's queer and a sex worker and a polyamorous person, finding a psychologist that gets all of that and doesn't think, 'Oh, you're a person who just hates yourself, and that's why you're a sex worker,' or, you know, 'you don't feel that you're worthy of love and that's why you're polyamorous' – like, those theories and feelings being put on you can be very dangerous, and I've had to go through countless experiences of that to land on somebody who I was able to, you know, actually be honest and open about all of the different intersectionalities of myself and have them be able to help me. And then unfortunately they resigned after eleven months, and so I'm still – I'm now back on the hunt looking for both a psychologist and a psychiatrist.

And NDIS just thinks, 'Oh, just go to anyone,' because they don't realise that just going to anyone is traumatic. It is damaging, and it leaves scars on you that you can't heal from. And that's all from the medical profession, you know, so I don't understand why there's not more training. Why do medical professionals not understand these intersectionalities? Why are they not trained on what it is to be transgender? I shouldn't be having to explain what transgender means to my clinicians.

I had a cervical cancer scare. Now, as a trans person, getting surgery on, you know, their genitals and their uterus and their cervix, and it's very distressing already. And I thought, you know, 'I'll just go in, I'll get the surgery done and I'll get out, and everything's gonna be fine,' and I amped myself up for it. And I got into the hospital, and I had about two hours to wait before I went under the knife, and I had to spend the first half an hour of my time there being what felt like accosted with questions about my genitals, about my sexual identity, about my transition, about the tattoos that were on my body and how they maybe don't have the same body-type that I now have and how funny that is, you know, that they're stuck on me forever, and these were questions coming from the nurse that was sitting with me whilst I was waiting to go in.

It got to a point where the questions became so intrusive and intense that I started to disassociate, and for about an hour and a half I started disassociating, pretending to be asleep, while not thinking about the fact that I was about to go in to surgery. You know, a time in which I should have been able to sit, plan, like, you know, preparing myself for this big surgery I was about to have, I was forced to disassociate from, due to the fact that this person felt entitled enough to ask me whatever questions they wanted. I became just this experiment, this thing that was laying on a table, and it felt horrible.

**MV:** Thank you for sharing that experience with us and feeling open and comfortable to share that, because that is an ongoing issue for trans and gender diverse people. So I'd like to end with a question that connects back to one of your answers. You were speaking in relation to not engaging with community because of not having enough spoons or the energy or the capacity to go out, and how that has affected your relationships outside in the community. How can we interact better with people who are neurodivergent and have chronic illnesses? How can we be better allies and better community members?

**Hunter:** I think that's a great question. There's probably more conversations that need to take place. I think that's the answer. I don't have the answer, but I imagine that if people were to have more conversations with, you know, people like me, like this, then people might understand. I guess it makes me think about people with hearing disabilities, for example. So they may provide an Auslan interpreter, but we're kind of stuck in this cycle of people going, 'Well, what if there's no-one deaf here anyway? Then we've just gotten this person out here for nothing, and you know, they're mostly not deaf anyway, so we may as well not get one,' and then that creates – you know, well, no deaf people are gonna come, because they can't access the thing. And so it's this cycle of, like, people go, 'Oh, we don't really need it, because maybe only one or two people here will need it.' Well, but if you made it accessible, then maybe 50 people will come that need that thing.

And so how can people help create spaces for me and for other people like me? Well, have conversations with us and say, 'Well, what would you need at a party? If I was gonna have a party and this is what the party was gonna be, what would be helpful for you?' You know, and then if 10 people have the same idea, include that in your event. Yeah, maybe just that, you know, I'd like to party too. I want to go to things too. I want to be involved, and it'd be really nice if there was just heaps more things that I could go to. That would be great, because like, just because I'm sick and just because I'm tired doesn't mean I don't want to party.

**MV:** Thanks to Hunter for speaking with me so candidly earlier this week about their experiences and illnesses and how that has been contextualised by their trans and gender identity, and how that intersects also with disability, visibility, and ableism, and all these notions that we find so often in mainstream queer media, how abled bodies are put to the forefront and everyone else is basically forgotten. So it was a really beautiful and candid conversation. I'd like to thank Hunter again for joining me.

*[3CR announcements]*

**V/O:** Luciano and Georgia Keats, supported by the Australian Queer Archive presentQueerways. Retracing Melbourne’s queer footprint. Queerways is a community art project that maps the queer history of Melbourne, combining our community’s stories and voices, past and present. Into a permanent interactive record of being queer in Melbourne. Visit [www.queerways.melbourne](http://www.queerways.melbourne) now, to record your story in queer history and explore our city’s untold history. Queerways, a 3CR supporter.