

SWIM Inspiring Stories TRANSCRIPT

Associate Professor Ada Cheung

17 MAY 2022

NATALIE HANNAN

I acknowledge that today I'm hosting today's inspiring stories, this webinar on the lands of the Wurundjeri people of the Kulin nations, custodians and leaders of this incredible land and waters for thousands and thousands of years. I will take this opportunity to acknowledge and pay all our respects to their elders past, present and emerging, and I welcome any Aboriginal and Torres Strait Islanders here with us today. I'm grateful that you've joined us and thank all our First Nations colleagues for their important contribution to our academy. I'm Professor Natalie Hannan, the Associate Dean, Diversity and Inclusion for the faculty, medicine, dentistry and health sciences, and I resolutely believe that we all have a right to a safe, fair and equitable workplace, a place where an individual's gender, sexuality and sexual orientation or their background or race, disability or mental health issues should not be a barrier to them reaching their full potential.

Our faculty is rich in impressive and accomplished women and non-binary staff, breaking barriers and challenging the status quo. And in 2022, they are still underrepresented at senior and leadership levels within our faculty. And while the data does show that this gap is reducing, there still remains important work to be done around gender equality and broader diversity and inclusion. It's my hope that by having conversations that challenge our systems and inspire leadership from within that this will nurture our talented people in MDHS to reach their full potential, and also will shine a very important light on the various barriers our people face.

I'm so honoured today to introduce you to Associate Professor Ada Cheung. Ada is an endocrinologist at Austin Health. She's also an NHMRC and faculty Dame Kate Campbell Research Fellow. She's a board member of the Endocrine Society of Australia, and she has a strong passion for equity, and that's driven largely from her own personal experiences of disadvantage. Since completing her PhD in 2017 and hearing of the numerous barriers to health faced by her patients, she established the Trans Health Research Group at the University of Melbourne with a goal to provide robust evidence to improve health and wellbeing of the transgender community.

Ada's team is one of few worldwide that undertakes clinical trials to better understand gender affirming hormone therapy and evaluate optimal models of care and improve the mental health of the trans community. Her research had significant impact, especially over the last five years leading to the development of new peer-led, multidisciplinary gender clinics in Victoria, a Statewide training program for health professionals in trans health and national guidelines on the hormonal management of transgender individuals among other national and international awards for research excellence. Of special note, Ada's advocacy and commitment to co-creation with community to improve trans health was recognized recently with the Globe LGBTIQ Ally of the Year. Ada, thank you for all that you do, what an incredible inspiration you are to so many.

ADA CHEUNG

Thank you so much for having me. It's such a pleasure to be here with you, Natalie.

NATALIE HANNAN

I'm especially grateful for you to join me today on International Day Against Homophobia, Biphobia, Discrimination Against Intersex People and Transphobia, also known as

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IDAHOBIT, which is a little bit more easy to say. But I was hoping if we could start the conversation by finding out a bit more about you. How did Ada get here from a childhood to now as a leading expert in endocrinology and medical research?

ADA CHEUNG

I was just saying that I'm always used to talking about research, so I'm a little nervous talking about myself. My family actually came from Hong Kong in the 1970s, and I was born and bred in Melbourne. I experienced a lot of discrimination growing up. I was the only Asian at my primary school in the outer northern suburbs of Melbourne, and racism was quite common. I actually didn't think much of it at the time, because it was so common, and my family was quite marginalised, because we didn't have much money or anything much and family life was chaos. My father had really severe mental illness, and so I was exposed to drugs, prisons and all sorts of chaos, really. People thought, because of the environment I was living in, people looked down on me and my two sisters who I grew up with and really people thought we'd end up as nothing or we'd end up in the streets. So I didn't really have any support at all, and no one really advocated on my behalf or on my sisters' behalf. And so I grew up with this really strong sense that life wasn't fair, and I had to work really hard to survive. And I was lucky in the fact that when I worked hard, I actually had academic rewards. I had the ability to study, and because I had the ability to study, that's how I managed the stress and the chaos that was happening at home, because I just put my mind on one thing and then eventually all the hard work paid off.

When I got into medicine, I broke the stereotype and since then, medicine's given me some amazing opportunities. I then went on to do endocrine training after finishing medical school, and I really did that because I loved puzzles, and I was always a bit of a geek. I loved to study. I loved crosswords, I loved chess. And in endocrinology there's a lot of complex hormone pathways, and there's longitudinal care that a lot of chronic disease brings, and so I really enjoyed figuring things out, and I think that's why I went into research, really because of the ability to - when you don't know the answer- to figure something out. And so I did a PhD, actually, in prostate cancer, looking at androgen deprivation in prostate cancer, and it was during this time that challenges seemed to keep coming.

So in medicine, in hospital systems, it's a very male-dominated hierarchical structure, and during training, sexism was quite rife, and often didn't really know what to do about that. I had a couple of struggles during my PhD, especially when I had my two children early on. I was refused maternity leave when I was doing my PhD and when I had my second child, I was refused paid maternity leave, because I was on a NHMRC postgraduate scholarship, and they only covered one set of maternity leave and not two. That was a real challenge, because initially it was approved, but then they took it back, and I had to fight for some 18 months to get the university and NHMRC to recognise that it's okay to have more than one child and that maternity leave should have been paid.

But during that whole fight really for recognition, the university didn't support me at the time. So I fought that battle, and my daughter was about two-years-old by the time I won that battle, and since then the rules have changed. I think now with a postgraduate scholarship, you can have more than one child.

So with that, and then I remember back, towards the end of the PhD in 2015, I was sitting down having lunch with one of my endocrine colleagues, Jeffrey Sanjay, and he was telling me, he was seeing more and more transgender people. And I didn't know anything about transgender people, but it was just before that lunch that I'd just won that battle to get

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maternity leave paid a second time, and I'd also been racially abused on the train on the way to Austin in Heidelberg, and so I had fire in me at the time. I was really angry, and I was really you know, ready to fight.

I was ready to fight and if someone told me one more thing about discrimination or something that was unfair, I was gonna do something about it.

What Jeff told me was that he was seeing more and more trans people, but the hospital wouldn't let him bring trans people into our endocrine clinics. We had a really conservative manager at the time. And so, he said that some of my colleagues were refusing to see transgender people. And when I heard that, I thought, what? How can a doctor refuse to see a patient? And so, cause I was doing a PhD, I wasn't doing a lot of clinical work. I said, "Okay, I'll help you. I'll see trans people." And so Jeff and I, we set up a clinic across the road from the Austin, because Austin didn't let us bring trans people into the hospital, it's all changed now. And we just saw hundreds and hundreds of transgender people. And it was really from listening to hundreds and hundreds of stories that I realised, oh my gosh, there's this community that have such poor health; poor physical health and poor mental health. And my patients were telling me that they couldn't get housing. They'd go into a real estate agent and ask to get a rental list, and they'd be told, "Sorry, we don't have any houses available," but then they'd go back the next day, the same day, dressed as their birth assigned sex, and then they were able to get a rental.

The discrimination was just unbelievable. My patients would get physically abused on the train, just coming to clinic and just patients were being refused, turned away from medical clinics, because their GPs weren't comfortable treating them. And so there were a lot of issues in accessing healthcare and basically just living daily lives, and it wasn't fair. And it really just struck a chord with me that I really needed to do what I can to advocate for this community because no one was, and there was all this stigma in the medical community about trans people. My colleagues were refusing to see trans people, and there was no research in transgender health, because it's been a taboo topic for many, many years.

Because I'd been doing a PhD in testosterone deprivation and suppression, and we'd been doing clinical trials, I thought, well, when people came, we often didn't have good evidence to guide how best to treat them. So I thought, well I've got the skills to answer some of these unanswered questions. I can try and work out what's the best way to give gender affirming hormone therapy. I can do research studies to work out what are the adverse effects? What are the impacts of the sex hormones on cardiovascular health, metabolic health, bone health. I can answer a lot of these questions, and I can do clinical trials to work out what's the best way to feminise someone or masculinise someone.

There's a lot of myths out there and assumptions about trans people. We could provide data from a research perspective to demystify and debunk a lot of these myths. So I started a research group back in 2017, and I was very lucky to get a bit of initial funding, and I got my first PhD student, Ingrid Brededen, who's been amazing, and then it's just taken off from there. We made lots of mistakes along the way in the early period, but we learned very early on that we needed to listen to community, and we needed to work with community and address what the relevant health issues were for them. Since then, we've grown and grown and now more than 50% of my research team are trans people with lived experience, and so we work really closely together, community and clinician scientists to try and answer a lot of the health issue questions, and now we do research in three main themes, so I've got research in clinical trials in hormone therapy, gender affirming hormone therapy, and mental health and suicide.

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We found in our research that over 40% of trans people had attempted suicide at some point, and these are trans Australians from every State and Territory. So, we realised that suicide prevention is a major area of need, and so we have Saz Zwickl, one of my colleagues who is leading a lot of that work, and we've also done a lot of work in healthcare delivery. So we knew very early on that Jeff Sanjay and I couldn't keep seeing hundreds of trans people in a clinic across the road from the hospital.

So after we were able to collect some data, describe the characteristics of the community we were seeing, and we could document the exponential rise in demand, we were able to present some of this data to the hospital, and to the Victorian government who then came on board and developed some policies and invested money in developing new gender clinics. And now a Statewide training program to train Victorian health professionals in transgender health and try and improve access to care, because that was one of the biggest issues facing the community at the time.

NATALIE HANNAN

I look at some of your advocacy for our trans community and the research you've done is so compelling, you've been able to debunk some of these myths and actually put further examination into what is hormone therapy and what does it mean?

At the moment, we've got a lot of politicised conversation around the transgender community because politicians don't actually want to talk about their policies. They'd rather try and have these other things coming through. But I think the strong arguments that you've come forward with is we do not know enough about this space, because people are opposed or averse to actually allowing great researchers like yourself look into this and actually help determine the path for the future, and I think that work is just incredibly important, and I thank you so much for that.

But it can't always be easy, and I know I personally have seen some of the horrible harassment levelled at you because of your public profile, and I just watch you as an expert, lead in such an inspirational way. I wanted to ask you now, for the audience's benefit as well, how can we all be better allies when we see discrimination and bullying, whether it be today or any other day for our trans colleagues and friends and any of the LGBTQIA+ community or any other disadvantaged group?

ADA CHEUNG

I think that what our research group has been trying to do is really provide robust evidence to guide and improve health. When our findings don't match what people's assumptions are that tends to generate a lot of disharmony. So we've copped a lot of online attacks and abuse, particularly with the politicisation of what really is a health issue. LGBT people shouldn't be debated in media or by politicians, and they really should be listening to what the evidence shows. So that's been unfortunate and really distressing for the community particularly over this election period. And so, that's why the community really need allies at this point in time. This is what my patients are telling me. So whilst I might cop some abuse in the last couple of weeks, my patients are copping it every single day. I think if we can all actually every one of us who's listening today, can actually do something about it, and I think we need to be up-standers, and so when we see something that isn't right, or when we hear someone say something that isn't right, that's discriminatory and not based on evidence, I think we need to speak up and call it out. When you see discrimination, speak up, because

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the person who's being discriminated against is often feeling so attacked that they often don't have voice to say anything. One of the most useful things is to call out discrimination and give voice to people who don't have voice.

NATALIE HANNAN

For people in the audience, sometimes I think we see it, we're not quite sure how to take action. Sometimes you're shocked, and you're not quite sure if what you just heard was correct. In that instance, I think there's a choice. You can either call it out or if you're not sure, maybe you could also go and speak to that person, either the person who was being discriminatory and say, "You know, the way I saw it was this," and also check in with the person who is being discriminated against, make sure they're actually okay.

As we know, mental health issues associated with the transgender community and the LGBTQIA+ community, when people don't ask questions and don't see if they're doing all right, I guess if we could, it's not to say asking someone if they're all right is actually going to make them all right. But I think just showing that we're an ally and that maybe even asking, "What could I do next time if that occurs? "Has this person done this to you before? "How can I stand with you, "so that we can try and prevent this from occurring?"

ADA CHEUNG

I totally agree with you, checking in with the person about how they felt about it and then also whoever may have said the wrong thing as well. And sometimes that might need separate conversations.

NATALIE HANNAN

100% and possibly for the safety of the person you're trying to stand up for, that might be in the best interest. The more we mature around these difficult conversations, there are now things that if it's a colleague at the university, for example, there are places we can go to make a complaint if we feel that this person or these people who are being discriminatory, need to have a chat and have a think about this behaviour with one of their senior leaders. I think what we're saying really is we have to be the voice, and I think what you are saying is try and be the voice for those who may not feel that they have a voice or may have faced so much harassment and discrimination that they just can't do it at that time, and why should they have do it all the time? I think your work and your advocacy is very inspiring, and I've watched you just lead in this space incredibly well, so I thank you so much for that advice.

ADA CHEUNG

Thank you, there's also the, if it does happen to you, there's also the Safer Community Program at the university, which has been really useful for some.

NATALIE HANNAN

And the more that we access these resources, the more feedback we can provide, I think that can also help improve and mature our systems.

We've talked a little bit about the negative side, but when I look at what you do, I'm instilled with so much hope, hope for a better and safer place to live and to work. But if you had to think of one thing about your work that you love, that brings you a sense of joy or satisfaction, what would that be?

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ADA CHEUNG

That's 100% my patients, because trans people have had such difficulty accessing healthcare. When they can get the healthcare that they need, the transformation that I see in some of my patients is just amazing, and it's one of the most rewarding, like I see all kinds of patients and with all kinds of endocrine conditions, but it's one of the most rewarding groups of people to work with because of the appreciation and the change. When someone's had so much distress, the change that can happen from getting access to healthcare, getting support, and getting hormonal therapy, if they need it or want it can be immense, and so it's always seeing people live life to their true potential.

NATALIE HANNAN

And really what we all are deserving of and especially there's not equitable access for our trans community members to access healthcare. When they do, the transformation is incredible I'm sure. I can imagine that is worth all of the other things, and I can see how passionate you are in this work.

ADA CHEUNG

Yes. One of my patients who came to see me at 73, she's a trans woman, and she said that she had felt like a woman her entire life, but because of the era that she grew up in, she just couldn't express it. And she describes her gender like a beach ball that she was trying to constantly push underwater, but it just kept floating to the top, and she couldn't deal with that beach ball until her wife passed away. After her wife passed away, she then came to see me to transition and prior to that, she had severe depression, thoughts of suicide, but after transitioning, even at that older age, her mental health improved significantly. She's happy. She's active in the community. She's giving back by participating in support groups for other trans people, and it's just incredible seeing some of these journeys that I'm privileged to share with people.

NATALIE HANNAN

Yeah, that's an incredible story, and I'm so glad that she was able to find that joy at 73 and become the person that she knew she was.

I'm going to now stop hogging you, because I realise our audience may have questions for you, so I'm going to welcome our audience. While the audience thinks about their questions, I wanted to ask you, Ada, whether or not there's been a standout role model for you or a mentor that you think that ultimately has helped you become the person or the researcher or the advocate that you are today.

ADA CHEUNG

That's a good question. I like to read a lot of biographies. I feel like in medicine, I've been on this journey on my own, because transgender health has been a bit of a taboo area, and there's so many other doctors who don't want to see trans people, so I feel like I've been on this medical journey and even this research journey a bit on my own. So I've always looked to other like, I've always wanted to think outside the box and look for role models in other spaces. I remember early on reading the story of the founder of the Thank You brand who wanted to change the social enterprise and wanted to change the way bottled water was

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made and rather than have a company for profit, use the profits to benefit poverty and people who didn't have access to safe water. So I've always looked to where people who are doing things a bit differently and just not following the usual path as role models. That's the approach I've taken; it's okay that I'm not following a traditional pathway or not working in an area that most endocrinologists would work in, but provided that I feel like I'm just working towards a vision, like I want trans people to be able to live and thrive without the enormous number of barriers that they face at the moment and that we need to improve health equity for all people. And we all need to, like you said at the beginning, live without, whether that be racial or gender discrimination or any other form of discrimination. I think if I know that what I'm doing is the right thing, and everyone's getting a fair go, then I think that it's okay, whatever path you choose to take, it doesn't have to be a well-trodden one. It can be your own.

NATALIE HANNAN

I think your background certainly shows that sometimes adversity does breed success and sometimes the troubles and the challenges we had to go through in our early parts of our lives might actually shape us to be better fighters and better advocates and better allies for others.

I love that whenever we can, if we get to a position of privilege that we use that voice at the table, so I think that's brilliant. I really wanted to thank you, Ada, for joining me to discuss the importance of allyship and research and advocacy, and I will be back on June 14th joined by the Greens Senator Janet Rice, and we'll be talking about Janet's career from academia into politics, so hopefully many of you can join, and we'll pop the link in the chat also for you to register for that. So thank you everybody, particularly Ada for your time today.

ADA CHEUNG

Thank you so for having me today and thanks for everyone for coming to listen.

NATALIE HANNAN

We're very privileged and very lucky to have had you today, Ada, thank you.

ADA CHEUNG

Thank you.