Trivia's howl of fame

KELVIN HEALEY

A PIANO-playing dingo which entertains tourists in the Northern Territory has been named Australia's most trivial person.

Dinky Di had the unlikely win after overcoming, well, being a dingo. He achieved fame by howling to tunes and tickling the ivory at the isolated roadhouse he calls home.

Now he has beaten 300 competitors to become the country's most trivial "person", part of the 20th anniversary of the Trivial Pursuit board game.

Dinky Di has played and sung at the Stuart's Well Roadhouse, about 90km south of Alice Springs, since being rescued as a pup three years ago.

Owner Jim Cotterill said Dinky Di sang whenever the piano was played.

"He starts howling, or singing as we call it," Mr Cotterill said. "With a chair by the piano, he will actually walk on to the keys. That's his playing.

"And he tries to alter his pitch. He goes low if you're playing low, or if you play faster or a bit higher, he follows suit."

Musical paws: Dinky Di sings for his supper at the roadhouse.

$1100 for doctor's five-minute visit

A MOTHER has been billed $1100 by a doctor for a five-minute visit while she was in labour, though he did not deliver the baby.

Robyn Turnor delivered her second child, Cameron, at a Perth hospital on January 29. Arriving at the hospital at 7.15am, Mrs Turnor was attended by midwives who asked if she wanted a doctor present.

"I said 'No'. I was happy with the way things were going," Mrs Turnor said.

However, a doctor visited her shortly after.

"He asked a couple of questions and then left." Mrs Turnor was shocked to receive an account from her private health fund showing it paid the doctor $1101.30.

The doctor's spokeswoman said the fee was a standard charge.

"Whether the doctor is there for 10 minutes or 10 hours, that's the standard charge for management of labour," she said.

Inquiry ordered into sex clinic

GRAEME HAMMOND

AN OFFICIAL inquiry is to begin next month into the running of a government-funded sex-change clinic that is facing allegations of negligence and inappropriate treatment of gender-confused patients.

The Gender Dysphoria Clinic, now at Monash Medical Centre, has referred as many as 600 people to undergo irreversible sex-change surgery in the past 28 years.

The operations, which cost between $10,000 and $20,000, are partly funded by Medicare and private health insurers and continue at the rate of almost one a fortnight in Victoria.

Experts in the field of psychiatry and gender issues say they are disturbed by practices at the clinic.

Federal MP Fran Bailey, who has been briefed on its methods by a founding member of a new patient support group, this week said she was stunned to learn what was taking place, and is to seek the intervention of the federal Health Minister to halt the "genital mutilations" that are resulting.

The clinic is headed by two psychiatrists — one almost 70 and the other who turns 90 this year — who have dominated treatment of gender identify disorder in Australia since the mid-1970s.

Both are driven by the conviction that the cause of GID is biological; that individuals are born into the wrong gender and need their bodies "reassigned".

They admit their theory has no proof, but their view is hotly disputed by other experts who say GID is a psychological disorder and can be treated by psychotherapy and medication.

Former patients, who have regretted taking the surgery to either remove male genitals or have mastectomies and hysterectomies, have spoken to the *Sunday Herald Sun*.

Many said they felt as if they were placed on a production line that would lead only to surgery without exploring alternative methods of treatment.

Health Minister Bronwyn Pike said yesterday she had ordered a "clinical review" of the clinic.

Dr Syd Allen, chief medical officer for Southern Health, which operates Monash Medical Centre, declined to comment.

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EXTRA

Time to get that river of love flowing

I'm sick of tolerating intolerant people

- Anonymous graffiti

Bryan Patterson
Faithworks

NO WONDER many people believe the world's big religions need a reality shake-up.

There's plenty of evidence of old-time religious bigotry and intolerance in the news.

For example, the Church of Ireland — a branch of the Anglican movement recently banned a group of Tibetan monks from performing during an arts festival at a cathedral.

The cathedral bosses decided the monks' chanting of mantras and ringing of bells could damage "the spiritual integrity" of the space.

A few weeks earlier, a group of Catholics prayed loudly to deliberately disrupt another performance by Tibetan monks, this time at a Catholic church in Michigan. The protesters said the monks' chanting was "offensive" to God.

Yet, religious differences can seemingly be ignored when a common enemy is at the door.

The Vatican has just joined Muslims in an unlikely alliance to fight the homosexuals.

The alliance is to combat a UN move to recognise homosexual partnerships, one of the few things conservative Catholics and Muslims agree on opposing.

Isn't it strange that orthodox Christianity spread like wildfire throughout the world, mainly because of its inclusiveness? Remember the words "Come to me, all you who are weary and heavy laden"?

Tolerance is, supposedly, a major belief of other world religions too, but you might not think so.

In Sri Lanka, radical Buddhists are burning down Christian churches, both Buddhists and Christians are being persecuted in China, Christian and Muslim violence has flared again in Kosovo, ex-Muslim converts to Christianity are being harassed in Egypt and violent conflict between Sikh and Muslim youths is common in Britain.

We have the Islamic fundamentalists knocking down Israeli buildings, Christian fundamentalists trying to knock down the walls between church and state, and Jewish fundamentalists knocking down houses and assassinating people in the West Bank.

People might still want to feel good about their faith, but many don't trust their religious leaders any more. And who could blame them?

There is an irreverence abroad, and perhaps it is not always unhealthy.

Writers such as Rupert Sheldrake, who challenges Christian dogma and Douglas Rushcroft, who challenges Jewish dogma, are leading the irreverent push.

They are saying religion is often evil and greedy, but that does not mean the world cannot be, as author Brian Doyle describes it, "a seething river of divine love".

Jean Vanier, the Frenchman who set up L'Arche, an international community of people with learning disabilities, recently said the global chain of violence and intolerance could be broken, but only when weaker members of society were made truly welcome.

He pointed to a January speech by Pope John Paul II, who described the disabled as "the humanity's privileged witnesses: as heralds of a transfigured world, one no longer dominated by force, violence and aggression, but by love, solidarity and acceptance."

People with disabilities, said the Pope, reveal to us what it means to be human.

Vanier noted paths taken by the ordinary able bodied person to pursue status and achievement as a means of affirming their worth by their own means were not open to the severely disabled.

In order for them to live, to be fulfilled, they needed relationships, he said. They needed communion more than generosity.

VANIER said generosity, while worthy, was when someone superior gave to someone inferior. Communion involved conversion and vulnerability. It was the particular gift of the disabled.

Peace will come only when the weaker members of society are fully loved and respected, he said.

Vanier believes too much inter-religious dialogue begins a comparison of belief systems and so gets nowhere. "You get to a point where you ask, are Jesus and Mohammed the same?" he said.

"Either you say yes or you say no. Better to ask together, what does it mean to be a human being and how do human beings grow? What is freedom, what is human maturity?"

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Suffering for

A catalogue of broken lives is beginning to emerge from a government-funded clinic that for 28 years has referred almost one person a fortnight to undergo radical sex change. GRAEME HAMMOND reports

AS MANY as 600 people, a quarter of them women, have undergone sex-change surgery since 1976 as part of a controversial method of treatment offered at the Gender Dysphoria Clinic at Monash Medical Centre.

The methods embraced by the clinic have been banned for years at some of the world's leading hospitals, after being described as "sexual lobotomies", and are at the centre of legal actions in Britain and Victoria.

Although sex reassignment surgery is hailed by Australia's transsexual community as the answer to its prayers, its sternest critics are some of those who have undergone it, only to regret it years later. Many of those who requested and underwent the amputation of their genitalia, believing it to be a solution to their problems, now say they have suffered irreparable mental and physical harm.

Gender dysphoria, also known as gender identity disorder (GID), has been recognised since the late 19th century as a condition in which a person yearns to be the opposite sex. It is listed medically as a psychiatric disorder and is thought to afflict as many as one in 3000 males and one in 100,000 women. Australia has an estimated 5000 transsexuals.

GID has long been a fascination for psychiatrists Dr Trudy Kennedy, 67, and Austrian born Dr Herbert Bower, 89. In 1975 they founded a dysphoria clinic and moved it to Monash in 1989.

Though the clinic is at the epicentre of treatment of gender dysphoria in Australia, attracting two to three new cases a week, many from interstate and New Zealand it exists as no more than a single small room, with a part-time clerk within health offices in Clayton. All consultations with Drs Kennedy and Bower are held at their own homes, in South Yarra, and charged to Medicare.

It is the approach of Kennedy and Bower that is at the heart of concerns over the clinic. Disgruntled former patients and some medical professionals fear the two psychiatrists are sacrificing the care and counselling of patients to pursue an ideological agenda that attributes the cause of the problem solely to genetics.

Among experts in the field the cause of GID is a hotly contested subject. Despite its classification as a mental illness, its roots are widely seen as based in bio psycho social influences, the complex interaction of genes, hormones, parenting and role model issues, sexual abuse and psychological disorders.

The Monash clinic's psychiatrists take a rigid approach, arguing vehemently that it has solely a biological, genetic cause, sourced to genetic error or an onrush of hormones in utero.

In interviews with the *Sunday Herald Sun*, both strongly dismissed suggestions that psychotherapy could offer any help in treating the problem. They say the only role of such therapy is to help patients as they approach surgery.

But they admit their theory — or, as Dr Bower calls it, a hunch — is not proven.

"Nothing is known definitely," Dr Kennedy said. "It needs more research."

Neither is swayed from their view that surgical reassignment — the removal of genitals and the makeshift construction of a vagina in males, the removal of breasts, internal organs and the addition of a poor imitation of male genitalia in women — is anything but the best treatment.

The possibility that their cherished theory may yet be disproved is immaterial. "We have no choice," said Dr Bower. "Knowing it's the best treatment, it would be unethical not to operate."

But, disturbingly, the clinic has never conducted research on the long-term outcomes for its patients to prove their theory. They concede two patients have been "dissatisfied" with their treatment, but say every other patient in the clinic's 29 years has been happy.

DOCUMENTS released under Freedom of Information show that Kennedy and Bower know little of what has happened to most of those who have undergone a surgical sex change. An official review of the clinic in 2000 reported no outcome data was available. Follow up usually ended six weeks after surgery.

Dr Bower concedes the feedback was historically "lousy", but better now.

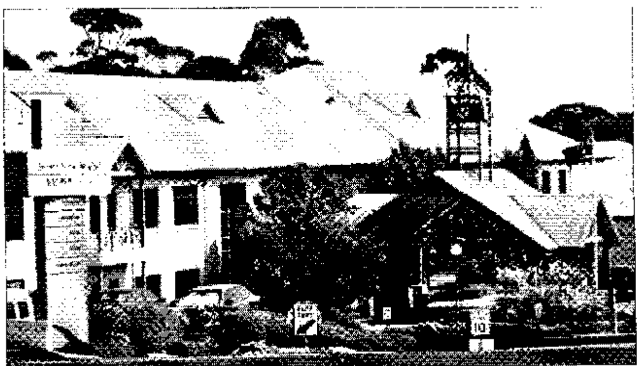
"Patients disappear," he said. "But I think we have an implied feedback. If they were unhappy, they'd return."

Bower claims the clinic knows of the state of two-thirds of recent patients, most of whom are happy or contented. Kennedy claims she knows half of all patients.

Dr Kennedy says the clinic has no funds to carry out long term research on patients. "It's their responsibility to stay in contact, not mine," she said.

She likened sex-change surgery to abortion: "When people have it they want to move on, get on with their lives and forget about it," she said.

But former patient Alan Finch, who revealed his disastrous eight-year switch to a female life, helped by hor-



Scene of controversy: Beleura Private Hospital at Mornington, where Angela's sex change involved a bilateral mastectomy (story next page). Picture: ROB LEESON

the sake of identity

No turning back: Angela is now happy as a woman and mother of two children. Picture: TIM CARRAFA

My change for the worse

ANGELA'S life has gone full circle. After enduring five years of sexual abuse in childhood, she sought escape by immersing herself in a male persona, complete with male attire, a butch haircut and a lesbian lover.

"It was a self-protection mechanism, though I didn't realise it then," she says. "There was no risk of being abused if I was a man.

"I hated my body, hated being female. I was confused, depressed, consumed with anxiety. I faced two choices: kill myself or get help."

Angela (not her real name) chose the latter. In 1990, she was referred to psychiatrist Dr Trudy Kennedy, the director of the Gender Dysphoria Clinic at Monash Medical Centre.

Angela was seeking answers to the questions that burned in her. Why do I feel this way? Is it normal? How should I deal with it?

What she got was the news that she was a "true transsexual" — she had a male brain in a female body. The best treatment, she was told by Dr Kennedy, was an 18-month course of male hormones followed by sex-change surgery. To qualify for the surgery Angela would have to choose a new name and "out" herself as a male.

The hormones worked more rapidly than Angela expected. Within months she was shaving daily, had a deeper voice and a more muscular body. Adding to her trauma was a nightmare double life. At home, where she lived with her parents, she hid her male identity. At university, she wore layers of clothing to hide her bust.

In 1992, she returned to the clinic for the seventh and final psychiatric consultation. Dr Kennedy decided her patient was ready for surgery. Angela borrowed $2000, entered Belleura Private Hospital at Mornington and underwent a bilateral mastectomy.

It was another success for Dr Kennedy and the Gender Dysphoria Clinic, one more person rescued from the nightmare of being "born into the wrong body".

Afterwards, Angela began to plan for the next step in her transformation: a hysterectomy.

To her eternal relief, it was a step she never took. Four years of a male existence were enough to make her again question who she was.

"A whole lot of things made me realise I wasn't a man in a woman's body," she says.

Once again she saw a psychiatrist, but this time one with no connection with the Gender Dysphoria Clinic. Intensive, skilled therapy brought her to the realisation that her unresolved issues — murky, tangled and painful as they were — had created her desperate confusion.

But in a way, her predicament was now worse: known to colleagues as a man, sporting a full beard, she now needed expert guidance on how to return surgically and emotionally to life as a woman.

If Angela thought the gender clinic would assist her, she was wrong. Two approaches to the clinic on her behalf by professionals were met with silence. The clinic that thrives on the conviction that gender identity confusion is born of biological disruption, not mental, now had nothing to offer to a patient who had patently disproved its theories.

When she saw an endocrinologist attached to the clinic, asking what she could expect when she ceased taking the hormones — whether her periods would return, and whether she could ever have children — he had no answers.

"I wasn't hysterical, but I was angry," Angela says. "I wanted him to answer my questions. He took me by the arm and escorted me from his office."

Against all odds, Angela's journey has ended happily. She reverted to a feminine life, embarked on intensive electrolysis to remove her luxuriant body and facial hair, then met and married a supportive and loving man — the type she had once been convinced did not exist.

And after a struggle, she produced two children.

Because all breast tissue had been removed, implants had to be placed beneath her chest muscles. Angela is now the epitome of femininity, yet is clearly blessed with an inner strength that enabled her to survive — not only two sex changes, but a sense of betrayal by professionals who she had turned to for help.

mones, breast implants and genital amputation, on ABC TV's *Australian Story* in September, says the clinic stands condemned by its lack of long-term research.

"Where are all these patients?" he asked. "They admit that a third to a half have vanished. Have their lives been improved, or have they been ruined? How many of them have simply taken their lives because they discovered that changing their sex didn't change their lives?

"We have nothing but compassion for the transgender person. They are depressed, psychotic, confused people. They need psychiatric help, counselling and anti-depressants, not the removal of their penises."

Mr Finch's own decision to revert to life as a man, a deeply painful and traumatic process, came only after he sought psychotherapy to probe and understand the origins of his confusion.

"Sex surgery is a way for a person who hates himself to reinvent himself," he said. "But after the surgery you've got nowhere to go, just more surgery.

"I WAS suffering a psychosis and I recovered from that. I proved their theory wrong. When did it become appropriate to treat a psychosis with surgery?"

Mr Finch is fiercely critical of the clinic, which, he claims, pressures patients into surgery and wants to ignore those who recover from their gender identity disorder.

The airing of his story has attracted other regretful patients to come forward, and he has now helped form a self-help group, the Gender Identity Awareness Association, to give them a voice and support through meetings and an information website. Mr Finch, who is suing the clinic over his treatment, says doctors are providing inadequate care.

"These patients are vulnerable and need to be protected," he said.

"The broader issue is whether gender reassignment is appropriate at all. This is the only psychological disorder where patients dictate their treatment. It is no different to anorexics asking their doctor for liposuction and being granted it."

Dr Kennedy rejects these criticisms, insisting she makes it difficult for patients to receive surgery. "I keep pointing out other ways. I tell them surgery may not necessarily be the best thing," she said.

But former patients and the clinic and their relatives tell a different story. Among them:

A MAN who suffered a breakdown after his marriage ended at the age of 50 and began seeking solace in a cross-dressing fetish.

"On my first visit to Dr Bower he told me I was a transsexual," he said. "I was severely depressed. I was like an addict wanting a fix, but they never challenged me, never investigated my past. They offered me no alternative to surgery, and urged me to stay in close touch with the transgender community, which only reinforced my feelings.

"After the surgery they weren't interested in me. Why does anyone go to a psychiatrist? You want them to investigate you to put you right. They effectively told me I was this far and they'd take me further."

He said he now lived as a man, but his appearance had made him a laughing stock.

A YOUNG woman who sought help from the clinic to understand why she hated her body and wanted to become a man. During her first 30-minute consultation with Dr Kennedy, she was approved for a bilateral mastectomy, which she had three months later.

"I'm happy I had it done, but I was surprised she didn't ask me why I felt this way. I hoped she'd try to work out where all this came from, but she just told me, 'That's just the way you were born'. I can see there were things in my past that created gender problems, and I was scrabbling to understand that. But I still don't know."

A WOMAN whose daughter, 14, had several consultations with Dr Kennedy because she wanted to remove her breasts and live as a male. The clinic approved the surgery, although the patient has now decided to defer it for several years. "I attended every session," the mother said. "They didn't try to probe her background to understand the root cause."

A leading Melbourne psychiatrist who has a number of transgender patients said this week he did not believe Monash's gender clinic was offering patients adequate care. He said surgery was an inappropriate treatment.

"Surgery done to fulfil a psychotic belief would be quite improper," he said. "I recommend my patients don't return to the clinic.

"I think the whole area needs to be reviewed by a group that is more representative of the medical community and includes those other than enthusiastic proponents of this type of treatment."

But Dr Ruth McNair, a GP at the Carlton Clinic, supports the Monash gender clinic.

"They offer one avenue of treatment and that's OK with me," she said. "It's a very biomedical model and they don't have the social support and counselling measures some patients need. But it's not the only place to go to."

For more information: www.gendermenders.org