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## Season's greetings!

*Michael Moore, CEO  
Public Health Association of Australia*

The pace has not exactly slackened around the PHAA's central office as the end of the year approaches, given COAG meetings, struggles over legislation, the formation of a new alcohol action alliance (see p.6) and seemingly endless consultations on federal and State/Territory health policy issues. However, it is still a good opportunity to reflect on where we have been and where we ought to be heading. As with so much that we do, the reflection applies to us on both a personal and an organization basis.

In November, the Australian Institute of Health and Welfare reported on the increased funding for prevention for the 2007-2008 financial year. The increase brought expenditure to about 2.2% of government health spending – up from 1.8% in the previous year. Whilst we welcome the increase, we also recognise that the bulk of this spending related to immunisation, and particularly to the roll out of the HPV immunisation program.

The Rudd government's positive approach to prevention means that there does seem to be more money being allocated specifically to prevention; the meeting of the Council of Australian Governments (COAG) has also been supportive in providing funding that is likely to establish base funding for the proposed National Preventive Health Agency. However, increases in federal Government spending on public hospitals means that the spending on prevention may not increase as a proportion of overall health spending and could actually decrease. Additionally, indications are that the Federal Government is intending to use health as a major platform for the coming election.

Members of Parliament have wrestled with public health issues throughout the year. Our approach has been to ensure that we primarily work with the Government while also maintaining strong and positive relationships with the Opposition and with the cross-benches.

Throughout the year we have also wrestled with complex issues about the relationships we foster with industry. In this respect there has been a particular focus on food. The Parliamentary Secretary for Health with responsibility for Food, the Hon Mark Butler, is responsible for an initiative that has government, public health and industry working together to reduce the levels of sugar, fat and salt in processed foods. After vigorous discussion over a range of issues the PHAA agreed to be part of this *Food and Health Dialogue*.



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# Season's greetings!

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Similarly, as we get ready for the *Food Futures Conference* in April of 2010 there has been constant discussion about the appropriate protocols for accepting sponsorship with this conference specifically targeting the call for a national food policy that encompasses all sectors involved in the area. These are important issues for the PHAA which must maintain its independence on the one hand but on the other ensure that we have the financial security to provide leadership across a range of issues.

Santa does seem to have taken an interest in public health — after so many years on the virtual fringes of the health wilderness, public health, health promotion and disease prevention are having their day in the sun. It will be up to us to make the most of it. This coming year is likely to be a big one for public health, with a raft of initiatives including new national policies on men's and women's health, and a focus on reducing the burden of disease attributable to tobacco, alcohol and overweight/obesity not to mention the ongoing challenges in areas like climate change, health literacy, justice health and the social determinants. We may even see the advent of the new National Preventive Health Agency.

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## Neoliberalism: implications for health policy

*Gavin Mooney DSocSc (hc) Cape Town*

*Honorary Professor, University of Sydney, Professor of Health Economics, University of Cape Town*

Harvey defines neo liberalism as 'a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade' (Harvey 2005, p 2). It is what has driven global economic policy in the last 30 years. On the recent global meltdown, I am not going to spend much time except to say that it was inevitable that it happened and it is inevitably going to happen again. There is always an underlying crisis in capitalism and the sorts of extremes that we have seen in the last 30 years make such crises not at all difficult to predict just difficult to say when.

Why I argue that more crises will occur is simply that lessons are not being learned. It is business as usual. John Stewart (2008), the Chairman of the Australian Bankers proudly forecast that Australia would quickly get over this financial crisis so that we could get back to 'business as usual'. Such 'business as usual' is 1 billion people trying to survive on less than a dollar a day and 'business as usual' is 35,000 children dying each day.

It is remarkable how much money western governments have been able to find to throw directly or indirectly at the banks which caused this failure, in Australia \$42 billion. In foreign aid, this year, Australia will give \$3.7 billion. There is however not just an economic crisis although in a sense all are related to that or at least to neo liberalism. There is a food crisis; there is an energy crisis; and there is the crisis of global warming.

For this readership I do not have to spell out the links between poverty and health or between inequality and health. Neo liberalism creates problems for health through economic issues, cultural matters and individualism (Mooney 2009).

Taking 1979 as the start of neo liberalism, Navarro (2002 p 36) indicates 'that the rate of economic growth was higher in the 1980s than in the 1970s'. He points to two issues (p 36) 'that question the superiority of such policies'. These are: 'First, the rate of economic growth in the 1980s was lower than in the 1960s, when state intervention policies were in full swing. Second, in the 1990s, when neo liberal policies were still in operation, the rate of economic growth declined quite substantially, to even lower levels than in the 1970s.'

Even when neo liberal policies do seem to create growth we can have the myth of trickle down (see Navarro 2002). From 1968 to 1981 the Brazilian economy grew very rapidly and was held up as a model neo liberal performer by the World Bank. Yet, infant mortality rates increased. Navarro (2002) investigated and showed that for the top 5% of the Brazilian population their share of national consumption increased from 20% to 48%; for the bottom 50%, their share fell from 20% to 12%. Gravity-defying trickle up...

Shiva (2000) outlines how the neo liberalism of globalisation can have social and cultural impacts beyond the economic. She states: 'Globalisation is the rule of commerce and it has elevated Wall Street to be the only source of value. As a result things that should have high worth – nature, culture, the future are being devalued and destroyed. The rules of [neo liberal] globalisation are undermining the rules of justice and sustainability, of compassion and sharing.'

Individualism is fostered by neo liberalism and in turn engenders population ill-health. Where neo liberalism has been abandoned or denied, population health tends to be better. Where it has been imposed, population health has declined.

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## Neoliberalism: implications for health policy

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Costello et al (2009) confirmed recently that global warming is the greatest threat facing human health. While that is what *The Lancet* is saying and what the vast majority of the science is saying, it is not what our government or for that matter other governments are saying.

There is little or no recognition that the victims of global warming first and worst will be the poor of the world who have contributed so little to the problem. As Weston (2009) suggests: 'We need to understand the fundamental contradiction between economic growth and sustainable development ... We need to cut our consumption levels drastically ... We need to question the ideological fundamentalism that has dominated our lives in the last several decades.'

Let us note two things. First this latest crisis was inevitable. Fiddling with the system is not enough. Structural changes are needed. Second we need to acknowledge anew that the big health challenges worldwide are created by poverty and inequality. The current economic crisis will exacerbate both. There is a need for all of us in public health to lead the charge in rubbishing the simple-minded efforts to rebuild the existing global neo liberal economic system. This is the root cause of the inequality and poverty – and the global warming - that exist.

So what to do?

1. We need to create a new field of debate and challenge two popular myths about neo liberalism: first that it has led to higher economic growth and secondly that there is trickle down of the wealth created.
2. In Australia, the public health movement needs to advocate for greater democracy in health, pushing for citizens' voices to be heard in debates on both social justice and health care.
3. We need to draw attention as often as we can to the corporatisation of government in Australia. The current policy of the government on global warming is a perfect example.
4. There were 126 papers presented at PHAA this year, only two on global warming. What the hell is going on in the Australian public health community?

References are available and can be obtained from the author at: [g.mooney@westnet.com.au](mailto:g.mooney@westnet.com.au)

***THE PHAA Secretariat would like to wish  
all its members a  
Merry Christmas and Happy New Year!***



## Towards an alternative to the neo-liberal default option

*Dorothy H Broom & Sharon Friel,  
National Centre for Epidemiology and Population Health,  
Australian National University*

During the 1980s and 1990s, the international financial institutions and most powerful governments embraced a set of economic policies designed to promote the role of the market. Labelled 'neo-liberalism', these policies propelled the world towards ever greater economic integration and deregulation.

While beneficial in some respects - for example by facilitating greater transfer of capital, technology, knowledge and people - the gains have been uneven, accentuating global asymmetries in power, income, goods and services. Some countries and regions have grown economically and reduced poverty much more slowly than others. Nearly 3 billion people still live on less than \$2 per day and every second child on the planet lives in poverty. About two-thirds of the world's poor are in Asia. Structural adjustment policies introduced by the IMF and the World Bank have diverted government resources away from health, education and sustainable development and are contributing to widening relative income inequalities in many countries. Compounding the environmental degradation of nineteenth century industrialisation, the escalating consumption of modern society has destabilized the ecosystem and exacerbated climate change.

As others have demonstrated, neo-liberalism has led inevitably to the Global Financial Crisis (GFC), with destructive effects on food security and other health essentials. And more collapses are inevitable. But the GFC is not the only factor eroding health essentials : neoliberal *business as usual* is also destructive of health and of the planet. It is most deleterious for less powerful nations, for people lower down the social hierarchy in rich and poor countries alike, and now its relentless contribution to climate change is making it dangerous even for those countries in the privileged global north. The assumptions that everything is best delivered via the market, and that government intervention in markets should be designed to protect the wealthiest and most powerful, must now be vigorously contested.

The relative failure of public resistance to neo-liberalism results partly from its complex, often incomprehensible, web of connections, lack of accountability, and the associated invisibility of its costs and casualties. The GFC, and subsequent reconstruction of financial systems and processes, offers a window of opportunity to rethink the type of world people might seek, indeed may need, in order to survive. Effective resistance requires alternative frameworks and narratives that propose practical and positive ways forward.

The WHO Commission on Social Determinants of Health (CSDH) supplies one model and its broad argument suggests the core of others. The key element is an explicit articulation of values: *what kind of society do we want to be?* The CSDH's work embodies a new approach to development. In the neo-liberal paradigm, economic growth is used as the marker of successful development. Economic growth is important, particularly for poor countries, as it generates access to resources to invest in improving the lives of their population. But growth by itself, without appropriate social policies to ensure fairness in the way its benefits are distributed, brings little benefit to health or health equity. Furthermore, its logic fosters the hyper-consumption that is eroding human well-being and the planetary ecosystem.

*Human development* in an alternative paradigm concerned not with economic growth, but with political, economic and social policies that fairly distribute power, income, goods and services . This paradigm focuses on the immediate

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## Towards an alternative to the neo-liberal default option

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conditions of daily living: access to health care and education, conditions of work and leisure and the quality of homes, communities, towns and cities. Success would be judged by the level and distribution of health and well-being.

Creating systems and processes that routinely address the underlying social determinant of population health will not only improve global health, but will also diminish poverty and enhance equity so that people, communities and nations will be able to resist climate change and avert further damage to the global environment.

A society based on principles of fairness, community and environmental sustainability will have health and well-being as a central objective. The key criterion of its integrated policy development will be the contribution of any new proposal to sustainable human development. The current marker of success – economic growth – will be demoted to become one measure among many. National account systems will reflect achieving health and well-being as the ‘litmus’ outcome.

When the costs and benefits of moving from the kind of society we envisage are compared with the costs and benefits of neo-liberalism, responsible citizens have the opportunity - and the duty - to critique the status quo and advocate for positive change.

## PHAA Supports New Alcohol Action Alliance

The Public Health Association of Australia and VicHealth will provide administrative support for the first two years for a newly-formed coalition committed to reducing the harms associated with alcohol use. To be known as the National Alliance for Action on Alcohol (NAAA), the group has recently agreed its terms of reference and operating procedures. Starting from a base of about twenty organisations, membership will be open to other like-minded health and community organisations.

Formation of the NAAA was prompted by the advocacy activities that occurred earlier this year in relation to the ‘alcopops’ tax. The high level of public and political interest in alcohol issues, and the desire of so many groups in the health, medical, youth and alcohol and drug sectors keen to contribute knowledge and expertise, meant that it was both possible and appropriate to join forces to strengthen advocacy efforts.

The coming year is likely to be an active one on the alcohol policy front, with the prospect of a new national preventive health agency and various initiatives being considered by governments in relation to alcohol tax reform, product information labelling, advertising and marketing, licensing of venues, and the availability of data to help inform effective policies. The recent High Court case concerning the responsibilities of alcohol licensees and patrons is an example of the complex issues that are likely to have a bearing on public health approaches. We believe that the new coalition will play an important role in ensuring a prominent voice for public health perspectives and responses to critical alcohol issues. Work has commenced on the development of policy/position statement and of a NAAA website, and it is hoped that an official ‘launch’ of the alliance will be held early in the new year.

For further information about the NAAA, please contact Janine Turnbull at the Public Health Association of Australia at [marketing@phaa.net.au](mailto:marketing@phaa.net.au)

## A climate change wake-up call: the joys of flashmobbing

*Paul Laris*

It was a cold, wet and windy September Monday in the local square - probably the worst possible time and place to try to hold a public protest rally. Our local residents' association had decided to join our voices to those around the planet calling for action at the G20 meeting to address climate change being held in New York. The internet based organization Avaaz was coordinating hundreds of simultaneous 'flashmob' events around the world to give our leaders a climate change wake-up call. We joined up via the Avaaz web site, nominating a place and time and a brief description of what we had planned. But on arriving in the dismal wind-swept square it was clear this was a hopeless case. I could only see two other members of our group. A sad wet little trio we made.

As per instructions, we carried our mobile phones with the alarm function set to go off at 12:18. As the moment approached we noticed a few more folk over the road. We crossed to join them. A few more people turned up. Then a cacophony of phone alarms broke out. Phones were held skyward so the flashmobbers could identify each other. And more dripping souls appeared out of the rain. By the time we had re-crossed the road and gathered outside the local MPs office there were over 30 of us, young and old, women and men, children and dogs. We formed a conga line lead by a very funky drummer and bearing 'wake-up' placards we made our way through several restaurants. Leaflets urging diners to pressure their polities for climate change action were distributed to all - much to the amazement of staff and management. Flashmobbers called the office of the prime minister (the line was engaged). Just twenty minutes after the clarion calls of mobile phone alarms, the mob had disbanded and we went back to our various tasks for the day. We were one of 2,600 events world wide. You can see some of them at [https://secure.avaaz.org/en/sept21\\_hub/](https://secure.avaaz.org/en/sept21_hub/)

The flashmob approach is part of a wider global web-based model for voicing public concern. Global organisations like Avaaz and national networks like GetUp provide a way of quickly mobilizing a potentially vast group of activists. In the lead-up to the International Day of Climate Action on October 24, more than 4,000 flashmob events were set up in almost 170 countries to support the 350.org campaign that aims to reducing atmospheric CO2 to below the critical 350 parts per million.

It's painless, fun and good for the soul - and maybe it even makes a difference.



## A Transition Decade - the path out of the Swamp

Peter Tait

Convenor, Environmental Health Special interest Group

The early 1990s dream of sustainability has lost out to narrow, neo-liberal socioeconomic interests. As we consider the Copenhagen meeting on climate change and realize that political action has not stepped up to the scientific consensus on what is necessary to save our species, we need to explore the professional and ethical duty we as public health practitioners have in transforming our societies to meet the challenge.

A loose network of movements and organisations is rising to meet this challenge and together they are organising for a Transition Decade. These organisations include the Transition Initiatives movement, grounded in permaculture principles and, for example, the Sustainable Living Foundation Australia as well as numerous local groups that are creating urban gardens, communes and climate action groups that are consonant with the objectives of many mainstream environment and social justice groups.

The common aim of many of these movements is to step out of the current economic paradigm and actively create a parallel one based on the principles of equity, justice and sustainability by working *with* not *against* nature and acting locally while thinking globally. There is broad agreement on rebuilding localised, resilient, dynamic yet connected communities.

By doing this and working along the lines of Gandhi's civil resistance, they aim to wrest control away from corporations and to avoid participating in the over-producing and over-consuming economy. In parallel with other parts of the movement, they seek to influence the political process and to loosen the control of powerful elites. There is strong agreement that reversing the process of global warming must become the priority issue, since once we pass key environmental tipping points, we are locked into a journey to a seriously different climate.

Safe Climate Australia's motto is *Restoring a safe Climate*. There is talk of a *Sustainability Renaissance*. Public health already has *Healthy Cities*. The Transition Decade needs lots more catchy slogans that will inspire the movement to head where we want to be in ten years, which leading scientists suggest is about all the time we have to make sure we stay within a safe temperature.

Rather than concentrating on a certain minimum temperature increase that may offer humanity a chance of evading catastrophic climate change, scientists and others have begun to focus on the proportion of CO<sub>2</sub> in the atmosphere below which warming is more likely to remain within safe limits. Forward looking models and retrospective studies of the paleoclimate suggest that 350ppm of CO<sub>2</sub> is the level above which the chance of keeping a climate habitable by humans is less and less likely. Some scientists suggest our target should be closer to 300ppm.

One immediate problem is that CO<sub>2</sub> levels are already above 380ppm and climbing at about 3ppm annually. So not only are we faced with the need to slow CO<sub>2</sub> emissions, but we actually have to remove carbon from the atmosphere.

The concept of safe temperature rise is complex. At a basic level it means that the temperature does not rise sufficiently to change the climate in a way that alters the ecosystem that we humans have evolved to live in. It also means that we do not push the temperature across a series of tipping points which will cause feedbacks that force further runaway warming. Change is irreversible once we pass these tipping points.

With at least another half a degree of warming built into the system due to current levels of greenhouse gasses, and given that the current and future levels of CO<sub>2</sub> are going to be warming for several more centuries, we have to be very careful about how much more we put into the atmosphere. Although estimates vary, it is likely that the temperature will be higher by the end of this century than it has been for 2 million years.

Another way of thinking of warming in relation to CO<sub>2</sub>, is to look at the amount of carbon we can put into the atmosphere as if we had a budget. Exceeding the budget gets us into strife. A global budget of 1000Gt of CO<sub>2</sub> gives us a 75% probability of keeping temperature increases below 2 degrees - not fantastic odds given the risks. Reducing the budget to 750Gt gives reasonable certainty of achieving a 350ppm concentration and an even lower risk of runaway warming. So if the total budget for carbon emissions is 750 to 1000Gt for the period 2000 to 2050,

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## A Transition Decade - the path out of the Swamp

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and we have already put 330Gt up there by 2009, in the first decade of the century we have already used up a third to nearly a half of our budget allowance.

The budget analogy also allows us to consider what a fair share of that future budget might be in relation to who has spent what so far, which means we can discuss the equity of various options. This is the key issue in climate negotiations: who has the right to dump more carbon into the atmosphere and who has obligations to constrain their dumping? This is a political, not a technological, question. Fairness suggests that developing nations have a right to the greater share of this budget, as well as to assistance in developing low carbon technologies. Unfortunately it seems that the economic interests of powerful developed nations take precedence.

Emission reduction targets could be based on what level would enable a country to stay within its carbon budget. While work has been done on what nations must do collectively, there is less agreement on what each individual nation should do. We should bear in mind that the later we start our reductions, the more stringent they will eventually become, and so the more painful this will be in social and economic terms.

Looking at the 350ppm pathway, with 750Gt as our total allowance, our future emissions budget is 420Gt CO<sub>2</sub>. Globally emissions must peak in 2011 (this is 25% above 1990 levels), then decline at about 10% annually reaching a 42% reduction by 2020 and zero emissions by 2050. How close to zero we really need to be depends on how well we can develop methods to draw down carbon from the atmosphere. It also depends on how the oceans respond to less CO<sub>2</sub> emissions and to other uncertainties regarding tipping points.

Clearly the high emitting developed nations, including Australia, are going to have to budget much more tightly than 10% annually. We may have to double this. But although there is no economic modeling for this level of reduction, it is likely to be only a few percent of GDP and the economic stimulus of taking the action will probably offset much of the cost.

The time for action is on us. It is up to all of us. We have a decade to ensure the transition of our communities into equitable, resilient, sustainable and healthy ones.

In the Public Health Association of Australia we need to move on from October's conference resolution on climate change (<http://www.phaa.net.au/conferenceRes.php> under the heading PHAA 39<sup>th</sup> Annual Conference Canberra 28-29 September 2009, Making a Difference: Intervening to improve health outcomes) and begin to plan how we can work strategically with the broad Transition Decade movement by sharing our knowledge and expertise and joining with it to transform society.



Public Health Association  
AUSTRALIA

17 - 19 August 2010  
Adelaide Convention Centre, Adelaide

**CALL FOR ABSTRACTS**  
**Abstract Submission Closes 5 March 2010**

for more information visit [www.phaa.net.au](http://www.phaa.net.au)

# Global warming, public health and what we must do

*Del Weston*

Human induced global warming presents a threat of unprecedented proportions. It is the most urgent issue facing not only public health, but the whole of civilisation. It is also a moral and social justice challenge since it is the poorest, those least responsible for it, who are the most immediately vulnerable to its consequences. If we continue emitting carbon and other greenhouse gases into the atmosphere, global warming will pass a tipping point which will begin a warming trajectory that will change the biosphere to one that is outside human experience. Some scientists suggest we may have already passed this point.

Earlier this year, *The Lancet* and, more recently, the Royal Australasian College of Physicians (RACP) claimed that 'climate change is the biggest global health threat of the 21<sup>st</sup> century'. RACP has called on doctors to pressure politicians to adopt more aggressive policies on this issue.

The causes of global warming include:

- our fossil fuelled, industrialised economies
- deforestation
- industrialised agricultural land use
- the declining ability of sinks (oceans, forests, grasslands) to absorb carbon.

International institutions have proposed three types of solutions - technical, biological and market - to address global warming.

Technical approaches emphasize carbon capture and storage (CCS). However, a growing body of evidence indicates CCS is not the answer. It is very expensive, it decreases the efficiency of electricity production and in any case it won't be available in time. If and when it does come on line, it would require a whole new array of coal fired power stations to be built although it will not capture all emissions from all coal fired power stations. It will at least double the cost of electricity to households and divert huge resources from finding real solutions. Biological solutions focus on biofuels. But this would depend on fossil fuels to produce, transport and transform them. The development of biofuels has already had a significant negative impact on world food security for the poor.

Market approaches favour carbon trading schemes. There is no evidence to date that they work, though there is evidence that they fail. Furthermore, they reward the largest polluters and involve privatising the increasingly scarce atmospheric commons. They are regressive and will do nothing to redistribute global resources which is a prerequisite to finding a solution to Third World demands to industrialise their economies in order to tackle poverty. Carbon trading markets have already proved susceptible to large scale fraud and it is impossible to monitor them on a global scale.

Seeking solutions to global warming must include addressing a number of related issues - including ecological debt and equity, high consumption levels and peak oil - that are often missing from the debate. Given that we can afford to dump, at most, only a further 250 billion tonnes of carbon dioxide into the atmosphere, who should be allowed a share of the sink? The poor who haven't yet used it? Or the affluent who have now over-run their 'sink' credit? These are questions of equity that challenge current global power structures. The earth's finite and diminishing reserves of accessible oil should provide further motivation to find alternatives to carbon-based energy and products.

Difficult decisions and rapid changes need to be made in response to the physical facts of global warming. We have a small window of opportunity to collectively build a world that is just, peaceful, benefiting from diverse cultures and economies and in harmony with the biosphere which supports us. There is a growing body of organisations and initiatives to guide us in building interconnected, inclusive and co-operative communities where

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## Global warming, public health and what we must do

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we consume less and produce locally much of what we consume. But while these strategies are hugely important, by themselves they will not be enough.

We are facing a crisis which requires an urgent and radical change to our lifestyles and our political structures, and to the dominant ideology of economic growth, endless material production and consumption and individualism. Our national and international institutions are failing to address global warming, so we as citizens need to act. We need to respond to our governments' ongoing support for the fossil fuel industry. To quote Clive Hamilton of the Centre for Applied Philosophy and Public Ethics, this requires 'a campaign of radical activism aimed at shifting power away from those who do not care about the future'.

This radical activism may be in the form of non-violent civil disobedience as adopted by Gandhi, direct protest actions or civil assertion where communities create alternative social and power structures.

The PHAA and all its members need to become involved in action and advocacy to bring their voices, expertise and enthusiasm to join the many environmental and social justice activist groups working to save our species. Check out the *Climate Action Network Australia* website to find a climate action group that you can link into to become part of the campaign on global warming. And read *The Transition Handbook* (Hopkins 2009) to see what positive steps you can take in your own community.



Public Health Association  
AUSTRALIA



**Biological Dimension**  
Health and wellbeing is monitored and managed, intervention is planned, chronic disease and malnutrition are diminishing

**Social Dimension**  
Nutritious, culturally flexible, affordable and sustainable foods are selected, are right for the individual, ethically promoted, responsibly used

**Economic Dimension**  
Safe, nutritious foods are affordable and accessible to all, the food industry is profitable at all levels, from farm to plate

**Environmental Dimension**  
Health promoting, optimally adapted and sustainable food sources are favoured, and available in the long term

### Food Futures: An Australian Approach

20 - 21 April 2010  
HOTEL REALM, CANBERRA

Registration site now open

For Conference updates visit the PHAA website: [www.phaa.net.au](http://www.phaa.net.au)

## Climate change and women

*Rose Durey, Policy Officer, Women's Health Victoria*

Climate change brings with it the threat of extreme weather conditions and we are already seeing this around Australia. The experience of climate change and extreme weather, however, is not the same for women and men. Climate change is not gender neutral: how women and men respond and recover differs. These differences should not be overlooked in response strategies following disaster situations. Outcomes are improved if actions take into account and target the diverse needs of women and men.



Women have a central role in ensuring community and family resilience in times of environmental stress. Women's knowledge and experience can build community strength following a disaster. However, existing gender inequality can be magnified by extreme environmental events. Women generally have poorer access to resources and are more likely than men to:

- live in poverty, rely on social services and lack savings or insurance;
- be unemployed or work in part-time or casual roles
- live alone, or be rearing children alone, and
- be responsible for others as unpaid caregivers.

This means that many women do not have the resources needed to prepare for climate change adequately and to rebuild their lives following natural disasters. This places women in a vulnerable position. More worryingly, the World Health Organisation reports that violence against women increases in places where natural disasters have occurred. Women who were subjected to violence prior to a disaster are more likely to experience increased violence after it.

Why does this happen? Some of the reasons that have been put forward include the additional stress and feelings of powerlessness felt by men post-disaster, the prevalence of post-traumatic stress disorder, the cessation of violence prevention and other social support programs for men and economic disruption. For the women experiencing violence, the situation is made worse by the fact that they may be separated from family, friends and other support systems. As well as this, police, social work and health services may be redirected as a result of the disaster.

The impact of extreme environmental events on women, including the potential for an increase in violence against women, must not be neglected. Emergency management plans and policy development need to consider gender, and support services for women experiencing violence must be maintained in the aftermath of disasters.

We must also validate women's role as primary caregivers and as the 'rock' in their families. By making sure that women's voices are heard in climate change planning and preparation, we can help to support families and communities affected by our changing environment.

Some useful resources on women and climate change:

*Women's Health Information Package for the Victorian bushfires and other disaster situations:* [http://whv.org.au/static/files/assets/cb345e83/Women\\_s\\_Health\\_Info\\_Package\\_Victorian\\_Bushfires\\_Disaster\\_Situations\\_Feb09.pdf](http://whv.org.au/static/files/assets/cb345e83/Women_s_Health_Info_Package_Victorian_Bushfires_Disaster_Situations_Feb09.pdf).

*Women's Health Victoria's Gender Impact Assessment on Women and Climate Change:* [http://whv.org.au/static/files/assets/cf54ba15/Climate\\_Change\\_GIA\\_June\\_09\\_PDF.pdf](http://whv.org.au/static/files/assets/cf54ba15/Climate_Change_GIA_June_09_PDF.pdf).

*References are available and can be obtained from the author at [rose.durey@whv.org.au](mailto:rose.durey@whv.org.au)*

# The World is Warming

*Md Shofiqul Islam, PHAA Student Member, Bangladesh*



Climate change is an alteration in the statistical distribution of weather over periods of time that range from decades to millions of years. It may be limited to a specific region, or may occur across the globe. Currently it is the most important agenda around the world and Bangladesh, too, is much worried about the changing climate. The government now feels that the country is at risk and climate change has become a topic of daily discussion here. Climate change is already happening around the world and it represents one of the greatest environmental, social and economic threats facing the planet. The European Union is committed to working constructively for a global agreement to control climate change and is leading the way by taking ambitious action of its own. Human activities that contribute to climate change include the burning of fossil fuels in particular, and agriculture and land-use changes like deforestation. These cause emissions of carbon dioxide (CO<sub>2</sub>), the main gas responsible for climate change, as well as other greenhouse gases. To bring climate change to a halt, global greenhouse gas emissions must be reduced significantly.

The warming effect of global climate change is now unequivocal. There are many observations of increasing air and ocean temperatures, widespread melting of snow and ice and rising sea levels. More specifically, eleven of the last twelve years (1995-2006) rank among the 12 warmest years recorded since global surface temperatures were first measured in 1850. Over the last 100 years (1906–2005), the global temperature has increased by 0.74°C. Global sea level has risen by 17 cm during the 20<sup>th</sup> century, in part because of the melting of snow and ice from many mountains and in the polar regions. Other recorded observations include changes in Arctic temperatures and ice, ocean salinity, wind patterns, droughts, precipitations, heat wave frequency and the intensity of tropical cyclones.

From 1980 to the end of the 21<sup>st</sup> century, temperatures are projected to increase by 1.8°C to 4.0°C. Global average sea level is expected to rise by 18 to 59 cm by the end of the 21<sup>st</sup> century. Warming is expected to be greatest over land and at high northern latitudes and smallest over the Southern Ocean and parts of the North Atlantic Ocean. Other projected changes include acidification of the oceans, reduced snow cover and sea ice, more frequent heat waves and heavy precipitation, more intense tropical cyclones and slower oceanic currents. Warming and sea level rise caused by human activities will continue for centuries, even if greenhouse gas concentrations were to be stabilized. If warming persists over many centuries, it could lead to a complete melting of the Greenland Ice sheet, increasing global sea levels by about 7m.

Humans need to adapt to the impacts of climate change, for instance through technological solutions such as coastal defences and changes in consumption habits. We are already adapting somewhat, but further efforts will be necessary over coming decades. However, adaptation alone is not expected to cope with all the effects of climate change, since the options diminish and the costs increase with rising temperatures. The vulnerability of human populations to climate change and its consequences can be affected by other factors, too, including pollution, conflicts, or epidemics such as AIDS. An emphasis on sustainable development can help human societies reduce this vulnerability although climate change itself can become an impediment to development.

Mitigation measures that aim to reduce greenhouse gases emissions can help avoid, reduce or delay impacts, and should be implemented in order to ensure that our adaptation capacity is not impaired.



## Chronic Diseases and Climate Change Two Crises – One Solution?

*Ruth Colagiuri, Menzies Centre for Health Policy  
University of Sydney*

Tsunamis have become commonplace. Food insecurity, lack of water, forest degradation and loss of natural food sources, heat stress, bush fires, flooding and droughts and new infections are among the burgeoning health threats we face. Among the greatest, but least recognised, of these threats are mental illness and the chronic diseases such as heart disease, diabetes, cancers and chronic lung diseases which now account for over 60% of the world's mortality. These diseases all too well represented among Australia's top causes of disability and death and their antecedent risks - smoking, over-nutrition and sedentariness - account for an amazing 60% of our allocated health care expenditure.

Obesity, which underpins much of the current chronic disease burden, is not just a health problem. According to UK researchers, the 'fatness' of the population has an environmental impact and wealthy western 'fat' countries emit up to 1 billion tonnes more greenhouse gases than their 'leaner' developing country counterparts.

Australia is one of the wealthiest, most urbanised, and fattest countries on earth. We give off more carbon emissions per capita than most and remain deeply attached to our cars. We still insist on designing our urban areas with curling streets and cul-de-sacs that isolate and alienate even though, as a recent Sydney study found, living in more sprawling suburbs increases the risk of overweight/obesity and inadequate physical activity. The way we eat is not only making us fat and sick, but the way we produce, transport and store food is degrading our soil and poisoning the atmosphere. How we build and design our human environments and how we do business not only impacts on our health but is damaging our natural environment.

According to US researchers Richard Jackson and Chris Kochtitzky, chronic diseases "steal vitality and productivity and consume time and money - heart disease, diabetes, obesity, asthma and depression - are diseases that can be modified by how we design and build our human environment". Climate change can also be mitigated by how we design our environment. Getting people out of cars and walking or cycling can increase physical activity levels and reduce vehicle kilometres travelled and so CO2 emissions.

There are a number of approaches that could be taken to address the twin crises of climate change and chronic diseases, but some core strategies stand out.

Climate change is also a hot topic in boardrooms and big corporations of all kinds are scrambling to reduce waste and the amount of water and energy required to produce and market their services and products. Many have already taken dramatic steps to reduce their environmental impact. The imperative here is for public health to find productive and transparent ways of working openly and ethically with big business to effect the inclusion of strategies to reduce obesity and chronic disease risk in their agenda.

We need genuine engagement with the full range of components and elements of government and civil society to gain a detailed understanding of, and respect for, the needs and imperatives of all sectors. Only then can a core substrate of public, social, health and business policies for an integrated approach to climate change and chronic diseases be developed and implemented.

We need intelligent and balanced advocacy. This will require the capacity to communicate equally convincingly with the full range of interests. Our position must be built on a mix of individual, corporate and public responsibility and framed around diverse foci, including personal suffering and hardship and productivity and economic

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## Chronic Diseases and Climate Change Two Crises – One Solution?

*Continued from page 14*

sustainability, as well as conservation of, and adaptation to, diminishing natural resources.

These strategies cannot succeed without evidence. Our counterpart climate scientists already have a history, established methodologies and a body of knowledge about climate change and interventions for modifying it. However, while we public health researchers have achieved excellence in epidemiological/descriptive research, we still have relatively little empirical evidence about public health interventions. Although this may be ameliorated by the recent Nutbeam Report to the NHMRC on public health research, we need research funding to meet the urgent need for more evidence about the interface between chronic diseases and climate change.

Climate change and chronic diseases are about intergenerational equity. If we want to leave future generations with an equal chance for survival, security and prosperity, the time to act on these issues is now.

References are available on request: Email: [rcolagiuri@med.usyd.edu.au](mailto:rcolagiuri@med.usyd.edu.au) or call 02 9036 6357

### ***Write a poem - win a prize***

*Thatcher, Howard and Bush*

*All spoke neo-liberal mush:*

*'Let the capitalists scheme*

*The market's supreme.'*

*... As long as the oil wells gush!*

Do you think you can do better than that? Fine, prove it. Write a limerick, clerihew or haiku about neo-liberalism and/or capitalism and send it to Peter Sainsbury ([sainsburyp@email.cs.nsw.gov.au](mailto:sainsburyp@email.cs.nsw.gov.au)) before midnight on 16<sup>th</sup> December and you could win a copy of *The Spirit Level: why more equal societies almost always do better*, by Kate Pickett and Richard Wilkinson.

The judges are Deborah Gleeson and Peter Sainsbury and their decision will be final. Although wit and pith are likely to be well received, the judges' personal prejudices will be the sole assessment criteria. Any special pleadings (before) or whinging (after) the decision is announced will be treated with the same contempt as a letter of complaint to Telstra. Poets can submit as many entries as they wish. The writers of the best two poems (remember, they must be limericks, clerihews or haikus) will each receive a copy of *The Spirit Level*. Let the poetic juices flow and may the best satirist win.

## The social determinants of health matter for public health in Australia

*Helen Keleher, Monash University*

Historically, from the latter half of the nineteenth century, public health in Australia, Britain, USA and many other countries was focused on concern for the health of the most vulnerable. The social basis of health was understood by early public health advocates like Friedrich Engels (1820-1895) in Britain and W.G. Armstrong in NSW and, as a result, the early public health movement was wide-ranging. Reformers oversaw not just the universal provision of clean water, sewerage, food safety and improvements to environments that benefited the whole population, but also targeted health, education and social care services for the most vulnerable, particularly poor mothers and factory workers.

However, the social gradient of poor health in populations has persisted over time. Australia has the fifth highest level of income inequality in the world: wealth is concentrated among the richest 20% of the population. Meanwhile we have increasing numbers of people struggling to maintain health and well-being while living in chronic poverty. To those that hold true to values of social justice, fairness and equity, it matters that more people are becoming trapped in poverty. Patterns of variability in health and social outcomes between populations characterised by such concentrations of wealth and poverty cannot be ignored.

Much of Australia's taxation policy has a disproportionate effect on the poor. Fiscal strategies, budgets, taxation and education are public health issues, especially for children and women. In 2006, 87% of single parent households were headed by women. Many of the industries hardest hit in difficult financial times are female-dominated: for example, many women are employed on a casual basis in the retail and hospitality industries, Australia has a high incidence of children growing up in households with no adults working. Joblessness generates tension and conflict in families, with resultant poor health, family violence, social exclusion and social isolation. It takes a whole society to raise children so that they realise their potential for health and well-being. If the economy is one of the primary causes of health inequalities then solutions must also be found in economic policy and programs. However, while tax strategies can make inroads into poverty reduction, changing the life trajectories of disadvantaged children will require not just fiscal reform but a public health imagination that engages all sectors involved in child development.

Poorer neighbourhoods and areas of lower socioeconomic status have much higher rates of smoking, type 2 diabetes and overweight. It makes economic sense to focus on population health and prevention rather than targeting individuals as many of the factors that contribute to poor health are out of their control. We can raise the price of alcohol or educate someone in chronic disease self-management, but we are wasting our time if we don't simultaneously work to change the environments that made them sick in the first place.

There are biological consequences of lack of autonomy, and these mechanisms work both at individual and population level. Highly unequal societies - Singapore, USA, Portugal, UK and Australia, for example - are stressful, not only for the poor but also for the very rich. These biological effects and the relationship between disease and stress and low levels of control over work and life are increasingly recognized.

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## The social determinants of health matter for public health in Australia

*continued from page 16*

Climate change does, and will continue to, affect all people, but it is predicted to impact disproportionately on the poor. The poorest of the poor in the world, including poor people in Australia, will be the worst hit by climate change.

The behaviour/high risk factor/disease paradigm is popular in disease prevention and in public health, but as a stand-alone strategy, behaviour change is simplistic. The determinants of individual risk are different to the determinants of differences between populations. Health is the product of more than the direct cause-effect disease relationships suggested by behaviourism. Health and disease result from complex interactions across a wide spectrum of social, environmental, economic, cultural and political factors. Therefore we must work at many levels, not just on behaviours.

Addressing the social determinants of diabetes, cardiovascular disease and mental health will play a greater role in preventing these diseases than behaviour or lifestyle modification. The quality and length of time spent in school and post-school education, employment, access to money, food and security, the quality and affordability of housing, and freedom from violence and discrimination, are all fundamental factors in health and disease. They are the new landscape for public health action.

There is increasing evidence that low health literacy is a better predictor of poor health than any other factor. Just 40% of all Australians have 'adequate' levels of general literacy, so 60% have less than adequate literacy levels. Just 6% of the Australian population have high health literacy levels. Only three in ten Australians are able to demonstrate the goal-directed thinking and action needed to manage non-routine situations – for example those posed by new or complex health needs - effectively. The net result of poor health literacy is poorer health.

The World Health Organization saw fit to establish a Commission on the Social Determinants of Health to draw together the evidence on the social conditions and causal pathways to poor health, but Australian governments are yet to take this seriously. This evidence about social causes of poor health, disease and inequity cannot be ignored. The public health community has a mandate, by virtue of its values, expertise and organisational capacity, to send clear messages to governments about where and how to tackle the determinants of health problems. Concerted action is required if Australia is to turn the tide of rising chronic disease rates and prevent further erosion of health and social differences between populations.

References are available from the author.  
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## Book Review

### The Spirit Level: why more equal societies almost always do better

by

**Richard Wilkinson & Kate Pickett.** Allen Lane, 2009

*Reviewed by Deborah Gleeson*

Since finishing my thesis a few months ago, I haven't been tempted to read many books, but this was hard to put down. I thought it would be important but dry; instead I found it a good read, with surprising and interesting things on just about every page.

The main argument of the book is a simple one. Amongst rich countries, unequal societies do worse by almost every social and health measure. More unequal societies are bad for almost everyone – for the better off as well as for the poor.

Using clear arguments in plain language, backed up by easy-to-understand charts, Wilkinson and Pickett bring together data showing associations between income inequality and many health and social problems, including poor health, violence, mental illness and drug use, obesity, teenage pregnancy, high rates of imprisonment, and poor educational performance.

What excited me most about this book, apart from the sheer weight of the evidence, was the way the authors have made it so understandable and quotable. It brings social epidemiology – and much more importantly, the damaging effects of inequality - into the public domain.

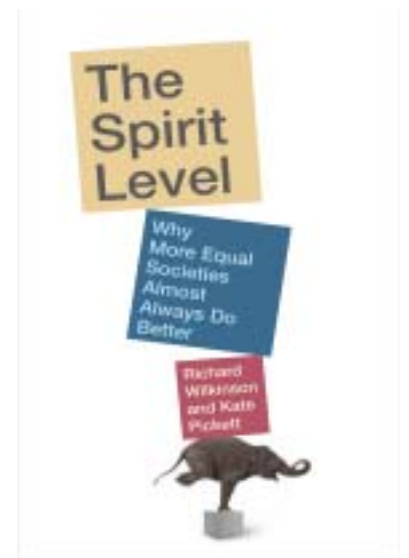
Wilkinson and Pickett challenge the myth that economic growth leads to improvements in quality of life. One of the first charts in the book shows how life expectancy increases rapidly during the early stages of economic development, but as countries get richer, the relationship between economic growth and life expectancy disappears.

One of the most important messages of this book is that reducing carbon emissions means limiting economic growth in rich countries – and that this can be done by reducing inequalities. They argue convincingly that reducing inequalities can improve quality of life without requiring further economic growth, and that greater equality can also foster the public-spiritedness that we need to be able to develop sustainable economies.

I had only two frustrations with the book. Firstly, the authors do not have a great deal to say about the far more serious issue, in my view, of inequalities between countries and the millions of people who live in absolute poverty. Their analysis is based only on rich countries. While their aim is to inform social movements directed to more equal societies, I think social movements must focus on, and involve, the global South as a first priority.

Secondly, I found the concluding section of the book vaguely dissatisfying. The authors argue that addressing inequalities requires gradual transformation rather than an overhaul of current economic systems. While this approach might be more realistic than revolution, I'm not sure that it adequately addresses the entrenched power relations that work against such transformations.

For a thoughtful and interesting critique, see also David Runciman's review in *The London Review of Books* which is available at: <http://www.lrb.co.uk/v31/n20/david-runciman/how-messy-it-all-is>.



## Film Review

# The Corporation: The Pathological Pursuit of Profit and Power

*Documentary film written by Joel Bakan ,directed by Mark Achbar, Jennifer Abbott & Joel Bakan)*  
*Reviewer: Pip Duncan, PlanHealth Pty Ltd Coledale, NSW.*

Writer and director Joel Bakan argues that the legally defined mandate of the corporations is to pursue, relentlessly and without exception, its own self-interest, regardless of the often harmful consequences it might cause others directly or through environmental harm. He sees the corporation as a pathological institution and a 'dangerous possessor of the great power it wields over people and societies.'

Based on a book published in 2004, the basic premise of the documentary is that, under present law, a corporate entity is considered in the same way as a person. Applying the same personality characteristics as applied to people using the Diagnostic and Statistical Manual of Mental Disorders DSM-IV (DSM-IV), the behaviour of corporations fits the diagnostic criteria of a psychopath.

The Macquarie Dictionary describes psychopathic as 'denoting a personality outwardly normal but characterised by a diminished sense of social responsibility, inability to establish deep human relationships, and sometimes, abnormal or dangerous acts'. The definition is supported by that in the DSM-IV diagnostic criteria.

The documentary illustrates, through case studies, how the corporation is:

- Irresponsible - it puts others at risk in pursuit of its own goals
- Manipulative - it manipulates people and opinion in pursuit of its goals
- Grandiose - it always insists that it is the best
- Reckless - it refuses to accept responsibility for its actions
- Remorseless - it cannot feel remorse
- Superficial - it relates to others in a way that does not reflect its true self

In spite of corporations meeting the criteria of psychopathy, the film also provides examples of how corporations can behave differently by being respectful of the rights of workers, their customers and the impact on the environment.

There are calls for a greater sense of social responsibility and more government control of corporations. However, it could be argued that this approach fails to appreciate that a psychopath, by definition, is immune to such moral calls. Some critics might add that we could apply the same analysis to capitalism itself.

The Corporation includes interviews with 40 corporate insiders and critics, including Noam Chomsky, Naomi Klein, Milton Friedman, Howard Zinn, Vandana Shiva and Michael Moore. There are true confessions and there are strategies for change.

A trailer of the documentary can be viewed on the website (<http://www.thecorporation.com/>) where it is possible to get further information or to purchase a DVD, which is also available for rent in many local video shops.

# Health Care Reform US style



*Tarun Weeramanthri, WA Department of Health*

I recently attended the American Public Health Association's Annual Conference in Philadelphia. The day I arrived, the US House of Representatives passed the *Affordable Health Care for America Bill*, known as the Health Care Reform Bill, by 220 votes to 215, in a chamber where Democrats hold 258 seats.

TV channels were filled with 'this is a historic moment' commentary and the visuals were of celebratory groups of Democrats led by House Speaker Nancy Pelosi.

But speakers at the conference, especially those who had been most involved in lobbying for health care reform, were sceptical about what had actually been achieved, worried that too much had already been compromised in getting the Bill through the House and concerned that further compromise in the Senate would lead to health insurance reform without sufficient health care reform.

The pluses seemed obvious enough: health insurance for the majority of the 45 million Americans currently uninsured and an end to insurance companies refusing coverage on the basis of pre-existing health conditions. But the negatives were soon to emerge, too, as analysis of this 2000 page Bill began in earnest.

Historians pointed out that similar efforts to reform health care and health insurance go back more than a hundred years in the US, and they were largely unsuccessful, apart from the introduction of Medicare for the elderly in 1965 and, later, Medicaid for the desperately poor. Insurance is often unavailable or unaffordable for the unemployed and the working poor. A goal for many liberals and health policy analysts has long been a single payer system akin to Canada's, but with service delivery still mainly through the private sector and a lesser role for the big insurance companies that currently dominate.

Much of the debate preceding discussion of the Bill centred on a public option: a government-run insurance option for those unable to get private insurance. The majority of Democrats favoured this and most Republicans opposed it. It is important to note that the party system in American politics is less strict than it is in Australia and voting 'against the party line' is much more common in the US.

Many opponents raised the spectres of 'socialised medicine' and government intrusion into the physician-patient relationship, constant themes in resistance to reform over the last century. Newer issues included scare-mongering over government funded 'death panels' and illegal immigrants accessing health care insurance. But there were also surprise supporters, including the American Medical Association.

The Bill that passed through Congress contained a public option, but with the Bill still to go through the Senate, there is no guarantee that this will survive. The current version of the Bill in the Senate, which is different to that in the House, allows individual States to opt out of offering a public insurance option.

And other concerns are being raised: whether there are sufficient measures in the Bill to curb the overall cost of health care which is currently running at 16% of GDP and rising; whether it would be better to finance the changes through a tax on high income earners or a tax on high cost insurance plans; and whether the provision to force people to take out some form of health insurance is consistent with the US Constitution which is ultimately a matter for the Supreme Court.

*continued on page 21*

## Health Care Reform US style

*continued from page 20*

The Bill contains provision for a Preventive and Wellness Trust Fund for community based prevention to strengthen the State and local level public health workforce and capacity, support workplace wellness programs, improve data collection (including on health inequalities) and fund prevention research. This is costed at \$34 billion over 10 years. There are also incentives to reward reductions in preventable hospital admissions and expand Medicare benefits for preventive services and immunisations.

However, the key issue that emerged in the week following the passage of the Bill through the House was entirely unexpected. As part of the deal that guaranteed support from a section of more conservative Democrats, an amendment was passed that seems to further restrict women's access to abortion. This Stupak amendment came under intense fire from a range of reproductive rights groups. The position of the President and most Democrats seems to be that they do not want to alter the status quo, which allows access to abortion, but without public funding. But the Stupak amendment seems to go further by not allowing women who might receive subsidies for health insurance to use their own money to buy insurance for abortion.

So, where to from here? The Senate has already committed to commencing debate on its version of the Bill immediately, with a view to concluding discussion before Christmas. Whereas the debate in the House took a day, the Senate debate will take weeks. House and Senate have very different rules and procedures. There is much more latitude in the Senate for minority Senators to delay Bills.

Eventually, House and Senate will come up with their own Bills, and then a Committee of both Houses, called a Conference Committee, will produce a compromise Bill to be voted on in both Houses before going through to the President for final sign-off. So the road ahead is long and complex. What is most remarkable to an outsider is that an historic Bill on health care reform seems to have changed into a debate on abortion rights. Only in America...

### **Global Health Action Special Volume 2009**

#### **Climate Change and Global Health: linking science with policy**

**Climate change and global health: linking science with policy Heat, work and health: implications of climate change**

Guest Editor: Tord Kjellstrom

**Climate change and infectious diseases**

Guest Editor: Rainer Sauerborn

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"This is a publication of a specially prepared cluster of papers prepared for the UN Climate Conference in Copenhagen in December.

Guest Editors Tord Kjellstrom and Rainer Sauerborn, together with leading experts in the field, address the direct and indirect impacts of global warming upon health and suggest policy strategies in Climate Change and Global Health: linking science with policy. Their message is that health impacts should be a central topic in the ongoing debate on climate policies. (Published 11 November 2009)

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**SIG** - Special Interest Group

**AIHW** - Australian Institute of Health & Welfare

**WHO** - World Health Organization

**ACT** - Australian Capital Territory

**NSW** - New South Wales

**VIC** - Victoria

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**Editors: Elizabeth Proude, Susan Stratigos, Jacky Hony & Pippa Burns**

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