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Off-duty observations – how does Australia compare?

*Michael Moore, CEO
Public Health Association of Australia*

A comparison of achievements and challenges in public health is always interesting when travelling overseas. I thought it worthwhile sharing a few observations that I made on a recent vacation to Hong Kong, Finland and Russia.

Tobacco

Tobacco is one area where Australia can be proud of leading the way. It did not take long in restaurants and just about anywhere in St Petersburg and Moscow to remember the bad old days and to recognise the challenges that the Russians face.



Billboard on bus seat in St Petersburg

It is notable that there is no-one smoking on the metros in either St Petersburg or in Moscow and that the long distance trains have more than half of the carriages designated as non-smoking. Perhaps it is an understanding of how far they need to go that leads to the use of confronting advertising techniques. The billboard on a bus bench was shown to me by a young person (a non-smoker) who considered it very effective. Part of the reason was the importance, of reaching out to young women with a very clear message – clearly an area felt to be a priority. What the Russians seem to be doing in reaching out to this demographic made me question whether the community finds this too confronting. Perhaps the controversy helps raise the issue of young women and tobacco. However, the notion that smoking is “another form of suicide” does tend to emphasise the personal responsibility element of the tobacco debate, shifting the responsibility away from policy makers.

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Off-duty observations – how does Australia compare?

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However, Hong Kong provided an example of one aspect where Australia is lagging. Notwithstanding that Hong Kong has extraordinarily high density population it is interesting that they have been able to manage to exclude smoking in public areas. Perhaps even more surprising, considering the nature of tobacco addiction and the number of people who smoke, is that the ban was respected.

Alcohol

And speaking of confronting, I found it quite perplexing at about nine in the morning to watch the number of people drinking heavily in a bar in Helsinki while they waited for the ferry to take them across the Baltic Sea to Tallin, Estonia. The main reason for the trip for many of the travellers was to buy the much cheaper alcohol that was available in the former Soviet state which is now a member of the European Union. The advantage for them is that there are no declarations to be made on the return from Estonia.

The return trip was even more amazing as cartloads of cartons of booze were dragged up the gangplanks. As the ship was a car carrier that crossed the Baltic, I wondered how many cars were loaded to the gunnels!

The Finnish government has taxed alcohol as part of their approach to reduce the associated harms. They have the same laws on drink driving blood alcohol concentration as in Australia but I was told by a number of the locals (including a waiter) that you simply could not drink and drive. Perhaps it is the way they perceive drinking - but the message was clear.

The Russian President Medvedev said on August 12 in 2009 that alcoholism had become a “national calamity,” and the Russian National Institute of Health suggested on average every man, woman and child consumed the equivalent of 18 litres of pure rubbing alcohol per year. The Lancet published a finding in 2009 that also concerned Medvedev suggesting that alcohol was a cause of more than half of all Russian deaths at ages 15–54 years. The British Medical Journal identified Russian male life expectancy as 58 years in 1999 and the Russian Demographics in 2010 suggest 59.33 years. This is comparable to that of Indigenous Australian males. Most commentators in Russia consider that alcohol and tobacco use are the major contributors to such a low life expectancy.



Russian “Standard” vodka (200 roubles)

Alcohol availability is clearly presenting an even greater problem than in Australia. Vodka “Standard” is high-end vodka in Russia and was available for around 200 roubles – or about \$8 Australian for a 750 ml bottle. Cheaper versions sold for as little as 100 roubles. Such bottles seemed to readily available in supermarkets that had very large alcohol sections. Most of the stock seemed to be spirits, although there was plenty of beer and wine from Russia and around the world.



No smoking in this park in Hong Kong

Corporate Social Responsibility?

As Russia has moved from a Communist State to rampant, barely fettered capitalism over the last couple of decades it certainly has favoured non-interference and provides a warning to those who believe that we can rely on “corporate responsibility” – especially when it comes to advertising.

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The best example comes from Nestle, the world's largest manufacturer of food. In central Moscow one of the most notable landmarks is Red Square right next to the Kremlin. From Red Square it used to be possible to view the 'wedding cake buildings' – the Department of Foreign Affairs in one direction and the Department of Agriculture in the other. Apparently this sort of environment is not as important as selling products such as Nestea (see picture below). Those who advocate just leaving decisions to large food industry ought to be having second thoughts.



The Wedding Cake Building Moscow



Billboard from Red Square

The building above is what ought to be able to be seen from Red Square just next to the Kremlin. This provides just one example of the outcomes that can be expected when advertising has very limited restrictions. At least this billboard is not advertising alcohol or tobacco – although of course there are plenty of those sorts of advertisements on the streets, in the metros and in stores.

Injury Prevention

I could not help including the Finnish picture which seems to me aimed at injury prevention. It was taken on a small road in the Western Archipelago out of Turku near Naantali. It was actually warning drivers about a ferry ahead and the danger if it is on the other side picking up cars.

Finland seemed to making great strides in areas such as smoking and, despite the challenges ahead of them, in alcohol regulation.

Conclusion

Travelling in other countries does provide an opportunity to evaluate what is happening and what can happen in our own. The opportunity to examine some areas through a public health lens allows a different perspective. I have focussed on the obvious and have not commented on such areas as equity issues as it would be appropriate to take much more time to examine such issues before commenting on countries where there were such fabulous people and so many exciting experiences.



Road sign, near Naantali, Finland

Should we be concerned about the health impact of PACER-Plus (a new trade agreement) on Pacific Island Countries?

Wes Morgan, Cassandra Fletcher, Deborah Gleeson and David Legge



At the 2009 Pacific Island Forum Leaders' Meeting, held in Cairns, it was announced that Australia and New Zealand would begin negotiations for a new trade agreement with 14 Pacific Island countries. This trade agreement, to be called PACER-Plus, would replace existing trade arrangements in the region.

It is well established that trade relations (and trade agreements) affect health, and not always positively. PACER-Plus has the potential to enhance, or degrade, health and access to health services in the Pacific Island countries. The current negotiations provide the opportunity to promote economic development in the Pacific, to progress Health for All, and make progress towards realising the Millennium Development Goals (MDGs). However, there are also a range of ways a new trade agreement could undermine health in the region – for example by reducing government revenue available for health spending, by raising prices for patented medicines, or by encouraging the privatisation of health services.

In April 2010, the People's Health Movement (Australia), in association with the Public Health Association of Australia and the Institute for Human Security at La Trobe University, convened a Public Forum on Trade and Health in the Pacific, which was held in Melbourne. This forum, brought together a range of public health experts, trade analysts, and Pacific commentators, posing the question 'PACER-Plus: Should we be concerned?'

Overwhelmingly, those who attended the Public Forum decided that public health professionals, and anyone interested in public health in the Pacific Island countries, should be concerned about the potential implications of PACER-Plus.

Expert speakers canvassed a range of potential health implications for Pacific Island countries including:

- Increased exposure to cheap junk food, alcohol and tobacco (and reduced policy space for governments to regulate these products);

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Should we be concerned about the health impact of PACER-Plus (a new trade agreement) on Pacific Island Countries?

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- Increased foreign investment in health care, resulting in privatisation of health care delivery and, ultimately, two-tier health systems;
- Increased cost of medicines associated with intellectual property provisions;
- Exacerbation of 'brain drain' (migration of health personnel from low income to wealthy countries) due to opening up of health sectors to foreign competition;
- Implications for employment and economic development;
- Increased gender inequality and worsened economic and social status for women resulting from job losses, reduced social services, and price fluctuations in imported goods.

Participants agreed that promoting sustainable 'social development' should be a key goal for PACER-Plus, and that it is not self-evident that the liberalisation of markets would necessarily promote the realisation of social development in the Pacific Island countries. Participants felt that PACER-Plus should not be negotiated as a reciprocal free trade agreement, and that the negotiation of a new agreement must take into account the unique and inherent circumstances of the Pacific Island countries.

In particular, participants felt that the PACER-Plus negotiations must not result in an agreement that impedes the ability of governments in the Pacific to fulfil their obligations to respect, protect and fulfil the universal human right to the highest attainable standard of health.

Participants identified priorities for advocacy, research and capacity building to ensure that health is taken into account in the PACER-Plus negotiations. A full report of the forum, including summaries of the presentations, is available from the PHM Oz website <http://phmoz.org>

This is clearly an issue which is important for public health professionals in Australia to be involved with. PHAA is taking an active role in further advocacy and awareness raising activities.

The authors would like to thank the Victorian Branch of PHAA and the International Health, Political Economy of Health and Primary Health Care SIGs for their sponsorship of the PACER-Plus forum.

Dig into public health's recent Australian history

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Food Inc - why it's so relevant for Australia audiences

Reprinted from: Croakey, June 16, 2010

Food Inc. is not simply a documentary that exposes America's industrialised food system and its effect on the environment, health, economy and workers' rights. It's a campaign that encourages people to become actively involved in fighting for a healthier, fairer food supply.

Unfortunately, Croakey has not yet had the opportunity to see the film for herself, but is delighted that Associate Professor Mark Lawrence, an expert in public health nutrition at Deakin University, has provided this review:

"Food Inc provides a devastating expose of the dysfunctional nature of the modern food system. It is a film that highlights the hypocrisy behind government attempts to encourage individuals to eat a healthy diet, while at the same time pursuing policies and partnerships with large food companies that create unhealthy food environments. The film explains that in the space of a few generations the food system has been transformed from its ecological basis to a highly efficient commercial entity controlled from seed to supermarket by a small number of large multinational corporations. Revealing footage illustrates how the drive for increased efficiencies, 'innovations' and profit are positioned ahead of public health, social, animal welfare and environmental interests. For example, viewers are shown inside chicken farms that have become highly mechanised factories controlling drug and nutrition inputs that can produce a full weight chicken with enlarged breasts in 49 days that otherwise would take three months.

A particularly stark example of the exploitation of the power differential in the food system is illustrated through Monsanto's pursuit of an elderly farmer. The farmer operated a creaky old seed cleaner machine to help a handful of his friends preserve their seed supply. From a public health perspective this might be seen as a public good because it is protecting seed biodiversity albeit with contamination from some of Monsanto's genetically engineered seed. In the commercial world it was defined as a threat to ownership of a seed's genetic material. The film shows Monsanto's team of lawyers challenging this individual. After losing his savings attempting to defend himself, Monsanto then extracted the ultimate indignity, through tears he is shown being forced to reveal the names of his close friends to whom he had supplied cleaned seed.

Food Inc does not address food systems in other countries. So, how relevant is its analysis to the Australian context?

When we consider Australian circumstances such as the huge proportion of chicken meat sourced from intensive chicken factories, the duopoly controlling approximately 75% of the food retail sector and the pervasive influence of food industry interests in state and commonwealth food regulation committees, the answer is 'very relevant'. There is a common lesson. Control of the food system by large corporations supported by government policies driven by an ideology of deregulation and the pursuit of unfettered growth, has resulted in a food system that is a commercial success, but a public health, social and environmental failure.

Clearly, the film's producers are aware that in exposing how large corporations are so entrenched in controlling the US food system they risk further disempowering the citizens they are attempting to inform. Much attention is devoted to actions and reforms to help shift the various power relationships within the food system. For example, linking food producers directly with citizens, making governments more accountable for their decision-making and encouraging citizens to 'vote' through the choices they make each time they purchase food.

The film's closing credits are accompanied by, Bruce Springsteen's 'This land is your land' – providing a powerful reminder of the film's core message. The film itself is one component of a broader campaign to promote change – there is a Food Inc website (www.foodincmovie.com) with valuable complementary information."

Women's Health Special Interest Group (WHSIG) activities

*Angela Taft, Women's Health
SIG Convenor, PHAA*

WHSIG has been busy with two major activities related to our priorities of sexual and reproductive health and maternal mortality.

First we were invited to partner the International Council of Women and the International Women's Development Agency and Federation of University Women to sponsor a workshop on Social Determinants of Maternal Mortality (Millennium Development Goal 5 - MDG5) at the upcoming United Nations Department of Public Information (UN-DPI) NGO conference that is being held in Melbourne at the end of August. We

have had confirmation that this bid has been successful and that the Victorian Branch will fund a speaker from the Aloia Foundation in East Timor, where maternal mortality is a serious challenge.

This activity will underpin our workshop on maternal mortality at the National Conference. This joint workshop, planned with the International Health SIG and the Primary Health/Political Economy of Health SIGs aims to develop recommendations and advocacy with the Australian government on Australia's role in reducing determinants of maternal morbidity in the Asia Pacific region. This will include consideration of sexual and reproductive policy and services in the region. We are trying to bring Ruby Mirinka from Bougainville to take part in this workshop (some of you will remember her from a previous Adelaide conference when she ran the blockade). Ruby was recently made a "Member of the British Empire" for service to Health Education and Administration in the June Queen's birthday honours.

WHSIG is also in collaborative talks with the Australian Reproductive Health Alliance, Sexual Health and Family Planning Australia and Marie Stopes to bid for the 2013 Asia Pacific Sexual and Reproductive Health Conference for Melbourne and for pre-election advocacy for a national Sexual and Reproductive Health (S&RH) Strategy.

WHSIG members met for informal drinks and networking at the National Women's Health conference in Hobart in May. Also thanks to members Catherine McKenzie and Lisa Amir, who have submitted the Domestic/Family Violence and Breastfeeding policies for revision at this year's conference.



Photo from the AWHN conference get-together

Correspondence with Ruby Mirinka

Anyone who attended the PHAA Melbourne conference in 1997 would remember an inspiring and remarkable woman, Ruby Mirinka, who ran the PNG blockade from Bougainville to bring to Australia the story of the dreadful health damage caused by the blockade to her people, and her and her colleagues attempts to maintain some basic health care for people, including birthing women. Conference gave her a standing ovation.

By a coincidence Angela Taft WHSIG convenor came across Ruby's contact details and invited her to join us once again in Adelaide for a workshop on maternal mortality. As you can see (next page), she is unable to come, but we thought PHAA members might like to hear what Ruby is doing.

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Correspondence with Ruby Mirinka

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"Thanks for the invitation to participate in your coming public health annual conference, unfortunately I would be away during that week in Rabual for my tutorials. I am currently doing my Masters in Administration after many years of being away from schools, and its so good that I am doing some upgrading studies. I am employed by the Leprosy Mission New Zealand as a manager for Bougainville Healthy Communities Programme (BHCP) in Bougainville. Its an integrated community Health Programme similar to the programme I had during the Bougainville Crisis. The only difference now is that I have been mandated by the Department of Health in the Autonomous Bougainville Government to Manage BHCP. The programme focuses on TB, leprosy, malaria, safe motherhood, family planning, immunisation, nutrition (babyfeedings) hygiene sanitation, and HIV/AIDS. We educate communities through Chiefs and Village Health Volunteers(VHV) to improve

family and community health. And, to help communities finance their identified community health needs, we train them to establish village treasuries in their villages. I have total of 12 staff working in 5 Districts. The programme will rollout to whole 13 Districts of Bouginville by about 2014. We train 2 VHV's (male/female) for each village with 200 population. The 5 districts have total of 461 villages and we are currently working in 380 villages, by end of this year we would be able to complete all the villages and move to new Districts in 2011.

The main roles of the volunteers are to provide health awareness and training in their villages, coordinate hygiene and sanitation, mobilise mothers and fathers for antenatal care and supervised deliveries, family planning, babies immunisations, and directly observe treatment (DOTS) for TB patients and monitors health status and do patient referrals as required. It's a huge programme and we do our best and are seeing good results in the communities. Angela sorry to bore you with long story but its so nice to share with someone I have known. Please pass my regards to anyone else I have met in the past, and may be you might like to come one day to Bougainville and see us. We would love to have you visit us. Thanks and cheers. Ruby."

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Highlights from Queensland

Rhianna Murray, PHAA, QLD Branch

Abortion law reform:

The Queensland Branch is continuing its advocacy on abortion law reform in Queensland. On March 8 (International Women's Day), the PHAA-QLD branch sent letters outlining PHAA's commitment to abortion law reform within Queensland. The Shadow Health Minister, Mark McArdle, was happy to discuss the issue further with Danette Langbecker and Peter Anderson representing PHAA-QLD. We will continue to work with the ProChoice group and advocate for change in Queensland.

New website:

The PHAA-QLD Branch is pleased to announce that we have launched a new and improved website: <http://branch.phaaql.org.au>. This website will be regularly updated with information on the branch's networking opportunities, events and initiatives including our Branch Conference.

Events:

The Elkington Oration was held earlier this year in April. PHAA Chief Executive Officer, Michael Moore, opened the evening and introduced our guest speaker Professor W Phillip T James from the London School of Hygiene and Tropical Medicine presenting "*Why the Future of Food is Important for Health*". The oration generated much interest and we were pleased to note over 70 people attended the evening. Many enjoyed the networking opportunity after Professor James' presentation. The presentation was audio-recorded and is available for download from the new website.

To continue our networking efforts, PHAA-QLD is busy organising a charity Trivia Night to support Smiling for Smiddy. Smiling for Smiddy raises funds for cancer research and health care by activating individuals and communities in the fight against cancer. This event will be held on Friday September 10th at the Ithaca Bowls Club in Brisbane and will be a great opportunity for networking. Stay tuned for more information as it becomes available! We are hoping this will be the first of many opportunities for the PHAA-QLD branch to raise money and support local public health charities.

Conferences:

The 2010 State Conference "*Living Well: Programs, Policy and Research to Improve Public Health*" is fast approaching. The conference will be held in Brisbane on the 19th and 20th of July and will feature 2006 Australian of the Year, Professor Ian Frazer as the keynote, presenting "Vaccines: Projects, Progress and challenges".

This is a great conference for students, early career researchers, practitioners and those working in policy to present their work in a supportive environment. Delegates will also hear about some of the exciting developments in public health happening across Queensland, and the difference that Queensland researchers are making to public health internationally.

We are also pleased to announce the winner of the 2010 National Conference Indigenous scholarship, Ms Peggy Manton-Williams. This Scholarship will support Peggy to attend the PHAA conference in Adelaide and assist her in sharing her experiences back in Queensland. Congratulations!

In addition to this, the Queensland branch will be hosting the 41st Annual PHAA National Conference in September 2011. Dr Sara Gollschewski and Dr Peter Anderson have taken on the role of conference co-convenors. The scientific committee, chaired by Professor Andrew Wilson is currently developing the program and the social committee is working on exciting events to keep you interested, engaged and active at the conference.

The Public Health Association of New Zealand

The Public Health Association of New Zealand's (PHANZ's) is advocating for the removal of the Goods and Services Tax (GST) from healthy food.

New Zealand's GST will rise from 12.5 percent to 15 percent in October 2010, a move increasing the costs of basics such as food, rent and petrol which will most severely affect low income earners. Tax cuts announced in May's budget to offset the rise in GST will also do the least for this group.

This time a year ago the World Health Organization urged all countries to make sure everyone has access to food and other goods essential to health and wellbeing. In New Zealand, Ministry of Health reports have identified low income earners and beneficiaries – particularly Māori and Pacific peoples – as already struggling to put enough nutritious food on the dinner table to sustain basic good health into the future.

That's not surprising when highly sugared drinks are cheaper than milk, processed food cheaper than fruit and vegetables and white bread cheaper than wholegrain.

The PHANZ's National Executive Officer Dr Gay Keating recently warned the government that in years to come, New Zealand taxpayers will be supporting the health needs of those who cannot afford nutritious food today.

Proportional representation in Parliament replaced first-past-the-post in New Zealand in 1993. This has resulted in a more representative parliament. One of the big changes has been the development of the Māori Party. Māori Party MP Rahui Katene is running a campaign to have the GST removed from healthy food which PHANZ is supporting.



Recent research from the University of Auckland found that while providing nutritional information had no impact, when GST was removed from healthy food there was an 11 percent increase in its purchase.

The opposition Labour Party has publicly mulled over the idea of removing GST from fruit and vegetables. The argument against this (from both the current government and the past Labour-led administration) is that the GST system in New Zealand is extremely simple to administer. Fiddling with it would make it more complicated and costly. Labour has said, however, that restricting the removal of the tax to just fresh fruit and vegetables would go some way to keeping the system simple.

PHANZ is urging MPs to vote Ms Katene's Member's Bill through to the parliamentary Health Select Committee which would examine these issues alongside the undoubted benefits of removing the tax from healthy products.

Last month Parliament overwhelmingly approved a 30 percent increase in the excise on tobacco: a move to encourage smokers to quit and to dissuade would-be smokers.

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The Public Health Association of New Zealand

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As Dr Gay Keating said recently, removing GST from wholesome food would, in the same way, help people make healthier choices about what they eat.

If removal of GST is a bridge too far for our government, PHANZ would like serious consideration given to a modest tax on foods that are very high in saturated fats (over 25 percent) or very high in sugar (over 50 percent free sugars).

While not the whole answer, the PHANZ believes either the removal of GST or addition of a fat/sugar tax would be a great move towards lowering the high rates of avoidable disease, hospital admissions and premature deaths that plague lower income families.

The PHANZ is holding Conference 2010 during 22-24 September at Turangawaewae Marae (traditional village meeting place) in Ngaruawahia in the Waikato region. The marae is very important in Māori history and culture.

Australian delegates are welcome to attend this dynamic and stimulating conference and have a marae experience to be remembered!

The title of this year's conference is "*Tomorrow for Tomorrow's People*" and it is framed by the following themes:

1. *Health and environment – for projects or work in social and physical environments that link to wellbeing*
2. *Sustainable development for projects or activities that involve community development OR those that look to a sustainable future*
3. *Making the connection focusing on linking health to other sectors or working in collaborative partnerships.*

Visit www.pha.org.nz/phaconference.html for more details. We look forward to having you with us!



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Geoengineering: Can we? Can we not?

Peter Tait

Convenor, Environmental Health Special Interest Group (EHSIG)

Once in the realm of grandiose schemes for Russia to make its area warmer and more congenial, geoengineering is now being proposed by serious climate scientists such as James Hansen and Paul Crutzen. Their reasoning: given the glacial pace toward a binding international treaty to curb emissions and the rapidly diminishing space remaining in our species' atmospheric carbon budget then this might be necessary to avoid catastrophic climate change.

Several crucial riders have been identified. Firstly, geoengineering cannot be an alternative to abating carbon emissions. It must be fair, that is it must not give one country or corporation power over another. Any geoengineering project must be safe, where safe is less dangerous than runaway climate change. These are big sticking points. Finally any proposal must be feasible both technically and financially.

The proposals fit into two broad categories: those that take CO₂ out of the atmosphere and those that reduce incoming solar energy by increasing reflection of incoming sunlight. Taking CO₂ out of the atmosphere can be done technologically or biologically. Changing earth's reflectivity is all technological, even if some methods use pale plants.

Carbon Dioxide Removal (CDR) methods fall into two categories: changing land use and forestry practice, and capturing and storing carbon. Stopping deforestation and replanting forests is cheap, practical, addresses other environmental problems and has minimal side effects. Capturing carbon by growing plants and sequestering it as biochar or as wood products is also straight forward. Technological carbon capture and sequestration (artificial trees) is also under study. Enhanced weathering of suitable rocks on land or at sea and various ocean fertilization methods are more expensive and environmentally risky propositions at this stage.

Solar Radiation Management (SRM) divides into land, sky and space based techniques. Painting roads and house roofs white may work to reduce urban heat island effects but is expensive and very local in effect. Enhancing cloud albedo is cheap, regional, useful and low risk. Changing desert reflectivity by putting reflective materials out or planting pale coloured crop species are other safe if limited options. Stratospheric aerosols are relatively cheap but uncertain in their effects. It may however be the most effective, technically, and quick to stop. Mirrors in space are relatively expensive and hard to get rid of. All SRM would need to be ongoing, for decades for centuries, raising serious capacity and governance issues.

The major differences between the two approaches are to do with addressing the basic problem and side effects, time scale, cost, risk and reversibility. Removing CO₂ directly addresses the excess CO₂ driving climate change, ocean acidification and other problems arising from too high concentrations of CO₂. Planting and managing forests can start immediately but will be slow, taking years to decades. Artificial trees are a while away.

While SRM can occur over years or less, and for many options be turned off in weeks, it does not address excess CO₂ and its other effects. The technologies are also years away from deployment. Many are inherently more risky than capturing CO₂ because of possible global and regional effects on climate. The governance issues are therefore more thorny. A summary of cost effectiveness and risk is given in Figure 1.

In fact multiple types of geoengineering may be necessary. Although CO₂ drawdown is essential in the longer term if it appears that we are approaching a tipping point, assuming we can recognise this, then more immediate measures to reduce incoming solar energy may have to be used. It then becomes a harm minimisation strategy, balancing the long term interests of preserving our civilisation with risks of further damage from 'the cure'.

For this reason, and because the governance and technical issues cannot be resolved quickly, the Royal Society and others recommend research into all the methods, at the same time as building international structures for governance of the research, development and if necessary deployment.

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Geoengineering: Can we? Can we not?

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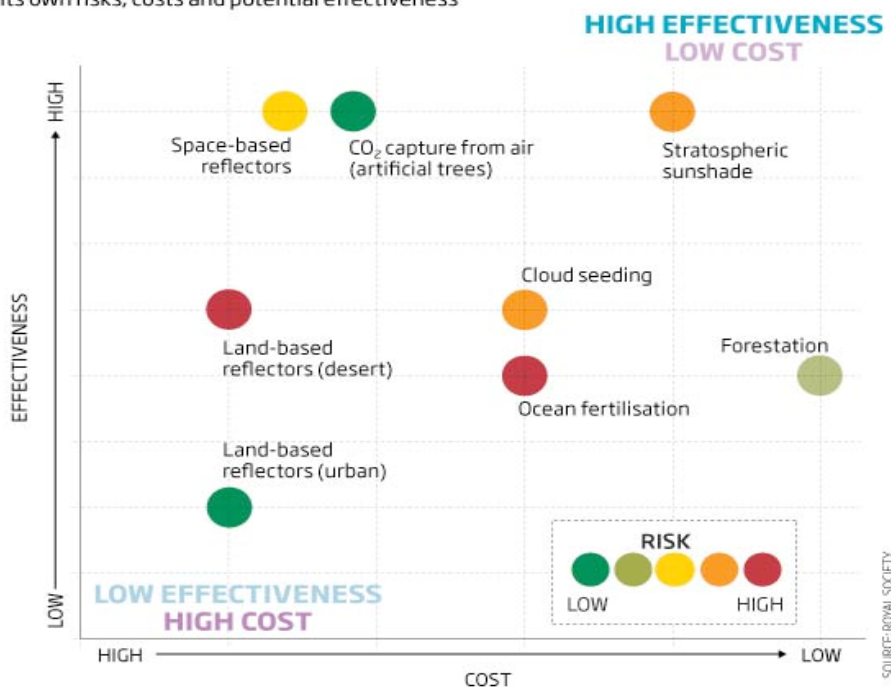
We can immediately start planting trees, stop taking them down, store carbon in wood. But to protect humanity, can we not explore the geoengineering options at the same time? Given emission rates and the stock of carbon in the atmosphere, we have to.

References are available and can be obtained from the author at: aspetert@bigpond.com

Figure 1

Options for cooling the planet

There is a huge range of geoengineering proposals on the table, each with its own risks, costs and potential effectiveness




12TH NATIONAL IMMUNISATION CONFERENCE

Evidence and strategies for a new decade

17 - 19 August 2010
Adelaide Convention Centre
Adelaide

for more information visit www.phaa.net.au

Public Health Association AUSTRALIA

Branch News

SA Branch AGM

Notice is hereby given that the Annual General Meeting of the SA Branch of the Public Health Association will be held on Wednesday 21st July at 6.00 pm

Professor Mike Daube, National President of the PHAA will be the guest speaker.

Venue: The British Hotel, 58 Finnis Street, North Adelaide.
There will be a two course meal partly subsidised by the SA Branch – cost \$20 per head (\$15 for student members).

Please notify Katy Osborne, at: katy.osborne@flinders.edu.au or 7221 8487 by Friday 16th July if you will be attending.

NSW Branch

The NSW Branch of the Public Health Association of Australia, Inc are pleased to invite you to the: 2010 Annual Public Health Address, Dinner and Annual General Meeting

15th July 2010, 6 – 9 pm
Venue: Darlington Centre Forum Restaurant, University of Sydney, 174 City Road, Darlington NSW

MC for the evening Sarah Thackway, President, NSW Branch

Please RSVP by
9th July, 2010 to Suri Rezaee at mreza@doh.health.nsw.gov.au

Payment by cheque prior to the event or cash or cheque on the night
Members: \$50.00, Non-members \$70.00
Costs include dinner, wine, beer and soft drinks

WA Branch Conference

Public Health Association Australia (WA Branch) 2010 Conference - "Global Issues, Local Solutions - Thinking outside the box" (18 -19th November 2010)

The Western Australian branch of the Public Health Association of Australia (PHAA) invites members and the wider public health community to the 2010 conference "Global issues, local solutions – Thinking outside the box".

This conference will explore issues that seriously impact on the ability for people to live a healthy and long life. Equity, sustainable development and climate change, the lack of improvement in Indigenous health, chronic diseases and food security will be but a few of the topics discussed. One important aspect of this conference will be generation of recommendations for future action.

For more information contact: Conference Convenor: Dr Melissa Stoneham at melissagiv@bigpond.com or Conference Secretariat: Ms Erin Phipps at ephipps@bigpond.com

Blast From The Past

Intouch, April 1995 – Report from the Executive Director – Margaret Conley

At the Commonwealth Department of Human Service and Health there are to be some changes which I am sure will please PHA members. On 24 April, Dr Tony Adams will head the new Public Health Division while retaining his responsibilities as Chief Medical Advisor. PHA has recently re-structured its office to make way for the employment of a Deputy Director. An advertisement for this position is enclosed in this edition of In Touch



Margaret Conley



Margarete Conroy

Intouch April 1995 – PHA Fourth National Immunisation Conference – Margarete Conroy

The Fourth National Immunisation Conference theme was “Immunisation – putting the jigsaw together” with the aim of keeping the need for comprehensive national immunisation strategy on the political agenda.

Intouch April 1995 - SIG NEWS – Child Health – Mike Ackland

Rosemary Lester will be working on an Immunisation Policy which will bring together much of the material gathered at this year’s Immunisation Conference in Sydney.

Blast from the Past

If you have 1 or 2 paragraphs from articles from the past that you think are relevant or they just bring back fond memories that you would like to share with our other readers. Please email me at publications@phaa.net.au

WELCOME TO NEW MEMBERS - May & June

NEW SOUTH WALES

Mrs Anne Noakes
 Professor Sandy Middleton
 Ms Mary Larkin
 Lesley Ann King
 Ms Ashleigh Buckland
 Mrs Joanne Walker
 Ms Lisa Yates
 Ms Carin Bertmar
 Mrs Heather Hunwick
 Dr Frances Doran
 Mr Andrew Griffiths
 Ms Angela O’Dea
 Mr Graham Bidstrup
 Mrs Margaret Hardy
 Dr Joanna McMillan Price
 Ms Colleen Smyth
 Ms Pamela Kechter

Ms Gabriel Moore
 Ms Leissa Pitts
 Mr Mitchell Hibbens
 Miss Amanda Hese
 Ms Catherine Stevens
 Dr Amina Khambalia
 Mr Wesley Noffs
 Mrs Karen Jolly
 Wayne Budden
 Belinda Ledgard
 Rachel Sandford
 Katherine Francis
 Sheilah Hure
 Simon Graham
 Elaine Chapman
 Dena Moore
 Elizabeth McEntyre
 Anna Rangan

Betty Korda
 Luke Wolfenden
 Emma Rutledge
 Lynn Kemp
 Karen Jolly
 David Sibbritt
 Alexis Zander
 Jennifer Crawford
 Stephanie Fletcher
 Heike Schutze
 Tsitsi Ali
 Helen Truscott

VICTORIA

Mr Zeeshan Shaikh
 Ms Shae Wissell
 Miss Heather Farrell
 Ms Elissa Campbell

Dr James Bvirakare
 Ms Julia Sullivan
 Miss Jamie Ryan
 Ms Abbey Keating
 Ms Shannon Anastasio
 Mr Kim Sampson
 Ms Alisa Pedrana
 Miss Jo Noesgaard
 Ms Tara Smark
 Dr Nikos Thomacos
 Ms Susan Anderson
 Ms Tess Tsindos
 Dr Jessica McCormick
 Diana Egerton-Warburton
 Greg Jacobs
 Patricia Campbell
 Nadia Lusia
 Pam Berton

Tafadzwa Mhlanga
 Candice Jacobs
 Karen Goulding
 Suha Ali
 Darshini Ayton
 Lisa Gibbs
 Lisa Gold
 Kyriaki Petridis
 Eric Armstrong
 Helen Ackland
 Kelly Kiang
 Masha Ivey
 Louise Freijser

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WELCOME TO NEW MEMBERS

May & June

QLD

Miss Leah Robbie
 Mrs Tania Patrao
 Mrs Petrina Margaret Logan
 Mr Beenu Sharma Nepal
 Adhikari
 Ms Suet Chun Lau
 Ms Colleen Duplock
 Dr Meg Adam
 Dr Jennifer Kelly
 Ms Ralchel Pearce
 Ms Angela Simons
 Ms Alison Thompson
 Ms Jean Martin
 Ms Victoria Mowat
 Ms Kylie Quigg
 Ms Tracey Sparks
 Ms Rachel Pearce
 Margaret Galang
 Freyr Patterson
 Vidya Gopinath
 Erica Jones
 Barbara Ford
 Alana Little
 Michelle Redman-MacLaren
 Rhonda Skehan
 Vivienne Holman
 Donna Anne Chatfield
 A/Prof Jon Adams
 Dr Chi Wai Lui
 Johathan Lee
 Peggy Manton-Williams

SA

Ms Adriana Parrella
 Ms Kirsten Kennington

Mr Mingshu Yan
 Ms Sylvia Zuiderduin
 Miss Sarah Worley
 Ms Katie Miliauskas
 Dr Shona Kelly
 Professor Jeffrey Fuller
 Shona Kelly
 Karen James
 Jane Creaser
 Christopher Bollen
 Toby Freeman
 Karen James
 Gillian Brereton
 Amanda Neubauer
 Jesia Berry
 Sophie Scrimgeour

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 Dr Kristjana Einarsdottir
 Ms Kerry Ivey
 Dr Susan Lee
 Mr Terry Slevin
 Ms Kathy Ride
 Bree Shields
 Susan Leivers
 Linda Garton
 Helen Bailey
 Cara Minney

TAS

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 Boyer
 Dr Kristy Sanderson

Dr Sue Pearson
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 Mr Jim O'Shea
 Ms Svetlana Loyer
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 Don Perlgut
 Vicki Bennett
 Malcolm Bennett
 Yvonne Luxford
 Anthony Gill
 Sharon Friel
 Kath Laffey



Advertising Rates

1/4 page \$100
 1/2 page \$150
 Full page \$200

PDF format preferred but PHAA staff can prepare your advertisement (rate of \$20 p/h)

Conference listing (5cm column)

up to 5 lines \$35
 up to 10 lines \$58

after booking, send to PHAA, attention:

Vicki Thompson
20 Napier Close
Deakin ACT 2605

If further information is required please contact PHAA via email:

publications@phaa.net.au

or phone **02 6285 2373**

Acronyms that are regularly used in the PHAA Newsletter

- PHAA** - Public Health Association of Australia Inc.
- SIG** - Special Interest Group
- AIHW** - Australian Institute of Health & Welfare
- WHO** - World Health Organization
- ACT** - Australian Capital Territory
- NSW** - New South Wales
- VIC** - Victoria
- WA** - Western Australia
- TAS** - Tasmania
- SA** - South Australia
- NT** - Northern Territory
- QLD** - Queensland

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

Articles appearing in *intouch* do not necessarily reflect the views of the PHAA but are intended to inform and stimulate thought, discussion and comment. Contributions are welcome and should be sent to:

The Editor, *intouch*, PHAA
 PO Box 319, Curtin ACT 2605, or email publications@phaa.net.au

How to join PHAA

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 email: membership@phaa.net.au
 website: www.phaa.net.au