

Contents

Update from the Child Health SIG	1
Taking the risk out of toxic clean-ups	2
Office Bearers	3
PHAA Advocacy	4
Items of Interest	6
Race to save a nation from poisoning	7
APVMA Issues Health Warning for Owners of Pools & Spas	9
Australia Risking 'Dead Soils'	10
Supermarket sweep hits small farmers in developing countries	11
Do you know about Doctors for the environment, Australia (DEA)?	11
Books Available from World Health Organization	13
New Members	13

Update from the Child Health SIG

Jan de Groot, Child Health SIG Convenor

In response to the recent advertisement for a new Child Health SIG convenor, I pondered briefly as to whether I needed yet another challenge in my already full to overflowing existence. Somehow I found myself agreeing to take on this role and my feet don't seem to have touched the ground since!

At the outset, I would like to acknowledge Peter Baghurst as the outgoing Child Health SIG convenor, and thank him for his immense contribution to the SIG group over a number of years. Peter, please feel free continue to contribute to topics and issues, as we would greatly value your continued input.

It is now straight down to business. There are a number of PHAA Child Health Policies due for review. These include:

- Smoking and Children Policy
- Improving the Health of School Aged Children and Young People;
- Peri-conceptual Folate;
- Neonatal Hearing Screening;
- Socio-Economic Inequality and Its Negative Health Impact for Children and Families;
- Immunisation.

We need to make a decision as to whether the Youth Health and Social Policy remains archived or whether there is sufficient enthusiasm to resurrect it. Please have a read of it on the web, and let me know your thoughts. If there is sufficient interest in resurrecting it we will add it to our list for review.

Another issue currently being debated is the mandatory fortification of flour with folic acid. This debate is occurring both in New Zealand and Australia. I have been briefed on a series of teleconferences with experts in this field, and we will be reviewing our current policy in light of the outcomes of these teleconferences. The policy will be placed on the web for comment shortly and I invite you to comment on it. Meanwhile if you would like to participate in the debate and review of the policy please contact me, as the more minds contributing to this important issue the better.

continued on next page

Another exciting opportunity that has emerged is a proposal from Garth Alperstein to develop a closer working association with Child Public Health SIG of the Chapter of Community Child Health of the Division of Paediatrics, RACP. Garth is chair of this relatively new group and is a current member of our Child Health SIG. I would like members of the SIG to consider supporting this proposal as we share similar interests and concerns and further invite your comments. Such collaboration would also allow us to have a stronger voice on child public health issues.

I look forward to your input in the above policy reviews and process and I look forward to a rich and rewarding working time with you all.

Taking the risk out of toxic clean-ups

CERAR Media Release 04/03

Across Australia stand warehouses filled with drums of contaminated soil - yesterday's headaches dug up, carted away and now threatening to become a new toxic curse tomorrow. A call for a fresh approach to the challenge of cleaning up the nation's estimated 100,000 contaminated sites has come from a group of leading environmental scientists.



“We simply cannot go on forever shifting our pollution problems in the vain hope they will go away,” warns Professor Ravi Naidu, director of the Centre for Environmental Risk Assessment and Remediation (CERAR) at the University of South Australia. “It’s too risky, too expensive and too impermanent as a solution.”

Instead, Professor Naidu and his team at CERAR say, the first step is to assess the risk at a contaminated site properly and then to decide whether to remediate it on the spot, dig it up or even leave it completely alone.

“Every contaminated site is different, not only in the hazardous chemicals it contains and how they interact, but in relation to whether they can reach humans through water, the food chain or as airborne dust and soil, and cause poisoning.

“Every site differs in its soil and groundwater conditions, in its acidity or alkalinity, in its soil microbes - all of which determine the extent to which toxic substances are mobilised and find their way back into our environment and into us. For instance, differing microbial conditions can decide whether the toxins break down into harmless substances - or turn into more highly poisonous forms that are available to be taken up by humans, plants and animals.

“Environmental risk assessment examines all these factors in detail and helps you to decide the most sensible action to take with a contaminated site.

“Sometimes it can actually increase the hazard if you decide to dig the contamination up and move it elsewhere, and the best policy may be to leave it where it is, remediate it or to seal it.

“This is the cost effective, green solution to the problem - but it is not yet one that is widely understood in the Australian community.”

When a contaminated site is revealed - often as a result of new real estate development on the urban fringe or an inner-city re-development - social pressure is often intense to remove it elsewhere regardless of the danger this holds, the costs of removal and storage or the risk to future generations.

continued on next page

Taking the risk out of toxic clean-ups - continued from previous page

Prof. Naidu says the key to making toxic sites safe is to reduce the bio-availability of the chemicals they contain.

“We can do this either by immobilizing the contaminants chemically, by removing them selectively or by using bacteria to break them down. This can all take place on the spot, avoiding the necessity to dig and dump large amounts of contaminated soil.”

Prof. Naidu says that CERAR is modifying a naturally occurring mineral product so it can mop up various kinds of pollution and bind them, to prevent them from reaching people.

In another project, the team is experimenting with an advanced electrical technique for selectively removing pollutants from the soil.

“CERAR was set up especially to assess the risk of toxins being unlocked, mobilised and getting into the population,” Professor Naidu says.

“These approaches are both safer and cheaper in the long run than the present ‘dig and dump’ practice, which merely transfers the problem elsewhere, where it will probably recur in a few decades’ time.”

For more information contact: Professor Ravi Naidu, CERAR

University of South Australia, Tel: 08 8302 5041, mobile: 0407 720 257, ravi.naidu@unisa.edu.au

www.cerar.com

Office Bearers

The Board

President

Peter Sainsbury: Ph (02) 9515 9560 sainsburyp@email.cs.nsw.gov.au

Vice President - (Policy),

Jane Freemantle: Ph (08) 9489 7754, janef@ichr.uwa.edu.au

Vice President - (Development)

Leonie Short: Ph (07) 3371 4360 leonieshort@ozemail.com.au

Vice President - (Finance)

Peter Trebilco: Ph (02) 9319 1993, p.trebilco@unsw.edu.au

SIG Convenors' representative

Fran McFadzen: Ph (07) 4920 6980,

mcfadzenf@yahoo.com

Doug Welch: (07) 3284 5155, doug@rbcdgp.com.au

Branch Presidents' representative

Jim Hyde: Ph (02) 9256 9602, jim.hyde@racp.edu.au

Adrian Heard: Ph (08) 8226 6384, Adrian.Heard@dhs.sa.gov.au

Editors, ANZJPH

Judith Lumley: Ph (03) 8341 8500 J.Lumley@latrobe.edu.au AND

Jeanne Daly: j.daly@bigpond.net.au

Branch Presidents

ACT Cathy Banwell: Ph (02) 6125 0016, cathy.banwell@anu.edu.au

NSW Jim Hyde: Ph (02) 9256 9602, jim.hyde@racp.edu.au

NT TBA

QLD Peter Anderson: Ph(07) 3864 3526, pj.anderson@qut.edu.au

SA Adrian Heard: Ph (08) 8226 6384, Adrian.Heard@dhs.sa.gov.au

TAS Michael Wilson: Ph (03) 6228 2921, mwilson@quittas.org.au

VIC Margaret Stebbing, Ph (03) 9903 0960,

margaret.stebbing@med.monash.edu.au

WA Ilse O'Ferrall: Ph (08) 9224 1620 Ilse.OFerrall@health.wa.gov.au

SIG Convenors

Aboriginal & Torres Strait Islander Health Tuguy Esgin: (08) 9266 3543

T.Esgin@gunada.curtin.edu.au

Child Health Jan de Groot: (08) 9489 7769, jang@ichr.uwa.edu.au

Environmental Health Elizabeth Hanna: (03) 9479 1751,

L.Hanna@latrobe.edu.au

Food & Nutrition Mark Lawrence: (03) 9244 3789,

lawrence@deakin.edu.au

Health Promotion Fran McFadzen: Ph (07) 4920 6980,

mcfadzenf@yahoo.com

Injury Prevention Angela Wallace: Ph (07) 3864 4675,

angela.wallace@student.qut.edu.au

International Health Anna Whelan: Ph (02)9385 3593,

a.whelan@unsw.edu.au

Mental Health Valerie Gerrand: ph 9326 7776 vgerrand@vicnet.net.au

Oral Health Christine Morris: Ph (08) 8295 2311,

christine.morris@hs.sa.gov.au

Political Economy of Health Doug Welch: (07) 3284 5155,

doug@rbcdgp.com.au

Primary Health Care Laurann Yen: (02) 6207 1212,

Laurann.yen@act.gov.au

Public Health Research Ethics TBA

Women's Health Co-Convenors Kelsey Hegarty: Ph (03) 8344 4992

k.hegarty@unimelb.edu.au & Angela Taft: Ph (03) 8341 8571,

a.taft@latrobe.edu.au

Executive Director Pieta Laut: ph (02) 6285 2373, plaut@phaa.net.au

PHAA ADVOCACY – April/May

Pieta Laut, PHAA Executive Director

Free Trade Agreement

A submission was provided to the Treaty's Committee on the Australian/United States Free Trade Agreement (FTA). Many thanks to Helen Keleher, Dorothy Broom, Peter Tait and Ken Harvey and others who took time out at the IUPHE Conference to help in the preparation of this submission.

A letter based on the submission was sent by PHAA to every Commonwealth Senator and Member of the House of Representatives, outlining our concerns with the currently proposed FTA. In addition this letter has been circulated to all PHAA members via the email list, encouraging members to draw on its contents to write to their local members about the issues raised.

Copies of the letters and the submission can be found on the PHAA web-site under Advocacy.

Refugees

The major focus of the PHAA's work on refugees continues through the participation of the International Health SIG in the ARC Linkage Grant, "An Examination of Refugee Women at Risk in Australia's Refugee Policy". Our contact on this work is Dr Anna Whelan.

A letter was written to Amanda Vanstone seeking an explanation of her deportation of an asylum seeker to Iran, after she announced that she would not be deporting Iranian asylum seekers. We are yet to receive a reply.



International Health

Bali

The International SIG has continued to provide support for the YAKKUM Bali project, which supports poor young people and children who have a permanent disability and who are not receiving help from any other organisation. \$4,700 has been raised for the project to date. I would like to thank the donor who provided \$1,000 this month for the project. We only need \$300 to commence work on this project. Any willing pockets?

More information on this project can be found under SIGs, International Health, on the PHAA web-site.

Tax deductible donations can be made to PHERT – Bali. Receipts will be issued for all donations. Please donate to this, PHAA's only project in a foreign country. We need \$5,000 to get the project underway.

Dioxins

Pieta Laut has continued to be the PHAA representative (observer) on the National Dioxins Stakeholders Group. She is currently preparing comments on a number of papers.



Prisons Health

In early February letters were written to all the State and Territory Ministers for Health seeking their commitment to the Resolutions from the 2003 Incarceration Conference. These substantially focused on the disproportionate representation of Aboriginal and Torres Strait Islanders in Australia's prisons, and the need for goals to be "healthy settings" within the context of the Ottawa Charter. The letters are on the PHAA web-site under Advocacy.

We now have a considerable number of the replies from Ministers. To progress the issues raised, we need some voluntary help from one or more members who would be interested in driving the advocacy on the issues raised. Is anyone interested in taking on this role, and possibly forming a Prisons Health SIG?

An initial indication from those who attended the Incarceration Conference is that we have sufficient people interested to consider developing a Prisons Health SIG. If anyone is interested in preparing a submission for the Board to do so, could they please contact me at plaut@phaa.net.au.

continued on next page



Immunisation

Letters were sent to all State and Territory Health Ministers and the Federal Health Minister in early February and we are awaiting replies. Copies of the letters are on the PHAA web-site under Advocacy and replies will be posted as they become available. We are now ready to develop the next phase of advocacy on these issues raised with Ministers. Again we are seeking one or more people who are willing to volunteer their time and expertise to advance advocacy on these issues ahead of our August Immunisation Conference. If you are interested, please contact Pieta Laut on plaut@phaa.net.au.

Domestic Violence Campaign

A letter was sent to the Prime Minister in April about the halt called to the domestic violence campaign, seeking his assurances that the campaign will occur and asking when this might happen. The letter is on the PHAA web-site. No reply has been received to date.

Neonatal Hearing Screening

Letters were sent to all Australian Health Ministers seeking a coordinated neonatal hearing screening program. We are awaiting replies and will discuss these with the Child Health SIG when they are received.

Oral Health

Letters to AHMAC and the Minister seeking a strengthening of oral health policies and programs have been written and sent. The letter can be found on the PHAA website under Oral Health. We are awaiting replies.

Disability Discrimination Amendment Bill

A media release on the proposed amendments to the Disability Discrimination Act has been sent out. The media release seeks to appraise the general public of the potential dangers in the proposed amendments. The media release is on the PHAA website under Advocacy, Media Releases.

Landmines

Letters have been sent to the Prime Minister, the Minister for Foreign Affairs and the Minister for Defence encouraging the Australian Government to continue to support programs of assistance in mine clearing and calling for a change in the funding of land mine clearance. Copies of the letters are on the Website under Advocacy. In addition a joint press release with MAPW on landmines was released for national landmine week. A copy of the press release is on the website under Advocacy, Media Releases.

Depleted Uranium

As part of developing a policy on depleted uranium, a letter has been sent to the Minister for Defence seeking information on the use of depleted uranium in Australian armaments. A copy of the letter can be found on the PHAA website.

Food

A communiqué from the Coalition of Healthy Australian Food Supplies (CHAFS) was signed on behalf of PHAA in late March. This communiqué set out that fortification of foods should only be undertaken when it is based on thorough science and after a new national nutrition survey has been completed. This communiqué sets broad principles, but does not refer to or override anything that may be developed by the PHAA group working on a policy on folate fortification. A copy of the communiqué can be found on the PHAA website under Advocacy.

In addition, a letter was sent to all Ministers of Health calling for legislation to ban all television advertising of food in children's viewing times. A copy of this letter can be found on the PHAA website under Advocacy.

Items of Interest

What the mass media told your patients this week:

Children risk having a lower life expectancy than their parents for the first time in WA, warned one of the state's experts in the *West Australian*. Professor D'Arcy Holman, head of the University of WA's school of population health, said the obesity epidemic, soaring rates of inactivity and diabetes were an emerging health disaster.

Four out of five men over the age of 35 are overweight or obese, according to a report in the *Adelaide Advertiser*. The University of Adelaide study examined the health of 1000 men living in Adelaide's north-western suburbs and found that almost half did not exercise and many experienced undiagnosed chronic health problems.

Only 5% of drug users take ecstasy on its own, with most combining it with other stimulants, according to a national study reported in the *Australian*. The National Drug and Alcohol Research Centre's Party Drug Initiative found one in five regular ecstasy users were showing signs of addiction and struggling to reduce their drug use.

Health officials have issued a warning about mosquito bites after detecting the deadly mosquito-borne Murray Valley encephalitis virus during routine tests of chickens in WA, the *Daily Telegraph* reported. People in WA's Pilbara and Kimberley regions are being urged to take every precaution to avoid mosquito bites.

A Guide to Australian Alcohol Data

This publication identifies and briefly describes key Australian data collections relevant to assessing patterns of alcohol consumption and alcohol-related harm. The scope of this list is limited to mostly national data collections in the public domain. This document includes an analysis of these alcohol data collections and how they contribute to reducing alcohol-related harm. The document complements the release of the National Alcohol Research Agenda (NDS 2002), which focuses on research gaps and priorities. AIHW Catalogue No. PHE-52; Available from the Department of Health and Ageing; Free <http://www.aihw.gov.au/publications/index.cfm?type=new>

Heart, Stoke and Vascular Diseases: Australian Facts 2004

This publication presents the latest facts and figures on cardiovascular disease and its impact on the Australian community. It is the third report in a series by the National Centre for Monitoring Cardiovascular Disease. Published by the Australian Institute of Health and Welfare and the National Heart Foundation of Australia, this is a comprehensive source of information covering patterns of cardiovascular health and illness among Australians, their associated risk factors, treatment and management of the disease. This valuable compilation will be relevant to the broader community as well as policy makers, health professionals and researchers interested in cardiovascular health. AIHW Catalogue No. CVD-27; Available from CanPrint (ph: 1300 889 873); \$30.00

Mental Health Services in Australia 2001-02

Mental Health Services in Australia 2001-02 describes the characteristics and activity of Australia's mental health services including ambulatory and residential mental health-related care provided by hospitals, community-based services, general practitioners, private psychiatrists and some disability support services. Information on the broad trends in mental health care is presented in an easy-to-use summary. Detailed statistics show the hospital care of patients admitted with a mental health-related diagnosis, the services, beds, staffing and expenditure in psychiatric hospitals and community-based services, and mental health-related medications prescribed by general practitioners and private psychiatrists. A special theme chapter has been included for the first time, presenting an overview of the available data on the mental health care of people with depression. AIHW Catalogue No. HSE-31; Available from Internet Only; Hard copies will be available at a later date from CanPrint (ph: 1300 889 873); \$30.00

Race to save a nation from poisoning

CERAR Media release 04/06

A team of Australian scientists is spearheading an international effort to rescue the people of Bangladesh from a slow, horrible poisoning. More than 40 million people from Bangladesh's rural areas are exposed to toxic arsenic in their drinking water and food supply, causing widespread ill-health, including many cases of gangrene, and death.

Researchers from the Centre of Environmental Risk Assessment and Remediation (CERAR) at the University of South Australia are leading a major scientific effort to assess the extent of the risk and devise ways to limit or prevent it.

"It is an extraordinarily difficult challenge," says CERAR director Professor Ravi Naidu. "Although the levels of arsenic in water and food are generally low, the exposure of individuals to poisoning can be quite high because of their daily consumption patterns.

"The problem affects everyone in the community - women, men and children, old and young, and has some terrible social consequences."

The arsenic comes from the water of 12 million tube wells, mostly drilled a decade ago by overseas aid agencies and charity organizations to provide clean drinking water for the Bangladeshi population, in a bid to escape the epidemics of diarrhea caused by drinking surface water polluted with pathogenic bacteria. Unfortunately it turned out that much of the water in the wells came from layers of subsoil contaminated by naturally occurring arsenic. Despite efforts to devise cheap ways to filter the arsenic out of drinking water, prevention has proved only partially successful. According to evidence gathered by CERAR researchers, the problem is compounded by the fact that a significant amount of arsenic also reaches the population through their diet.

"This is not just a problem for Bangladesh. Arsenic also occurs in drinking water in large parts of India and China, in Sri Lanka, Nepal and Pakistan, in Thailand, Taiwan and Vietnam," Prof Naidu says.

There are also local occurrences of arsenic contamination in the United States, Argentina and in Australia, including former mining towns in Victoria's "golden triangle" and certain urban locations in Perth.

With support from AusAID and the Australian Centre for International Agricultural Research (ACIAR), the CERAR team is attempting to quantify the risk across Bangladesh based on levels of arsenic in drinking water, in irrigation water used to grow rice and vegetables and in the food supply itself. From this they are developing strategies to minimize the population's overall exposure to the poison.

"Australia's involvement in wars, such as Iraq and Afghanistan, is well publicized. Far less well-known is what many Australians are doing for peace, health and security under Ausaid programs around the world," Prof. Naidu observed.

The arsenic problem has a grave human dimension says Nasreen Khan, a doctoral researcher working with CERAR. Many women who suffer the disfiguring black sores caused by arsenic poisoning face discrimination, being rejected by their husband's families, or else they cannot find a husband.

"People are frightened to go to health centres in case arsenic poisoning is diagnosed, and they are then rejected by

continued on next page

the community. Some fear that the poisoning is contagious, like leprosy - and they treat the victims like lepers.”

Nasreen, an Assistant Professor in Geography at Dhaka University, is constructing a computer model to pinpoint the “hot spots” where the people are most at risk of poisoning from water and food, so that they can receive priority in measures designed to reduce exposure.

”There is a lot of work on water filtration, but these are really just band-aid measures,” she says. “They don’t address the overall problem, its causes and effects, at regional or local level.”

CERAR’s Dr Euan Smith is using pigs in feed trials to try to determine how much arsenic is reaching the population through livestock products - meat or milk - when the animals have been fed on rice straw from crops irrigated with arsenic-contaminated water. These trials also provide an indication of the amount of arsenic that is present in a form that could be absorbed by human gut.

Dr Gary Owens is investigating the levels and types of arsenic in water used to grow crops of rice or vegetables. “Low levels of arsenic do make it into the rice grain and this would not be much of a problem but for the fact that rice is so important a part of the diet. Every meal is rice, with the average person eating 600 grammes per meal per day,” he says. An added risk exists in places where people use contaminated water from tube wells to boil their rice which then takes up all the arsenic.

For all the severity of its problem, Bangladesh is but the tip of the Asian arsenic iceberg, warns Professor Naidu.

”It occurs throughout the region, in the eroded soils which have washed off the Himalayas. The total number of people exposed to dangerous levels of arsenic probably runs into the hundreds of millions.

”However we hope that the sort of solutions emerging from CERAR’s work in Bangladesh will have broad application elsewhere in Asia - as well as proving useful in minimizing the exposure of communities facing similar risks in Australia.”

For more information contact: Professor Ravi Naidu, CERAR, University of Spith Australia
Tel: 08 8302 5041; mobile: 0407 720 257 Email: ravi.naidu@unisa.edu.au webpage: www.cerar.com



MIDCENTRAL DISTRICT HEALTH BOARD
Te Pae Hauora o Ruahine o Tairāroa
NEW ZEALAND

Director

Public Health Services

• **Leadership** • **Diversity and challenge**

MidCentral District Health Board is a funder and provider of health and disability services based in Palmerston North, New Zealand.

We are seeking applicants with strong leadership skills and experience in public health for the position of Director, Public Health Services. The position works in partnership with the Group Manager and is responsible for the overall management and leadership of the business and clinical service performance of Public Health Services. He/she will also be responsible for the provision of strategic and operational advice to the General Manager, CEO and Board.

Where the Director is a Public Health Physician, they shall also undertake statutory responsibilities of the Medical Officer of Health. Where this is not possible, the Director shall continue to practice and maintain competence in their field of Public Health expertise.

Essential qualities:

- Public Health related tertiary qualification.
- Knowledge of Public Health theory and practice, legal boundaries and ethics.
- Analytical ability to prioritise Public Health Services.

Conditions of appointment, job description and application forms can be accessed through our website www.midcentral.co.nz or by phoning +64 6 350 8850 or email glenda.houston@midcentral.co.nz

Closing date: Open



APVMA Issues Health Warning for Owners of Pools & Spas

The Australian Pesticides and Veterinary Medicines Authority (APVMA) is warning owners of pools and spas that rely solely on water sanitising/disinfecting devices based on silver or silver and copper that they could face serious health risks. People with these devices should make sure that they begin using only registered pool and spa chemicals containing chlorine or bromine in line with label instructions.



APVMA Principal Scientist, Dr David Loschke, said that this warning comes following the completion of an analysis of available scientific evidence that was unable to show that silver and copper ion based pool and spa sanitising devices were effective by themselves.

‘Pools and spas not protected by effective sanitisers are potentially very dangerous. Anyone relying solely on silver and copper based systems should immediately begin using approved sanitisers containing either chlorine for pools or chlorine or bromine for spas,’ Dr Loschke said.

‘Pool sanitisers using silver or silver and copper ions are typically built into or placed in the pool or spa circulation or filter system,’ he said.

‘Based on our analysis of the available data and published scientific literature we cannot be confident that these sanitiser devices are adequate in controlling harmful micro-organisms that can readily grow or be transmitted in pools and spas,’ he said. ‘Some of these micro-organisms can cause serious, even life-threatening illness.

‘The bottom line is that, in the interests of public health, the owners of pools and spas with these devices should make certain that they also use registered chlorine or bromine based chemical products in line with the product instructions,’ he said.

‘There is a large range of registered pool and spa sanitising chemical products available that we know are fully effective. Pool and spa owners can purchase these from their local product retailer.’

‘We are taking regulatory action against these silver and copper based pool and spa sanitiser devices. Our research into the area also revealed that there are a number of unregistered products in the marketplace that we will be acting on,’ Dr Loschke said.

The APVMA is the national regulator of pesticides and veterinary medicines but also has responsibility for the regulation of products marketed to control water quality of pools and spas. Registered products can be identified by an NRA/APVMA approval number found on the label.

Answers to frequently asked questions about pool or spa sanitation along with a list of registered pool and spa sanitising products can be found on the APVMA website at www.apvma.gov.au

Reprinted APVMA

Mr Dennis O’Leary - APVMA Public Relations Manager

Ph: 02 6272 3797

Mob: 0408 644 245

Australia Risking 'Dead Soils'

CERAR Media release 04/05

April 21, 2004

Australia risks damage to the health of some of its most productive soils from industrial pollution and widespread use of pesticides, a leading group of environmental researchers has warned. The caution comes from the Centre for Environmental Risk Assessment and Remediation (CERAR) at the University of South Australia, a scientific 'flying squad' set up to analyse the toxic risk from polluted sites and soils around the nation and devise ways to combat it.

"The team has clear evidence that certain forms of contamination can destroy the microscopic plant life in a soil," says CERAR director Professor Ravi Naidu. "As these organisms in turn support the growth of vegetation and crops, this can have a significant adverse impact on both the environment and on food production."

Environmental microbiologist Associate Professor Megharaj Mallavarapu says that his research demonstrates that, in certain areas of Australia, old industrial pollutants can kill the microalgae - microscopic plants - that help keep a soil healthy. "I've collected samples of soil contaminated with PCP (pentachlorophenol) - used to preserve timber - and kept them in the lab for years. "No living algae have ever emerged. The soil has lost a very important group of healthy organisms."

Prof. Mallavarapu says that microscopic plants play an essential role in maintaining the health and fertility of soils. Blue-green algae (known as cyanobacteria) are the primary colonizers of barren areas thus paving the way for other life. "They fix nitrogen and unlock nutrients so larger plants, crops and trees can flourish. They improve the soil structure and its ability to hold water. We do not pay enough attention to them. Especially damaging are situations where there is a mix of pollutants, such as heavy metals and pesticides.

"In such cases the metals kill off the soil microbes that would normally break down the pesticides, so the pesticides stay active much longer - and may get back into the food chain or cause prolonged damage to other soil organisms," he explains. "This has severe implications for soil health and productivity, as for the safety of the food chain." Prof. Mallavarapu says that, worldwide, there is a serious knowledge gap about the impact of pollutants and pesticides on soil health. As a result, there are no guidelines to assist in the restoration of damaged soils. "We know that certain forms of pollution and the prolonged use of herbicides and insecticides in broadacre agriculture can have a severe impact on soil biodiversity, but there is scientific debate about how serious this is. "My view is that prolonged use of pesticides on any soil will, over time, lead to a loss of soil function, health and fertility. "You can mask that for a time by applying fertilisers, but in the long term you will see the impact. "Maintaining the balance of soil microorganisms is very important to our future ability to produce food, and to restoring our natural environment."

CERAR is working to develop a method for testing the status of soil health, using microalgae as indicators. This may provide farmers and environmental managers with an idea of the extent of loss of soil biodiversity - and what may need to be done to restore it, as an essential precondition to revegetation or sustainable agriculture

Do you know about Doctors for the environment, Australia (DEA)?

Linda Selvey

The February edition of 'In Touch' had several articles about the impact of climate change. If you're medically trained, joining 'Doctors for the Environment Australia' is one of the ways that you can contribute to attempts to reduce the impact of climate change.

Slowly but surely, more and more people are recognising that global climate change is upon us. While our very prolonged drought was breaking, Europe sweltered through an exceptionally hot summer in which heat stroke, bushfires and water restrictions impinged upon people who had never experienced them before. Many people died. Around the world glaciers are rapidly receding. The permafrost beneath the tundra is starting to thaw, thus releasing huge stores of carbon frozen for centuries. In Brisbane we had record high temperatures during the month of February, with consequent deaths and hospital admissions. Talk to your friendly insurance company actuary and ask if their certainty of changing weather risk is reflected in the burgeoning premiums they are setting?

Meanwhile what has the Federal government been doing about climate change?

Together with the US, it has scrapped any idea of Australia joining nearly all of the other developed countries who propose to sign up to their commitments under the Kyoto Protocol. It has ceased funding the only Renewable Energy Cooperative Research Centre and poured money into others seeking to mitigate carbon dioxide emissions from burning coal. It has wound back many small initiatives set up to encourage Australian industries involved in renewable energy. The coal industry has been awarded \$ millions in grants to examine ways of injecting coal-derived carbon dioxide underground. The incredibly carbon-intensive shale oil industry has been awarded \$ millions more.

The general drift of the government's proposed green house policies seems to be "support the coal and fossil fuel industries and ignore renewable energy". Can this really be right in the developed country with the most abundant sources of sun and wind in the world?

Doctors for the Environment Australia (DEA)'s number one priority is to seriously address Australia's inadequate response to the reality of human-induced climate change, because there are serious health implications for us all. These have been addressed by Professor Tony McMichael, a member of DEA's Scientific Committee, in several reports, one of which is "Human Health and Climate Change in Oceania: a risk Assessment".

DEA is a new environmental organisation of doctors. Its concerns relate purely to the impact of environmental change on human health and wellbeing, and it is therefore distinct from the AMA, the Doctors Reform Society and the Royal Colleges and the many other professional organisations, such as the Public Health Association, involved in the multiplicity of medical, medico-political and health-related issues.

Its purely medical membership renders it distinct from the Australian Conservation Foundation, the Wilderness Society, Greenpeace and the many other community-based environmental organisations.

Why should a group of doctors concern themselves with environmental matters?

There is absolutely no doubt that environmental deterioration will have a negative effect on public health. Some of the predictions for the future in the light of global warming are grim, with even the Pentagon admitting the serious potential impact on global peace.

continued on next page

Do you know about Doctors for the environment, Australia (DEA)?

-continued from previous page

Independent analysis has shown that when doctors express a unique environmental opinion, as was provided by “Doctors for the Preservation of Old Growth Forests” in the WA forest debate and is now being provided by “Doctors for Forests” groups in other States, they contribute a particular ‘voice’ over and above the one they can provide as individual members of community-based environmental organisations or medical associations. Doctors, especially when they are seen to be acting without self-interest on behalf of the community, are well-respected by the public and by politicians. DEA sees itself as entirely complimentary to the environmental health and sustainability concerns of PHAA. DEA’s primary concern is to educate the public and government about the serious ill-health which will come about as a result of environmental degradation and thus to advocate for minimisation of environmental degradation.

I encourage readers to check out our website at www.dea.org.au and to join DEA via the website. Alternatively please feel free to contact me on 07-38441322 or lselvey@optusnet.com.au.

Public Health Association of Australia Inc



*9th National Immunisation/1st PHAA Asia Pacific Vaccine
Preventable Diseases Conference*

Immunisation at the crossroads

Challenges and Strategies

*19-20 August 2004
Cairns Convention Centre
Queensland, Australia*

visit our website for more information: www.phaa.net.au

Books Available from World Health Organization

Long-term Care in Developing Countries: Ten country case-studies
World Health Organization, Geneva
Cost US\$45.00 Order No. 1150555
Email: publications@who.int

Controlling Disease due to Heminth Infections
World Health Organization, Geneva
Cost US\$31.50 Order No. 1150571
Email: publications@who.int

Making a Difference: Indicators to Improve Children's Environmental Health
World Health Organization
Cost US\$13.50 Order No. 1150576
Email: publications@who.int

Mental Health Policy and Service Guidance Package: Providing tools to improve the mental health of populations
World Health Organization
Cost US\$18.00 x 3
Order No. 1154543, 1151543, 1152543
Email: publications@who.int

Policy Tools for Allocative Efficiency of Health Services
World Health Organization
Cost US\$18.00 Order No. 1150559
Email: publications@who.int

New Members

NEW SOUTH WALES

Jay Ramanathan
Bradley Forssman
Yeqin Zuo
Melissa Jane Nowicki

VICTORIA

Heather Baines
Victorian Department of Human Services
Vanessa Johnston
Michelle Sweidan
Sarah Morris
Strategic Development & Business Support, Southern Health

SOUTH AUSTRALIA

Pauline McLoughin
Carmel Williams

QUEENSLAND

Cameron Robert Macquarie Moffatt
Angela Baxter

WESTERN AUSTRALIA

Janice Kim Spencer
Terri Pikora
Sexual Health & Blood-borne Virus Program

NORTHERN TERRITORY

Warwick Beever
Lisa van der Matt

TASMANIA

Department of Health & Human Services Tasmania

OVERSEAS

Barbara Brady
Shafi Ullah Bhuiyan



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

EDITORS: Elizabeth Proude and Susan Stratigos

Editor: Executive Director Design: Design Direction

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

Membership enquiries to:
Membership Coordinator, PHAA
PO Box 319, Curtin ACT 2605
Tel 02 6285 2373 Fax 02 6282 5438
email membership@phaa.net.au
website <http://www.phaa.net.au>