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ALP POSITION ON CLIMATE CHANGE

Peter Tait, PHAA, NT Branch



The Australian Labor Party (ALP) has set out its position in its BLUEPRINT NUMBER SIX which was launched in Sydney on 7 MARCH 2006. Here it is in a nutshell.

Parliamentary leader Kim Beazley castigated the Coalition government's inaction and opposition to climate change. He went on to present evidence that climate is changing, how this will affect Australia and how other national leaders are acting to address the changes.

He announced: My Blueprint to protect Australia from climate change has two key elements. There is the big picture – our market reforms to get the long-term economic incentives right and drive the big transformations in our energy and environmental systems. Then there are the innovative practical measures that will make a difference right now.

His proposal begins: with the facts. And the two great facts of Australian energy policy are that we have abundant coal and abundant sunlight.

His vision includes: transforming the coal industry into a cleaner coal industry – and transforming our specialist solar sector into a world beating solar industry as big as coal is today.

It is a comprehensive vision that encompasses: investing in clean coal technology, solar and wind power and research into hydrogen, wave power and geothermal technology. This means not just how to generate renewable energy, but how to store it for effective consumer and industry use.

He realizes that: if we are to transform the coal industry into a cleaner coal industry and to develop solar energy to the scale required, we need a full set of market-based policies and transition arrangements as well as technology.

The technology includes capture and storage, gas to liquids (GTL) technology and Integrated Gasification Combined Cycle or IGCC technology. Using part of the gas stream in GTL technology to make clean transport fuels and chemicals could help commercialize IGCC technology for power generation. At the same time, it could help Australia reduce its oil import dependency and create a new export industry.

Mr Beazley recognizes leadership is required for such bold steps: Being a reforming Government is all about putting the national interest first and working through the human and economic costs of transition with honesty and fairness.

He also recognizes that signing the Kyoto Protocol will enable Australian business to take part in market arrangements internationally.

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Climate change, health and Indigenous communities?

Donna Green

Northern Australian remote Indigenous communities may be particularly vulnerable to climate change, with an increased probability of a more extreme and variable climate and its associated health risks. That was a clear message to come from the *Sharing Knowledge on Climate Change Workshop* co-ordinated by CSIRO and the University of Melbourne in Darwin in March 2006.

The three day information exchange is likely to enhance wider understanding of regional climate impacts with the formation of a working group of representatives from across Northern Australia. Participants expressed their interest in discussing the regional climate change projections developed by CSIRO and in learning more about specific impacts of these biophysical changes on their country. The first request of this group was for smaller, regional 'on country' meetings with communities where two-way knowledge sharing about environmental change might occur. In response to this request, a participatory research plan is to be developed and implemented over the next couple of years.

The workshop began with a focus on Indigenous participants' expertise in understanding environmental change on their country. Australia's Indigenous communities have had to respond to past episodes of environmental change over thousands of years and their oral history recording this experience is an invaluable resource. Over the next two days, discussions highlighted the importance of the issue for many Indigenous people living in remote areas and the inter-relationship between the health of their country, their culture and their mental and physical well-being.



By 2070, Australia's annual average temperatures are projected to increase 1–6°C above 1990 levels. This will be accompanied by increased precipitation in regions such as the North West. The higher

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Climate change, health and Indigenous communities?

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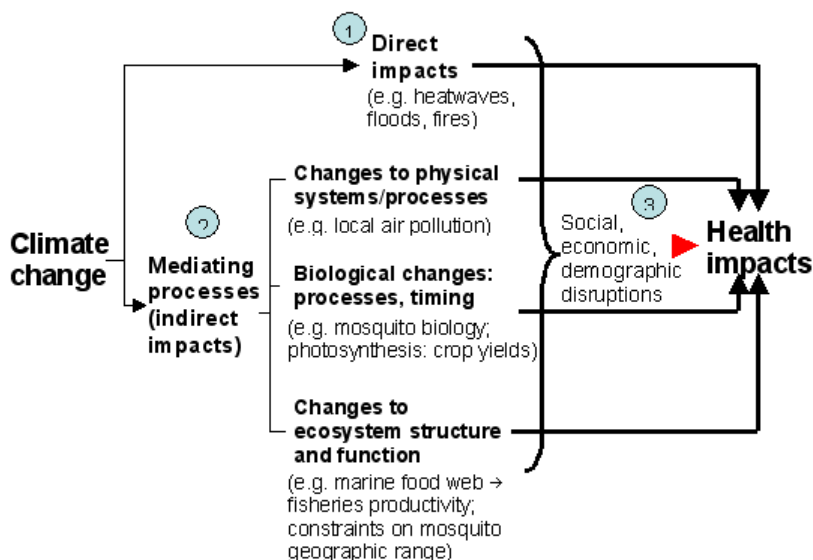
temperatures predicted have serious implications for health management strategies, infrastructure and services. However the non-Indigenous scientific community has little knowledge of the nature of Indigenous Australians' specific vulnerability to current and future climate change impacts. To overcome this, the workshop attempted to increase the level of engagement between Indigenous and scientific communities. It brought together over 30 traditional owners, elders and other Indigenous community members from the Kimberley, East & West Arnhem Land, Kakadu, Queensland and the Torres Strait and 30 researchers, academics and representatives of non-government organisations.

Professor Tony McMichael explained some of the risks to health in remote communities in a presentation that emphasized several key climate impacts as outlined in this diagram from his presentation.



Professor Tony McMichael

Climate Change and Health: Direct and Indirect Pathways



McMichael emphasized that both the direct and indirect impacts could lead to social, economic and demographic disruption and outlined some of the potential health implications. They included increases in heat exhaustion, heart attacks and strokes due to the extreme heat.

Extreme weather events will bring with them other dangers as a result of cyclones, floods, droughts and changes in bushfire regimes. Pathological effects on health may include the effect of higher temperatures on rates of gastroenteritis and other infectious diseases and variations in the range and seasonality of some mosquito-borne infections like dengue fever and Japanese encephalitis. Changes in biodiversity, especially food species, mental health disorders relating to stress and socioeconomic disruption could be expected as well as health effects of displacement or risk arising from the movement of peoples and incoming environmental refugees.

In his presentation, *Desert houses, energy and water use: living with the climate*, Glenn Marshall from the Centre for Sustainable Arid Towns, Alice Springs, discussed the public health dimension of infrastructure planning for climate change. He noted that the 'comfort factor' is significant in controlling temperature in houses and what this could mean for people having to deal with longer periods of heat as well as hotter days and nights. Other aspects of climate change, he said, would relate to water availability and use and potential problems with waste water management.

Both these presentations are online at: <http://www.dar.csiro.au/sharingknowledge/index.html>

For more information about the Sharing Knowledge project, please contact: donna.green@csiro.au

Impact of Climate Change on Indigenous Health – an NT perspective



Peter Tait, Public Health Association of Australia, NT Branch

This article will review a few factors that make the Northern Territory (NT) a different place in regard to likely health impact of climate change. It will also introduce some thoughts on how the new understanding that emerges from analysis based on social determinants of health extends the discussion of the health impact of climate change on Indigenous people.

Why does the NT need to be considered differently when assessing the effects of climate change?

Models used to predict health impacts do so on wide regional and national scales. They can only be applied to particular localities such as towns and settlements in very general terms. They are indicative rather than predictive of what change is likely. They also tend to look at effects in large populations in developed urban environments or developing tropical countries.

The NT only has one large city and four medium sized towns. While most Indigenous people live in Darwin, Alice Springs, Katherine, Tennant Creek and Nhulunbuy, a significant proportion of them lives dispersed in small remote (bush) settlements. Moreover the economic position of the Indigenous population in the NT is neither developed nor developing; it is what used to be called Fourth World. So the effects of climate change and capacity to respond to it will be different in the NT.

The NT is almost totally reliant on food brought in from elsewhere although remote communities supplement their store diets to a greater or lesser extent by hunting. This is advantageous in terms of exercise and nutrition and also provides a mechanism for maintaining cultural knowledge. At the same time most of the produce of NT agriculture and pastoralism is exported. Apart from meat, the NT grows seasonal supplementary foods (eg. mangoes) rather than staple foods (eg. cereals).

Climate models indicate that temperatures are going to rise, particularly in the inland arid regions. The modeling on heat effects has been

done for more temperate places where the heat stress results in significant excess mortality and morbidity. Because Northern Territorians are acclimatised to the heat, it is unlikely we will experience the acute heat stress seen in the temperate region models. However, more work is needed on the effects on health of prolonged periods of high (>26 degree) night time temperatures as this is an issue when current housing design results in inside night time temperatures of more than 35 degrees Celsius.

There may be some benefits to the NT from climate change: warmer winters could mean less winter pneumonias in the Centre; drier conditions may mean less Ross River virus infections. There are uncertainties in these projections.

Recent rumour suggests that the NT government is thinking about moving people from remote communities into the regional towns. This is hotly denied, but one can see why this might be an option for a government with a stretched budget. In the context of competing priorities for funds to implement adaptation strategies, a look at historical responses by government show where funding preferentially goes.

It is becoming clearer in a framework of social determinants of health analysis that the indirect effects of climate change are likely to cause the greatest illness over time. Direct effects – storms, floods, temperature extremes and sea level rise – cause psychosocial stress. Dealing with environmental disruption and consequent social and cultural disruption, as well as with the process of resulting change resulting will be major causes of distress. Social determinants theory and recent advances in biomedical understandings of the brain and endocrine-immune system network give us a scientific explanation of how dispossession translates into poor health outcomes.

Climate change will have a heavy impact on Indigenous Australians who already carry high burdens of illness as a part of the psychosocial consequences of colonisation and dispossession in an environment where providing accessible health care is already very challenging.

As public health professionals we need to work with Indigenous people in a way that minimises psychosocial stress. A workshop on *Sharing Knowledge on Climate Change: Impacts and Adaptation Strategies for Northern Australian Indigenous Communities* that was held in Darwin in March is a good example of this approach which facilitates empowerment by sharing information in a context where Indigenous people can think about and plan change on their terms, in their ways.

This article is a brief version of a scoping paper prepared for that workshop.

Social determinants of health analysis leads to the conclusion that the indirect effects of climate change are likely to cause the greatest illness

Climate Action Network Australia - update

CANA has had a busy start to the year with a number of projects on the go. The Power2Change campaign was an experiment taken on by CANA, Nature Conservation Council of NSW, Environment Victoria, WWF and Greenpeace to fund an on-the-street climate change campaign. The program, in partnership with Origin Energy, BP Solar and Solahart, invited individuals to take part in climate change actions in their own lives by buying products such as Green Power, solar hot water and solar photovoltaics. The trial, initially undertaken in Sydney and Melbourne, was considered a success. The Power2Change partners are considering roll out plans in order to continue this climate change campaign that has the potential to reach tens of thousands of people.

PHAA members, particularly those in the International Health SIG, may be interested to learn about the NGO Roundtable on Climate Change. The group currently includes aid and development organisations, welfare organisations, faith-based organisations and the International Women's Development Agency. The roundtable aims to bring about change within development organisations as well as helping them bring a climate-aware approach to their work. This is an important step in taking climate issues beyond the environment movement.

The communications project commissioned by CANA to develop appropriate and effective framing of climate change issues intended for the public continues. Results will be produced in the coming months and will be available to CANA members for use in their climate change work. The CANA Conference, 27-28 September, will provide training to CANA members in how to use the tool kit that will be developed as part of this project.

CANA and Friends of the Earth are undertaking a research project into the social impacts of climate change, funded by Myer Foundation. A literature review, turned into a usable website, is due for completion on the 22 May; any input to this process is welcome.

PHAA is a member of Climate Action Network Australia (CANA) and is represented on the Steering Committee. Please email me for any further information.

Sally Kingsland, sally.kingsland@gmail.com

Better parents make healthier kids

*Reprinted with permission from **West Coast Sentinel (Ceduna SA)** Wednesday, 5 April 2006*

West Coast children are growing up healthier thanks to a new parenting program being offered through the Ceduna Koonibba Aboriginal Health Service.

The Rural and Remote Early Intervention Parenting Program has taken a new direction over the last six months with a focus on positive parenting skills for Aboriginal peoples.

The proactive program has seen parents from 12 Aboriginal families learn parenting skills and how to shield their children from potential behavioural and developmental problems.

Project organisers met last month in Ceduna and determined the new project that began back in June 2005 was worth continuing.

The appointed project director Associate Professor Mary Oliver, who is Associate Dean of Research at the University of South Australia, and the project officer Cynthia Ofner first travelled over to Ceduna back in June 2005.

Prof. Oliver and Mrs Ofner visited Colleen Prideaux, the chief executive officer of Ceduna Koonibba Aboriginal Health Service and an elder in the community.

They discussed the project and its new direction with Ceduna Koonibba Aboriginal Health Service agreeing to be the subcontractor and that the project would run over six months.

Ms Prideaux was very enthusiastic about implementing the project.

An early intervention support worker, Sarah Lindsay, was employed, whom Mrs Ofner mentored with the aim of providing the Aboriginal families in Ceduna a parenting program appropriate for the community. The positive parenting program aims to prevent severe behavioural, emotional and developmental issues in children through enhancing knowledge and skills and confidence in Aboriginal parents.

The program has proven to be a big success with the Aboriginal families.

There were 12 families who participated in the program and exceeded the target set for the Ceduna Koonibba community.

The high response from the community was unusual as programs usually take time to be accepted in the community.

The program will possibly be extended in partnership with DECS (Department of Education and Children's Services) to support more families.

Reconciliation in Parliament 2006

Claire Phelan

Australians for Native Title and Reconciliation NSW (ANTaR NSW) is part of a group of reconciliation organizations holding a series of forums entitled 'Reconciliation in Parliament 2006'. Other groups participating are the NSW Reconciliation Council, Sydney, Friends of Myall Creek and ReconciliACTION Youth Network. PHAA is a member of ANTaR.

The first forum of the Reconciliation in Parliament 2006 Seminar Series was held at NSW State Parliament House on Tuesday 4th April. It began with a Welcome to Country (Gadigal land, Eora Nation) by Rob Welsh, Chair of the Metropolitan Land Council. The Master of Ceremony Jeff McMullen, journalist, author and human rights activist, asked those gathered to recognise the genuine health emergency facing Indigenous communities and to recall the resilience and strength which has supported their survival through the colonisation and dispossession of their land.

The forum series was launched by the NSW Minister for Aboriginal Affairs, Milton Orkopolis and the NSW Shadow Minister for Aboriginal Affairs, Brad Hazard. They expressed their commitment to a bi-partisan approach to Aboriginal health. This was in recognition of the significant disadvantage facing Aboriginal people in terms of employment, housing, educational opportunities and access to culturally appropriate primary health care services. The Minister advised that the NSW Government is reviewing the Land Rights Act to ensure that benefits from land value flow to individuals, thus promoting economic development of communities.

The Shadow Minister pronounced that he has been privileged to meet with Aboriginal people in many NSW communities and he voiced the belief that respect for culture amongst non-Aboriginal Australians was essential for breaking down disadvantage and racism.

The forum provided a welcome opportunity to hear directly from Aboriginal people on the key issues affecting them. Professor Judy Atkinson, Gnibi College of Indigenous Australian Peoples, Southern Cross University, spoke passionately about the cycle of violence and abuse that many Aboriginal people are caught in. She warned that rates of suicide amongst young Aboriginal women are rising and that some communities are reaching crisis points. A study conducted by one of her post-graduate students indicates that 100% of Aboriginal men interviewed in prison as part of the study have repeated crimes that were committed against them as children. Judy told the audience that an integral condition for healing trauma is the creation of safe places where people can tell their stories and move through their grief.

... our life stories are what we learn from, and our shared experiences deepens our potential to build community.
(Atkinson 2005)



L-R: Shadow Minister for Aboriginal Affairs, Mr Brad Hazzard MP and Minister for Aboriginal Affairs, the Hon Milton Orkopoulos MP at the inaugural Reconciliation in Parliament 2006 forum, Meeting the Indigenous

Judy quoted this poem by Chad Meyer:

Who will Roll the Stone Away?

***I will tell you something
about stories.***

***They aren't just
entertainment.***

Don't be fooled.

***They are all we have,
all we have to fight off illness
and death.***

***You don't have anything if
you don't have stories.***

***Their evil is mighty,
but it can't stand up to our
stories.***

***So they try to destroy the
stories.***

***Let the stories be confused or
forgotten.***

***They would like that.
They would be happy,
because we would be
defenceless then.***

Judy's work has involved the creation of the C.I.R.C.L.E. (Collaborative Indigenous Research Centre for Learning and Educare) through which Aboriginal people can obtain qualifications in a Community-based Indigenous Therapies Certificate, Undergraduate studies in Trauma and Healing, a Master of Indigenous Studies in Wellbeing, and Teaching and Research leading to a PhD. Her work is now coming to fruition with twenty one graduates to date, five of whom are doing PhDs and one who has been granted a Fulbright Scholarship.

The next two speakers, Christine Robinson, CEO Wirringa Baiya Aboriginal Women's Legal Centre, and Dixie Gordon-Link, Black Out

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Reconciliation in Parliament 2006

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Violence, spoke about domestic violence from a community perspective. Their message is that violence is not acceptable and will not be tolerated by communities. They are getting this message across through a Waterloo-based community campaign - "Black Out Violence" - which was launched at the Annual NSW Aboriginal Rugby League Knockout Competition in 2004. This is a grass-roots campaign that has been initiated, driven and supported by Aboriginal people. The campaign includes advertising the message through a large banner with handprints on it which demonstrate support and there are kits containing information about where to get help. A Train the Trainer manual is being produced. The campaign started with only \$5,000 and a few donations but is now receiving lots of interest from other communities across rural and metropolitan areas in NSW and interstate. It won the NSW Government Violence Against Women

Award in 2004 and the organizers are hoping that the campaign will send a strong message to kids and lead to better informed and safer communities. Professor Ken Wyatt, Director, Centre for Aboriginal Health NSW, stated that the challenge facing Indigenous health was everybody's business. Ken praised the previous speakers who have demonstrated the resilience of Aboriginal women and he urged Aboriginal men to stand beside them to work in partnership and harmony, as they had for 60,000 years prior to colonization. He provided some chilling statistics on Aboriginal mortality and highlighted the paramount need for education, community empowerment and the creation of opportunities for Aboriginal people. Ken stated his belief that rapid change in health status was possible, as opposed to the commonly held perception of bureaucrats and politicians that only slow incremental gains can be made. There are periods in a child's life where interruption to development of brain pathways, for example through chronic ear infections, will adversely affect their "school readiness". For this reason, early childhood development and growth from the perinatal period to 3 years is a headline indicator for the Council of Australian Governments (COAG). Ken noted that there have been some recent successes - the gap in immunisation rates has closed and the Maternal and Infant Health Program has shown positive results with improved birth weight and breastfeeding rates and lower levels of maternal smoking. He referred to studies which have shown that increasing the level of parental education can add four years to their first child's life expectancy.



37th Public Health Association of Australia Annual Conference



Tackling the Determinants of Health

From the bush to Bondi

Registration Brochure

25 -27 September 2006
Sydney Convention & Exhibition Centre
Darling Harbour, Sydney, NSW

Conference Registration Brochure is now available on the PHAA website: www.phaa.net.au

How to Use SIG and Branch Bulletin Boards

Each SIG and State branch of the PHAA has now been provided with its own Bulletin Board or Forum to use for drafting policies, providing information to members and discussion. This is a guide to assist those who are not familiar with how to sign up, browse or post messages on these Bulletin Boards.

You can find your SIG Forum at: <http://forums.phaa.net.au> A box will appear asking for your user name and password.

- Type in the same user name and password that you use for the Members Only section on our webpage.
- Click on your SIG. Branch forums are located on Branch pages on the website.

You will need to register the first time you access the Bulletin Board; after that you will have to enter your user name and log in each time you wish to participate in the forum.

- Register using your real name as your username to make it easier for other members to get in contact with you.

Once you have registered and accessed the particular area you wish to read, you may reply to a post if you wish.

- When a Post A Reply window opens you will given an option of adding a subject to your reply. There will also be a large blank window in which to write your reply.
- When replying to a particular part of the post, we ask that you refer to the numbered points to make it easier for everyone else reading the threads of discussion to understand.
- When you have written your reply you can preview it by clicking on the preview button at the bottom of the message to make sure that is laid out as you wish.
- Then click on the Submit button to post your reply.

If you have trouble or are finding it difficult to use the Bulletin Board please contact plaut@phaa.net.au with your queries.

These Instructions are only for the SIG and Branch Bulletin Boards which should not be confused with the PHAA Member's Only Forum which is at a different website.

Ruddock: illegal detention is not my fault

Reprinted from **AUSNEWS** March 23, 2006

Federal Attorney-General Philip Ruddock, a former Minister for Immigration, says he should not be held accountable for the illegal detention of a mentally ill man known as Mr T.

The Commonwealth Ombudsman's latest report deals with the case of a 45-year-old Mr T, who was held in Sydney's Villawood detention centre three times in four years between 1999 and 2003.

Two of the incidents happened during Mr Ruddock's term as Minister and the third detention happened just days after current Minister Amanda Vanstone took over.

Mr Ruddock rejected suggestions he should take ministerial responsibility for the bungle which at one point left the the mentally ill Vietnamese-born man in Villawood for eight months.

He said he took responsibility for his own actions and the instructions he gave others.

"I take responsibility for decisions I take," he told reporters in Melbourne. "I've always made it very clear that officers of the Department when I was Minister were required to take lawful decisions.

Mr Ruddock said he could not be held accountable for actions he hadn't taken in ensuring the Department was running properly.

"It would be an interesting standard of ministerial responsibility if a Minister for Police for instance had to take responsibility for failed prosecutions, wouldn't it?"

Mr Ruddock said part of the difficulty in properly identifying people resulted from Australia's lack of a universal identity system.

The problem was made worse when people themselves - perhaps because of their diminished mental capacity - did not identify themselves properly to authorities in the first place," he said.

"What we have ascertained is that in a very small number of cases where people have been disguising their own identity or refusing to identify themselves properly the task has been more difficult," he said.

Asked whether Mr T should get compensation, Mr Ruddock said he didn't give legal advice in regard to such matters.

"I notice one of the concepts that's never spoken of by those who often assert that there ought to be claims of compensation is contributory negligence," he said.

And Mr Ruddock said he would want to know more about the case before deciding whether or not he should offer Mr T an apology.

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Ruddock: "Illegal detention is not my fault"

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"A lot of the reports today focus only on the difficulty of identification and the fact that he was held, and don't deal with the issue about the degree to which there is his personal responsibility," he said.

"That may of course be limited by his diminished capacity."

Federal Labor's immigration spokesman Tony Burke said Mr T should be given a substantial amount of compensation, although "no level of financial compensation will undo the harm that has been done to mentally ill Australians.

"Mr Ruddock should also take responsibility for creating the culture within the Immigration Department that led to people with mental illness being wrongfully detained," Mr Burke said.

"Philip Ruddock should take responsibility, should apologise and if he had the level of decency that we would like cabinet ministers to have, then you'd find he'd no longer be seated at the cabinet table and he would resign," he said.

Mentally ill, wrongfully detained

Reprinted from **AUSNEWS** March 23, 2006

The Commonwealth Ombudsman says he is alarmed and disturbed that a succession of errors resulted in a mentally ill Australian spending months in immigration detention. But Professor John McMillan today said the case was so bad it was unlikely to be repeated. He has delivered a report listing a string of mistakes by the Immigration Department which wrongfully detained the 45-year-old known only as Mr T.

The Vietnamese immigrant, who has been an Australian citizen since 1989, suffers schizophrenia and was locked up in Sydney's Villawood detention centre three times between 1999 and 2003. At one stage he was held for eight months.

One of the Department's biggest failures in Mr T's case was identification, Prof. McMillan said. He found Mr T's fingerprints had been on a police database since he was arrested for stealing in 1985, but immigration officers failed to check that source. "It is alarming," Prof McMillan told AAP. "The fact that readily available identification means like that weren't used for months and months is disturbing.

"I think it shows that in the management of the administrative detention environment people weren't adequately focused on what it meant to be holding someone in detention."

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Introduction to the principles and methods of epidemiologic research

12-15 September 2006
Hobart, Tasmania

This course will stress the conceptual foundation of epidemiologic research, and present the methodologic approaches that stem from these conceptual foundations. The course objective is to unify the approach to epidemiologic research around a coherent set of concepts.

Specific topics will include a discussion of a general model of causation, causal inference, measurement of disease frequency and exposure effects, the principles of epidemiologic study design and data analysis, the assessment and control of confounding factors, stratified analysis, the use of matching, the evaluation of interaction, and the evaluation of dose-response trends. The course will include group discussions of published epidemiologic studies and computer workshops.

Course presenter is **Professor Kenneth Rothman** (Boston University), whose main career interest has been the development and teaching of the concepts and methods of epidemiologic research. He is the author of two widely used textbooks on the subject.

Further information

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OR VISIT: www.menzies.utas.edu.au/rothman.html
for more information and online registration



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Mentally ill, wrongfully detained -continued from previous page

Prof. McMillan's investigation was prompted by the cases of Cornelia Rau, an Australian resident who spent 10 months in immigration detention, and Vivian Alvarez, an Australian citizen who was deported to the Philippines. Mr T's detention is among 200 cases the ombudsman is examining in which people may have been wrongfully detained.

The longest period of detention was his second time at Villawood - 242 days which ended in September 2003 when he was identified as an Australian citizen from departmental files.

The Ombudsman's report found that when Mr T was released, he was given \$20 in cash and walked out of Villawood with his possessions packed into three bags. He left the bags under a tree near the centre. Mr T was arrested by police a month later and detained again after he provided a different name. He was held for five days at Villawood and only released for the final time when one of the centre's staff recognised him.

"But for that chance encounter he could have been detained longer and clearly there should have been a more formalised system, particularly because he'd only

recently been wrongfully held for eight months," Prof. McMillan said.

"It's disturbing that it can happen to an Australian citizen, that you can be held in detention on three occasions."

While some of the bumbles in the cases of Ms Rau and Ms Alvarez were repeated in the department's handling of Mr T, Prof McMillan said the three were the worst of the cases he was handling.

He was examining another eight cases which involved people suffering mental illness.

"I don't expect that we will find wrongful detention in all the cases," Prof. McMillan said.

"What I think we will show is that when you're administering a system of detention, things can go awfully wrong under your watch."

"I'm satisfied that the department accepts it's serious and is doing everything it can to address the problems," he said.

"Time will tell whether it has.

"I think it's unlikely that anything as serious as Rau, Alvarez and Mr T could arise again."

The Ombudsman made 11 recommendations, including that Mr T be considered for compensation such as an *ex gratia* payment or a package of support through Centrelink.



Public Health Association of Australia Inc

10th National Immunisation/2nd PHAA Asia Pacific Vaccine Preventable Diseases Conference

Successes in Immunisation



30 July to 1 August 2006

Sydney Convention & Exhibition Centre, Darling Harbour
Sydney

Conference updates will be published on the PHAA website: www.phaa.net.au

PHAA Membership Changes



At the recent Planning Day, the Board, Branch Presidents and SIG Convenors present agreed that we need to help a number of lower income groups to join the PHAA more readily. Consequently it was decided that new conditions and fees would apply for students. These are:

- student membership for both full and part time students at **\$45 per annum**;
- **free membership of Special Interest Groups** (no restriction on the number of groups a student can join);
- proof of student status via photocopy of student card;
- membership for 2006-2007 for all students joining after 1 May to include the remaining two months of this financial year (i.e. **14 month membership for price of 12 months** membership).

All schools under the Australian Network of Academic Public Health Institutions (ANAPHI) have been advised of these new rates.

Similarly, the PHAA has determined that Aboriginal health workers should also be provided with membership at a minimum cost. Consequently, the following offer is being made available to all Aboriginal health workers:

- membership at **\$45 per annum**;
- **free membership of Special Interest Groups** (no restriction on the number an individual can join);
- membership for 2006-2007 for all students joining after 1 May to include the remaining two months of this financial year (i.e. **14 month membership for price of 12 months** membership).

All Aboriginal Community Controlled Organisations and Indigenous research groups have been advised of these new rates.

Those present at the Planning Day also acknowledged that those who earn the least have the least capacity to join professional organisations. In recognition of this it was agreed to combine the lowest two categories of membership, **Categories 3 and 4**, and to charge a **competitive membership fee of \$180** for a combined category.

Two special offers are also being made:

- any new members will have free access to Special Interest groups for the first year (no restriction on the number of SIGs a new members joins); and
- membership for 2006-2007 for all new members joining after 1 May 2006 to include the remaining two months of this financial year (i.e. **14 month membership for price of 12 months** membership).

The new fees will be placed on the PHAA website and will be in the June Journal. Any efforts that you as individual members, SIGs or Branches can take to bring this information to the attention of potential members would be greatly appreciated. PHAA has a lot to give and it's worth telling others about.

ITEMS OF INTEREST

Mortality over the twentieth century in Australia: (trends and patterns in major causes of death)

This is a comprehensive analysis of the causes of death from 1907 to 2000. Although it is well known that life expectancy for Australians increased over the last century, analyses presented in this report show how the changes in the causes of death help to explain why we are living longer. This report describes patterns and trends in mortality over the century, highlighting the great successes, but also some areas where improvements are still clearly needed.

AIHW catalogue number PHE73. Available from Can Print (tel 1300 889 873) \$47

French study reveals cannabis health risks

Smoking three cannabis joints will cause you to inhale the same amount of toxic chemicals as a whole packet of cigarettes, a study published in France reveals. Cannabis smoke contains seven times more tar and carbon monoxide than cigarettes, the French National Consumers' Institute concludes in research published in its April edition. The Institute tested regular Marlboro cigarettes alongside 280 specially-rolled joints of cannabis leaves and resin in an artificial smoking machine.

ABC Health Online, 27/03/2006
<http://www.abc.net.au/news/newsitems/200603/s1601333.htm>

Hospital Separations due to Injury and Poisoning, Australia 2001-02

This report presents national statistics on injuries that resulted in admission to hospitals in Australia. It includes cases discharged during the year to 30 June 2002. The report has been designed to complement Injury Deaths, Australia 2002. Falls, transport-related injury, intentional self-harm and assault are common causes of hospitalised injury in the Australian community. Injuries due to these and other causes are described in terms of case

numbers and rates, by age and sex, remoteness of usual residence, length of stay in hospital, external causes of injury and other characteristics. The report will be relevant to anyone interested in gaining an insight into patterns of injury morbidity and the burden it imposes on the Australian community.

AIHW catalogue number INJ78.

Available from Can Print (tel.1300 889 873) \$35

The Food Standards News Autumn edition

The Food Standards News Autumn edition is now available on our website in full colour at http://www.foodstandards.gov.au/_srcfiles/FS%20News%20April.pdf or in the web version at <http://www.foodstandards.gov.au/mediareleasespublications/foodstandardsnews/foodstandardsnews56a3185.cfm>.

Health inequalities in Australia (morbidity, health behaviours, risk factors and health service use)

The health of the Australian population improved markedly during the twentieth century. Despite these improvements, Australia at the beginning of the twenty-first century is characterised by significant health inequalities. 'Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use' is a statistical reference that documents morbidity and morbidity-related inequalities by area-level socioeconomic disadvantage, equivalised household income, education and occupation among infants and children, young adults, working-aged adults and older persons for the periods 1989-90, 1995 and 2001. This report is the second in a series that focuses on different aspects of health inequalities in Australia. Other reports in the series examine health inequalities in mortality, and the measurement of socioeconomic position in population health.

AIHW catalogue number PHE 72.

Available from Can Print for \$28 (1300 889 873).

NEW MEMBERS

NEW SOUTH WALES

Marli Watt
Sophia Leon De La Barra
Danielle Weber
Ross MacKenzie

VICTORIA

Sarah Honora Flockhart
Sarah Herdman
Lauren Snell
Dr Simon Slota-Kan
Marybeth Yarosh

WESTERN AUSTRALIA

James Semmens
Linda Portsmouth

QUEENSLAND

Gavin Turrell
Mandeep Benipal

SOUTH AUSTRALIA

Cardiovascular Outcomes Research
Simone Good



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If further information is required please contact PHAA via email:

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or phone 02 6285 2373

World Health Organization Publications

Safety Evaluation of Certain Food Additives

Prepared by the Sixty-third meeting of the Joint FAO/WHO Committee on Food Additives (JECFA)
ISBN 92 4 166054 6
Cost: US\$54.50
Order No. 12700054
Email: publications@who.int

Global Tuberculosis Control
Surveillance, Planning, Financing
WHO Report 2006
ISBN 92 4 156314 1
Cost: US\$36.00
Order No. 11500659
Email: bookorders@who.int

Researching Violence against Women

A Practical Guide for Researchers and Activists
ISBN 92 4 154647 6
Cost: US\$45.00
Order No. 115005891
Email: bookorders@who.int

The World Health Report 2006
Working together for health
ISBN 92 4 156317 6
Cost: US\$36.00
Order No. 12402006
Email: bookorders@who.int

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:

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