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President's Report from the 2003-2004 Annual Report



Peter Sainsbury, PHAA President

Unusually, in 2003-2004 the PHAA held two annual conferences in the one financial year. In September 2003 the Queensland Branch organised an extremely successful and enjoyable conference, *'Essentials, Differentials and Potentials in Health'*, in Brisbane, and in April 2004 we, along with the Australian Health Promotion Association and the Australian Health Promoting Schools Association, amalgamated our annual conference with the International Union for Health Promotion and Education's 18th World Conference in Melbourne. The latter, *'Valuing Diversity, Re-shaping Power: Exploring Pathways to Health and Well-being'*, attracted 3,000 speakers and delegates from all over the globe and was a stunning success. It was tremendous that PHAA was so strongly involved in the planning and delivery of the conference and arising from it we are exploring ways of developing greater collaboration among Australia's various public health, health promotion and epidemiological associations. There is considerable overlap in functions and membership and I believe that there is much scope for the organisations to be more effective by working more closely together.

PHAA has been extremely active in policy development and advocacy, at national and state and territory levels, over the last year. The range of topics on which we have tried to have an influence through meetings and correspondence with politicians, press releases and media appearances is staggering, and is detailed elsewhere in this report. I would, however, like to make some broad observations about our policy development and advocacy. First, I believe that the PHAA is the most expert, most comprehensive and most active public health policy advocacy organisation in Australia. Second, we could not achieve this degree of activity without the expertise and commitment of our Policy Vice President, Executive Director, SIG convenors, Branch Presidents and dedicated members – the ones who do not simply say "PHAA should do something about this" but actually draft a policy paper, letter or media release for us. The association's office bearers cannot be expert in everything, even if they had the time to

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do everything. Third, developing an agreed policy position on an issue does not always come easily and over the last year there have been several issues where we have had strong, but professionally expressed, differences of opinions that have made it difficult for PHAA to develop an agreed position. This should neither surprise nor discourage us. On the contrary, we must value and facilitate the expression of political difference and diversity. Fourth, I believe that we can see some positive changes over the last couple of years in some of the areas that we have campaigned most strongly about. This cannot be attributed wholly or even mostly to the PHAA, of course, but we have made our contribution. For instance, there is a much more robust and open debate developing about the type of health system we want in Australia – the challenges for us include ensuring that the decision makers and public are well informed, that values are made explicit, and that public health is not forgotten in the furore over whizz-bang technology, patient safety and waiting lists. Also, we have seen the Federal government slowly adopting a more humane approach to the treatment of asylum seekers, and publicly funded oral health programs are back on the agenda. Fifth, we can never take any advance for granted. Universal health insurance is being eroded; the availability of over-the-counter emergency contraception was approved and is now under threat; slavery was abolished centuries ago and yet we still have people trafficking. Public health advocates must be vigilant to protect the good things we have as well as trying to make things better. Finally, Aboriginal health, while slowly improving in some respects, remains atrocious. When is a Federal government going to take this matter seriously?

The Board and the Secretariat have continued to strive over the last 12 months to ensure that members 'see something' for their continued participation in the PHAA. National conferences and branch seminars provide opportunities for members to congregate and learn; the Journal continues to be an authoritative and widely respected voice; and members' efforts are recognised through a variety of awards and prizes. During the year we made 'intouch', our monthly newsletter, electronic and this seems to have been well received. We have also been developing our website and email list to keep members more involved in our day-to-day activities, particularly around advocacy.

As this is my final annual report I am going to indulge myself with some very general thoughts about the future for public health in Australia. Thinking narrowly about 'health', it seems to me that there are three major threats to the health of Australians: tobacco consumption continues to be a major cause of illness, misery and death; obesity is almost on a par with tobacco as a threat to health but we are less knowledgeable and experienced in countering it; and health inequalities remain substantial. All three are preventable. Thinking more widely, I think that there are three major threats to the survival of mankind: destruction of the natural environment in which life arose; destruction of the genetic code that created and maintains life; and fundamentalism, economic, religious, political and national. Public health and the PHAA have roles to play in all of these.

Finally, I have said it before but I am going to say it again. It has been one of the two highlights of my professional life to be President of the PHAA. But more than that, I have enjoyed it immensely and I have learnt so much. Many thanks. In particular, I am grateful to Pieta Laut and the Secretariat who work tirelessly and with great willingness and humour; to everyone who has served on the National Executive and Board over the last four years – you have been a joy to work with; to all Branch, SIG and working party office bearers – you keep the organisation alive; to the editors of the Journal and 'intouch'; and to those individual members who muck in time and again – you are what participative democracy is all about.

A Tragic History

If the title sounds academic in tone, it's because it is- this book began life as a PhD thesis. Thankfully, it has been deemed deserving of wider exposure, none more relevant than to the doctors themselves (perhaps you?) who deal with issues of Aboriginal and Torres Strait Islander health. This is a rigorous examination of the way indigenous health issues have been portrayed in various Australian medical journals – in particular, the way the use of language has influenced research findings, and, importantly, government policy. Writes the author in his prologue: “Indigenous health research and the brutal history of colonialism in Australia are forever entangled: they are not identical, merged, parallel or independent, but intricately and variously enmeshed. This book is an attempt to understand, rather than ignore, this entanglement.”

There follows what is at times an undoubtedly shocking examination of the attempts at “science” to define such health issues, beginning with the earliest references from the 19th century in which indigenous people were essentially described as a “doomed” race. “This ‘incorrect’ idea had an enormous impact on colonial thinking and policies about Aboriginal people,” the author explains. “Most people thought that little could be done to prevent the inevitable demise of the race, so only palliative services would be required for the short time that remained for this vital moment, ‘smoothing the pillow of a dying race’. But many humanitarians took this pillow-smoothing very seriously and earnestly applied themselves to this seemingly urgent task...” Later in the book, he notes that the words “Aboriginal” and “health” were not used together in the *Medical Journal of Australia* until 1969. This is hardly light reading, but it's an important book written with great clarity and authoritative insight.

Reprinted from FOCUS *The Australian Doctor* Magazine Oct 2004

For a copy of this book email: sales@aiatsis.gov.au, ISBN: 0 85575 458 3, Reading Doctor's Writing: Race, politics and power in Indigenous health research 1870–1969 by David Piers Thomas

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Pieta Laut

Advocacy actions undertaken over the past month have been substantially concentrated on the distribution and lobbying around the ten top public health issues identified for the national election. The top ten are on the PHAA website and will remain there as our advocacy around these issues continues post-election. Two media releases on equity and health that were developed in the lead up to the election have been added to the PHAA website under Advocacy media releases.

I would like to thank all those individuals, Branches and SIGs that put time and effort into using the fact sheets as a basis on which to write to their local members. Letters to local members have proven to be a very effective means of bringing MPs' attention to particular issues, and while I don't think that we alone brought Medicare and health issues in to play in the election, I do feel that we have contributed to keeping health on the agenda. In addition, a number of State Branches took up the top ten issues and provided their own media releases focusing the issues in a State/Territory context. This was extremely useful.

As the new political term commences, we will be once again be much more active in advocating for all PHAA policies rather than the select few that we could appropriately pursue in the pre-election environment. For example, it is clear from the newspaper reports that United States trade negotiators are already suggesting to the Australian Government that it use its increased majority to remove the "PBS protection measures" that Labor had put in place. The fight for the protection of the PBS will be on-going.

The follow up work on all the replies we have had to the last systematic round of advocacy is being undertaken so that we can hone the areas in which we need to push for change. This is being done between the SIGs and the Secretariat, and will be detailed on the SIG web pages as it is completed. Strategies to accomplish the second level of advocacy will be developed and acted upon over the coming year.

Work will commence over the next month on the initial round of advocacy letters about the new and revised policies recently passed at the PHAA AGM. The new policies will be on the website within the next two weeks and initial letters will have been sent out to all appropriate bodies before Christmas.



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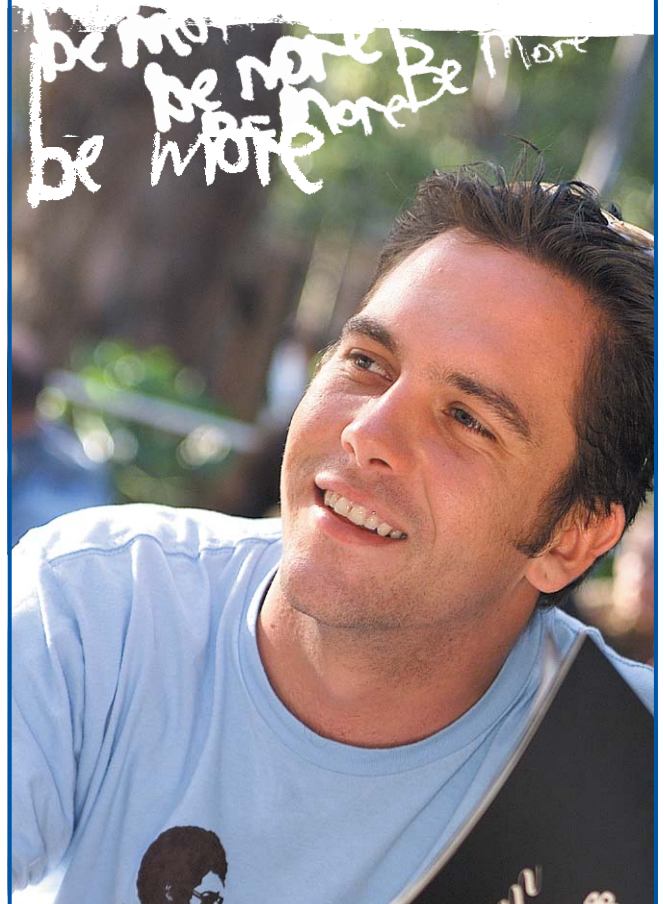
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Australia's samidzat

John Pilger

In 1983, the principal media in the Western world, which dominate much of the media in the rest of the world, were owned by 50 corporations. In 2002, this had fallen to nine transnational companies. Rampant deregulation has ended even a semblance of diversity.

In February this year, Rupert Murdoch predicted that, within three years, there would be just three global media corporations and his company would be one of them. He may have exaggerated, but not by much. Consider the situation in Australia, where Murdoch controls 70% of the capital city press, including the only newspapers serving Adelaide and Brisbane. (In Adelaide, he controls all the printing presses.)

On the Internet, the leading 20 websites are now owned by Fox (Murdoch), Disney, AOL Time Warner, Viacom and a clutch of other giants; just 14 companies attract 60% of all the time Americans spend online. The owners of these vast enterprises make no secret of their global ambition: to produce not informed, free-thinking citizens, but obedient customers and to reinforce the rapacious ideology of neoliberalism.

Never, in my experience, has free journalism been as vulnerable to subversion on a grand, often unrecognisable scale. Giant public relations companies, employed by the state and other vested interests, now account for much of the editorial content of the media, however insidious their methods and indirect their message. This is another kind of “embedding”, known in military circles as “information dominance”, which in turn is part of “full spectrum dominance”. The objective is the merging of information control and the nominally free media.

How do we react to this? My own view is that the immediate future lies with the emerging samidzat, the word for the unofficial media during the late Soviet period. Given the current technology, the potential is huge. On the worldwide web, the best alternative websites are already read by an audience of millions. The courageous reporting of a new breed of “citizen reporters” from besieged Iraq has provided an antidote to the “embedded” coverage of the official media. In the United States, independent newspapers flourish alongside popular independent community-based radio stations, such as Pacifica and Amy Goldman’s Democracy Now. In Australia, against the odds, the samidzat is growing, and I would say its model is *Green Left Weekly* (<http://www.greenleft.org.au>), which is produced and published by volunteers and provides a wider coverage of the “other” world - a world that often does not exist in the so-called mainstream - than any newspaper with resources of which GLW has not even a fraction.

Those of us who report this “other” world (actually the majority of humanity) know that true internationalism has returned and that public opinion has been aroused in so many countries, perhaps as never before. People have the right for their voices to be heard, and those who provide the means deserve all our support.

[John Pilger’s new book, *Tell Me No Lies: Investigative Journalism and Its Triumphs*, is published in Australia in November by Random House.]

<http://www.greenleft.org.au/back/2004/600/600p16.htm>

Reprinted from *Green Left Weekly*, September 29, 2004.

Good for your heart but bad for your baby?

Revised guidelines for fish consumption in pregnancy

Hilary J Bambrick and Tord E Kjellström

Risks to the fetus make it imperative that revised guidelines for fish consumption are clear and reach those most likely to be affected

Headlines such as “Mercury warning for children, pregnant women” and “Danger of too much fish” appeared in March throughout Australian newspapers. The media blitz was triggered by the release of revised advice from Food Standards Australia New Zealand (FSANZ) on health risks associated with consuming fish with high methylmercury (MeHg) content (Box).¹ The warnings come after a Food and Agriculture Organisation of the United Nations/World Health Organization Expert Committee halved the “provisional tolerable weekly intake” of MeHg in pregnancy from 3.3 mg to 1.6 mg per kilogram bodyweight to protect fetal development.²

Fetal neurotoxicity of MeHg was discovered in the 1960s in Japan. It was named “fetal Minamata disease” after 25 cases of cerebral palsy were found in newborns whose mothers had high levels of MeHg exposure from eating fish contaminated by industrial pollution,³ while the expected number of cases in that population was less than one. Subsequent cohort studies following children from birth to 14 years in New Zealand⁴ and in the Faeroe Islands⁵ reported associations between maternal MeHg exposure from fish consumed during pregnancy and deficits in psychological performance or in neurophysiological testing. One prospective study in the Seychelles did not find such effects.⁶

The Minamata case and subsequent studies indicate that there may be a shift to the left in IQ distribution as a result of excessive MeHg exposure from fish, even at levels too low to produce overt mental retardation. However, a robust debate is continuing about the toxic level of exposure and the “safety margin” required to protect the fetus. The potential risk to children in Australia needs to be carefully considered.

The new advice from FSANZ is welcome, as some commonly consumed ocean fish (such as shark) often have natural MeHg concentrations sufficient to cause high weekly exposures. Interestingly, no recommendation was made for tuna. Although canned tuna is usually sourced from smaller, younger fish and is relatively low in mercury, some tuna (albacore, bluefin) has higher concentrations. The United States Environmental Protection Agency advises vulnerable groups against consuming *any* fish with high mercury content.⁷

Fish is well established as a “healthy” food. Evidence for cardiovascular benefits from regular fish consumption emerged in the 1990s, as low rates of cardiovascular disease were found in populations with high levels of fish consumption. A number of studies indicate that omega-3 fatty acids reduce cardiovascular risk by improving lipid profiles, inhibiting atherosclerotic plaque, improving arrhythmia, improving vascular function, and reducing damage from ischaemia.⁸ Curiously, one study reported that high levels of MeHg exposure from fish increased the incidence of myocardial infarction.⁹

We are therefore faced with the difficult public health challenge of avoiding the health risks from MeHg intake in fish in vulnerable groups while taking advantage of the health benefits of fish consumption. The National Heart Foundation recommends fish be consumed at least twice a week, consistent with advice from FSANZ for most kinds of fish, but this is two to four times the latest recommendations for consumption of fish containing high levels of mercury. While some species of fish have high levels of MeHg, others, such as salmon and hake, have relatively low levels. Expecting consumers to change their understanding that “fish is good” to “some fish are good, sometimes”, and “some fish are not so good, sometimes” introduces a level of complexity into consumer health education that has rarely been seen. Parallels might be drawn with fats and oils, with important shifts in understandings from “all fats are bad” to “some fats are good”, or with alcohol consumption, where some patterns of moderate drinking might be more beneficial to health than abstinence.¹⁰

Patterns of fish consumption are highly variable, so ensuring advice reaches those most at risk is essential. For example, shark is frequently unintentional “by-catch”, often used in cheaper meals such as fish and chips and fishcakes, which are consumed fairly regularly by some groups. People more likely to rely on these products may also be less aware of, and less able to

respond to, the health advice from FSANZ. While some relatively expensive fish are also high in mercury (swordfish, orange roughy), these are perhaps less likely to form a regular part of the diet.

Mercury has a half-life of about 9 weeks, so that women who stop all consumption of fish on becoming pregnant may still be exposing their fetuses to high levels of mercury well into pregnancy. Therefore, we suggest that all healthcare professionals make women of childbearing age aware of the revised FSANZ recommendations and the potential risks to the developing fetus associated with even moderate consumption of some types of fish during pregnancy. Standards of fish nomenclature should also be developed and enforced to reduce confusion and to ensure consumers are getting what they expect. Further, epidemiological research on actual levels of exposure and the efficacy of the FSANZ health advice is much needed.

Revised Australian recommendations for fish consumption*

	One serve per week (no other fish that week)*		One serve per fortnight (no other fish that fortnight)*		Two or three serves per week
Pregnant women, women intending to become pregnant, and children (up to 6 years)	Orange roughy (sea perch), catfish	OR	Shark (flake), billfish (swordfish, broadbill, marlin)	OR	Any fish or seafood not listed to the left
Rest of population	Shark (flake), billfish (swordfish, broadbill, marlin)	OR		OR	Any fish or seafood not listed to the left

* Serving size = 150 g for adults and older children, 75 g for children aged up to 6 years.¹

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Reprinted from the Medical Journal of Australia MJA 2004; 181 (2): 61-62

Disability, Ageing and Carers: Final Survey Results from ABS



One in five people (20%) in Australia had a disability in 2003, unchanged from five years ago (after age standardising), according to final results released today by the Australian Bureau of Statistics (ABS).

The disability rate steadily increased with age from 4% of 0-4 years olds to 41% of 65-69 years old to 92% of people 90 years and older.

Just over half (51%) of people aged 60 years and over had a disability. Most of these people (59%) did not need any assistance to manage health conditions or cope with everyday activities. For those who did, the most commonly reported needs were help with property maintenance, health care and transport.

There were 2.6 million carers who provided some assistance to others who need help because of disability or age. Just over half (54%) of all carers were women. Women were also more likely to be primary carers (71%), that is people who provided the majority of informal help to a person with a disability.

The proportion of people who needed help with self care, mobility and/or communication activities (i.e. profound or severe core-activity limitation) was 6.3%, which was much the same as in 1998 (after age standardising).

The rate of profound or severe disability increased with age from 3% of 0-4 year olds to 10% of 65-69 year olds to 74% of people 90 years and over.

Other key findings from the 2003 Survey of Disability, Ageing and Carers include:

- The overall disability rates for males (19.8%) and females (20.1%) were almost identical.
- People with disability had a lower labour force participation rate (53%) than those without a disability (81%) and those with a profound or severe core-activity limitation had an even lower participation rate (15%).
- Of people who reported needing assistance due to disability, 60% reported that their needs were fully met, 35% reported their needs partly met and 5% not met at all.
- One in 10 people in Australia used equipment or an aid to help them cope with their condition or manage their everyday life.
- Partners, sons and daughters were the most common providers of help to older people.
- Primary carers had a lower labour force participation rate (39%) than people who were not carers (68%).

Further details are in [Disability, Ageing and Carers: Summary of Findings, Australia, 2003](#) (cat. no. 4430.0).

Have Your Say on the 2006 Census Output Strategy

The ABS has commenced planning the products and services to be produced following the 2006 Census of Population and Housing.

They are planning a large scale survey to seek views on the proposed 2006 Census Output Strategy. A publication entitled ABS Views on Census Output Strategy (cat. no.2009.0) outlines the broad strategies for developing 2006 census products and services. A questionnaire, which the ABS strongly encourages you to complete by 15 December 2004, is available on the ABS web site at www.abs.gov.au/census. It will be used as a means of considering your views in finalising these proposed strategies.

The ABS plans to conduct sessions during November and early December to provide background on their planned strategies and answer any questions you may have. They will be in Sydney on 30 November and 1 December. As potential clients, the ABS would greatly appreciate you contributing your views by completing a questionnaire and participating in an information session. The sessions will be held at the ABS NSW Office, Level 5, St Andrews House, Sydney Square at 9:30 am and 2:00 pm on 30 November and 9:30 am and 2:00 pm on 1 December. They will run for approximately two hours and will include ABS staff guiding you through the planned strategies, as question and answer session and the opportunity for discussions over morning/afternoon tea.

Numbers for each session are limited. Please email Jill Tomlinson at jill.Tomlinson@abs.gov.au or phone (02) 9268 4123 by 22 November to reserve your place at your preferred session.

Politicians, poverty and policy - what can we expect from our senate candidates?

Alleviating poverty seems to have fallen from the national agenda, if the 2004 Federal election campaign is anything to go by. Poverty in Australia received little media or policy attention during the campaign. The group *Jews for Social Action* made an attempt to put the issue back on the agenda by organising a forum on poverty, held in Sydney on 19th September. NSW Senate candidates representing several minor parties were invited to discuss their policies for reducing poverty. The forum was specifically for minor party candidates, who have fewer opportunities to explain their ideas, but usually hold the balance of power in the senate.

Most candidates were aware that not all Australians have benefited from our increasing wealth. Most quoted the shameful statistics - 2.5 million Australians, including 700,000 children, living in poverty; Indigenous poverty rates at least double that of non-Indigenous. However, candidates' ability to engage with these issues and propose viable solutions varied substantially. An account of each invited candidate's speech is provided below.

Australian Democrats- Aden Ridgeway

Aden Ridgeway, the only Indigenous Federal Member of Parliament prior to the election, spoke on poverty with insight. He immediately located his position on the political spectrum by criticising the belief that the market could solve poverty and instead advocated community-based strategies. Securing full employment was identified as the best strategy for alleviating poverty. Ridgeway spoke specifically on ideas for reform in the employment and welfare sectors. Despite his emphasis on the need for community-based solutions, none were offered during the forum.

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Politicians, poverty and policy - what can we expect from our senate candidates?

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Australian Greens- John Kaye

John Kaye, a former academic, commenced with the argument that neo-liberalism needed to be opposed in order to alleviate poverty. He outlined the moral argument urging Australians to address poverty- that we are a wealthy nation but unable to distribute that wealth fairly. Next, he outlined the utilitarian reasons for reducing poverty- we all benefit when fewer live in poverty. Kaye concluded by broadly discussing a number of policies that he believed would reduce poverty.

Progressive Labour Party- Klaas Woldring

Klaas Woldring represented a relatively new political party, born out of dissatisfaction with the Australian Labor Party. Woldring, in a passionate but mostly directionless speech, spent considerable time explaining the party's opposition to neo-liberalism and proportional representation. Whilst making his criticisms of the major parties clear, Woldring remained largely silent on poverty.

Family First- Joan Woods

Joan Woods represented this socially conservative, (arguably) faith-based party, which in 2004 was contesting a Federal election for the first time. Woods explained her reasons for candidature and the party's platform- promoting the interests and needs of families. Poverty was addressed in relation to its impact on families.

Socialist Alliance- Ray Jackson

Although a recent recruit for senate candidature, Ray Jackson has had a long history campaigning on behalf of Indigenous people. Jackson did not discuss policies, but as a member of the Stolen Generation, his testimony was compelling. He spoke of his conviction to redress the oppression and poverty affecting his people. Given the overwhelming representation of Indigenous people amongst those living in poverty, this focus seemed apt.

Reflections

The existence of poverty in a rich country like Australia is an issue most of us find confronting. Going on to solve the problem is even more challenging. Candidates at the forum reflected the challenges of poverty alleviation, as they were unable to communicate a comprehensive policy program that would address the issue. Instead, candidates appeared more comfortable discussing policy reforms at the extremes of the policy spectrum. Some candidates focused their attention on micro-reforms, such as those required in family tax benefits. Others proposed reforms on a much broader scale, like dispensing with neo-liberalism as a guiding philosophy. In some ways, it was disappointing not to be presented with a neat policy program that would make headway in reducing poverty. In reality, however, the forum symbolised what is probably needed to move forward in alleviating poverty- a conversation that includes people with diverse backgrounds, experiences and opinions, particularly those with lived experiences of poverty. A conversation where pragmatic policy reforms, big ideas and all that is in between are discussed. And mostly, a conversation that includes Australians who engage with public issues with passion and conviction.

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International Trade Boycotts Press Change on Australian Government's Racist Behaviour

25-Sep-2004 by Dr U Ne Oo (netipr.org/-uneoo/)

[U Ne Oo is a Burmese political exile and the secretary of Network for International Protection of Refugees]

In the international political scene, the use of trade sanctions as political weapon is often controversial but quite common. The political outcome from trade sanctions is often mixed and often unclear. Nevertheless, trade sanctions can pressure governments to change behaviour. In the following article, I'll look at the case of Australian Government treatment of refugees vs. (possible) trade boycotts by certain Islamic countries. Being an independent refugee rights activist, I have the opportunity to do a candid assessment of trade boycotts and the results. This is important because, you as a reader may well understand, talking about 'the trade sanction against Australia' is a taboo subject.

We firstly look at the common practice of entities that have powers. The term 'entities' may well apply to governments, institutions, liberation movements, socio-religious organisations and even terrorist groups. Most often in the international political scene, we encounter these entities taking action or applying changes to policy without public pronouncements. This is primarily because the "Power" often does not talk - it acts.

BACKGROUND

The Australian Government, in last few years, has treated refugees and asylum-seekers of Islamic backgrounds harshly. The Government detained asylum-seekers, who came mainly from Iraq and Afghanistan, often in very harsh conditions. For example, in 1999-2001 the Australian Government sent them to Woomera Immigration Detention Centre, in a South Australian desert. The government does not allow Community and Refugee Support Groups to access these detention centres.

VILIFICATION OF ASYLUM-SEEKERS

The Australian Government's treatment of these people was vividly exposed to the world in August 2001, when they refused the disembarkation of 438 asylum-seekers, mainly Afghan Muslims, on board MV Tampa, a Norwegian freighter. Earlier, the MV Tampa had responded to a distress call from a dilapidated boat north of Australia. The captain made a sea rescue and boarded the refugees. The Australian government refused them entry on the grounds that they were on board a Norwegian ship (i.e. Norwegian territory). Later they were transferred to an Australian warship and transported to the tiny pacific Island of Nauru. These people, along with later arrivals, were detained there at significant expense to the Australian Government (and taxpayers).

Soon after the Tampa incident there was a national election. Government portrayed asylum-seekers who arrived by boat as a threat to national security. Compounded by the events of 9/11, the electronic and print media in Australia continued to vilify them. Notably, such boats stopped arriving after 2001. This was possibly because of the sinking of a refugee boat, named as SIEV-X, in which 353 refugees drowned.

Despite the fact that no more boats arrived, the government, the press and the electronic media continued to attack refugees and Muslim minorities until late 2003. With the change of the Minister for Immigration portfolio - Philip Ruddock was replaced in September 2003 (CNN, 29/9/2003) - the attacks have lessened.

WHY DID THE GOVERNMENT BEHAVIOUR CHANGE?

Some say it is due to the change of immigration minister. Equally, some commentators have attributed it to the tireless work of refugee support groups and refugee rights movements, which sprung up after 2001 and now solidify throughout Australia.

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International Trade Boycotts Press Change on Australian Government's Racist Behaviour - continued from previous page

(See Peter Mars article on www.apo.org.au/webboard/results.shtml?filename_num=00766)

Being an earnest supporter of several refugee rights groups, it is rather flattering to think that our work alone had brought the superficial but significant change. However, I suggest that the change in attitude by government and the media was due to trade boycotts by some Islamic countries.

Saudi Arabia, for example, refused the off-loading of 60,000 Australian live sheep from the Como Express in August 2003 (date/timing here is important), on the grounds of disease infestation (Daily Telegraph, 28/8/2003). Five thousand five hundred sheep died before the rest were given to Eritrea.

It becomes clear that the action was directed against the Australian government treatment of asylum-seekers and refugees of Islamic backgrounds. The Como Express was stranded at sea when Saudi Arabia refused to take the cargo. The timing of this boycott, followed by subsequent 'behind the scenes' action taken by Saudi Arabia urging other countries not to accept the shipload of Australian sheep, leave no doubt the action was intended to pressure Australian government (AAP, 18/10/2003). The stranding was simply a reminder of the way MV Tampa had been treated in August 2001. Saudis did not pronounce this action publicly, of course, as a 'trade boycott' nor had the Saudis intended to pressure Australian Government for a specific reason. Equally it is entirely unnecessary to believe that this trade boycott was taken at the behest of the Saudi Government.

In February 2004, Pakistan refused to take two shiploads of Australian wheat and stated that the grain had traces of fungal disease (The Australian, 26/2/2004). The question is still open about the cause and effect of these trade boycotts by Islamic countries. Whether these actions were intended to improve the behaviour of Australian government on the treatment of asylum-seekers and Muslim minorities or something else, such as the war on Iraq, are still subject to interpretation.

The Government's overall refugee policy has not changed. Nevertheless, there has been a significant toning down of attacks on refugees and asylum-seekers in the media. This slight change in the Australian government's behaviour, significant domestically, was not described as a response to the international trade boycotts. Obviously, no one should expect the Australian government to admit it has yielded to international pressure.

CONCLUSIONS

International trade sanctions were applied on the international political scene to improve human rights records of military governments such as Burma and North Korea. With a concerted effort, the same principled action can also be applied to democratically elected governments such as that of Australia.

Usually, the results from such trade boycotts are not so decisive as to bring down a government, especially, in the case of military dictatorship. However, the military dictatorship was crippled financially and can be weakened domestically. When trade sanctions are properly applied, one can expect improvement in the behaviour of governments, whether democratically elected or a dictatorship.

(U Ne Oo)

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Beyondblue and blueVoices

Over the last three years, beyondblue and its carer and consumer arm blueVoices have been conducting survey research across Australia regarding depression awareness, stigma associated with illness and support and treatment service availability in health and mental health sectors.

The most commonly identified issue from consumers and carers has been their difficulty in finding help when they need it and accessing empathetic, quality primary care and specialist practitioners. To this end, beyond blue and blueVoices through its Virtual Network of some 9,000 members have begun the development of a national, consenting mental health practitioners website listing to formalise the current “word of mouth” email exchange mechanism. The listing will take the form of a virtual “yellow pages style directory”.

Information on this initiative can be found on www.beyondblue.org.au

Update NHMRC’s Consideration of Xenotransplantation Research

The National Health and Medical Research Council considered the final report of its Xenotransplantation Working Party during its recent 16-17 September session. The Council endorsed the Working Party’s recommendation that there be a five year moratorium on any clinical research into animal-to-human whole organ transplantations in Australia, and that non-human primates (eg baboons) should never be considered as source animals for any future clinical trials of animal-to-human transplantation.

Issues relating to animal-to-animal pre-clinical studies were referred by Council to the NHMRC’s Animal Welfare Committee for advice.

Council also requested additional information before considering issues surrounding animal cellular therapies and animal external therapies, which have a lower potential risk of infection and a higher expected benefit to humans than animal organ transplants. Specifically, it sought input from State and Territory jurisdictions, as well as regulatory authorities such as the Therapeutic Goods Administration and the Office of the Gene Technology Regulator.

The coordination of this task, and further action on animal-to-human transplantation, will be managed by the NHMRC’s CEO Uit, which can be contacted on (02) 62899140, exec.sec@nhmrc.gov.au

Carers in Australia: assisting frail older people and people with a disability.

This report on informal care is a joint initiative of the Australian Institute of Health and Welfare and the Australian Government Department of Health and Ageing. Its genesis was an AIHW analysis of the likely future impact of certain social trends including, but not limited to, a reduced willingness of women to substitute unpaid caring work for paid employment. Building on this earlier work, the present report uses the results of the 1998 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers to present a picture of informal care in Contemporary Australia - who are the primary carers, who do they assist, and what does caring involve? It explores the impact of caring work and patterns of informal service use with informal care.

AIHW Catalogue No. AGE-41; Available from Internet Only; Free

Items of Interest

Health Expenditure Australia 2002-03

Health expenditure Australia 2002-03 examines expenditure on health goods and services in Australia for 1992-93 to 2001-02 and presents preliminary estimates for 2002-03.

This report presents expenditure estimates at the aggregate level; as a proportion of gross domestic product (GDP); on a per person basis; by state; by comparison with selected OECD countries; and by source of funding.

This report will be helpful to anyone interested in studying, analysing and comparing estimates of health expenditure in Australia.

Cat No. HWE-27; Available from [CanPrint](#) (ph: 1300 889 873); \$25.00

Assisted Reproductive Technology in Australia and New Zealand 2002

This report presents data on all assisted reproductive technology (ART) treatments that took place in 2002 and their resulting pregnancies and births. This is a different format from that of previous reports in this series in which the treatment cycles from a select year were reported along with the babies born in the prior year. The Australian and New Zealand Assisted Reproduction Database (ANZARD) permits the linkage of treatment cycles to pregnancies and births and, thus, allows the description of a single group: the treatment of cycles from a select year and their resulting pregnancies and births.

AIHW Catalogue No. PER-26; Available from [CanPrint](#) (ph: 1300 889 873); \$30.00

General Practice Activity in the States and Territories of Australia 1998-2003

This report provides the first picture of the activities of general practice in each state and territory of Australia, using a combination of BEACH (Bettering the Evaluation and Care of Health) data for survey years 1998 to 2003.

Results for each state and territory are reported in independent chapters and are described in terms of GP and patient characteristics, patient reasons for encounter, problems managed and management techniques used, along with information on selected patient health risk factors. Comparisons are made between each state and territory and the national average for the total 5 years.

AIHW Catalogue No. GEP-15; Available from [CanPrint](#) (ph: 1300 889 873); \$30.00

Unique new coalition launched to fight climate change issues warning: act now on climate change or human development gains will go 'up in smoke'

Up in Smoke is the first report from a new coalition of the UK's leading aid and environment agencies, the Working Group on Climate Change and Development (WGCD). The report, co-ordinated by nef and IIED with the involvement of all of the supporting organisations sets out in detail the coalition's belief that global warming threatens to reverse human progress, and make Millennium Development Goals on poverty reduction, unattainable. Drawing on the combined expertise of the members of the coalition, *Up in Smoke* shows that an either/or approach to climate change and poverty reduction is not an option; the world must face up to the inseparable challenges of poverty and a rapidly warming global climate.

To read the report in full, go to http://www.neweconomics.org/gen/news_upinsmoke.aspx

Books Available from World Health Organization

Global Status Report: Alcohol Policy

World Health Organization, Geneva
Cost US\$54.00 Order No. 11500564

Email: publications@who.int

Rheumatic Fever and Rheumatic Heart Disease

World Health Organization, Geneva
Cost US\$20.70 Order No. 11000923

Email: publications@who.int

Data Set Specification, Cancer (clinical), National Health Data Dictionary Version 12 Supplement

Data Set Specifications (DSS) are metadata sets that are not mandated for collection but are recommended as best practice. This metadata set is primarily concerned with the clinical use of cancer data. While the use of this standard is voluntary, it should be used by health and health-related establishments that create, use, or maintain records on health care clients. The Cancer (clinical) DSS aims to ensure national consistency in relation to defining, monitoring and recording information on patients diagnosed with cancer.

AIHW Catalogue No. HWI-71;
Available from [CanPrint](#) (ph: 1300 889 873); \$22.00

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EDITORS: Elizabeth Proude and Susan Stratigos

Editor: **Executive Director** Design: **Design Direction**

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