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Mentorship - A Professional Development Initiatives in PHAA

Professional development in public health is currently poorly coordinated at the national level. While there are some university and other short term training programs, the major initiatives have all been state based, with the New South Wales, Victorian and, most recently, Western Australian governments funding public health traineeship programs. For public health medicine there are fellowship training programs in most states, but these programs can struggle in the smaller states and territories.

This situation has left public health practitioners in Queensland, South Australia, Tasmania and the Northern Territory in something of a vacuum, where professional training and support is hard to find after the completion of a public health degree. The differences between the states becomes very evident at our national conferences, where public health trainees from New South Wales and Victoria feature strongly in presenting high quality public health research and practice.

Can the PHAA have a role in rectifying this situation? Issues around fair and equitable public health training are central to the 'health' of our organisation. We do need to offer good training opportunities to our new graduates in the increasingly complex and diverse world of public health.

This whole topic has been of concern to the branch presidents in PHAA. A state-based response which has been instigated in Queensland and South Australia, and may soon begin in Victoria, is a public health mentorship program. In Queensland and South Australia these programs are designed to fill the gap left by not having a state public health traineeship program, and in Victoria the program would, amongst other things, act to link public health trainees into jobs. Each state has come up with different solutions and has formed partnerships with different organisations.

In Queensland, the PHAA mentorship program has developed in partnership with QUT, and the university provides some administrative support to assist PHAA in the running of the program. In South Australia, the mentorship program has been set up by PHAA with some assistance from the Australian Health Promotion Association, who ran a similar program last year. The Queensland program has a broader professional development role, whereas the South Australian program is focused on career development.

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Mentorship - A Professional Development Initiatives in PHAA

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Public Health mentorship programs have a number of advantages for PHAA branches. They link students and early career practitioners with more experienced public health practitioners, and thus provide a means where younger and older members of the branches are encouraged to interact. By requiring that both mentors and mentees are members of PHAA, these programs are a useful means for state branches to increase their membership. Mentorship programs are a useful means of attracting state government funding, as they provide significant benefits to state government departments. Also, by being serious about mentorship, state branches send a message to state governments that lack public health traineeship programs that something more needs to be done. Because public health traineeships will never be able to provide for the professional and career development of all public health graduates, the role of mentorship programs is likely to remain. If the current programs prove successful, they may expand to other states over the next few years.

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From the Queensland Branch



As a preamble to Queensland Branch's Elkington Oration earlier this year, former branch president John O'Brien set off to find out who Dr Jack Elkington was and why he warranted an oration. He got more than he bargained for – including a living connection who could provide papers, photographs, anecdotes and even one of Uncle Jack's curry recipes.

A couple of years after Jack Elkington's death in 1955, a group of health professionals formed the Queensland Society of Health. QSH's inaugural committee incorporated an oration to honour Elkington into its annual general meetings.

Dr Cecil Cook delivered the first oration on 4 August 1958. Sir Raphael Cilento, who would deliver the second oration the following year, drove Elkington's widow Ida from her beachfront house at Mooloolaba for the occasion.

The papers of the QSH, from its inception to its incorporation within ANZSERCH, have survived and chart the antecedents to the formation of PHAA. The Elkington Oration, now biennial, has continued through these changes.

A conventional explanation of why we hold the oration is that Jack Elkington had a distinguished career and was widely published in public health and quarantine. His career is effectively summarised in his entry in the Australian Dictionary of Biography and an insightful elaboration of his early years can be found in Michael Roe's *Nine Australian Progressives: Vitalism in Bourgeois Social Thought 1890-1960* (UQP: 1984).

An alternative view is that in addition to this, he was a fascinating raconteur who made a huge contribution to Australian art and literature. Fact and fiction are often difficult to distinguish in the mentor, and later neighbour, that Cilento described as 'athlete, aesthete, adventurer, writer, dreamer, idealist and eminently practical soldier of fortune in the war against disease'.

John Simeon Colebrook Elkington was born in Castlemaine, Victoria in 1871. His father, then an inspector of schools, later became the foundation Professor of Law and History at the University of Melbourne. His mother, Helen Mary Guilfoyle was a daughter of Sydney horticulturist Michael Guilfoyle and sister of William Robert Guilfoyle, the designer of Melbourne's Botanical Gardens. Jack had a brother Godfrey nine years his junior.

Jack was educated at Melbourne Grammar School. We know little of his childhood, but he was close to the Guilfoyle side of the family, who were attempting subtropical agriculture around the Murwillumbah area. He sailed on several voyages into the Pacific and up the Queensland coast with two of his uncles and claimed to have gained a second mate's ticket before commencing university. He had a lifelong fascination with the sea and ships and retained his grandfather's diary of the family's voyage of migration in 1848 on the sailing ship Thomas Lowry.

In 1889, Jack commenced studying Arts at Melbourne University, but failed his first year. Determined to get a job that involved sea travel, he enrolled in Medicine and made it to final year in 1895, but failed his final exams. He nevertheless gained a position later that year as ship's surgeon on the Warrigal, sailing to the United Kingdom, where he completed a licentiate in Medicine and Surgery in Edinburgh and London in 1896 and commencing a lifelong pattern of paid travel.

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Jack returned to Victoria, where he married Mary Cassandra Parkinson, a former Lorne postmistress who had been born in India. For some time, he practised as a general practitioner in Geelong ('they tried to pay me in potatoes') and subsequently as a government medical officer in Melbourne. His temperament was reputedly not suited to general practice and his interests lay more in public health. The outbreak of bubonic plague in Australia in 1900 may well have been a catalyst.

During his Melbourne years, Jack commenced writing for the Sydney Bulletin and correspondence from the era shows he was close to both JF Archibald and AG Stephens. His best friends were the bohemian painters and writers of the day – the Lindsays, the Dysons, Randolph Bedford and Mary's brother Ray Parkinson. They formed the Ishmael Club that discussed everything 'from opera to Nietzsche' and inspired a recent play by Bill Garner and Sue Gore.

In 1899, Jack bankrolled Norman Lindsay into a weekly magazine called the Rambler. Principally a vehicle for Norman's art and writings, it sold for a penny a copy and ran for three months, when it folded with debts of around sixty pounds, which Jack had to cover. Jack wrote a novel *The Mate of the Sayonara* during this time but eventually junked it and no copies are known to survive. Determined to champion Norman's cause, he also prepared and published *Ex Libris*, a booklet featuring several of Norman's bookplates, including his own and Mary's.

In early 1900, Mary's younger sister Katie became pregnant to the penniless Norman. It was now critical that Norman obtain regular paid work, and Jack, who was travelling to Sydney for a meeting on the current outbreak of bubonic plague, took a folio of Norman's drawings to his friends at the Bulletin. Ironically, the drawings were based on Boccaccio's *Decameron* – a cycle of stories around the lives of a group of Florentine nobles who fled the city for the countryside during an outbreak of plague there in 1348. Archibald offered to buy the drawings, give the artist a job if he could relocate to Sydney after the baby's birth and send him work in the interim.

Norman's career never looked back. Jack Lindsay, named after his uncle, was born in October that year and would record Jack's and Mary's influences on him in *Life Rarely Tells*, the first volume of his autobiographical trilogy.

In 1901, Archibald tried to persuade Elkington to move to Sydney to practice, assuring him he could direct a large flow of clients to him. Jack's aspirations, however, were to work in public health, and he and Mary sailed again for the UK, where he completed a Diploma in Public Health at the University College, London and a doctorate in medicine from Brussels. They spent the balance of 1902 travelling in Europe and working as special plague officer at the Imperial Plague Research Laboratory at Bombay, returning to Melbourne in early 1903. At this time, there was an outbreak of smallpox in Launceston and Jack was recommended to head the response. He did so effectively, wrote a substantial report, and was soon offered the position of Chief Medical Officer – a post he held for six years. During this time, he developed solid programs in areas such as sanitation, food hygiene and child health, and became an advocate at national level for a unified commonwealth approach to quarantine.

In 1910, Jack became Commissioner for Public Health in Queensland. His arrival in Queensland coincided with the final breakdown of Norman and Katie's marriage and she and her three sons moved to Brisbane to be closer to Mary. While Jack and Mary were childless, Jack Lindsay wrote of his uncle's nurturing role in his education and upbringing.

Jack would only remain in the Commissioner's job three years, but would expand the service considerably in this period. He subsequently moved to the newly formed commonwealth office of quarantine, where he was director first for Queensland and subsequently for Northern Australia. He would hold this post until his retirement in 1928. He travelled extensively in the new job, including a trip to Japan with a delegation from the League of Nations. He indulged himself in his favourite pastimes - fishing, hunting, shooting, carpentry and mechanics. His

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best friend was Tom Parnell, Professor of Physics at the University of Queensland and famous for the long-running pitch drop experiment.

Mary died suddenly in early 1925. Jack continued working for only another three years and retired in 1928 at the age of 57. He planned to travel extensively in retirement and set off to sail for South America. Around the time of his departure, Jack's brother's marriage broke down and having only reached New Zealand, Jack returned to Brisbane to support the family. After his brother's death some years later, he would marry Ida, his brother's divorcee, who, along with her children, already shared his surname.

Jack and Ida retired to Mooloolaba, where they lived on the first house on the Sandspit, or 'the Spit' as it later became. He had an idyllic retirement – fishing, writing and socialising in the small coastal community. Ida's younger children were still in their school years and Jack was also instrumental in assisting them with their career choices.

In 1938, a 52 ft quarantine launch was named in Jack's honour. During WWII, Jack, now into his seventies, returned to Brisbane to work in quarantine so that a younger doctor could be released to participate in active service.

After the war, Jack and Ida returned to Mooloolaba. He had a mild coronary occlusion during the war years and was less active than previously. He was also losing his sight, but continued his interest in reading and writing. Jack died in 1955 at the age of 84, survived by Ida and her family. Obituaries appeared in the Medical Journal of Australia (Cilento) and The Bulletin, for which he wrote under various pseudonyms for most of his life.

Prof Bob MacLennan – a life member of PHAA and an active member of the Queensland Branch – delivered this year's Elkington Oration. Elkington's niece, Cecily Evans, presented him with a commemorative silver tray as her mother had done at the first oration in 1958. For a copy of Jack's recipe for a sweet Indian beef curry, email John on bushmed@bigpond.net.au.

Rural and Remote Road Safety in North Queensland

The Centre for Accident Research & Road Safety – Queensland (CARRS-Q) in collaboration with James Cook University, is undertaking a major collaborative investigation to reduce the impact of rural and remote road crashes in north Queensland. Research indicates that more than half of Australia's road fatalities occur on rural and remote roads and the crash injury rate per capita is 2 to 3 times higher in rural areas than urban areas. Yet there is an evident lack of explicit road safety policies and interventions for rural and remote areas in most OECD countries as well as Australia (OECD, 1999).

A program of research has been designed to reduce the incidence and economic, medical and social costs of road crashes in rural Queensland through the development and implementation of tailored road safety interventions. The program is innovative because particular attention is given to the characteristics of the persons involved in these incidents and the circumstances of the incident in order to target education, deterrence and other prevention strategies. This project is led by Professor Mary Sheehan, Director of CARRS-Q.

<http://www.carrsq.qut.edu.au/research-vulnerable.jsp>

The 36th APACPH Conference 2004 – Public Health Networks and Alliances: Building Capacity in the Asia-Pacific Region

30 November – 3 December 2004

The Program for the 36th Conference of the Asia-Pacific Academic Consortium for Public Health is about to be finalised. With over 250 abstracts submitted from right around the Asia Pacific Region, and also from North America, Africa and Europe and spanning a whole range of public health topics and themes, the APACPH Conference Organisers are confident of an excellent Program.

The Conference theme, Public Health Networks and Alliances: Building Capacity in the Asia Pacific Region has provoked a fantastic response, not only from public health academics, but from practitioners, policy-makers and international funding agencies, all keen to discuss how partnerships and collaboration contributes to improving the health of the citizens of this Region. Participants in the conference will include representatives from the offices of WHO (Geneva, South Eastern Region and Western Pacific Region) as well as AusAID and Queensland State government.

Whilst some of the presentations will address the conference theme directly, the conference is also an opportunity for delegates to present on other topics of interest. The Program will include both plenary and six concurrent sessions, with oral presentations grouped in symposia or according to topic. Poster presentations will be allocated a plenary session and will be an important part of the Program. Details of abstracts accepted and a list of Symposia, Roundtables and Workshops can be found on the Conference website www.apacph.org/conf2004.asp As well as a Conference Program across three days (1-3 December), there will be a Health Information Management workshop on the Tuesday (30 November).

The Organisers have worked hard to ensure that there will be representation from all countries across the region. Professor Brian Oldenburg, Program Chair and APACPH Regional Director explains,

“The goal and mission of APACPH is to welcome all and to be as inclusive as possible from every country in the Region. In this regard, we are pleased to announce that we have been successful in gaining AusAID funding for a number of delegates to attend from lesser-developed countries. In addition to this, APACPH have agreed to sponsor a number of named individuals, who would otherwise not have been able to participate.”

“We should also acknowledge Queensland Health, the Lord Mayor of Brisbane and Queensland University of Technology, for their support for the conference and associated APACPH Executive and Board Meetings. It is only through such support that these types of not-for-profit conferences can flourish.”

The Conference Program has some excellent keynote presentations lined up, with diversity in keeping with the conference theme. Confirmed keynotes are: Dr Ruth Bonita, Director, Surveillance, Office of the Assistant Director General of Health, WHO, GENEVA; Professor Le Vu Anh, Dean and Professor, Hanoi School of Public Health, VIETNAM, Professor Liming Lee, Chinese Centre for Disease Control; Professor Alan Lopez from the School of Population Health at the University of Queensland; Professor Richard Southby, Professor of Global Health at The George Washington University, USA and Professor Anuar Zaini, APACPH President and Professor and Consultant in Internal Medicine at the University of Malaya, MALAYSIA. Details of their presentations can be found on the APACPH website.

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APACPH President, Professor Anuar Zaini's keynote presentation concerns some of the major public health challenges in the Region and how organisations like APACPH can help.

“One of the main tasks of APACPH is to provide networking opportunities for researchers, academics, health professionals and others interested in the field of public health. The conference is a major means of achieving this purpose. The Asia-Pacific region has already experienced three epidemics in the recent past and will, in the near future, be seen as an epicentre for lifestyle related diseases and newly emerging infectious diseases. For these reasons it is very important for us to get together and share knowledge and expertise.” noted Prof Zaini

For information on the Conference Program, Keynotes, Registration and General Information please visit the conference website at www.apacph.org/conf2004.asp

For further information on APACPH or the Conference please contact Sonja Firth at the APACPH Secretariat, c/o School of Public Health, Queensland University of Technology, Victoria Park Road, Kelvin Grove Qld 4059, Tel: +61 (0) 7 3864 3372, Fax: +61 (0) 7 3864 9693 or Email: sonja@apacph.org, Web: www.apacph.org

Queensland Public Health Forum

The Queensland Public Health Forum (QPHF) is a strategic leadership alliance of eighteen government and non-government organisations with a commitment to improving public health outcomes in Queensland. The Public Health Association of Australia (Qld) is an active member of the Queensland Public Health Forum along with Australian, State and local governments, National Heart Foundation, Diabetes Australia (Qld), Queensland Cancer Fund, professional organisations and Queensland universities. The QPHF partnering approach capitalises on each organisation's expertise and areas of influence to develop the most appropriate course of action for intervention in key public health issues. This collaborative approach provides benefits in terms of integrating public health initiatives, minimising duplication of effort and defining a clear strategic position to advocate.

The establishment of the Queensland Public Health Forum was the major outcome of the Public Health Partnerships in Queensland Symposium, which was held in July 1998. Over 240 representatives attended the Symposium from government, non-government, private and tertiary education sectors. There was a significant level of agreement by Symposium participants that there were opportunities to strengthen the way organisations involved in public health worked together, both in terms of strategic alignments and networking to implement strategies.

The Queensland Public Health Forum facilitates collaboration between organisations with the aim of maximising public health outcomes. The goal is to improve the health status of the individuals and communities of Queensland –
Healthy Queenslanders, Healthy Communities.

QPHF has targeted key public health issues of Food and Nutrition, Physical Activity and Tobacco in the Strategic Direction 2004 to 2006. To achieve effective intervention strategies QPHF has developed a process for the advancement of these issues. QPHF also encourages research and workforce development that will facilitate sustainable public health outcomes and supports public health developments which are consistent with the purpose and goal of the QPHF.

Draft Strategic Statements on these important issues are currently being developed. A new QPHF Brochure is now available on request and further information may be obtained through the web site or through the very friendly QPHF Executive Officer, Martin Webb.

Telephone: 3896 3761, Fax: 3896 3729, Mobile: 0402 342086.

Email: martin_webb@health.qld.gov.au Web: www.health.qld.gov.au/qphf

Mines still cause thousands of casualties despite ban

Landmines



As campaigners celebrate the seventh anniversary of the signature of the Ottawa protocol on banning landmines and prepare for the protocol's first review conference in Nairobi at the end of November, they warn that much still needs to be done to clear mines and to address the needs of thousands of new victims each year.

The first treaty in history to ban an entire class of weapons, the protocol was based on an initiative of a coalition of the International Campaign to Ban Landmines, the Red Cross, Human Rights Watch, medical charities such as Handicap International, and specialist UN agencies.

The protocol was first signed on 18 September 1997 and came into force in March 1999. So far more than 140 countries have ratified it, with the notable exceptions of the United States, Russia, and China.

The International Campaign to Ban Landmines warns that despite the achievement of the ban "a global mine crisis remains, and there is still a lot to be done before we live in a mine-free world . . . It is estimated that there are between 15 000 and 20 000 new casualties caused by landmines and unexploded ordnance each year."

Richard Lloyd of Landmine Action said, "Victims and communities affected by the debris of war deserve better support than they are currently getting from the mine action community. The mine problem is finite, straightforward, and relatively simple to solve. However, mine action bureaucracy is becoming overcomplicated and, as a consequence, unjustifiably expensive."

South Korea is the world's most contaminated country, where millions of mines still guard the demilitarised zone on the border with North Korea. The world's worst affected region is sub-Saharan Africa, where 23 countries remain contaminated, including heavily affected countries such as Angola, Burundi, Eritrea, Ethiopia, Mozambique, and Sudan. Last year new landmine casualties were reported in 20 of these countries.

The campaign warned: "In many of the mine-affected countries in the region, medical facilities and rehabilitation services are in poor condition, mostly due to a lack of financial resources. Armed conflict, whether ongoing or in the past, has also taken a heavy toll on the health infrastructure in several countries. In many African countries the assistance available for landmine survivors' rehabilitation and reintegration into society is hopelessly inadequate."

Britain's best known campaigner on landmines, Diana, Princess of Wales, was described by ministers as a 'loose cannon' after her visit to Angola in January 1997, but her visit to a minefield caused such public demand for change that John Major's government was forced to adapt its policy to endorse the ban (*BMJ* 1997;314:312).

Diana pointed out: "Mines inflict most of their casualties on people who are trying to meet the most elementary needs of life. They strike the wife or the grandmother gathering firewood for cooking. They ambush the child sent to collect water."

The Nairobi summit on a mine-free world takes place from 29 November to 3 December 2004.

Gwangju, South Korea Peter Moszynski

More information is at www.icbl.org

Reprinted from *BMJ* 2004;329:642

PHAA Advocacy

The past month has seen the PHAA updating the 2001 Election Top Ten Policies for use in this election. Unfortunately not much had to be changed, which says little for the focus of any of the parties on public health issues. The new version of the Top Ten Issue is on the PHAA website on the the front page.

We have commenced using these fact sheets as the basis of media releases and letters to editors and have asked all Branches to use them in a letter writing campaign to local candidates and to local newspapers. Every letter is greatly appreciated. The media releases and letters to editors will be placed on the website also.

Any help that you can give in the coming three weeks to get our message out to voters and candidates would be greatly appreciated.

Pieta Laut, Executive Director

Letter To The Editor

Helping the venerable in our community - Public Health policy, or biscuits and tea?

I wander from my hotel room (2001) to the Public Health Association Conference in Sydney, strolling past teenagers and slobs sitting on pavements pleading for help.

What do they need? another new policy? or a cup of tea, biscuit and a listening ear then and there? Oh yes, I saunter along in my Myers clothes, briefcase in hand, ready to contribute over Minties to the latest update from the Public Health Association on “mental health disorders”.

Surely the WHO team who said “health for all by the year 2000” look back in dismay and wonder about the effect of those Minties when writing these policies, just as I look back and wonder about my motives and reasoning.

Surely \$2.00 into the old dusty hat, and forsaking my \$2.00 coffee on the way home, is reaching the immediate need of a homeless person. Surely, as members of the Public Health Association, you can see that a policy taking months to finalise is of no immediate help to that individual. As I reflect and then plan my life to be of real benefit to those in need, being aware of my public health responsibilities, I will think carefully before I grab another bag from the registration desk, considering the effect this has on the cost of living and the flow on effect through society, hence increasing the inability of those derelicts who really don't worry about material possessions, prestige and fame, to get anywhere. All they really want is a friend and confidant, for someone to understand their pain. Is not another policy just increasing their pain? Let's try to be more practical and realistic. Sure we need statistics and plans, but think laterally and look at the immediate, here and now, and realise a bob here or there may be more cost effective. I didn't help and in retrospect I wished I had chewed on less Minties.

Name and address supplied.



COMMUNIQUE FROM THE NHMRC'S 154th SESSION, PERTH, 20 September 2004

Animal-to-Human Transplantation (Xenotransplantation)

Australia's leading health advisory body, the National Health and Medical Research Council, says there should be a five-year moratorium on any clinical research into animal-to-human whole organ transplants in Australia.

Council has also ruled that non-human primates (e.g. baboons) should never be considered as source animals for any future clinical trials of animal-to-human transplantation.

The NHMRC reached these decisions after receiving a report from its Xenotransplantation Working Party and carefully considering issues surrounding animal-to-human transplantation.

It took into account community concerns raised during two rounds of national consultation, including fear of new infectious diseases transferring from animals to humans, and ethical and social concerns about the use and welfare of animals.

Council wants more time to consider issues surrounding animal cellular therapies (1) and animal external therapies (2) that have a lower potential risk of infection and higher expected benefit to humans than animal organ transplants. In addition, Council will further consider its role in promoting human organ and tissue donation in Australia.

(1) animal cellular therapies are procedures in which animal cells are transplanted or implanted into a human patient to compensate for deficient functioning of the patient's own cells (e.g. pancreatic islet cells to treat people with diabetes, or brain cells to people with Parkinson's disease).

(2) animal external therapies are a range of procedures involving contact between human and animal cells/ tissues outside of the body of the patient. For example, cells or fluids from the patient perfused through animal cells and returned to the patient (e.g. to treat patients with liver failure), or, human cells or tissue pieces cultured with animal cells in the laboratory in order to obtain a larger supply of human cells or tissue for transplantation (e.g. to grow skin grafts for burns victims).

Screening to prevent cervical cancer: Guidelines for the Management of Asymptomatic Women with Screen Detected Abnormalities.

Consideration of these proposed new guidelines has been deferred. The Guidelines Review Committee that developed the guidelines under the auspices of the National Cervical Screening Program has received correspondence from eminent people in the field, and needs time to consider this information before forwarding the new guidelines to Council for approval.

Media Contact: Anna Manzoney on 0422 008 512

Warning over global contamination

Third World pollution is now finding its way into the food chain and bodies of people in all countries - developed and developing - around the world.

A warning that environmental contamination was becoming a serious worldwide problem, with pollutants spreading round the globe in air currents and with 'terrifying' implications for food security, was issued at the Contaminated Sites Remediation Conference in Adelaide.

"Even the most remote places on Earth are no longer pristine. We can find almost anything - mercury, lead, PCBs, DDT - anywhere, if we look," says Professor Nigel Bell of Imperial College, UK.

Prof. Bell said that although persistent organic pollutants like DDT had been banned in the developed world, they were still widely used – and misused - in developing countries and were being transported from the tropics to the poles by atmospheric circulation.

He described the growing problem of tropospheric (low level) ozone pollution - caused by massive increases in vehicle fumes in developing cities - as "an incredibly serious problem" which few had even recognized.

"The effects on crops of ozone are terrifying. It could have a huge impact on global crop yields and food supplies, as well as on human health," he said. "We have already seen crop yield losses as a result of urban ozone drifting over the countryside. Global tropospheric ozone levels are forecast to double by the end of this century - and this could cut yields in some cases by half."

Prof. Bell said that awareness that pollution crossed national boundaries and travelled worldwide had grown since the atom bomb tests of the 1950s, and the acid rain debate of the 1970s and 80s, but the latest findings were a shock.

Ice-cores taken recently from the Arctic and Antarctic logged a steady rise in industrial pollutants of all kinds, including heavy metals, Polychlorinated Biphenyls (PCBs) and other persistent organic pollutants (POPs).

"The problem is that POPs concentrate all the way up the food chain. Very high levels of PCBs are now found in seals, and also in the breast milk of Inuit women, who live far from the original source of the pollution. Once we thought of pollution as a local issue. We thought that the seas and soils would just soak it up. We are now starting to understand that it is a global issue, and an extremely serious one; that developing countries are making exactly the same mistakes as developed countries made, as they seek to deliver better living standards to their people."

"None of us can escape the consequences, because the evidence is now clear that these things can travel all round the world, sometimes in a matter of days."

Prof. Bell said that western nations were under a moral obligation to assist developing countries to choose less polluting pathways to raise living standards, but now they were also under an obligation to their own citizens to address the problem arising out of the problem of global contamination. He suggested it was time to consider an international treaty on all forms of pollution and what could be done about them.

CERAR MEDIA RELEASE 04/16

More information: Professor Nigel Bell, Imperial College, UK - via 0418 639 245 Conference chair: Professor Ravi Naidu, Centre for Environmental Risk, Assessment and Remediation, University of SA

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Prof. Julian Cribb, CERAR, media contact, 0418 639 245

Silencing dissent: government pressure and community groups

The Australia Institute's report is now available on the role of Non-Government Organisations (NGOs). The report, titled "*Silencing Dissent: Non-government organisations and Australian democracy*," begins with an account of the important role played by NGOs in public debate in Australia.

The report also presents the results of a survey of 290 NGOs. They provide a disturbing picture of the limits on public debate in Australia:

90 per cent of respondents believe that dissenting organisations and individuals risk having their government funding cut;

76 per cent do not believe that current Australian political culture encourages public debate;

74 per cent agree that NGOs are being pressured to amend their public statements to bring them into line with current government policy; and

92 per cent do not believe that individuals and organisations that dissent from current government policy are valued by the government as a part of a robust democracy.

We hope that the report stimulates a vigorous public debate about the role of NGOs and their relationship to government, and I encourage you to read the report and participate in that debate drawing on your own experience.

Silencing Dissent can be downloaded by going to 'What's New' on The Australian Institute website: www.tai.org.au

Dr Clive Hamilton
Executive Director, The Australian Institute
Reprinted from Hep C Review September 04

The toxic brew in our backyard

Tens of thousands of Australians are daily exposed to a toxic brew of old chemicals in the soil and water beneath their homes, workplaces and recreational areas.

The long-term health consequences of this chemical cauldron are unknown, but with an estimated 100,000 potentially contaminated sites in cities and regional areas Australia-wide, are bound to be widespread, says Paul Perkins. The former head of the ACT power and water authority ACTEW, and founder of one of Australia's leading eco-technology export firms, says contaminated sites are the next big challenge on the nation's environmental agenda.

Mr Perkins is leading a bid to bring the nation's best scientific minds to bear on a problem which, unless solved quickly, safely and efficiently, could cost the community billions of dollars as well as damaging the health of a generation.

"The problem of contaminated soil and groundwater is huge and, while we're addressing it as need arises, we're not fixing it quickly enough," he says. "The challenge is to develop the right tools to assess the extent of risk to the community posed by contaminated soil and groundwater - and then a targeted strategy to fix the worst sites."

A new organisation - the proposed CRC for Contamination Assessment and Remediation of the Environment

continued on next page

The toxic brew in our backyard - continued from previous page

(CRC CARE)- brings industry, science, the community, and government regulators together to spearhead a plan to tackle the problem. Mr Perkins is its interim chair.

“CRC CARE will create and demonstrate new methods for dealing with air, land and groundwater contamination,” he says. “These will particularly be in the area of risk assessment and advanced clean-up methods. We estimate these can save the nation up to \$2 billion by 2010 in clean-up costs, as well as generating an estimated return of \$4 billion from land which is now low-value or even unusable. This will yield significant commercial returns to industry and at the same time generate a very large economic and social return to the community.”

Mr Perkins says the CRC will also form the core of a new export industry cluster for Australia focussed on overcoming huge air, land and groundwater contamination problems in the Asia-Pacific region.

“The industrial contamination problems of the SE Asian region and countries like China are vast; and in solving our own, we will be developing the tools and technologies to help them solve theirs.”

Mr Perkins says an important aspect of the proposed CRC is the link with government environmental agencies. By assisting them to develop the world’s most advanced risk assessment and clean-up standards, Australia can put itself in the international forefront as a source of new technology.

“For the past decade or so we have had a strong focus on land degradation and water quality, and I’m pleased to say that things are really starting to happen in these areas. It is now time to turn our attention to the challenge of soil and water contamination, which is just as widespread and may be more insidious in terms of our children’s future health.”

Mr Perkins called on all political parties, in the lead-up to a general election, to place greater emphasis on the contamination issue in their environmental, health and urban development policies.

The MD-designate for the proposed CRC, Professor Ravi Naidu, said the new centre will help establish Australia as a world leader in the field of environmental risk assessment and decontamination, provide a magnet for talent and a fount of original ideas on how to tackle the problem.

“There are very real economic benefits to be gained from effective risk assessment and clean-up, to which we must add the community health and amenity benefits. Australia has plenty of land, but high-value urban land is in short supply - and a scientifically-sound clean-up program can unlock much more.”

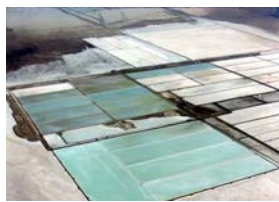
More information:

Mr Paul Perkins, 02 6288 9791 or 0414 514 400

Professor Ravi Naidu, Centre for Environmental Risk Assessment and Remediation, University of SA,
08 8302 5041 or 0407 720 257

September 8, 2004

UK: FSA launches health campaign to reduce salt consumption



The UK's Food Standards Agency is launching a major public health campaign this week aimed at reducing high salt consumption in the UK.

Eating too much salt is a significant risk factor in developing high blood pressure, which is a cause or contributing factor in 170,000 deaths a year in England alone.

According to the FSA, at least 26 million people every day eat more than the recommended daily limit of 6g of salt. Men are eating the most with a daily average of 11.0g of salt while women consume an average of 8.1g a day.

“High blood pressure really is the “silent killer” as those living with it are three times more likely to develop heart disease and stroke, and twice as likely to die from these diseases as those with normal levels,” said Food Standards Agency chairman Sir John Krebs.

“The human cost in terms of illness and death and the costs to the NHS are very high. Cutting down on salt can significantly reduce your risk of developing high blood pressure,” he added.

The FSA said it wants to encourage everyone to reduce the salt they eat by cutting back on adding salt to food at home and when eating out, as well as looking at what's on the labels of processed foods.

The FSA said it also believes that further reductions of salt in processed foods and better labelling of salt on food products is required if people are to make changes to their own diet and reduce their salt intake.

“Many in the food industry have introduced salt reduction programmes and, to their credit, many major retailers and manufacturers now label products with the salt content,” Krebs said.

“The food industry is about two-thirds of the way to reaching our target of a 1g reduction in processed foods by the end of 2005. However, to reach the ambitious target of 6g per day by 2010 will require further action by both consumers and industry if we are to reduce the human and health costs of eating too much salt,” he added.

Unilever UK chairman Gavin Neath said the company supports the FSA's initiative on salt.

“Unilever, along with other food companies, has been working closely and effectively with the agency over the past 18 months to reduce gradually salt levels right across our product range,” Neath said.

“We intend to continue doing this into the future in an effort to make a positive contribution to the diet and health of the nation,” he added.

13 Sep 2004

Source: just-food.com

November 3 - 5, 2004: Melbourne, Australia

Through a combination of debates, panel discussions & case studies, the symposium will provide a forum for critical discussion of the growing use (and misuse) of a rights based approach in public health discourse, research and practice. Implications of a rights based approach in public health will be explored with sessions for the presentation of case studies or policies and programs in a global and regional context. Invited panelists and discussants will include international and national leaders in health and human rights law.

Hosted by The University of Melbourne and Monash University

For further information, please email: rhhsymposium-info@unimelb.edu.au

Websites: <http://www.rhrh.net/conferences.html>
<http://www.kcwh.unimelb.edu.au/>
<http://www.med.monash.edu.au/epidemiology/humanrights/>

SPONSORS

The Public Health Association of Australia wishes to thank CSL Pharmaceuticals, GlaxoSmithKline Vaccines, Aventis Pasteur, Wyeth Vaccines & the Commonwealth Department of Health & Ageing for their generous conference support.



Australian Government
Department of Health and Ageing

Items of Interest

Alcohol and other drug treatment services in Australia 2002-03: Report on the National Minimum Data Set

This report presents national, state and territory statistics about alcohol and other drug treatment services and their clients, including information about the types of drug problems for which treatment is sought and the types of treatment provided. This is the third report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set.

AIHW Catalogue No. HSE-33; Available from [Canprint](#) (ph 1300 889 873); \$23.00

Alcohol and Other Drug Treatment Services in Australia: Findings from the National Minimum Data Set 2002-03

This is the third bulletin in a series of annual bulletins on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). The AODTS-NMDS aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide alcohol and other drug treatment.

AIHW Catalogue No. AUS-49; Available from [Canprint](#) (ph 1300 889 873); \$10.00

Australia's Mothers and Babies 2001

This is the eleventh report in the annual series prepared by the AIHW's National Perinatal Statistics Unit (NPSU). It provides national information on the pregnancy and childbirth of mothers and their babies.

Three special features are also included in this year's report - a chapter on confinements and births of twins, one on births from Assisted Reproductive Technology for Australia for 2001 which has not been reported previously, and the third a chapter summarising key data on babies admitted to Neonatal Intensive Care Units (NICUS) in Australia.

AIHW Cat. No. PER-25; Available from [CanPrint](#) (ph: 1300 889 873); \$30.00

Diversity Among Older Australians in Capital Cities 1996-2011

The Australian Institute of Health and Welfare has released a new report today:

AIHW Catalogue No. AUS-51; Available from **CanPrint** (ph: 1300 889 873); \$10.00

Speaking of Homelessness

The Council to Homeless Persons, in collaboration with the InfoXchange, has established the *Speaking of Homelessness* Project. The aim of the project is to give people who are homeless, or who have been homeless, the opportunity to talk about their experience of homelessness.

The *Speaking of Homelessness* website is where responses can be made; go to www.soh.infoxchange.net.au . A project kit can also be found on the site.

For further information and to receive copies of the Project Kit, please contact Noel Murray, Editor of Parity, at CHP on (03) 9419 8699 or at parity@chp.org.au

What's On

National short courses in Environmental Health, Adelaide,

22-26 November 04

Course 1: Principles of Risk Assessment & Management

29 Nov-1 Dec 2004

Course 2: Communication in Practice: engaging the public.
For further details and application forms check out the website at www.nsceh.com

Books Available from World Health Organization

Evaluation of Certain Food Additives and Contaminants

Sixty-first report of the Joint FAO/WHO Expert Committee on Food Additives
World Health Organization, Geneva
Cost US\$31.50 Order No. 11000922
Email: publications@who.int

Cervical Cancer Screening in Developing Countries: Report of WHO Consultation

World Health Organization, Geneva
Cost US\$20.70 Order No. 11500517
Email: publications@who.int

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