It is with great sadness that PHAA says farewell to Basil Hetzel AC LMPHAA, who died on 4 February 2017 in Adelaide, South Australia. Basil was a pioneering Australian medical researcher who was best known for his groundbreaking work in Papua New Guinea in the 1960s which identified iodine deficiency as a major contributor to goitre and associated mental and physical underdevelopment in children.

Basil went on to ensure that this critical finding was incorporated into practice by advocating for the addition of iodine to foods, especially salt, or by delivering iodine via injection. The campaign saved and enhanced millions of lives, and was instrumental in the development of other important public health initiatives and policies. Basil’s book ‘Chance and Commitment: Memoirs of a Medical Scientist’ gives a unique insight into his work in this area.

Tributes have poured in from around the world since his death, commenting on both his outstanding scientific achievements as well as his strong humanitarianism. Basil worked tirelessly to better the lives of others, and has been a true inspiration and mentor to many along the way. He was particularly supportive of young researchers, even when their area of research diverted significantly from his own, an illustration of his generous nature and dedication to scientific pursuit.

Here at the PHAA we are very grateful to Basil for his contribution to our organisation and to public health generally, and we pass on our condolences to his family and friends as we join them in mourning a truly remarkable man who has left an enduring legacy.

- Michael Moore, CEO

For further reading: ‘Basil Hetzel: Australian medical pioneer, and my friend’ - The Conversation
It is time to seriously consider the most effective way to implement the direction set out in *A Global Charter for the Public’s Health* (the Charter). The PHAA has adopted the concepts of the Charter for its strategic direction. The Charter was developed by the World Federation of Public Health Associations (WFPHA) at the request of the World Health Organization and went through a long process of consultation and review before being adopted.

The *World Congress on Public Health in Melbourne* on April 3-7 gives public health professionals an important opportunity to listen, prepare and begin drafting appropriate policies and that commit to action on the public’s health. The conference will include significant discussion around the Charter and it is hoped that this will assist in providing clear and coordinated global direction for the future.

The Charter follows *The Declaration of Alma-Ata on Primary Health Care* in 1978 and the *Ottawa Charter for Health Promotion* in 1986 that had a major influence on improving health throughout the world. The intention of the Charter is to take the next step in providing a succinct and practical implementation guideline to all organizations working to set up secure and resilient systems for health based on “promotion, prevention and protection”. To do this it identifies four important enablers as “capacity building, information, good governance and advocacy”.

In Australia the Charter has been discussed with a number of key policy makers. For example, as CEO of the PHAA I have presented a copy to the new Health Minister, the Hon Greg Hunt MP, the NT Minister, the Hon Natasha Fyles MLA. Additionally, the ACT Health Minister, Meegan Fitzharris MLA and the Chief Health Officer have also discussed ways to implement the concepts at Territory level. This is a start. Sight must not be lost of the global implications.

There is an important lesson coming from the 2014 Ebola crisis in West Africa. The calibre of capacity, accurate information and good governance made the countries that were affected much more vulnerable than, for example, Nigeria where the outbreak was contained. It was also a very good reason why Australia was much less vulnerable than other countries and, with pressure from the PHAA and others, invested over $50million in the region where the outbreak was most serious.

A new generation of public health leaders now have a blue-print for the future. The Charter does not sit in isolation. First, it is to be read in the context of the *Sustainable Development Goals of the United Nations*. Second, it should also be considered in the historical context of Alma Ata and the Ottawa Charter. Third, the social determinants of health are built into the Charter but will need to remain at the forefront of implementation.

Public health academics and teachers have an important role to play in taking the next step in public health leadership. NGOs have their part to play. Within government, whether at the political or the bureaucratic level, the Charter provides a guide on how to improve health locally, nationally and globally.
People who live with malaria in the Asia-Pacific are often invisible – a new exhibition of photographs by Pearl Gan introduces us to these invisible people, giving them flesh, blood, feelings, and lives.

Most of us think of malaria as an African problem, a likely consequence of the widespread poverty, geographic isolation, chronic conflicts, and poor economic development of much of that continent. In the Asia-Pacific, in contrast, we have booming economies, hundreds of millions being lifted out of poverty, incredible transportation and telecommunications links, and relative peace and political stability. Among the 20 most powerful national economies in the influential G20, six are in the Asia-Pacific. Asia-Pacific schools produce students representing nations that consistently fill the top 5 rankings in abilities in mathematics, reading, and science. Despite the long march of extraordinary progress out of regional poverty and conflict, malaria in the Asia-Pacific remains a very significant public health threat and burden. Over 2 billion Asians live at risk of endemic malaria, many tens of millions are infected (perhaps as many as several hundred million) each year and tens of thousands of those do not survive (perhaps as many as several hundred thousand). We cannot be sure of those numbers because the people who live with malaria in the Asia-Pacific are invisible – the most isolated, poor, and voiceless. This exhibition is about them. Pearl Gan’s artistry introduces us to these invisible people, giving them flesh, blood, feelings, and lives.

Photos are copyright Pearl Gan in association with Oxford University Clinical Research Unit (OUCRU), Eijkman Oxford Clinical Research Unit (EOCRU) and The Wellcome Trust.
The Australian and New Zealand Journal of Public Health (ANZJPH) is the Journal of the
Public Health Association of Australia and is now available online with open access. The Journal
is also available for download in a free app from the App Store. The ANZJPH is published six times
a year, in February, April, June, August, October and December. Its contents are subject to normal
refereeing processes. Finished discussions of research projects are the staple diet of the
Journal, but there is space for reviews, views and historical pieces from time to time.

The Journal is indexed by Australian Public
Affairs Information Service, Current Contents,
Excerpta Medica, Index Medicus, the Cumulative
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Social Sciences Citation Index and is available
on microfiche from University Microfilms
International.

Most of the disciplines embraced by PHAA publish journals that carry articles about facets of health,
ilness and health care. However, there is no other Australian Journal that gives an overview
of research across the broad range of PHAA interests, nor does any other journal aim to attract
more than one or two of the many levels of workers in health care assessment and delivery.

The Australian and New Zealand Journal of Public Health invites contributions which will add to
public health issues.

PHAA offers a significant publication discount in the
ANZJPH to individual PHAA members in addition to the
existing competitive rates.

Some of the highlights from the February 2017 ANZJPH include:

-Closing the Aboriginal child injury gap: targets for injury prevention (8-14)
-Holger Möller, Kathleen Falster, Rebecca Ivers, Michael O. Falster, Kathleen Clapham and Louisa Jorm

-Serve sizes and frequency of food consumption in Australian children aged 14 and 24 months (38-44)
-Chelsea Mauch, Anthea Magarey, Rebecca Byrne and Lynne Daniels

-The association between exposure to interpersonal violence and suicide among women: a systematic review (61-69)
-Michael B. Maclsaac, Lyndal C. Bugeja and George A. Jelinek

-Challenges in managing a school-based measles outbreak in Melbourne, Australia 2014 (80-84)
-Katherine B. Gibney, Aicha Brahami, Miriam O’Hara, Rosemary Morey and Lucinda Franklin

-Adolescent inhalant abuse leads to other drug use and impaired growth; implications for diagnosis (99-104)
-Rose Crossin, Sheree Cairney, Andrew J. Lawrence and Jhodie R. Duncan

Access the ANZJPH online here
Download the ANZJPH App
Westpac and divestment in fossil fuels

Peter Tait, Ecology and Environment SIG

It’s widely agreed that divestment from fossil fuels is one powerful and effective tactic to help force the energy transition from fossil fuels to healthier alternatives based around energy demand reduction, renewable sources and more efficient use. Ending apartheid in South Africa is an example of the effect of such campaigns. Divestment does not work by taking funds out of an industry, but by tarnishing the brand image of businesses that put money in.

Our bank, Westpac, is one of the ‘better’ banks in terms of levels of investment in fossil fuel infrastructure, and has made some impressive promises about its commitment to change, but is steadfastly failing to deliver on these promises. The PHAA can play a role in pushing Westpac to honour its commitments.

Westpac promotes its sustainability credentials, such as its recognition in the Corporate Knights’ Global 100 ranking and the Dow Jones Sustainability Index. Further it claims to make investment decisions within a Sustainability Risk Management Framework which adheres to the Equator Principles Framework for environment and social risk assessment. At its 2015 AGM Westpac’s CEO, Brian Hartzer, committed “to operating, both directly and indirectly, in a manner consistent with supporting an economy that limits global warming to less than two degrees”.

It is most disappointing that despite its record and that commitment, at Westpac’s AGM this year, Chairman Lindsay Maxtead said that the bank believed it was important to reach carbon neutrality by 2050 but within that, lending to fossil fuels might increase from one year to the other. Hardly an unequivocal commitment to reducing fiduciary risk for shareholders and account holders. And not a strong display of understanding for a commitment to avoid dangerous global warming and climate change.

So far several major international and national banks (including the Commonwealth Bank, National Australia Bank, the Queensland Treasury, the State Bank of India and global banks including Standard Chartered, Citigroup, JP Morgan Chase, Goldman Sachs, Deutsche Bank, and many others) have stated they will not invest in coal and gas developments including the Carmichael Mine and Abbot Point Port development. Westpac’s refusal to join this group is therefore a notable stand out.

At the same time, Westpac is dragging its heels on investment in renewable energy and energy efficiency.

As public health professionals what is our responsibility in this situation? Clearly we want our bank to be promoting the public’s health. Yet it isn’t. I suggest we need to work on two levels. There is what we individually can do as Westpac account holders or shareholders. Then there is what PHAA can do. PHAA is in correspondence with Westpac about their position.

Account holders can divest to a bank that does not support the fossil fuel sector. Shareholders can participate in shareholder activism through an organisation such as Market Forces and this remains an option for PHAA. We can all make sure our Superannuation Funds are not invested in fossil fuels. I realise that there are many reasons why this all seems too hard or not immediately salient. But, how does this square with preventing global warming?

The PHAA is considering what further action we might take that both supports action on global warming and gives us a good banking service.

Communicable Diseases Control Conference
26 - 28 June 2017
Pullman Albert Park Melbourne VIC
Infectious Diseases: a global challenge
Happy corporate holidays from Coca-Cola

Peter Sainsbury, Past President PHAA

In January 2017 the BMJ carried an editorial under the heading ‘Happy corporate holidays from Coca-Cola’ (BMJ 2017;356:i6833) in which Robin Ireland and John Ashton describe the cynical (my adjective, not theirs) promotional activities of Coca-Cola in north west England in the lead up to Christmas. By way of background, Coca Cola has over the years attempted to frame the soft drinks-obesity debate in its favour and create a positive impression of the company and the product among the public and politicians by, for instance, shaping research, sponsoring events, funding community sports and raising funds to distribute food to disadvantaged people. Recently, however, following the publication of a report in 2015 by Public Health England (Sugar reduction: the evidence for action), a range of measures has been introduced to reduce the consumption of sugary drinks – for instance, increased restrictions on the advertising of soft drinks high in sugar were announced last year and a soft drinks industry levy is due to be introduced in 2018.

Christmas is a potential boom time for Coca-Cola and making the drink a ‘holiday brand’ in the public’s mind reaches its zenith with a Coca-Cola Christmas truck tour of shopping centres etc. around the UK, accompanied by press releases for local newspapers and ‘advertorials promoting the truck as a Christmas tradition’. To quote Ireland and Ashton:

‘This Christmas the truck visited five locations in north west England in the first week of December: two in Greater Manchester plus Lancaster, Liverpool, and St Helens. The major local newspapers such as the Liverpool Echo and the Manchester Evening News provided substantial coverage over several days, including where to see the truck, live blogs, and reproducing images of the bright red truck with lights twinkling. They faithfully reported that you could have your photo taken with the vehicle while being given free product.’

In response, 108 public health professionals and other concerned citizens sent a letter of concern to local newspapers but neither it nor a related press release were published in Liverpool or Manchester. A follow up letter by Ireland and Ashton to the local newspapers expressing ‘concern that no alternative views were provided in the face of a concerted commercial marketing campaign by Coca-Cola [and that] Coca-Cola’s voice counts more than those of directors of public health’ also went unpublished. In the editorial Ireland and Ashton express the view that this form of advertising and marketing should be banned.

I am not aware of a Coca Cola Christmas truck doing the rounds in Australia but would be happy (well, depressed really) to be corrected if any readers have seen something similar here. As concerning as the presence of the truck in the UK is the apparent complicity of the local press in promoting Coca-Cola and suppressing contrary opinions. The potential for similar developments in Australia certainly warrants vigilance and I would hope that should we get a whiff of a similar promotion being planned here the PHAA will respond promptly and vigorously.
Smoke Signals: Selected Writing by Simon Chapman

Book review by Michael Moore

Simon Chapman AO, emeritus professor from the University of Sydney, has recently published his tenth book: Smoke Signals: Selected Writing.

Simon has selected 71 essays written between 1985 and 2016. Unsurprisingly, 26 of these are about debates in tobacco control, with others about advocacy, risk communication, gun control, public health ethics, wind farms, fear of radiation, prostate cancer screening and a wide variety of other topics.

These have appeared in newspapers, blogs, as editorials and long-form essays in journals like the Lancet, the BMJ and PLoS Med.

Simon has been a prolific public commentator on public health across most of our working lives, while publishing a large body of work in peer reviewed journals – now over 500 original articles, editorials and commentaries.

His public writing has attracted sometimes huge global readerships. His column in The Conversation has had more readers than over 850 other academics from Sydney University who have written for that outlet. Remarkably, just two of his essays on myths about smoking (both in this book) have had over 1.8 million readers.

This book contains many essays that have become beacons of light in dismal public debates about health policy, both here and internationally. His 150 ways the nanny state is good for us; his closely argued piece Four arguments against the adult rating of movies with smoking; and his examination of several ethical conundrums in public health (for example, whether banning smoking in wide open outdoor spaces is overly paternalistic) are good examples. Several of these have been used by public health and ethics courses to focus students on principled debate about health policies.

Simon’s writing is always a pleasure to read, often erudite and frequently amusing. I asked him to name a favourite from his selection. He chose an essay about the ethics of a prominent Australian brain surgeon who donated prizes to charity fundraisers of watching him operate on people living with brain cancer, and a devastating evisceration of the former Institute of Public Affairs staffer, and now federal politician Tim Wilson’s claim that plain tobacco packaging would cost the Australian government $30 billion a year (every year) in compensation to Big Tobacco. It is now history that the High Court rejected the legal argument implicit in this claim by 6-1.

This is a book that will delight anyone working or with an interest in public health.

Where to buy:

- University of Sydney - including links to Google Play and iBooks e-book copies.

You can get free access the introduction and the list of the 71 essays here

Also available in paperback from Amazon
Climate Change and the Health of Nations by Anthony McMichael with Alistair Woodward and Cameron Muir

Book review by Michael Moore

The challenge thrown down by the late Tony McMichael is to view the entire history of earth and the development of mankind through the lens of climate and its impact on the environment and human health. Conceptually, it is a mammoth undertaking. However, the challenge has been met brilliantly.

McMichael and his co-authors have also thrown down the gauntlet to use this history regarding the impacts of climate changes that have taken place over centuries and millennia to imagine a meaning for the future. This is a future where predictions more than double the changing of the climate. And they do so, not over millennia, but over just a short century. For Tony McMichael in particular, and his co-authors who have brought this treatise together after his death, this is about looking to the quality of the lives of his grandchildren and the generations to follow.

I first came across Tony McMichael in the late 1990s when he was appointed Director of the National Centre for Epidemiology and Population Health a short time after I had completed a Master’s Degree at that prestigious Centre at the Australian National University. I had accepted the role of Health Minister in the Australian Capital Territory and was curious why McMichael was so focussed on health and climate change when issues such as mental health were so pressing. On reflection, it is fortunate that there are some giants in our society who are able to look well beyond the immediate and the pressing to warn about the long term impacts of our current actions on future health.

Looking at health from a historic perspective and framed around climate change, raises a wide range of issues. Failure of crops, tolerance of heat and cold, migrations of peoples, the impact of climate on infectious diseases such as typhoid, the Bubonic plague, measles and malaria, the impact on social unrest, instability in society with consequential war and civil strife, the migration of infections with rodents and other animals, the impact on habitat and the consequential impact on human health fit into this scholarly historical framing with important lessons for the future.

From the introduction there is a warning about “the likely risks to humans and their communities—especially the risks to population health, survival, and social stability” but there is also hope, “despite the economic stranglehold exerted by the fossil fuel industry, for example, renewable energy systems are now evolving rapidly”. The growth of human populations through the emergence of human societies through the period of the Holocene carries many lessons, but not as many as the development of “human domination”, or the Anthropocene, and its significant impact over the last two hundred years.

The broader influences on human health are not lost. “Today, infectious diseases are overwhelmingly concentrated in the world’s poor, marginalized, and crowded populations. Their ready spread reflects low literacy, poor hygiene, ineffective sanitation, and, often, disordered social relations— all of which bear on future health prospects under climate change conditions”. The immediate impact of changes in climate have historically had a major impact on the poor and the marginalised while taking longer to reach the upper echelons of societies. The ruling classes, the wealthy and the educated have been slow to react in the past with dire long-term consequences — at first for others in their societies and, eventually, for themselves.

The lens is climate change. However, the authors have kept the historical context in perspective at the same time as pointing out “the consequences for human population health are amplified by social and political mismanagement and turmoil. We can expect climate change to act as a “force multiplier,” exacerbating many of the world’s health problems”.

For anyone with an interest in history this book is an excellent read. As it will be for those with an interest in health. And for those who also have an interest in the impact of climate in this context, there is so much to learn, so much that is put into context and so much that simply makes sense. Unlike other ideas being circulated internationally at this time, the arguments, the insights and the judgements are all supported by sound evidence.

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