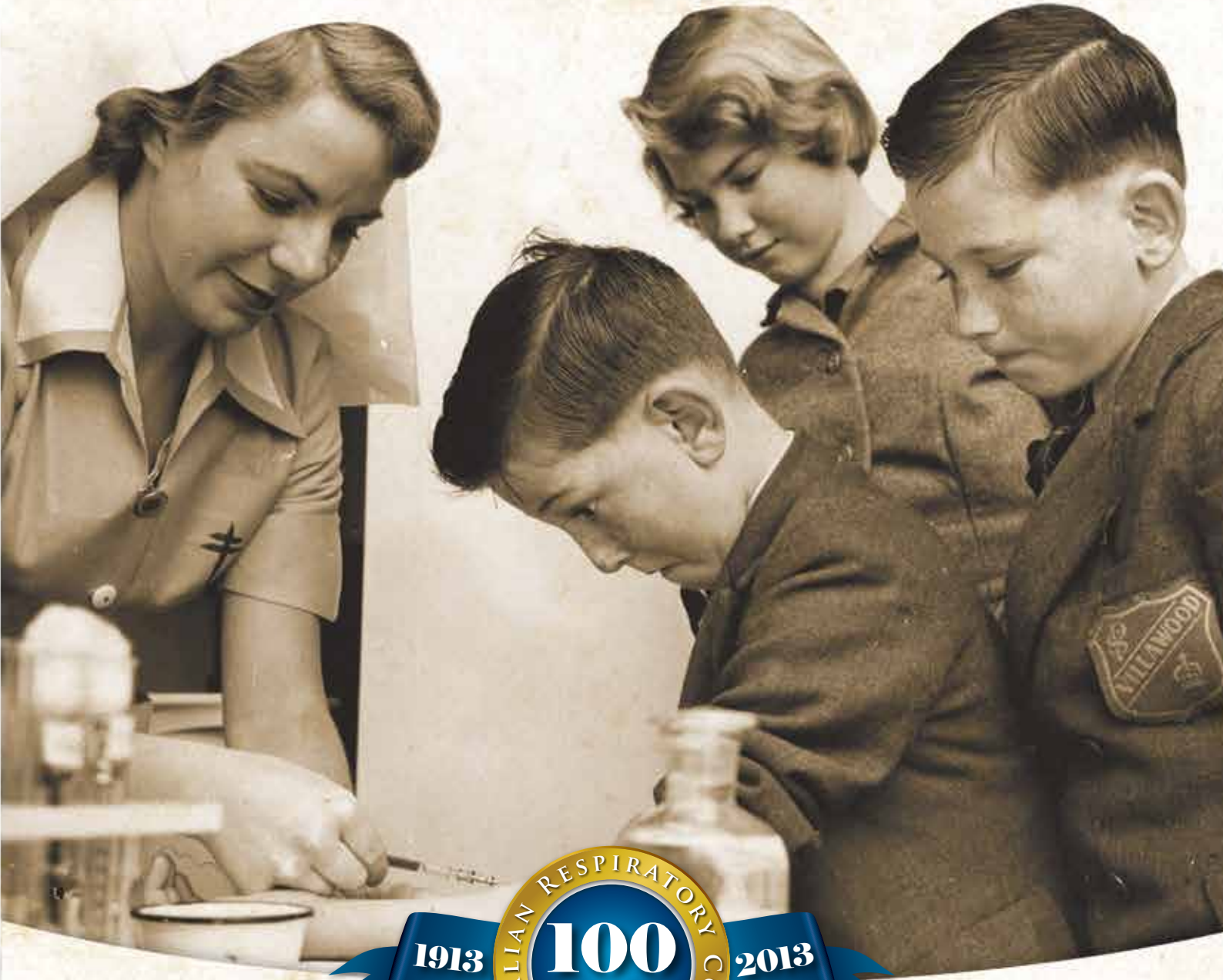
arc

australian respiratory council

prevention and cure of respiratory illness



1913 100 YEARS 2013

AUSTRALIAN RESPIRATORY COUNCIL

A Century of Service

100 years of advocacy and commitment to tuberculosis and lung health

arc
australian respiratory council
prevention and cure of respiratory illness

Our Mission

To develop and support innovative and effective approaches to research and development in lung health and to improve lung health in communities, with emphasis on disadvantaged groups.

Our Vision

- Continue to build expertise in respiratory health
- Foster innovation in respiratory health research
- Deliver and measure positive impacts to communities and research
- Enhance ARC's role in the country as a unique non-government organisation in the area of lung health
- Advocate to improve respiratory health, particularly in relation to tuberculosis and smoking at state, national and international levels.

ARC's Patrons

Her Excellency Professor Marie Bashir AC, CVO
Governor of New South Wales

Sir Nicholas Shehadie AC, OBE

arc
australian respiratory council
prevention and cure of respiratory illness

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President's Address

The history of the Australian Respiratory Council began a century ago when tuberculosis was a much feared disease and a common cause of illness and death in Australia. Our organisation, known then as the National Association for the Prevention and Cure of Consumption, was founded in 1913 to address the prevention and control of tuberculosis.

By engaging concerned citizens, both lay and professional, the National Association for the Prevention and Cure of Consumption became a pioneer in the movement to alleviate the impact of tuberculosis in Australia.

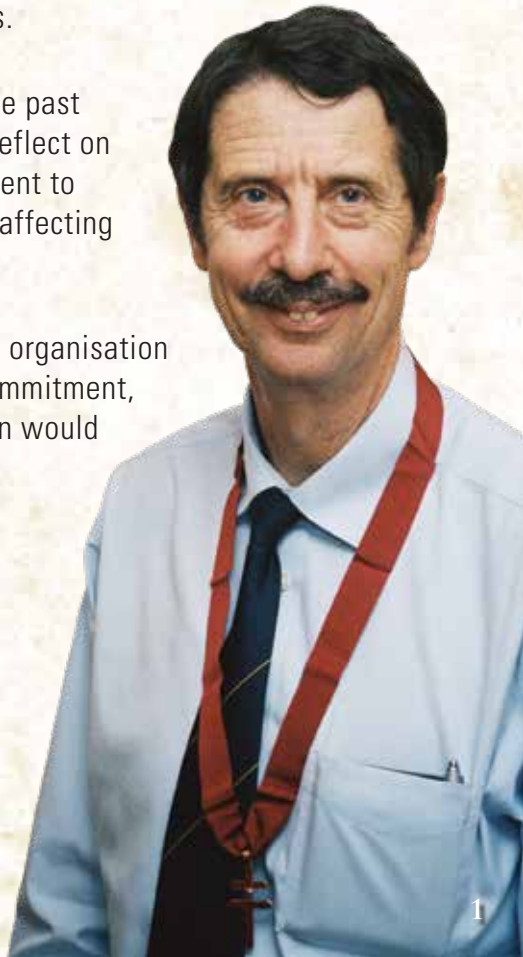
Over the past century our organisation has changed its name to reflect evolving emphases in its activities but it has never lost sight of the focus on tuberculosis and respiratory health.

The Australian Respiratory Council has a distinguished history as an advocate and champion for public health initiatives. Throughout the last century, the Australian Respiratory Council has established a role and profile as an organisation that has successfully engaged civil society, academics, researchers, government and industry to bring focus to investment in our agency's mission and vision; to develop and support innovative and effective approaches to research and development in lung health and to improve lung health in communities, with an emphasis on disadvantaged groups.

I am pleased to be able to share the journey of our organisation over the past century. While this is an important milestone it is also a time to both reflect on our past achievements as well as acknowledge our continued commitment to advocacy and bringing focus to tuberculosis and respiratory conditions affecting marginalised communities in Australia and our region.

I would like to thank the many people who have been involved with our organisation over the last century. Without the individual contributions, wisdom, commitment, enthusiasm and tireless efforts of many, the success of our organisation would have been compromised.

Professor J Paul Seale
MB BS, PhD, FRACP



1910- 1919

In the Beginning

In Australia in the late 19th and early 20th centuries tuberculosis was a leading cause of death. At this time many medical practitioners accepted the mortality rates attributed to tuberculosis as inevitable and only a few realised the effort that would be required to alleviate the suffering caused by tuberculosis.

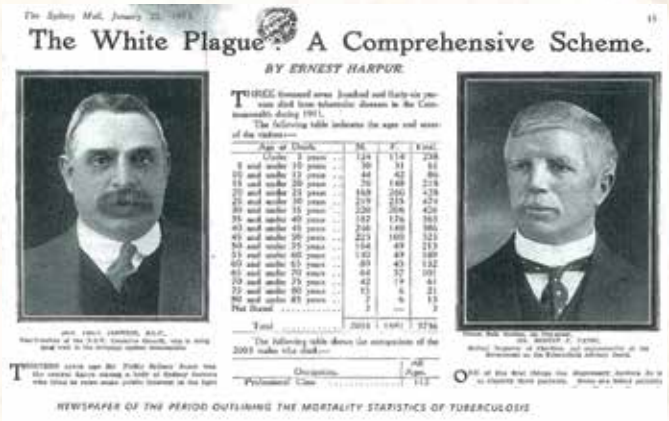
Tuberculosis most commonly affected people within the community that could not afford medical attention. The great tragedy of tuberculosis is that it affects people in the prime of their lives with half the deaths occurring in people aged 15 to 45 years of age. The disease was known as the great producer of widows and orphans and often left families impoverished. There was a shame and stigma attached to having tuberculosis, or as it was commonly referred to, consumption.

In the early 1900s, the need for a philanthropic fund, social and medical services to treat the victims of tuberculosis was recognised. Following a public meeting in 1910 where influential citizens, eminent doctors and clerics spoke to raise awareness and request public health action, the National Association for the Prevention and Cure of Consumption was formed.

From the very beginning the aims of the Association were to promote the following:

- Compulsory notification of tuberculosis throughout the state
- The establishment of Tuberculosis Dispensaries, and
- Education of the public as to the causes of the disease, and the means of disease prevention.

In addition, the Association advocated for free

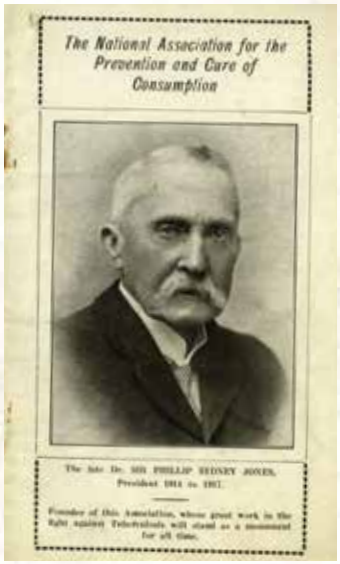

The White Plague: A Comprehensive Scheme.

BY ERNEST HARPUR.

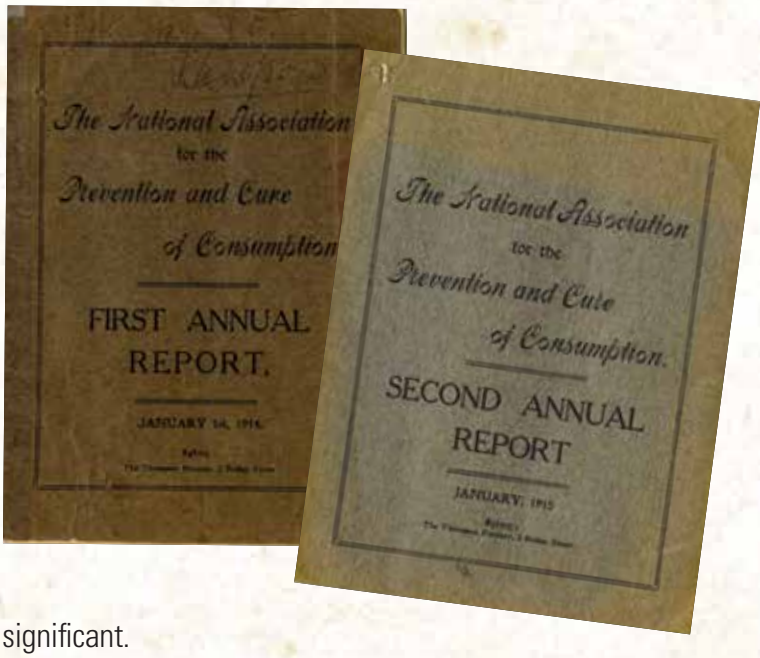
NEWSPAPER OF THE PERIOD OUTLINING THE MORTALITY STATISTICS OF TUBERCULOSIS

bacteriological examination of sputum and x-ray examination of patients and contacts, regulations against spitting in public places, improved living conditions for the poor, open air schools, a pure milk and food supply, social and financial support for affected families and the transfer of convalescent patients from sanitaria to farm colonies.

In 1912 a government grant of £500 was awarded to the National Association for the Prevention and Cure of Consumption. With this grant, a donation from the Walter and Eliza Hall Trust and subscriptions from a few private citizens, the first anti-tuberculosis dispensary was opened in Hay Street Sydney. The dispensary provided treatment and medical advice and was staffed by honorary physicians and a nurse. The nurse visited patients at home to provide information on diet and hygiene, assess patient's living conditions and to identify other people within the home that were affected by tuberculosis. People from all over Sydney attended the dispensary.



The rationale for the dispensary was that it should be a charitable institution where medicines would be supplied and medical advice given gratuitously or for a small fee. The work was to continue at the Hay Street dispensary for the next seventeen years.

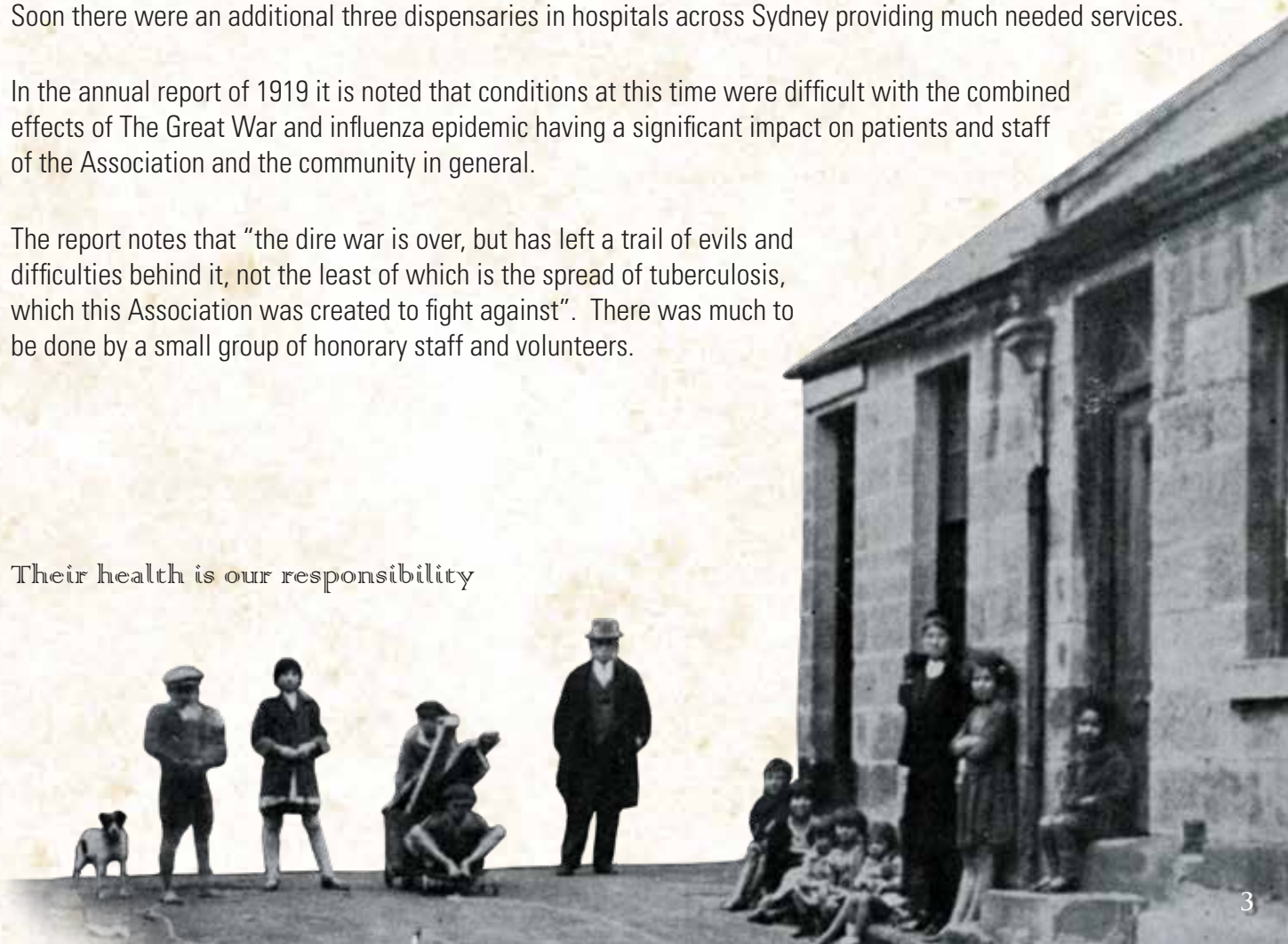


It must be remembered that there was still no effective treatment for tuberculosis at this time. The dispensary identified people with disease and provided advice about hygiene practices to prevent the spread of infection. People with tuberculosis were referred to hospital or a sanitarium for rest, fresh air, good nutrition and controlled exercise. Often people remained in hospital or the sanitaria for two to three years and longer if they had advanced disease. The social and financial impact of long term recuperation was significant.

Soon there were an additional three dispensaries in hospitals across Sydney providing much needed services.

In the annual report of 1919 it is noted that conditions at this time were difficult with the combined effects of The Great War and influenza epidemic having a significant impact on patients and staff of the Association and the community in general.

The report notes that "the dire war is over, but has left a trail of evils and difficulties behind it, not the least of which is the spread of tuberculosis, which this Association was created to fight against". There was much to be done by a small group of honorary staff and volunteers.



1920 – 1929
The Expansion of Services

At the beginning of this decade it was recognised that there was the need for larger premises to be acquired to meet the increasing number of patients accessing the service and to accommodate the expanding role of the Association.

In 1922, it is noted in the Annual Report that "the attendances at the dispensary on some occasions is so numerous, that the premises are far too circumscribed for the numbers who seek advice or relief – and even overflow into the street. A new central dispensary is urgently needed, as well as branch district dispensaries."

In 1923, with two dispensaries operating (in the city and in Balmain) over 6,000 patients were seen, 443 patients assessed at home by the nursing staff and 300 homes visited. It is noted in the annual reports at this time that the work at the dispensaries was carried out in a most economical manner by conscientious and sympathetic staff.

In 1926, the dispensary relocated into larger premises in Commonwealth Street, Sydney. With increased patient numbers it became necessary to open every afternoon on weekdays. Additional honorary doctors were appointed and extra nursing staff employed. It was widely accepted that the staff within the dispensary were providing a service that not only helped patients but also served to protect the community from infection.

Hay Street Dispensary

The nursing staff continued to visit patients in their homes. The advantages of being able to

visit a patient or a contact in their own home was an enormous success in terms of building relationships between patients and the service. There was a great deal of stigma attached to tuberculosis and it was found that after a sympathetic discussion and patient education people were more likely to attend the clinic to take advantage of the services available. Given the nurses ability to reach the most vulnerable sector of the population, the services they were providing were an important first step in the campaign to eradicate tuberculosis.

Albion Street Clinic

In 1929, as a result of a small government grant, donations and voluntary public subscriptions the Association moved to Albion Street, Surry Hills. This enabled the Association to establish its first diagnostic clinic and locate all its services at one site. X-ray equipment was installed and operated by a voluntary radiographer and a bacteriological section set up to aid in the diagnosis of patients. The Albion Street Clinic continued to provide an important public health service for many years.

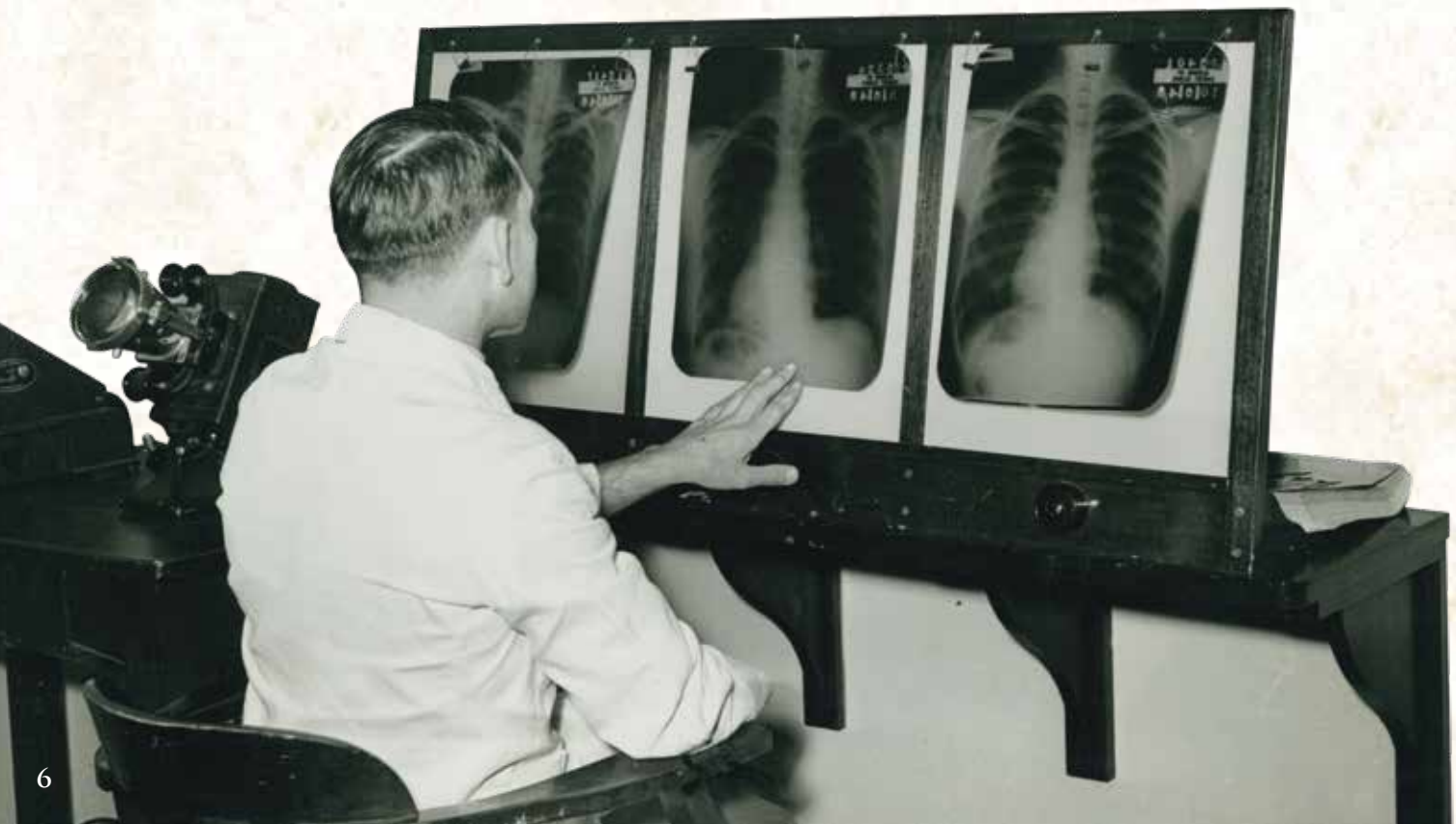
1930 – 1939
The Work Continues

The Great Depression was a time of extreme hardship for people in Australia, the impact on society was devastating. Without work and a steady income, many people were unable to feed their families, they lost their homes, and were forced to live in makeshift dwellings with poor heating and sanitation. The disease of tuberculosis is clearly linked to poverty, overcrowding and poor nutrition and these were the very conditions that were experienced during the depression.

As part of the response to this crisis, the Association extended its charitable work to provide nourishing food for patients and milk for their children, as well as clothing, furniture and blankets. Supporters were asked to donate surplus food and goods and others made clothes that were distributed to those in need. In addition, donated Christmas presents were provided to children of the patients.

The importance of preventing tuberculosis was fundamental to the work of the Association. Annual Reports from this decade note that tuberculosis can be prevented or, if identified in time, cured. Prevention and cure necessitated concentration on both the sufferer and their contacts. This involved regular review and examination of contacts and the sympathetic guidance by a person with knowledge about the individual and their circumstances to achieve the best outcomes.

Fundraising activities were undertaken to support purchasing of equipment and operation of the Albion Street service. The work of the Association was limited in the first half of the decade by available funds. In addition to donations and bequests, card parties, garden fetes, musicales, dances and stamp appeals were undertaken by the



Association and a committed group of volunteers to raise much needed funds. It was noted that the public conscience was rapidly responding to the efforts of the Association, even in these difficult financial times. In addition to fundraising, volunteers also provided an important role in breaking down the paralysing fears that existed within the community to tuberculosis. They continued to spread the message that tuberculosis is preventable and it must be prevented.

In 1935, to assist with advocacy activities, an experienced fundraising campaign manager was appointed to raise much needed funds and to continue the work of lobbying the government. Fundraising efforts were crucial to the survival of the Association during this period.

In 1936, one out of every nineteen deaths in Australia was caused by tuberculosis. This fact emphasised the need for more to be done to protect the community. It was noted by the President that it was far better that the Association feed, clothe and house the families of tuberculosis sufferers – and help them to build up their powers of resistance, rather than leave them year after year waiting, as it were, for the time when they too may be diagnosed with tuberculosis. Until this approach was taken the Association felt that no appreciable or permanent result could be obtained.

Throughout this decade the Association called on the government to implement a National Tuberculosis Campaign with an emphasis on preventing future cases and the provision of financial and social support for sufferers and their families. It was noted that tuberculosis is an ever widening problem; how much better it would be if Australia faced the position now.

Training of medical students commenced in this decade with medical students attending the Albion Street Clinic on Saturdays for tuition demonstrations.

The first salaried medical officer was appointed in 1939. The role of the medical officer was patient care and research to promote the understanding of tuberculosis and preventive measures. Much of the work continued to be provided by honorary medical staff who gave of their time, experience and sympathetic understanding to the problem of tuberculosis for those who have the misfortune to be sick as well as poor.

Homes in the areas served by the Association

1940 – 1949
Taking Services to the Community

In 1941, the Association acquired its first miniature radiography equipment, thanks to the generosity of donors. This enabled the Association to screen a great many people quickly and efficiently and was an asset in the screening of people exposed to tuberculosis.

In 1942, the Association brought another innovation to the anti-tuberculosis movement: the first comprehensive industrial x-ray project. This involved screening all 830 employees of the Phillips Electrical Industries for tuberculosis for a fee of £250. Apart from this technical innovation, this survey marked a change in the Association's practice. Since its inception the Association had provided services to the poor.

It was clear to the Association that in order to inhibit the spread of tuberculosis, in addition to finding people with advanced disease, it was essential to identify people exposed to tuberculosis as well as those with early disease. This rationale underpinned the Association experimenting with mass screening and industrial programs.

It was noted in the 1943/1944 Annual Report that healthy citizens were the country's most valuable assets. The report asks the question if the total value of sheep in Australia is £62,000,000 what should the monetary value of our Australian citizens be?

During 1944 there was an extensive appeal and education campaign undertaken. The appeal was to raise money for a new clinic and additional mobile unit and the educational campaign highlighted that prompt diagnosis could arrest the progress of tuberculosis and that sufferers could lead normal productive lives once cured. The campaign was a success with screening increasing in the community and work places.

In the later part of this decade the Association commissioned two mobile diagnostic units. The

One of the first mobile x-ray units

mobile units had a physician's consulting room, a photographic dark room, and a storage unit for the delicate x-ray equipment. This allowed the diagnostic services to be taken out to the community in major rural and suburban centres. Participation was voluntary, with a fee of five shillings for an individual or ten shillings charged for a family to be screened.

On arrival at the screening location, the equipment was unpacked and set up in a community hall or work site. Volunteers assisted the Association with the marshalling of people and assisted with enquiries. Films were taken, processed on site and read by a medical practitioner who travelled with the unit.

The aim of the Association continued to be to find the sick, to treat patients in the early stage of the disease, to restore the patient to their former usefulness in the community, to prevent the spread of disease and to keep the patient's family together.

1950 – 1969
The National Tuberculosis Campaign

There had been much discussion about the need for a national campaign to eradicate tuberculosis over the preceding years. Legislation had been introduced in the late 1940s to ensure adequate funding was provided to the states and territories to undertake this work. Given the role and expertise of the Association, an invitation was extended by the NSW Government for the Association to provide the required services. The Association was the only non-government organisation to be offered this privilege.

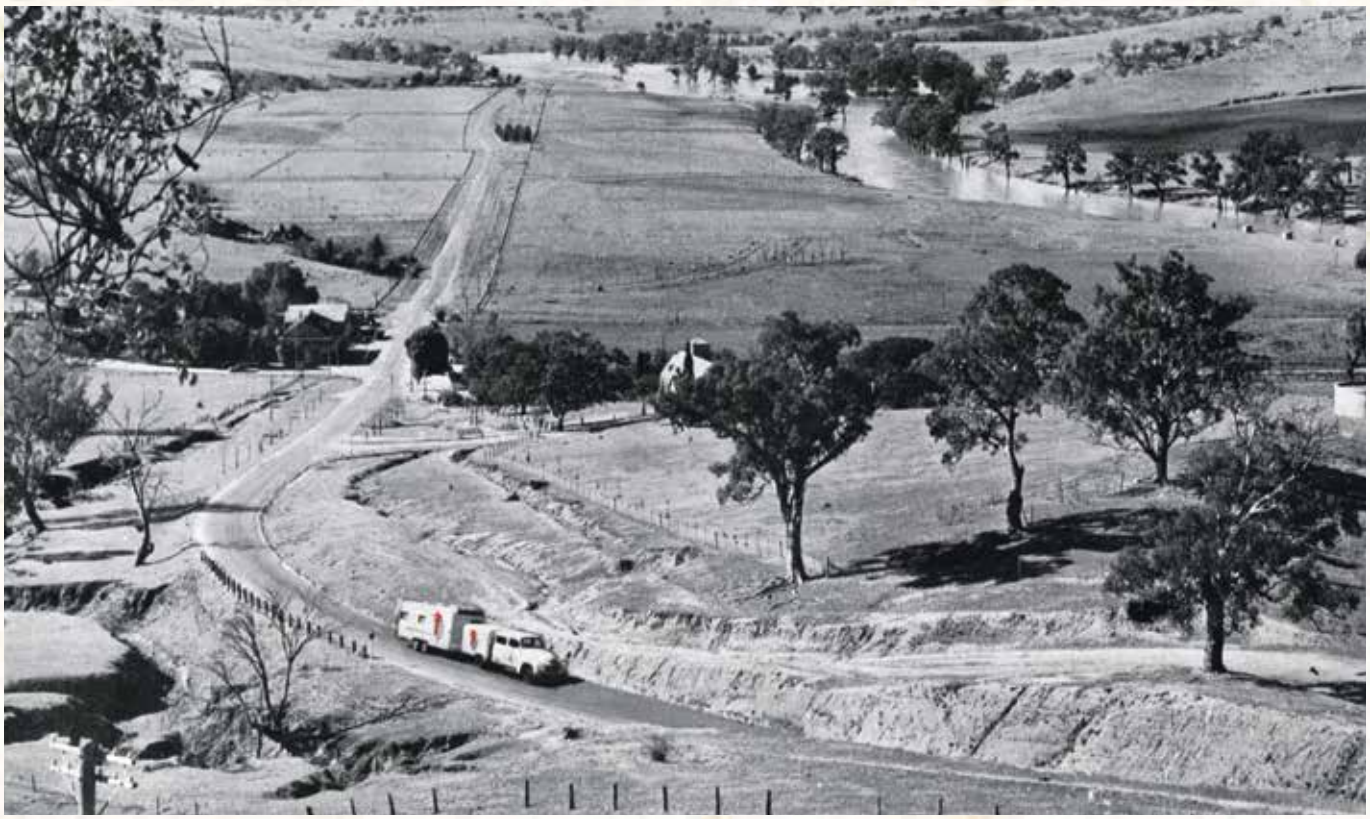
In 1953, the Association, in partnership with the NSW Government, commenced the mass screening campaign. This was to become the core of the Association's work over the next two decades. Screening was undertaken at two yearly intervals in suburban areas and every three years in rural areas.

To undertake the work the Association recruited additional staff and deployed a further six mobile x-ray units. The fleet of vehicles and a group of dedicated staff travelled extensively to towns across the state, covering many miles of country roads, dealing with heat, floods, dust and uncertain working conditions to provide screening across the state. At each site a team of volunteers were enlisted to help the staff with their activities.

Often the staff were away on screening assignments for up to three months at a time and working in shifts over a twelve hour day. Reports by the staff note that despite the challenges that were faced, the long periods away from home and the itinerant nature of their work, there was great camaraderie and a commitment to the work that was undertaken.

At first community participation in the screening was voluntary with up to eighty five per cent of the population screened. Later as screening rates dropped compulsory screening was introduced. Screening for the campaign was provided free of charge to encourage people to participate.

In the first ten years of screening five million x-rays had been taken, 3,655 cases of



tuberculosis detected and forty thousand people with latent tuberculosis infection identified. Significantly, there were around forty nine thousand people diagnosed with non-tuberculous conditions that were referred for care and treatment.

At the organisation's peak in the 1950s, the Association employed one hundred and sixty staff, including clinicians, skilled tradesmen, drivers and cleaners. In addition, a large team of volunteers supported the organisation.

In late 1952 the Crown Street Clinic was opened. The clinic was a comprehensive service with diagnostic, clinical, research and in-patient facilities. The Association could now provide a range of unique services at a single site; case finding, patient supervision, hospitalisation and treatment. On site were consulting rooms, x-ray rooms, a laboratory, a waiting room that could accommodate one hundred people, a lecture room, administrative offices, a workshop and garage for the mobile units and ten two bed wards. The clinical services from the Albion Street Clinic were transferred to Crown Street with some administrative, educational and fundraising services remaining at Albion Street.

The work of the Association extended beyond state borders during the fifties and sixties with screening being undertaken within other states and territories. At the request of the Commonwealth Government the Association conducted mass screening activities in Victoria, South Australia, the Northern Territory, the ACT and Christmas Island. Staff and equipment were deployed to these locations to conduct the screening activities. Members of the survey team recounted numerous stories about working in remote areas with limited access to power for up to fifteen hours per day.

The Association was seen as a pioneer in mass screening activities and was used as the model by other states when setting up screening programs.

Following the introduction of chemotherapy and following the success of the National TB Campaign the incidence of tuberculosis in Australia was declining. The Association saw that there was a need to support our near neighbours who were then and continue now to experience rates of tuberculosis many times greater than Australia. This was the beginning of the Associations work within the region. It was felt that it was a great tribute to the quality of the Association's medical and technical staff that their members had been selected for important work not only across Australia but also beyond Australia.

This support was provided in health care worker training, secondment of staff and the provision of mass screening overseas. The Association trained visiting staff from Thailand, Indonesia, Assam, Naru, Singapore, Malaysia and Taiwan in techniques of mass screening. Staff were

Ladies from Naru

Community screening in the Northern Territory

also seconded overseas to help countries establish screening practices or to undertake the screening.

In 1957, six staff travelled to Naru to undertake community screening. The entire population was screened which was a remarkable achievement, those found to have tuberculosis were treated and children with a negative mantoux received BCG vaccination. At the end of the screening the equipment used was donated to the people of Naru so they could continue to screen for tuberculosis.

At the time of the Association's 50th Anniversary in 1963 it was noted that the present is the time to redouble the efforts to eliminate this disease and not rest till it has been completely eradicated from Australia. There is nothing to fear except complacency, nothing to avoid except inflexibility or inaction and everything to hope for in the next fifty years.

1970 – 1989
A Time of Change

At the beginning of this decade it was recognised by the Board of the Association that solutions in health needed to focus on preventive and social medicine to meet the changing needs of the time. Given the Association's expertise and charter an expanded role for the organisation was explored. It was very clear to the Board that future activities of the Association must have a real and positive value for the community and that these future activities should make the same contribution to general health that the previous work in the field of tuberculosis prevention and control had done.

In the early 1970s in response to the decline in tuberculosis and in agreement with State and Commonwealth Governments, the Association agreed to be responsible for conducting the state-wide screening surveys. In return, patient management and treatment was transferred to the NSW Health Department.

Fundraising

Rehabilitation

Formerly the NSW State Government and the Association had shared the screening workload. With the new arrangements staff and equipment were transferred to the Association. The cost of the screening activities was met completely by government funds leaving the Association's fundraising monies to be used for community health purposes. Community screening at this time was conducted every five years.

Screening was to continue until the end of the National Tuberculosis Campaign in the mid 70s.

Rehabilitation was seen from the turn of the century as an important component of recovery for those suffering from tuberculosis. It was widely accepted that tuberculosis commonly brought about a period of partial or complete unemployment. During this period people with tuberculosis were able to find employment in sheltered workshops to aid their recovery. These workshops were intended to be a transition between hospitals and full time employment.

For approximately eight years the Association became involved in the management of Hability Industries with sixty disabled people or needy pensioners employed. Soon the focus was to become one of general rehabilitation which saw the Association end their relationship with this service.

At this time there was a move away from the organisation being a provider of welfare assistance to support for community professionals in their task of helping and working with disadvantaged people.

Following the National TB Campaign the Association continued to provide voluntary screening on a smaller scale up until 1982. As the rates of tuberculosis had reduced significantly and treatment services transferred to the State Government the Association was forced to reduce services and staff. This was no doubt a difficult time for both staff and the organisation.

Data from this period highlights the significant contribution that a voluntary, non – government organisation provided to the community. In summary almost 1,350,000 x-rays were taken at the Association's clinics in Surry Hills between 1932 and 1980 while a further 11,623,419 x-rays were taken by the mobile units between 1948 and 1980. This resulted in over nine thousand cases of tuberculosis being detected in the twenty eight years of the National Tuberculosis Campaign. In addition, approximately 170,000 home visits were made by nursing staff between 1913 and 1971.

As the National Tuberculosis Campaign came to an end in the mid 70s the Association, or as it was then known Community Health and Anti-Tuberculosis Australia needed to broaden its scope of work and interests to maintain the relevance of the organisation.

In the mid 70s the Association became involved in health screening called the Mobile Community Health Outreach Program. This program was to target commercial and industrial employees with the aim of conducting simple health screening and gathering psycho-social information to aid the early detection of certain health conditions or disabilities. In addition to x-rays the mobile screening unit could measure lung function, blood pressure, analyse blood samples and conduct audiometry and visual acuity testing. In its first year of operation five thousand people were screened. Without an ongoing source of funding this worked ceased.

Fortunately, the Association was also involved with Sydney Hospital Health Information and Screening Centre in mobile health screening. The Association provided a caravan fitted with equipment and provided funding for the service. As a result of this work, the Association contributed to the development of a cardiovascular program called Heart Health. The Association continued to contribute funds to this project until 1992, by this time approximately seventy thousand people had been screened.

In the mid 80s it was decided by the Board that the Association would fund the following areas:

- Promotion of the control and prevention of tuberculosis by overseas aid through the International Union Against Tuberculosis and Lung Disease to sponsor persons researching existing problems of tuberculosis
- Support of research in respiratory diseases by providing funds to university medical schools
- Extension of the existing health screening activities.

Support for projects commenced in 1986 with a Commonwealth matched grant of $10,000 given to a mutual aid program in Pakistan.

Industrial screening

1990 – 1999

A New Direction

During this decade funding research grants and scholars was a significant activity for the organisation. Funding the discovery of new knowledge and understanding in the field of respiratory health and the effective prevention and early intervention in disease and disability was seen as an important direction for the Association to take.

In the preceding decade in honour of the late Emeritus Consultant to the Association Dr Harry Windsor, a research grant was initiated to acknowledge Dr Windsor's long and distinguished service to the organisation over three decades. In the early 90s the Association resolved to increase research funding, expanding the original grant scheme to a program of Scholarships and Research Grants and developing a new administrative and organisational structure to underpin this initiative.

During this decade the Harry Windsor Research Grants and Scholarships Fund became recognised as a significant source of research funds in Australia. Funding was awarded for research and scholars undertaking work relating to tuberculosis and respiratory illness in; basic science, clinical research and public health. Favourable consideration was always given to projects relating to the health of disadvantaged people in accordance with the aims of the Association. Many eminent leaders in the field of respiratory and community health have undertaken valuable research as recipients of research grants from this fund.

Dr Harry Windsor

Professor Ann Woolcock

A list of grants recipients and scholars is included in this document, see pages 25 to 28 for a summary of research projects and funding.

In addition to funding research, financial support for travel grants and publications were provided to health care workers across the region.

Research activities

The Association assisted with translating text books for use by Tuberculosis Program staff in China, Vietnam, Cambodia and Laos. Annual contributions were made to the Teaching Aids at Low Cost Program for the public and distribution of textbooks.

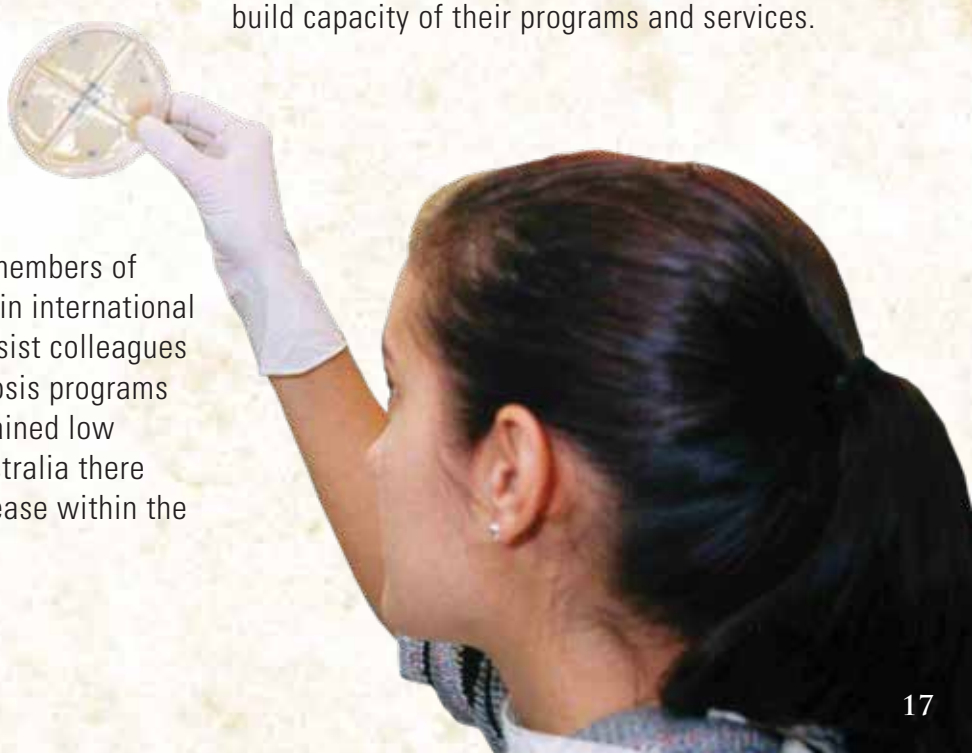
Travel grants to assist health professionals from the region to attend training activities and conferences by the International Union Against Tuberculosis and Lung Disease were provided. In addition, the Association supported local Tuberculosis seminars, national conferences, nursing scholarships and training.

In collaboration with the NSW Health Department, to assist health professionals with providing information and education to clients, tuberculosis fact sheets were developed, translated and distributed.

There was also the opportunity for members of the Association to become involved in international delegations and consultancies to assist colleagues in respiratory, tobacco and tuberculosis programs within the region. Despite the sustained low incidence of tuberculosis within Australia there was still a significant burden of disease within the Asia Pacific Region.

During this decade the Association saw the need to develop the organisations involvement in international activities. It was felt that the experience in Australia with asthma, chronic respiratory disease and the campaigns for tuberculosis and tobacco control could be used to benefit people in other countries.

The aims for the Association's international work focused on the contribution that Australians could make to improving respiratory health, to promote training and collaboration with international colleagues and to support international colleagues from low income countries to participate in conferences, courses and training programs to build capacity of their programs and services.



2000 – 2013

Building capacity and relationships

Over the past thirteen years the Association has continued to fund respiratory and public health research and provide technical support for respiratory, tuberculosis and tobacco control programs within Australia and the region.

A foundation to the work that has been undertaken is the identification and investment in activities and projects that promote sustainable solutions and partnerships. These activities and projects focus on education and empowerment of communities in need.

In partnership with leading local and global agencies such as the Australian Council for International Development, AusAID, the NSW Aboriginal Health and Medical Research Council, the Aboriginal Health Council of Western Australia, the Secretariat of the Pacific Community, US Centres for Disease Control and Prevention, the World Health Organisation and the International Union Against Tuberculosis and Lung Disease, the Australian Respiratory Council (as the organisation has been known since 2006), has been able to contribute to health care worker training and development, program capacity building, implementation of community based approaches to improving lung health and support for communities in need both within Australia and across the region.

The work that the Australian Respiratory Council commenced some fifty years ago in supporting and training colleagues in neighbouring countries continues today with regional training for clinicians, laboratory staff, nurses and allied health workers continuing.

Through the development of partnerships and by initiating or adding value to programs and projects that contribute to respiratory health, a small agency can make a difference. The Australian Respiratory Council has had the opportunity over the last thirteen years to work with partners in Australia and across the Pacific Island Countries and Territories, Cambodia, Vietnam, Bangladesh and East Timor.

An example of these partnerships and projects can been demonstrated in the training activities

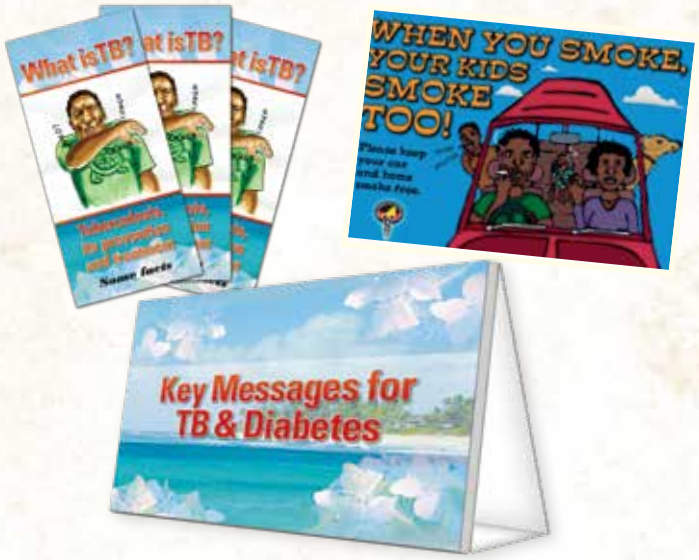
that have been undertaken in the Northern Pacific since 2006. The Australian Respiratory Council's nurse consultants group has had the privilege and opportunity to work with colleagues from the US Centres for Disease Control and Prevention, the Secretariat of the Pacific Community, the Pacific Island Health Officers Association, the US National Tuberculosis Controllers Association and staff of the Northern Pacific Island Countries and Territories Tuberculosis Programs to deliver ongoing in country training and mentoring for nurses and related workers. The aim of the training has been to build capacity and sustainable solutions for health care workers and the programs within the region.

Arising from the training has been the development of a comprehensive training package, with supporting professional and community resources to promote tuberculosis prevention and control. The resources include a training manual, posters, pamphlets, flip charts and DVDs that combined build into a comprehensive dynamic resource. This has been developed to address the training and service delivery needs of nurses and related workers within the Northern Pacific Island Countries and Territories Tuberculosis Programs.

In addition, to promote sustainability and provide ongoing support a monthly teleconference is held with the nursing staff from across the Northern Pacific to present and discuss cases, address clinical issues and challenges and provide education to build on participants' knowledge and skills.

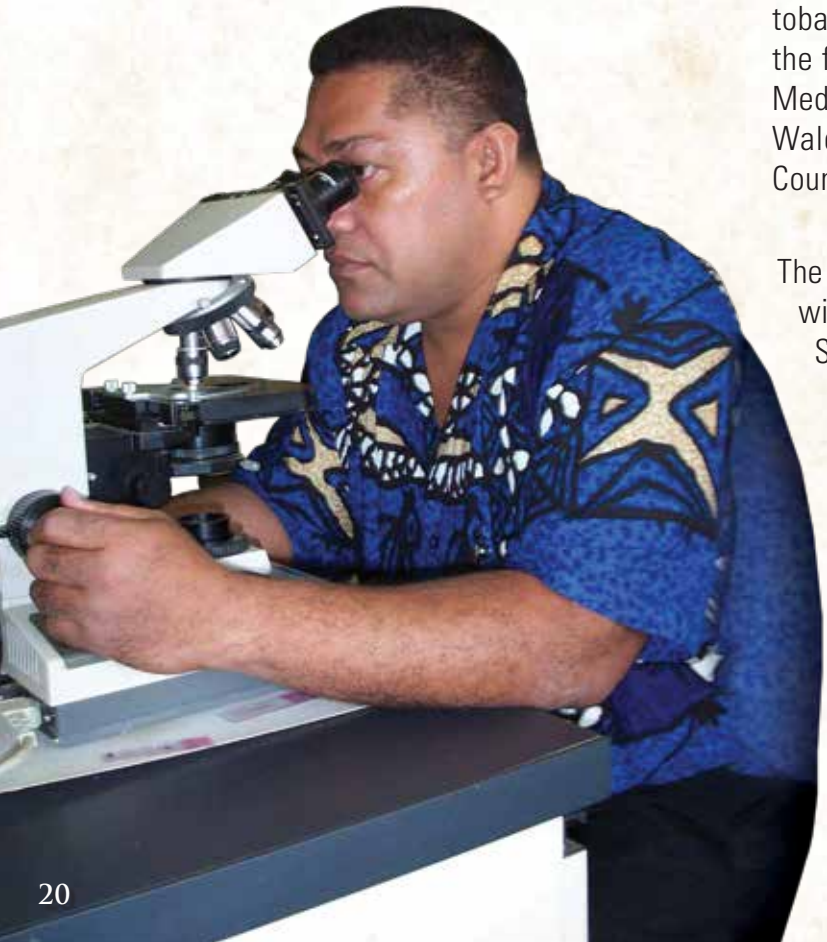
The ongoing provision of technical support, training and resource development for health care workers within Tuberculosis and Respiratory Programs across the Asia Pacific Region is seen as a priority activity for the Australian Respiratory Council.

In 2002, in recognition of the late Professor Ann Woolcock's contribution to respiratory health and the Australian Respiratory Council, a Biomedical and Post Graduate Research Scholarship Award



was commenced. Professor Woolcock was an internationally recognised specialist and a strong supporter of trainee scientists and physicians.

Two years later (in 2004) the Ann Woolcock Biomedical and Post Graduate Research Scholarship Award was expanded to become the Ann Woolcock Fellowship. The aim of the fellowship is to support research relating to tuberculosis, respiratory diseases due to other infections, or respiratory diseases related to tobacco use, community issues or the health of disadvantaged groups. To date, there have been two fellows appointed under this award.



In 2007, recognising that within Indigenous communities there were higher rates of smoking and smoking related disease, hospitalisation and death associated with respiratory disease, lung cancer and cardiovascular disease, the Australian Respiratory Council awarded two grants for tobacco control projects in Aboriginal communities; the first grant was to the Aboriginal Health and Medical Research Council (AH&MRC) in New South Wales and the second to the Aboriginal Health Council of Western Australia (AHCWA).

The aim of the grants were to work in partnership with Aboriginal Community Controlled Health Services (ACCHS) to implement innovative community based approaches to reduce smoking rates and smoking related disease in Aboriginal communities.

Through these projects the ACCHS, AH&MRC and AHCWA have been able to contribute to the evidence base for tobacco control in Aboriginal communities, informing national Aboriginal tobacco control policy and practice and training and

development of staff in tobacco control.

Building on the outcomes of the AH&MRC project they received an additional three years of funding from NSW Health to develop a large scale Aboriginal Tobacco Control Program for NSW. The program included the development of training packages for Aboriginal health workers, policy development and coordination, social marketing, research and evaluation.

Raising awareness of the burden of respiratory illness and undertaking advocacy activities for tuberculosis and respiratory health within Australia and the region is seen as a priority for the Australian Respiratory Council. Advocacy activities are performed in collaboration with partners to bring much needed attention and focus to not only the burden of disease but to activities and actions that promote and improve lung health, the investment in prevention and control efforts, operational and fundamental research across the region.

Each year on World TB Day, 24th March the Australian Respiratory Council undertakes an activity to remind our community and policy makers that tuberculosis continues to be a significant global health issue that requires the commitment and engagement of Australians to support global elimination efforts.

Beyond 2013
The future for ARC

As we contemplate the next centenary we will approach this in a similar way to how the Australian Respiratory Council has successfully functioned in the past. The Australian Respiratory Council will closely monitor patterns of tuberculosis and other respiratory diseases and provide funding for research and projects to address these medical problems in the community. The focus will be on disadvantaged groups both within Australia and the Asia Pacific Region.

We will continue to provide seed funding for leading researchers to initiate new projects directed towards improving health care for tuberculosis and other respiratory diseases. With this seed funding it is expected that these leading researchers will obtain sufficient initial results to then apply for substantial research grants from government supported research funding organisations such as the National Health and Medical Research Council (NH&MRC). Research is vital in discovering new approaches to early diagnosis of disease, developing new drugs and evaluating new programs for effective disease management.

We will develop projects in partnership with aligned organisations to improve respiratory health in disadvantaged communities, such as Indigenous Australians. The Australian Respiratory Council is also committed to working in collaboration with health care workers in the Pacific Islands and with our Asia Pacific neighbours to assist in developing programs for the diagnosis and management of tuberculosis and other respiratory diseases.

The global tuberculosis situation is confounded by the emergence of strains of disease, which are not responsive to standard medications. This is called multi-drug resistant TB (MDRTB). The emerging problem of MDRTB requires close co-operation between nations and the Australian Respiratory Council will endeavour to facilitate this co-operation. Our current projects in Vietnam and Cambodia have provided us with valuable links with opinion leaders in these countries. The Australian Respiratory Council will continue to collaborate with these leaders in improving health care in these countries.

Educating and training health care workers is an ongoing role for the Australian Respiratory Council. Programs in collaboration with the World Health Organisation and other influential organisations, such as the US Centers for Disease Control and Prevention, will continue to ensure that health care workers in the Pacific Islands are well trained to cope with their burden of tuberculosis and other respiratory diseases. The Australian Respiratory Council will continue to be a member of the International Union Against Tuberculosis and Lung Disease (IUATLD).

The Australian Respiratory Council will host the 5th Asia Pacific Region IUATLD biennial Conference in Sydney in 2015. This conference is an important educational and training event for health care workers in our region.

The Australian Respiratory Council looks forward to continuing its activities to improve healthcare with a focus on disadvantaged communities. We hope that our donors and funders will continue to support these important programs that we plan for the future.

Professor J Paul Seale
MB BS, PhD, FRACP

Presidents and Life Governors

The National Association for the Prevention and Cure of Consumption

Year	President
1913 - 1917	Sir Phillip Sydney Jones
1918 - 1922	Dr Frederick Sobieski Vladimir Zlotkowski
1922 - 1928	Hon. George Frederick Earp MLC
1929 - 1930	Thomas Ernest Rofe

Anti-Tuberculosis Association of NSW (from 1931)

Year	President
1931 - 1934	Thomas Ernest Rofe
1935 - 1941	William Grazebrook Layton CBE
1941 - 1942	Phillip Lazarus JP
1942 - 1944	Sir Ernest Thomas Fisk
1944 - 1953	Zade Lazarus
1954 - 1955	Hon. Justice Edward Parnell Kinsella CBE
1955 - 1959	Ebenezer Richard Bagery-Parker
1959 - 1960	Harold Bruce Gibson
1960 - 1967	Hon. Justice Edward Parnell Kinsella CBE
1967 - 1972	Professor Noel Desmond Martin AM

Community Health and Anti - Tuberculosis Association (from 1973)

Year	President
1973 - 1994	Professor Noel Desmond Martin AM
1995 - 1999	Professor Ann J Woolcock AO
1999 - 2000	Dr Gregory Joseph Stewart
2000 - 2001	David Hugh Macintosh AM

Community Health and Tuberculosis Australia (from 2001)

Year	President
2001 - 2006	David Hugh Macintosh AM

Australian Respiratory Council (from 2006)

Year	President
2006 - 2013	David Hugh Macintosh AM
2013 - Present	Professor J Paul Seale

Year	Life Governors
1932	Honourable George Frederick Earp MLC
1934	Sir John Sulman
1934	Sir Kelso King and Lady King
1966	Sir Harry Wyatt Wunderly
1996	Dr Keith Wellington Hills Harris
2003	Professor Noel Desmond Martin AM
2003	Clinical Professor Iven Young
2003	Emeritus Professor Ian W Webster AO
2007	Emeritus Professor Charles Baldwin Kerr
2007	Professor J Paul Seale
2009	David Hugh Macintosh AM
2011	Amanda Christensen
2011	Professor Gavin Frost
2012	Robert Horsell OAM
2012	Clinical Associate Professor Peter Gianoutsos

Projects

ARC Project Awards

Date	Recipient/Project	Award
1999	Funded purchase of course textbooks for Epidemiology Workshop in Port Moresby	$1,000
1999	Visit to Port Moresby & Lae to evaluate the DOTS TB Programme	$4,000
1999	Provided funding for the translation of "Tobacco: a Global Health Threat" through Teaching Aids at Low Cost	$3,000
2000	Participation in the WHO, "First Stop TB Meeting in the Pacific Islands" in Noumea	$4,000
2000	Sponsored Professor Don Enarson, Scientific Director of IUATLD, to be guest speaker at the NSW Health Department TB Nurses Conference	$3,000
2001	Distribution of books: "Tobacco: a Global Health Threat", through Teaching Aids at Low Cost.	$2,000
2002 - 2006	TB laboratory training Tonga, Samoa, Kiribati and the Cook Islands	$189,231
2005	Maningrida Lung Health Community Awareness Raising Pilot Project Funding (James N Kirby Foundation $12,000)	$20,000
2006	Building of TB Laboratory at Tunguru Hospital Kiribati	$30,000
2006	TB Nurse Training in Kiribati	$41,699
2006-2013	Pacific Islands Tuberculosis Controllers Association (PITCA) Training of nurses and related workers in the Northern Pacific Funding	$102,265
2007-2008	Secretariat of Pacific Community Enhancing Community involvement in TB control through theatre in Kiribati	$40, 926
2007-2009	Aboriginal Health and Medical Research Council (AH&MRC) BREATHE: Project. This project aims to reduce smoking-related disease and morbidity for Aboriginal people in NSW communities	$490,200
2007-2009	Aboriginal Health Council of Western Australia (AHCWA) Beyond the Big Smoke: a clear vision for Aboriginal tobacco control in Western Australia	$200,000
2008-2009	Secretariat of Pacific Community TB drama video production in Kiribati	$35,000
2009-2012	Cambodian Anti-Tuberculosis Association Cambodia: TB control in elderly and vulnerable groups and in factories	$110,637
2009	Federated States of Micronesia Capacity Building for TB nurses and related health workers in the Federated States of Micronesia (FSM) – Partnership Eli Lilly	$31,424
2010	Menzies School of Health Research , Darwin Development of educational resources; 3 Talking posters and 3 flipcharts on pneumonia, bronchiolitis and bronchiectasis	$35,000
2010	Secretariat of Pacific Community Evaluation of the effectiveness of the Community Component of the Kiribati Quality TB Epidemic Control Project	$4,800
2011-2013	Vietnam MECOR Course - Level 1 and Level 2 workshops	$30,000
2011	Kimberley Aboriginal Medical Services Council(KAMSC) Cultural exchange of Be Our Ally Beat Smoking Study(BOABS) workers to visit Maori Tobacco Control Programs in New Zealand	$10,000
2012	Bangladesh Bangladesh MDR-TB Project, an investigation into risk factors for MDR-TB in communities in Bangladesh	$10,000
2013	Solomon Islands East Kwaio, Solomon Islands project. Community based stories for TB education and evaluation	$18,000

Scholarships, Fellowships

ARC Harry Windsor Biomedical and Postgraduate Research Scholarship Awards (ceased 2002)

Date	Recipient	Subject	Award
1993-1996	Linda Hazell *The Heart Research Intsitute, Sydney, NSW*	Oxidative modification of low density lipoprotein by hypochlorite	$61,806
1994-1995	Kenny Yang *University of Sydney, NSW*	Protein kinase C activity in airway smooth muscle	$38,000
1995-1998	Shane Thomas *The Heart Research Institute, Sydney, NSW*	Cytokine - mediated induction and regulation of antioxidant defences by mononuclear cells	$68,000
1996-1997	David Joffe *Royal North Shore Hospital, Sydney, NSW*	Repetitive arousals & hypoxia in the genesis of daytime somnolence in sleep apnoea	$32,500
1997	Stephen Parsons *Royal Prince Alfred Hospital, Sydney, NSW*	Benefits of nasal pressure assist ventilation in sleep in cystic fibrosis	$8,000
1998	Rajeev Soni *Royal Prince Alfred Hospital, Sydney, NSW*	Pulmonary/systematic pressor & vasoactive peptides in hypoxia in sleep apnoea	$11,000
1998- 2000	Rosemary Santangelo *Westmead Hospital, Sydney, NSW*	Phospholipases of cryptococcus neoformans	$63,498
1999-2001	George Latouche *University of Sydney, NSW*	Phopholipases as potential virulence factors of Cryptococcus neoformans variety Gattii	$55, 089
1999-2001	Rosemary Santangelo *Westmead Hospital, Sydney, NSW*	Phospholipases of Cryptococcus neoformans	$63,498
1999-2001	Anna Hansen *University of Sydney, NSW*	The role of cytokines in the immunity and pathology of malaria	$56,703
2000-2001	Rita Machaalani *University of Sydney, NSW*	Neurone receptor systems in sudden infant death and piglets exposed to hypercapnic-hypoxia	$37,454
2000-2001	Shoma Dutt *Westmead Hospital, Sydney, NSW*	Biliary lipids in liver disease and interstitial phospholipid metabolism in children with cystic fibrosis	$40,311
2001	Anup Desai *University of Sydney, NSW*	Interaction of mild obstructive sleep apnoea, sleep deprivation and circadian factors in cognitive function	$27,793

ARC Ann Woolcock Biomedical and Postgraduate Research Scholarship Awards – commenced 2002

Date	Recipient	Subject	Award
2002- 2003	Anup Desai *University of Sydney, NSW*	The contribution of obstructive sleep apnoea to driver fatigue in transport drivers	$55,793
2002-2003	Rita Machaalani *University of Sydney, NSW*	Neurone receptor systems in sudden infant death and piglets exposed to hypercapnic-hypoxia	$29,214
2002-2003	Shoma Dutt *Westmead Hospital, Sydney, NSW*	Biliary lipids in liver disease and interstitial phospholipid metabolism in children with cystic fibrosis	$41,793
2002- 2004	Zoe Barker-Whittle (McKeough) *Royal Prince Alfred Hospital, Sydney, NSW*	Evaluation of lung volume reduction surgery in patients with chronic airflow limitation	$59,214
2003-2004	Kylie Turner *University of Sydney, NSW*	Investigation of the structure of cryptococcal phospholipases	$40,143
2003-2004	Corrina Parker *Australian National University, Canberra, ACT*	Detection, isolation and characterisation of novel anti-effective agents from cultured micro-fungi	$40,143

ARC Ann Woolcock Fellowship Awards – commenced 2005

Date	Recipient	Subject	Award
2005-2009	Ingrid Laing *Telethon Institute for Child Research, Perth,WA*	Genetic Influences on causal pathways of ALRIs in highly susceptible infants	$285,000
2010-2014	Jodie Simpson *Newcastle University, NSW*	Characterisation and treatment of innate immune dysfunction in older people with obstructive airway disease	$274,000

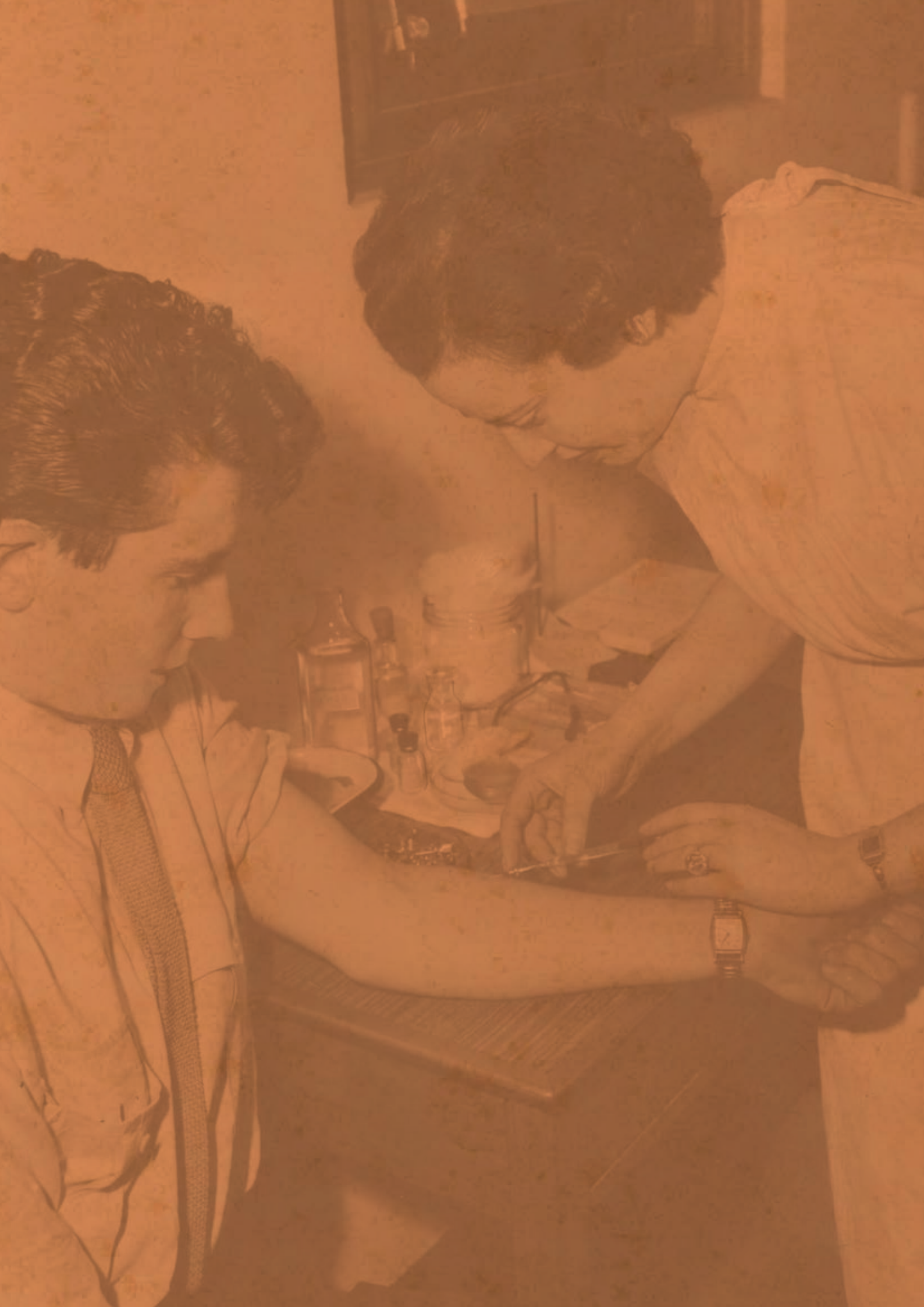
Research Grants

ARC Harry Windsor Medical Research Grants

Date	Recipient	Subject	Award
1992	Warwick Britton *University of Sydney, NSW*	Analysis of T lymphocyte responses to the major secreted protein of mycobacterium tuberculosis	$69,000
1992	Craig Mellis & Jennifer Peat *Royal Prince Alfred Hospital, Sydney, NSW*	Factors affecting the outcome of childhood asthma - ongoing project	$62,000
1992	Anthony Penna & Kenneth Dawson *Westmead Hospital, Sydney, NSW*	High dose neublised salbutamol in the treatment of asthma in children	$13,800
1993	Peter Gibson *John Hunter Hospital, Newcastle, NSW*	Chronic cough: analysis of function and site of airway inflammation	$32,695
1993	Peter Gibson, Michael Hensley et al *John Hunter Hospital, Newcastle, NSW*	Airway inflammation: determinants in a birth cohort and relationship to asthma symptoms	$13,500
1993	Terence Amis & John Wheatley *Westmead Hospital, Sydney, NSW*	Respiratory function of the soft palate and epiglottis	$45,504
1994	Gregory Stewart, Garth Alperstein et al *South West Sydney Area Health Service, Sydney, NSW*	Prevalence of TB infection among primary school entry children in Sydney	$23,329
1994	Jennifer Peat, Craig Mellis, Ann Woolcock *University of Sydney, NSW*	Parental smoking and the respiratory health of infants	$70,700
1994	Warwick Britton & Helen Briscoe *Centenary Institute of Cancer Medicine & Cell Biology*	Modulation of tumor necrosis factor activity during mycobacterial infection	$73,397
1995	Russell Ludowyke *St Vincent's Hospital, Sydney, NSW*	To identify phosphatases & substrates involved in inhibition of mast cell release	$28,000
1995	Helen Briscoe & Warwick Britton *University of Sydney, NSW*	Role of IL-6 and nuclear factor IL-6 in the control of mycobacterial infections	$34,000
1995	Peter Cistulli, Richard Palmisano et al *St George Hospital, Sydney, NSW*	Role of maxilliary constriction in obtrusive sleep apnoea	$34,000
1995	Carolyn Geczy & Wendy Lau *Heart Research Institute, Sydney, NSW*	Regulation and role of CP-10 in cell-mediated immunity	$45,000
1995	Guy Marks, Gregory Stewart, Sheila Simpson & E Sullivan *Liverpool Hospital, Sydney, NSW*	The impact of SE Asian immigration on tuberculosis control in low prevalence areas	$32,400
1996	Judith Black & Roy Donnelly *University of Sydney, NSW*	Protein kinase C and human airway muscle	$85,000
1997	Peter Bye & George Bautovich *Royal Prince Alfred Hospital, Sydney, NSW*	Improving mucociliary clearance in chronic lung disease with mucus hypersecretion	$35,000
1997	Jannine Devery, Carolyn Geczy & R Kumar *University of New South Wales, Sydney, NSW*	Role of novel cytokine CP-10 in the pathology of tuberculosis	$32, 000
1997	Michael Hensley, Peter Lewis & R Toneguzzi *John Hunter Hospital, Newcastle, NSW*	The effects of air pollution indicators on respiratory illness in children and adults	$15,000
1997	Guy Marks, Gregory Stewart, E Sullivan & Sheila Simpson *Liverpool Hospital, Sydney, NSW*	Tuberculosis risk in screened migrants and refugees	$81,000

1997	Cheryl Salome, Guy Marks & R Brittoun *University of Sydney, NSW*	Effect of smoking on sensory nerves and the perception of breathlessness	$33,000
1998	Russell Ludowyke & Alistair Sim *St Vincent's Hospital, Sydney, NSW*	The role of protein phosphatase PP1 & PP2A in mast cell secretion	$72,000
1998	Warwick Britton, Andrew Bean & P Corte *Centenary Institute of Cancer Medicine & Cell Biology, Sydney, NSW*	Human T-cell memory to mycobacteria	$80,000
1998	Peter Gibson & Edward Hewson *John Hunter Hospital, Newcastle, NSW*	Gastroesophageal reflux and upper airway dysfunction in chronic cough	$15,000
1998	Leena Gupta, Suzanne Gleeson, P Sainsbury, Garth Alperstein & K Mills *Public Health Unit, Sydney, NSW*	Health, beliefs, knowledge and experience of migrants with a diagnosis of tuberculosis	$34,478
1999	Ronald Grunstein *Royal Prince Alfred Hospital*	Sleep Apnoea and Cytokines	$22,000
1999	Karen Waters *University of Sydney, NSW*	Potential neurotoxicity of repetitive hypercapnic hypoxia during early treatment	$10,000
1999	Evangelica Daviskas *Royal Prince Alfred Hospital*	Effects of beta2-adrenceptor agonists on mucociliary clearance in persons with asthma	$5,000
1999	Peter Bye, Stefan Eberl and Jenny Alison *University of Sydney, NSW*	Pharmacological and Physical Therapies to enhance mucociliary clearance in chronic lung disease and mucus hypersecretion	$39,000
1999	Bernadette Saunders and Helen Briscoe *Centenary Institute of Cancer Medicine & Cell Biology*	Apoptosis in the control of Mycobacterial infection	$38,000
1999	Graeme Maguire, Norma Benger and Bart Currie *Menzies School of Health Research*	Chronic Lung Disease in Aboriginal Australians: factors in aetiology and treatment	$69,136
1999	Guy Marks *Institute of Respiratory Medicine*	Does BCG vaccination in infancy prevent allergy	$5,000
2000	John Wheatley and Terence Amis *Westmead Hospital*	Sympathetic activity during obstructive sleep apnoea patients	$14,435
2000	Peter Gibson *John Hunter Hospital*	Quality of Life in Chronic Cough	$25,500
2000	Warwick Britton and James Triccas *Centenary Institute of Cancer Medicine & Cell Biology*	Interlukin-18 as an adjuvant for DNA Immunisation against Tuberculosis	$26,500
2000	Peter Bye, Iven Young, Jenny Alison and Marney Isedale *Royal Prince Alfred Hospital*	Evaluation of lung volume reduction surgery in patients with chronic airflow limitation	$38,000
2000-2001	John Wiggers, Afaf Girgis, Robyn Considine, Jenny Bowman *University of Newcastle*	Preventing infant exposure to tobacco smoke: evaluation of an early childhood intervention	$53,006
2001	James Wiley and Tania Sorrell *University of Sydney, NSW*	The monocyte-macrophage P2x7 receptor and susceptibility to tuberculosis	$45,000
2001	Terence Amis and John Wheatley *Westmead Hospital*	The role of snoring and obstructive sleep apnoea in the pathogenesis of hypertension	$45,665
2001	Amanda Baker and Vaughan Carr *University of Newcastle*	Randomised controlled trial of a smoking cessation intervention among people with a mental illness	$63,370
2002	Evangelia Daviskas, Sandra Anderson & Iven Young *Royal Prince Alfred Hospital*	Effect of mannitol on the clearance of mucus in patients with COPD	$38,593

2002	Amanda Leach, Heidi Smith-Vaughan Marius Puruntamerri, Ross Baillie & Peter Morris *Menzies School of Health Research*	Improved hygiene measures for reduced infection in Australian Aboriginal Children: a randomised controlled trial	$48,424
2002 -2003	James Triccas & Warwick Britton *Centenary Institute of Cancer Medicine & Cell Biology, Sydney, NSW*	New strategies to vaccinate against Mycobacterium tuberculosis	$112,588
2003	Jennifer Alison, Peter Bye, Campbell Thompson *Royal Prince Alfred Hospital, Sydney, NSW*	Evaluation of individual components of pulmonary rehabilitation in subjects with COPD	$47,880
2004	Paul Kelly, Nick Anstey, Graeme Maguire et al *Menzies School of Health Research, Darwin, NT*	Pulmonary Function in Tuberculosis patients in Mimika District, Papua Province , Indonesia	$43,267
2004	Warwick Britton, Guy Marks and Bernadette Saunders *Centenary Institute of Cancer Medicine & Cell Biology , Sydney, NSW*	Evaluation of genetic and environment risk factors for progression to active tuberculosis in the Liverpool cohort	$44,701
2005	Kwung Fong & Annalese Semmler *Prince Charles Hospital*	Novel methylated genes in lung cancer	$52,250
2005	Paul Reynolds, Gregory Hodge, Sandra Hodge, Mark Holmes *Royal Adelaide Hospital, Adelaide, SA*	Infection versus rejection in lung transplant related bronchiolitis obliterans syndrome: can intracellular cytokines help?	$50,000
2006	Robert Capon *University of Queensland*	A new non-toxic approach to controlling bacterial infection	$49,000
2006	David Jans *Monash University, Melbourne, VIC*	Role of phosphorylation in regulating nuclear trafficking during infection of respiratory syncitial virus matrix protein	$50,000
2006	Paul Kelly, Graeme Maguire, Peter Morris, Ivan Bastian & Nicholas Anstey *Menzies School of Health Research, Darwin, NT*	Nutritional intervention to improve tuberculosis treatment outcome in Timika, Indonesia: the NUTTS study	$50,000
2007	Stephen Bozinovski and Ross Vlahos *University of Melbourne, Melbourne, VIC*	Cigarette smoke chemically modifies and inactivates lung innate immunity mediated by the bacterial receptor, TLR4	$50,000
2007	Siobhain Brennan and Anthony J Kettle *Telethon Institute for Child Health Research, Perth, WA*	Investigating markers of oxidative stress in young children with cystic fibrosis: a driving mechanism of pulmonary investigation	$50,000
2008	Stephen Stick, Anthony Kicic & Siobhan Brennan *University of WA, Perth, WA*	A randomised controlled trial of L-arginnine or vitamin D to improve outcomes in pulmonary tuberculosis	$50,000
2008	Jennifer Alison *University of Sydney, NSW*	Optimising mucus clearance with exercise in cystic fibrosis	$50,000
2009	Sandra Hodge *Hanson Institute, Adelaide, SA*	Investigation of macrophage function as a therapeutic target in chronic obstructive pulmonary disease/emphysema (COPD)	$50,000
2010	Peter Bye *Royal Prince Alfred Hospital, Sydney, NSW*	Novel interventions for the diverse population of Australia with bronchiectasis	$50,000
2011	Ross Coppel, Paul Crellin et al *Monash University, Melbourne*	Identification of inhibitors of PimA, a new target for tuberculosis therapy	$50,000
2012	Bernadette Saunders *Centenary Institute, Sydney*	Microparticles and microRNA as biomarkers of TB disease	$50,000
2013	Brian Oliver *Sydney University and the Woolcock Institute*	Why do fibroblasts from people with COPD produce extracellular matrix proteins in response to cigarette smoke?	$50,000



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