

# THE LAST POST

KEEPING THE ANZAC SPIRIT ALIVE FOR AUSTRALIA'S  
VETERANS AND THEIR SUPPORTERS

ISSUE 17 2018  
SPECIAL EDITION



My Health Record  
Your health in your hands





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# foreword



## THE HON DARREN CHESTER MP, MINISTER FOR VETERANS' AFFAIRS

Looking after one's health is important – and it is something I know can help our veterans and their families lead long, happy, and healthy lives.

One thing I think we can all work on is to eat better. We live in an age where our busy lives often result in poor dietary choices – eating on the run, reliance on fast food, eating larger serves, eating more processed food, even missing meals.

Good nutrition plays a big part in being healthy – we know it leads to improved wellbeing and is a part of achieving better lifestyle outcomes.

This is why nutrition is the theme for Veterans' Health Week 2018.

From 22 to 30 September, ex-service organisations and community groups will be holding Veterans' Health Week events around the country, supported by funding from the Department of Veterans' Affairs.

Many of them will be using the week to inform and educate their members on the importance of good nutrition and good eating.

As you read this issue, I encourage you to have a think about little changes you can make to improve your health, particularly when it comes to nutrition.

A full list of Veterans' Health Week events will be available at <https://www.dva.gov.au/vhw>

I do encourage all of you to browse the list of events as they come on line, and support the people who support our veterans and their families. You might even be able to pick up a couple of good recipes!



## Improving health outcomes with digital health

### THE HON GREG HUNT, MINISTER FOR HEALTH

Digital health is essential to delivering effective health outcomes for Australia's growing and ageing population.

The benefits for the defence force and veteran community, and indeed, all Australians are significant and compelling – hospital admissions avoided, fewer adverse drug events, reduced duplication of tests, better coordination of care for people with chronic and complex conditions, and better informed treatment decisions.

A real benefit for our dedicated defence force personnel and their families who move frequently as postings change is that My Health Record is accessible wherever they are via a secure online portal. When seeing a new GP at a new posting, My Health Record provides accurate details such as medicine names and doses. This assists with important clinical conversations and reduces the need for an individual to rely only on their memory for crucial medical details.

Digital health can help save and improve lives. Already 5.9 million Australians have signed up for a My Health Record.

This is why as part of last year's budget, the Turnbull Government announced that the My Health Record system would transition from opt-in to opt-out participation. To support this expansion of Australia's digital health system, the Government has allocated \$374.2 million over 2 years.

By the end of 2018, every Australian will have a My Health Record unless they choose not to have one. The three month opt out period will take place between 16 July and 15 October 2018.

During this time, Australians can choose not to have a My Health Record created for them. After the opt-out period, a reconciliation will be undertaken to ensure records are not created for people who have opted out or who are not eligible, and My Health Records are expected to be created and available to consumers from 13 November 2018.

My Health Record is already delivering improved health outcomes for people with a record and actively using it. The My Health Record website ([www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au)) has many examples of Australian people whose lives have been improved by having a My Health Record.

It has the unanimous support from Australia's peak health bodies, including the Australian Medical Association, the Royal College of General Practitioners, Pharmacy Guild of Australia, Pharmaceutical Society of Australia, Australian Healthcare and Hospitals Association and the Consumers Health Forum.

Benefits flowing from My Health Record include: fewer adverse drug events, reduced hospital admissions, reduced duplication of diagnostic tests, better coordination of care for people with chronic and complex conditions seeing multiple healthcare providers, and better informed treatment decisions.

Individuals are able to upload personal notes, advanced care documentation, and medication and allergy information. Authorised healthcare providers using approved clinical information software can also upload health information on allergies, medical conditions and treatments, medicine details, and test results.

Real and ongoing benefits from My Health Record will be felt over time as more and more health information is added to a person's My Health Record.

I encourage every Australian to embrace My Health Record and to speak with their healthcare providers regarding these benefits.



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# contents

- 5 My Health Record places your health in your hands
- 6 A Snapshot of Your Health wherever you are – Mark Kinsela, Chief of Staff Australian Digital Health Agency
- 7 My Health Record a real boon – Malcom Grieve
- 8 My Health Record soon to be a standard issue item – Monica McInnes
- 10 Four weeks, two hospitals and one hair-raising adventure! – Robyn Siers
- 11 Perdita McCarthy: A remarkable lady: with an indomitable spirit and a wonderful sense of humour – Robyn Siers
- 14 Lieutenant Clifford Peel: Providing a Blue Print for the Royal Flying Doctor Service
- 16 Veterans Film Festival to spotlight health, with a special commemorative screening – November 1,2,3 2018
- 19 The Last Post looks at the health benefits of Transcendental Meditation
- 22 The Veronicas raise their voices as Dementia Australia Ambassadors
- 26 Robe, SA. A place of healing – Robe to Recovery



## from the publisher GREG T ROSS

This special Health edition of The Last Post is being released to coincide with the 3-month opt out period for the expansion program created to have the health records of Australians digitised. The Australian Government is expanding My Health Record for all Australians in 2018. By the end of 2018 a My Health Record will be created for every Australian, unless they choose not to have one. If you wish to opt out, go to the government website [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au) for further details.

In this special Health edition we have Forewords from the federal Minister for Health, Greg Hunt and the federal Minister of Veterans Affairs, Darren Chester. Also, stories from the Australian Digital Health Agency Chief of Staff, Mark Kinsela, Malcolm Grieve, Monica McInnes and Robyn Siers.

We look also at the remarkable life of Royal Australian Nursing Services Perdita McCarthy and the Royal Flying Doctors Lieutenant Clifford Peel.

The annual Veterans Film Festival is running again in Canberra in early November. We take a look at that and their theme this year of Health. Thanks to festival Director Tom Papas and RSL National.

We are happy and honoured to bring you this special edition of TLP with updates in areas designed to improve the health and life of Australia's veterans and the wider community.

Greg T Ross  
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**Australian Government**  
**Australian Digital Health Agency**



My Health Record



**My Health Record** is an online summary of your key health information

**More than 1 in 5 Australians already have a My Health Record.**

Over time, My Health Record will bring together health information such as medical conditions, medicines, allergies and test results in one place. This means safer and more efficient care for you and your family.



For more information go to:

**MyHealthRecord.gov.au | Help line 1800 723 471**



# My Health Record places your health in your hands

My Health Record is here and by the end of 2018, a My Health Record will be created for every person with a Department of Veterans' Affairs or Medicare card, unless they choose not to have one. Already 5.9 million Australians have a My Health Record.

Having a My Health Record places your health in your hands. It means important health information such as allergies, current conditions and treatments, medicine details, pathology reports or diagnostic imaging reports can be digitally stored in one place. It allows your nominated health care providers access to a summary of your health record when they need to.

Importantly, My Health Record enables health information including allergies, medical conditions, treatments, medicines, and test reports to be securely shared between clinicians and their patients wherever they are.

It also allows people to take more control of their own health and wellbeing, manage their children's health, and upload key documents, like advanced care directives.

Real and ongoing benefits from My Health Record will be felt over time as more and more health information is added to a person's My Health Record.

Australian Digital Health Agency CEO Tim Kelsey said the implementation of My Health Record nationally this year will deliver a system that provides universal functionality, clear and concise content and, critically, a safe and secure clinical health service for all Australians.

"My Health Record can reduce the risk of medical misadventures by providing treating clinicians with up-to-date information," Mr Kelsey said.

Australian Men's Shed Association Executive Officer David Helmers said My Health Record will make it easier for men who may find visiting healthcare professionals difficult or uncomfortable.

"We know that men often avoid having conversations about their health – particularly when those conversations involve visiting a healthcare provider.

"My Health Record takes some of the pain out of keeping a consistent record of our health and is a great platform for ongoing health management.

"Right from the get-go males are more likely to be involved in accidents or become ill, so as we age, it becomes even

more important to stay on top of health information," Mr Helmers said.

Thirty-three year-old Nick Morton was forced to take a serious look at his overall health after suffering a heart attack while working in North Queensland.

"I had a rupture in my artery wall – it was a big wake-up call going into cardiac rehab and I was the youngest by 20 years. I ended up really thinking about my health and becoming more aware of my medical history so I registered with My Health Record," Mr Morton said.

After Nick returned to the family doctor back in his home state, his Melbourne based doctor was able to securely log onto My Health Record and view Nick's Queensland medical history.

"It helped me having a digital copy of everything instead of having to go to my GP or cardiologist with a binder full of all my records," Mr Morton said.

## Protecting personal privacy

Strict privacy controls, set by the individual, are a key component of My Health Record.

A person can grant access to their My Health Record to their nominated healthcare providers. They can also ask that sensitive health records not be uploaded to their My Health Record.

Individuals may set controls on their entire record, or on particular documents within the record using access codes. They can then provide the access codes to healthcare providers to authorise access to this information allowing them control over who sees their record. Each time it is accessed a log is created.

A person can also choose, through their My Health Record settings, to be notified by email or SMS when a healthcare provider organisation accesses their record for the first time.

## Keeping My Health Record secure

The Australian Digital Health Agency (the Agency) is the system operator of the My Health Record system as defined in the My Health Records Act, 2012.

My Health Record balances safety and security with the benefits available to consumers and healthcare providers.

The Agency takes the security of the My Health Record system and the privacy of Australian's health data very seriously. The system is built to industry standards for storing and processing sensitive information.

My Health Record has security controls that protect health records from unauthorised access and guard against cyber-attacks including secure gateways and firewalls, encryption, authentication mechanisms, and malicious content filtering.

The Agency's Cyber Security Centre monitors for suspicious activities. Instances of potential noncompliance with the My Health Record Act are investigated by the centre. ■

**"MY HEALTH RECORD TAKES SOME OF THE PAIN OUT OF KEEPING A CONSISTENT RECORD OF OUR HEALTH AND IS A GREAT PLATFORM FOR ONGOING HEALTH MANAGEMENT."**

## The opt out period

Every Australian with a Medicare or Department of Veterans' Affairs card, will be offered a My Health Record, unless they choose not to have one, during the three month opt out period that will run from 16 July to 15 October 2018.

During the opt out period individuals who do not want a record will be able to opt out by visiting the My Health Record website or by calling 1800 723 471 for phone based assistance.

**"IT HELPED ME HAVING A DIGITAL COPY OF EVERYTHING INSTEAD OF HAVING TO GO TO MY GP OR CARDIOLOGIST WITH A BINDER FULL OF ALL MY RECORDS," MR MORTON SAID.**



# *A snapshot of your health wherever you are...*

*"When you have your health, you have everything.  
When you do not have your health, nothing  
else matters at all" Augusten Burroughs.*

The health of our serving men and women, their families and retired veterans is a priority for all Australians.

Defence personnel, are trained to operate in dangerous situations. However, in spite of this training and their best efforts they are put in harm's way as they protect Australia's interests. This can often mean they carry the scars of service for the rest of their lives.

The story of a person's service is often told through their medical records and these records can become an important source of information in providing medical care to veterans after service.

For more than eight years I was privileged to serve as a trauma and intensive care nursing officer in the Australian Army. Supporting defence personal with medicals and training in battlefield medicine. I still marvel at the experience and commitment of our serving members, practicing trade craft and mastering not only their own job, but that of the soldier next to them to ensure the job ahead can always be done.

Every service person has a defence health story. I learnt this painfully at Kapooka, where in 2002 in Bravo Platoon I needed physiotherapy to fix a minor knee injury to get through basic training. Marching out was one of the proudest

moments in my life – and I only achieved this thanks to the fantastic medical support all recruits receive at this pivotal point in their defence career.

However, these injuries can flare up months, years and even decades later. When you read the medical records of serving members, you can get a real picture of their service health story – their injuries, their deployments and health check-ups.

I remember in 2012 taking receipt of one Warrant Officer's medical records – including six full files of reports and several x-ray imaging wallets. He had his own section of the medical records department.

Defence is moving resolutely forward to securely digitise health records, with a major procurement currently underway for a full electronic medical records system. Presently, it's still not uncommon for serving members to have sometime two and even three paper files filled with all their health information. When a member discharges, they given the option to have these records photocopied so they can share the information with their civilian doctors and health providers.

There is in fact a better way. In 2017, the Australian Government announced it would be expanding My Health Record

for every Australian by the end of 2018, unless they chose to opt out.

My Health Record is a secure online summary of a person's health information that can be accessed at any time by the individual and their healthcare providers.

While My Health Record won't replace the need for detailed defence medical records, it will give serving members, and their families a secure online summary of their health information, available anywhere were they are 24 hours, seven days per week. And for veterans and retiring defence members, they can ask their GP to upload into their My Health Record a summary of their health information from their defence history. This will provide health providers with a snapshot of their health, should they need to see a new health provider or if there is an emergency and they are not able to provide the information themselves. ■

## MARK KINSELA

**Mark Kinsela is the Chief of Staff for the Australian Digital Health Agency, the system operator of the My Health Record. Mark enlisted in the Australian Army in 2002 as a Driver, and went on to become a Nursing Officer in the Australian Army Reserve. Mark is a former intensive care nurse educator, with postgraduate qualifications in clinical education, critical care and business, with an MBA from the AGSM. To find out more about My Health Record visit [www.myhealthrecord.com.au](http://www.myhealthrecord.com.au) or call 1800 723 471.**



# My Health Record a real boon

I have been fortunate to have served in the Australian Defence Force for a major part of my life. And, over the years to have the Australian Defence Force (ADF) support me in dealing with a range of medical issues brought about by my time in the service.

I proudly volunteered for the Civilian Military Forces as an 18-year-old in 1969, serving in the Engineers and gaining knowledge of how the organisation worked.

In 1973 I formally joined the Australian Regular Army, completed basic training at Kapooka and was then posted to Singleton for Infantry training before my move to Townsville and 1RAR, B Company.

I had intended to serve for as long as possible, but the strenuous nature of the training revealed serious issues with my knees. The most practical decision – regrettably, was to take a medical discharge.

I stayed in the Far North and retrained in the media. Firstly, with the Townsville Bulletin, then the ABC and commercial television and radio.

A move to Wagga Wagga gave me the opportunity to become a journalist, before switching to public relations – a profession I have remained with for the past 40 years.

The opportunity to renew my relationship with the ADF occurred 12 years ago, and I commissioned into the Royal Australian Navy Reserve where I completed Officer training.

This led to a request from the Royal Australian Air Force Specialist Reserve to become a senior public affairs officer.

My time in active service has left me with several ailments and complaints that see me visiting doctors and medicos.

As is the case as we get older, the complaints become more frequent and, in some circumstances, more complex.

I am a regular visitor to the doctors these days and used to get sick of running through my medical history and meds every time I attended.

These days I have a bit of help in the form of My Health Record which allows my doctors and pharmacist to view my history and see what decisions have been made and treatment options provided.

My Health Record has been a real boon to me!

**MALCOLM GRIEVE**  
(SQUADRON LEADER – RETD)



"THESE DAYS I HAVE A BIT OF HELP IN THE FORM OF MY HEALTH RECORD WHICH ALLOWS MY DOCTORS AND PHARMACIST TO VIEW MY HISTORY AND SEE WHAT DECISIONS HAVE BEEN MADE AND TREATMENT OPTIONS PROVIDED."

# My Health Record soon to be a standard issue item

It's a common saying in military circles, 'if you were meant to have a wife, you would have been issued with one'. And sometimes I can concur, often playing second fiddle to my husband's career in the Australian Defence Force.

But my story of being an army wife is not special. It will be strangely familiar for most defence families. Missed birthdays, weddings, baptisms, anniversaries, Easter, Christmas, New Years and even births.

Yet once kids enter the family dynamic, you go from worrying about missing calls and spending lonely nights on the couch watching rom-coms as tears roll down your cheeks, to worrying about school drop off and pick ups, packing lunches, remembering to sign school excursion permission slips, cooking dinner, making beds, putting out the bins, and staying on top of immunisations and regular child health checks.

If you're lucky that's the extent of doctor visits with your kids.

But if you're like me with two children both recognised by Defence with 'special needs', I also have to juggle a raft of health appointments. Our oldest son, Declan, has otosclerosis and a moderate unilateral hearing loss requiring a hearing aid. He has seen his fair share of ENTs, audiologists, speech pathologists and occupational therapists.

Our youngest son, Ronan, was born with a single kidney – but that wasn't the start of his troubles.

Rewind a couple of years and I'm drifting to sleep at the Wesley Hospital in Brisbane about eight hours after a C-section to deliver Ronan.

He started to cough and choke. Panicked, I tried to sit up in bed and awkwardly scooped Ronan from his crib before pressing the call button.

A midwife arrived and whisked Ronan to the special care nursery. Overnight, his paediatrician was called and he was placed inside a humidicrib, cannulated, hooked up to oxygen, and eventually had a feeding tube inserted through his nose.

A couple of days later a paediatric cardiologist from another major Brisbane hospital checked Ronan's heart and confirmed the diagnosis – persistent pulmonary hypertension in newborns – a condition that saw Ronan's breath rate triple that of a regular newborn to help compensate for a failure in a normal circulatory transition that typically occurs soon after birth.

Fortunately he healed with time and after a week we took our boy home, but the excitement was short-lived. Just two weeks later we farewelled our family's patriarch. He had posting orders to march into his new Darwin-based unit. With high tempo of operations, he was advised to apply for Member with Dependents (Unaccompanied).

Before we knew it six months had passed and we anxiously awaited his return before creating our new family home in Darwin.

So much had happened since he left. Declan was fitted with his first hearing aid and started speech therapy sessions. And, with Ronan's initial breathing concerns behind us, he underwent chromosomal testing and, with his paediatrician we planned his future kidney care which entailed annual blood and urine tests, and seeing a paediatrician and a paediatric nephrologist.







"WHAT EXCITES ME ABOUT THE MY HEALTH RECORD IS THE RANGE OF PROVIDERS THAT CAN ACCESS AND UPLOAD TO THE SYSTEM."

Like most Defence families, moving around this great country of ours every couple of years, means leaving newfound friends behind when we move to a new location.

Friends aren't the only casualties. We also say goodbye to our healthcare professionals, and in most cases our children's important test results and health documents.

Not long after Ronan arrived, I registered myself and the children for My Health Record. The online portal is easy to access and has information like the immunisations, medicines, blood test and diagnostic results, and plenty of other health information. But what excites me about the My Health Record is the range of providers that can access and upload to the system.

While Declan no longer sees speech pathologists or occupational therapists, he will continue to see audiologists for life. Ronan's specialists will be able to see letters from their interstate colleagues, as well as previous blood and urine test results, which is important as we change healthcare providers into the future.

For myself, as more providers connect to My Health Record my optometrist and podiatrist will be able to access and upload to My Health Record. A recent coeliac disease diagnosis means my gastroenterologist, dietitian and exercise physiologist will also see my important health information.

My GP has uploaded a shared health summary and pharmacists will see I'm coeliac and can double check that my medicines don't contain gluten. In an emergency situation, hospital staff will know as well.

It really is time every Australian had a My Health Record to electronically manage their health. It gives great peace of mind. ■

**MONICA MCINNES**

**Monica McInnes is Communications Lead – My Health Record at the Murrumbidgee Primary Health Network, Wagga Wagga**



"MY GP HAS UPLOADED A SHARED HEALTH SUMMARY AND PHARMACISTS WILL SEE I'M COELIAC AND CAN DOUBLE CHECK THAT MY MEDICINES DON'T CONTAIN GLUTEN. IN AN EMERGENCY SITUATION, HOSPITAL STAFF WILL KNOW AS WELL."

# Four weeks, two hospitals and one hair-raising adventure!

Question: What's the definition of "tough"?

Answer: Australian service nurses.

Reproduced by kind permission of the Australian War Memorial.

LEFT: Sisters Hammond and Crittenden of

2/6th AGH shelter from air attack in a Greek cemetery.

RIGHT: Australian and New Zealand nurses arrive in Crete.

Photos reproduced courtesy of the Australian War Memorial.



AUSTRALIAN WAR MEMORIAL

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In early April 1941, the nurses and physiotherapists of 2/5th and 2/6th Australian General Hospitals (AGH), were transported to Greece with the men of the 6th Division. They were moved around frequently, often at short notice, as the Germans advanced down the Greek peninsula. Hospital supplies and food were in short supply, and many of the incoming wounded were suffering from frostbite.

Sister Nalder wrote of a new group of patients on 17 April: "Such a tired, haggard looking crew. It made me feel like weeping. Most of them were able to walk, and we gave them hot baths – where possible – a hot meal – and got them into bed."

As the fighting around them intensified the matrons of the two hospitals were ordered to prepare for immediate evacuation. This proved to be somewhat of a confused and dangerous operation. An air raid occurred while Matron Joan Abbott and the staff of 2/6th AGH were embarking on 20 April, and the hospital ship *Aba* sailed for Egypt without some of the group.

The next day, thirty-year-old Senior Matron Kathleen Best was asked to choose only 44 women from 2/5th AGH to be evacuated. Space was limited, which meant 40 would have to remain behind.

"I told the Sisters what was to happen, and also made it clear to them that those who volunteered would stay behind with the hospital and that they would in all possibility be captured. I asked them to write on a slip of paper their names and either 'stay' or 'go' and hand them to me ... Not one Sister wrote 'go' on the paper. I then selected 39 sisters to remain [with me]." Matron Best 2/5th AGH 23 April 1941

After dark, upon discovering that the railway line had been blown up, the departing group were bundled into trucks for the trip south to the port of Piraeus. During an air raid the next day the nurses sheltered in a cemetery, and as they set off again at night, medical officers warned them that it would now be "every man for himself."

Upon arrival at the beach in Navplion, they discovered ships burning in the harbour from an earlier air raid. Greek fishing boats ferried them out to the waiting destroyer *HMAS Voyager*.

"We sisters had to judge the gap, and leap to the destroyer, equipped with tin hat, respirator, great coat and a very tight mid-length skirt." Sister Barnard 2/5th AGH.

They sailed for Crete on 25 April. The ship's anti-aircraft gunners were kept busy when they came under attack from enemy bombers. Later that day, on arrival at Crete, they set to work at a British tent hospital as incoming wounded flooded in by the boatload.



AUSTRALIAN WAR MEMORIAL

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Meanwhile, Matron Best and the 39 nurses of 2/5th AGH that had been left behind in Greece, continued to work despite constant air raids. They all moved into the main hospital building, and on matron's orders wore their red capes and white caps, hoping they would be easily recognisable as non-combatants.

They were evacuated on a merchant ship full of troops in the early hours of 26 April.

"We were all very upset at having to leave the hospital, the Officers and the men, and not one of the Sisters appeared to consider the personal risk that evacuation at that stage might entail..."

We took one small suitcase each and a rug ... Some nurses thought it a pity to leave their stockings, so they pinned them inside the sleeves of their coats ...

The Sisters as usual accepted the situation with as much quiet dignity as possible, lying full length on the floor with steel helmets on and even during the worst barrages there was no panic and no comments." Matron Best 2/5th AGH.

A few days later, all the nurses were evacuated from Crete, reaching Alexandria on 1 May 1941. They worked in various hospitals for the remainder of the year, wherever the need was greatest.

"When Greece and Crete fell to the Germans, our hospital expanded from 1,000 to 2,000 beds in ten days. We worked eleven hours a day without any days off for three and a half months til reinforcements joined us." Sister Bette Uren 2/2nd AGH El Kantara.

By early 1942, most Australian nurses had left the Middle East, along with the men of the 6th and 7th Divisions of the AIF, which were withdrawn to defend Australia from what was feared to be imminent Japanese attack.

On hearing of the proposed evacuation of nurses from Greece, Matron Best wrote that, "I felt myself responsible for their welfare."

For her courage and efficiency throughout the evacuation Matron (later Lieutenant Colonel) Kathleen Annie Louise Best was awarded the Royal Red Cross. ■

ROBYN SIERS



# Perdita McCarthy: A remarkable lady, with an indomitable spirit and a wonderful sense of humour

Born in 1916, Perdita Marjorie McCarthy's life spanned almost a century. "Ditta" McCarthy, of Wagga Wagga, NSW, died peacefully in her sleep last weekend on 10 March 2012 after a long battle with failing health. She was 96. The Royal Australian Army Nursing Service lost its highest ranking officer.

McCarthy trained at the Sydney Hospital, graduating in 1939. She served with the Second AIF as a member of the Australian Army Nursing Service which later became the Royal Australian Army Nursing Service, and then the Royal Australian Army Nursing Corps (RAANC). She saw considerable overseas service spanning several conflicts, initially in Papua New Guinea during the Second World War, then with the British Commonwealth Occupation Force in Japan, on to Korea, then Malaya, and finally Vietnam.

McCarthy later wrote of her time spent nursing the wounded at the BCOF General Hospital at Kure in Japan during the Korean War in 1950.

"The real horrors of the Korean War were 'brought home' to me when I was allocated for duty in the Burns Ward of the BRITCOM Hospital ... Many were bandaged from head to foot, with only slits for their eyes and mouths, and obviously in great pain, which we attempted to alleviate with what 'pain killers' were available at the time. Rarely – if ever – did they complain. Their youthful eyes would 'light up' as we bent over them to dress their wounds or to apply medication. Their eyes also revealed their suffering and pain, their stoicism under such traumas had to be witnessed to be believed. As we approached the Burns Ward, to report for duty, the stench from putrefying flesh was overpowering, the memory of which remains with me to this day."

In 1953, McCarthy was posted to the British Commonwealth Communications Zone Medical Unit (BCCZMU) which was located in a bombed out, two storey school building, and the nurses lived and worked under Spartan conditions, with no fresh running water and few personal comforts. McCarthy recalled the initial opposition and resentment the women experienced in what had formerly been perceived as a male domain so close to 'the front'.

"There were some very heated verbal confrontations and even the 'pulling of rank', which is virtually unknown in Nursing Corps. Drastic situations demand drastic action. All we wanted to do was to nurse and care for our wounded. All problems were eventually resolved and we slowly became accepted as an integral part of the 'team'."

Despite the lack of facilities and equipment, Matron McCarthy and her nurses determined that their "hospital" would be "the cleanest, most hygienic, germ and bacteria free establishment in Korea. This entailed the continual scrubbing and washing down of floors, walls, beds etc with what soap, detergents and antiseptics we could beg, borrow or steal."

McCarthy believed that "humour was the element that allowed us to retain our sanity. It came from the staff and from our patients, who despite serious wounds, would continually tell jokes and take 'the mickey' out of their fellow diggers and officers."

With a long and distinguished career as a military nurse, McCarthy held many appointments, her last being as Matron-in-Chief of the RAANC. Before her retirement she was promoted to brigadier, the only nursing officer to reach such a rank. She was awarded the Associate Royal Red Cross in 1954 and the Royal Red Cross in 1972 for her dedication and service to nursing.

Never one to remain idle for long, McCarthy kept busy for many years in her retirement working as a volunteer at the Army

Reproduced by kind permission of the Australian War Memorial.  
TOP: Captain McCarthy takes a break in the grounds of the British Commonwealth General Hospital during her service with BCOF in Kure, Japan in 1950.  
BOTTOM: Patient, Private BG 'Knobby' Tranter of 3RAR, chats with the matron, Captain McCarthy at the BCCZMU in Seoul, Korea, in 1953.  
Photos reproduced courtesy of the Australian War Memorial.



AUSTRALIAN WAR MEMORIAL

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AUSTRALIAN WAR MEMORIAL

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Museum in Victoria Barracks, Sydney. She was also responsible for the research and writing of several biographies of colleagues and predecessors from the Army nursing fraternity.

Of the late Brigadier Perdita McCarthy it can genuinely be said that "she served the Army with distinction."

**ROBYN SIERS**



The health of our veterans and ex-service people is of paramount importance. This article aims to educate veterans on the signs and symptoms of sleep-related illness so that they can seek treatment and improve their quality of life.

In 2017, the two leading accepted conditions for which current and ex-servicemen sought treatment were post-traumatic stress disorder (PTSD) and tinnitus (ringing in the ears), both of which have a serious impact on the quality of your sleep.

It won't surprise you to read that these two disorders are highly prevalent among veterans. Studies have shown that PTSD affects about 1 in 10 of current and returned defence personnel, while tinnitus is present in more than a quarter of veterans. What is not as widely known is their relationship with another, more insidious sleep disorder: obstructive sleep apnea.

Obstructive sleep apnea (OSA) is a disease characterised by snoring and choking while you sleep. During these episodes, the oxygen levels in your blood continue to drop. Once they reach seriously low levels, a surge of adrenalin is released, awaking you with a start, and allowing you to breathe again. This leads to symptoms like fatigue, headaches, and poor concentration. Untreated OSA can exacerbate anxiety and depression, and increase the social isolation experienced by sufferers of those conditions. Of even more concern, untreated OSA has been strongly linked to other serious health conditions like high blood pressure, heart disease, stroke, and diabetes.

In the general population, estimates put the prevalence of OSA at between 5-20%. However, this is much higher in individuals who have already been diagnosed with PTSD or tinnitus. Studies show that if you have PTSD, the likelihood that you also have

OSA is as high as 48%, while up to 90% of tinnitus sufferers also have this condition. Dr Alistair Abbott, past NSW/ACT president of the Thoracic Society of Australia and New Zealand (TSANZ), writes: "Whilst the association between PTSD and insomnia is well known, there is increasing evidence of a link between PTSD and other sleep disorders such as sleep apnea."

These statistics highlight the importance of investigating these populations for OSA. For those concerned they might be affected, the best first step is to discuss it with a healthcare professional like a general practitioner. If warranted, they could ask the patient to see a specialist sleep physician, or to complete a sleep study to measure breathing while asleep. These are traditionally done in a hospital or sleep lab, but new technologies allow for portable studies which can be done at home.

There are several treatment options available to those diagnosed with OSA. For milder forms of OSA, a surgical procedure might be performed, or a special mouth-guard fitted to try and open up their airways. Alternatively, continuous positive airway pressure, or a CPAP machine, remains the gold standard treatment for OSA. CPAP machines blow gentle air pressure through the nose and mouth, keeping the upper airways from collapsing. While CPAP has long been known to decrease the symptoms and other effects of OSA, it potentially also alleviates symptoms of tinnitus and PTSD, when the conditions exist together with sleep apnea. ■

GRAHAM KEEP BMSc(Hon), MMED AND JEREMY SPARKES BMSc

## Contact:

Centurion Healthcare – a physician-led, multi-disciplinary specialist clinic involved in Respiratory, Sleep Disorders, Cardiology and Psychology. Centurion Healthcare operates clinics in NSW and VIC offering specialist consultations and bulk billed sleep studies.

1300 76 29 39   info@centurionhealthcare.com.au   www.centurionhealthcare.com.au

*\*All sources used in this article are available on request.*



# PTSD and Tinnitus

## Linked to Snoring and Tiredness





# Lieutenant Clifford Peel

## Providing a Blue Print for the Royal Flying Doctor Service

The Royal Flying Doctor Service has this year turned 90, providing an opportunity to reflect on the vision of a far-sighted young man named John Clifford Peel who played a great part in the inspiration and planning of the Flying Doctor.



Clifford Peel.



1928 The first flying doctor plane, called Victory, with pilot, doctor and Reverend Barber.



In 1917, Reverend John Flynn received an inspirational letter from Lieutenant Clifford Peel. The young airman and war hero suggested the use of aviation to bring medical help to the Outback.

Peel had been a Victorian medical student and a keen reader of John Flynn's *Northern Territory and Central Australia—a Call to the Church* which he regularly and repeatedly studied. According to his family, it inspired his interest in Flynn's extraordinary work and set him thinking about the logistics of how Flynn would be able to provide help to people in need who were widely dispersed throughout Australia.

When the Australian Imperial Forces were searching for candidates for their newly-formed Australian Flying Corps in 1917, Peel volunteered and was selected for flying training at the central Flying School in Laverton, Victoria. Whilst at Laverton, the union of aviation and healthcare occurred in Peel's mind. He sent a letter to the Reverend John Flynn, suggesting aeroplanes, which at the time were very novel machines, could carry healthcare to the wide-spread areas of the Australian Outback. Flynn wrote back with great interest, which sparked a famous and detailed letter from Peel, sent on the 20 November 1917, whilst on board HMAT Nestor, bound for the UK. With great insight, he outlined in his letter the costs and advantages of running aeroplanes compared with the costs and disadvantages of travel on the ground.

Peel didn't live to see how successful his idea was, tragically, only 13 months after he sent the letter and weeks before the end of WW1, 19 September 1918, his RE8 aircraft disappeared during a patrol in France. He died at just 24 years of age and never knew that his letter became a blueprint for the creation of the Flying Doctor Service. Had he lived, there is no doubt he would have returned from the war to help Flynn build the Flying Doctor Service he had clearly foreseen. However Clifford peel had succeeded in conveying his brilliant idea to John Flynn, the man who was able to bring it to life. For the next ten years, Flynn campaigned for an aerial medical service.

Today, the RFDS honour the legacy and innovation of Clifford Peel. Whilst Peel never had a chance to work for the RFDS directly, his legend, inspiration and forward thinking has inspired continued progress and innovation. The RFDS now have 69 aircraft operating from 24 bases across the country. The RFDS is now Australia's 3rd largest airline and has over 350,000 patient contacts every year. ■

### A Young Australian's Vision.

#### Aeroplanes for Inland.

Aviation is still new, but it has set some of us thinking, and thinking hard.

Perhaps others want to be thinking too. Hence these few notes.

The first question to be asked is sure to be, "Is it safe?" To the Australian lay mind the thought of flying is accompanied by many weird ideas of its danger. True there are dangers, which in the Inland will be accompanied by the possibility of being stranded in the desert without food or water. Yet even with this disadvantage the only reply to such a query is a decided affirmative. Practically all the flying for the last three years has been military flying, and men have taken, and are taking, risks that will be quite needless in commercial or private aviation in the future; and if we study the records available, and deduct accidents that occurred while the pilot was "stunting" over enemy territory, we will find that the number of miles flown per misadventure is very large, while the number of accidents per aerodrome per annum is very small.

As in every new adventure there are initial difficulties, so in establishing the aeroplane in the Inland. The first and greatest of these is cost.

Everything is dear by the time it gets Inland, and the question to be settled is: which is the least dear? In this calculation we must reckon time, men, material, and efficiency, in terms of £-s-d.

With aeroplanes I venture to say that, given proper care, the upkeep is relatively light; while the cost of installing compares very favourably—if we realise that to run a train, motor car, lorry, or other vehicle, roads must first be made and then

roads must first be made and then kept in repair, whilst the air needs no such preparation.

The capital expenditure in Europe (according to an eminent English authority) before a motor car can be run is £6,000 per mile, for a train £24,000 per mile, and for an aeroplane about £600 per mile. The problem of overhauls and major repairs present another great difficulty. Most people realise that motor engines require delicate treatment and special machinery when being overhauled. The question of ways and means remains to be solved.

Landing ground may present some difficulties in certain regions, but these will be found where needed.

Machines for Inland work will need to have a large radius of action, say a non-stop run of at least 700 miles, so that the fuel carrying capacity will be large.

Many of these and other difficulties loom very large, as we view them from the distance, but with the progress of aviation, and the more universal use of the motor car, many of them will automatically disappear.

With a machine doing ninety miles an hour, Darwin is brought within twelve and a half hours of Oodnadatta (excluding stops).

It takes little imagination to see the advantage of this to the mail service, government officials, and business men; while to the frontier settlers it will be an undreamt of boon as regards household supplies, medical attention, and business.

From Oodnadatta, Alice Springs is about three and a half hours trip. Overland it takes nine days—long ones too.

The credit side of the ledger I leave for those interested in the development of our hinterland to compute. Sufficient to say that the heroes of the Inland are laying the foundation stones of our Australian nation.

We will do our share proportion-



# Moving in, falling out... when sharing with family turns ugly

Seniors Rights Service advised a war veteran and wife (Mr and Mrs P) who were in their 70s and receiving an income support pension from the Department of Veterans' Affairs.

They owned their own home valued at \$800k but could not afford to service the remaining balance on their mortgage which was about \$130,000.

They entered into an oral agreement with their daughter and son-in-law whereby they would contribute \$500,000 from selling their home to the daughter's purchase of a house, the title for which would be in the daughter and son-in-law's name. In exchange for this, the daughter agreed to build a granny flat for Mr and Mrs P and they would acquire right of residence for life. However, they did not seek legal or financial advice before entering into this agreement and nothing was written down.

A few years after moving in together the relationship between the daughter and Mr and Mrs P became strained. The daughter was using alcohol and illegal drugs, and sometimes she would become violent and abusive towards Mrs P. The daughter told the elderly couple to vacate the granny flat and that none of their \$500,000 contribution would be refunded, as the daughter claimed it had been a gift. With strict rules around gifting money and receiving veteran income, Mr and Mrs P lost their pension. With no income and little money left from the sale of their house the couple were now homeless and forced to move into a friend's garage.\*

The proceedings to recover Mr and Mrs P's money would be expensive and could have been avoided if they had sought legal and financial advice before entering into the agreement with their daughter. Legal proceedings would also have a significant negative impact on their mental wellbeing, may be unaffordable and further negatively impacted on the relationship with their daughter. However, in most cases, they must be seen to be seeking restitution in a court before they can recover their pension.

The financial exploitation of older people, an example which is illustrated in the story above, is the most commonly reported form of elder abuse. It may range from gifting small amounts of money to an older person selling their home as in the example above. The gifting of any money or assets, even very low values, can have significant adverse impact on older people, especially those whose only income is a small pension. As seen in Mr and Mrs P's case, their decision left them homeless and without means of support.

This scenario above is all too common, with many older people not seeking legal advice before entering into an arrangement with family members. Older people believe family members look out for their best interest. However the well-documented phenomenon of 'inheritance impatience' combined with the rising cost of housing puts pressure on adult children. Some adult children think the parents' assets are the child's, and act accordingly. The impact on the well-being of an older person who suddenly finds themselves homeless with no income is significant, and may lead to poor outcomes on any number of measures including physical health psychological health and general well-being.

Elder abuse – the abuse and neglect of older people in a relationship of trust – is being increasingly reported, with lots of recent media coverage of problems in residential aged care. However the overwhelming majority of elder abuse is perpetrated by family members. Older people who experience this form of abuse are at much greater risk of homelessness. Veterans are

over-represented in statistics on homelessness with five per cent of homeless people being veterans, but veterans represent less than 2 percent of the general population.

Homelessness is not necessarily sleeping rough; statistics show that this is only about five per cent of homeless people. A 2017 Australia Institute of Health and Wellbeing report states that ageing veterans face specific disadvantages that impede their physical and mental wellbeing including social isolation, limited employment opportunities post ADF, higher prevalence of mental health conditions, such as depression and post-traumatic stress disorder, higher prevalence of alcohol dependence disorder, and co-morbidity with other mental illness. Experiencing these disadvantages suggests veterans are also at greater risk of abuses that affect older people.

Veterans can prevent financial abuse as they age by being informed and by seeking independent legal and financial advice before making significant financial decisions. There are many organisations available that offer free legal advice including Legal Aid and community legal centres, such as Seniors Rights Service. For free financial advice contact the Australian Government's Financial Information Service. For a very small fee National Seniors Australia also provide financial advice. ■

**Seniors Rights Service can provide free independent legal advice and aged care advocacy to older people in New South Wales. Call 1800 424 079 or visit [www.seniorsrightsservice.org.au](http://www.seniorsrightsservice.org.au) for more information.**



**Your rights.  
Your voice.**

Legal | Advocacy | Education

Free and confidential

**1800 424 079**

[www.seniorsrightsservice.org.au](http://www.seniorsrightsservice.org.au)



**Seniors Rights Service**

The Aged-care Rights Service Inc trading as Seniors Rights Service

*\*This scenario is an example of a call to Seniors Rights Service. These are not the real names of the parties. The contents of this article are legal information only, not legal advice. If you have a legal problem call our service directly or see your lawyer.*

# Veterans Film Festival

to spotlight health, with a special commemorative screening

The 4th annual Veterans Film Festival (VFF), in partnership with the RSL National returns to Canberra on 1, 2 and 3 November in 2018, with special focus on 'Health'.

The three-day VFF will focus on human stories of those affected by warfare, including combatants, veterans, their families and communities from Australia and around the globe.

The festival program will open with *Journey's End*, a British film adapted by Simon Reade and directed by Saul Dibb, of the First World War play by RC Sherriff.

"Sam Claflin (*Hunger Games*), as the broken Captain Stanhope, gives an outstanding performance," said Tom Papas, Festival Director.

The film is set in March, 1918. C-company arrives to take its turn in the front-line trenches in northern France led by the war-weary Captain Stanhope. A German offensive is imminent, and the officers, (Paul Bettany - *A Beautiful Mind*), (Stephen Graham - *Board Walk Empire*) and their cook, (Toby Jones - voice of Dobby in two *Harry Potter* films) distract themselves in their dugout with talk of food and their past lives. Stanhope, meanwhile, soaks his fear in whisky, unable to deal with his dread of the inevitable.

A young new officer, Raleigh (Asa Butterfield - *Hugo*), has just arrived, fresh out of training and abuzz with the excitement of his first real posting – not least because he is to serve under Stanhope, his former school house monitor and the object of his sister's affections. Each man is trapped, the days ticking by, the tension rising and the attack drawing ever closer...

"In this year's line up we will also include films that showcase diverse points of view about veterans' lives and their families, as well as commenting on society's attitude to warfare," Mr Papas said.

Our 2018 selection of films depict a broad spectrum of filmmaking styles and storytelling.

From tales of a gradual internal collapse and disintegration to details of the heartfelt journey to recovery of retired Royal Marine Andy Shaw's 30 year battle against undiagnosed Post Traumatic Stress Disorder.

The screenings include dramas, comedy, animation and science fiction, in feature-length, short film and documentary form. Submissions are selected from both independent and emerging filmmakers, featuring talent from Australia, UK, USA, Poland and Iran.

Full program details will be announced in late September 2018. For further information visit [www.veteransfilmfestival.com](http://www.veteransfilmfestival.com).

## About the festival:

The RSL National Veterans Film Festival (VFF) is an annual event, putting the spotlight on stories about veterans', first responders, their families and the influence of warfare on our society.

All films submitted to the official competition will be eligible to compete for the coveted Red Poppy Awards, inspired by the poem 'In Flanders Field'. In 2017, "*Darkest Hour*" starring Gary Oldman, won the Red Poppy Award for Best Feature Film and 57% of films selected to screen in 2017 had a female filmmaker in a leading role (Producer, Director, Writer Cinematographer, Editor, Actor). In 2016, female filmmakers won 67% of all the awards at our Red Poppy Awards Ceremony.

Veterans Film Festival Incorporated, is a not for profit incorporate organisation made up of people from diverse backgrounds and experiences, who make all the decisions and manage the festival.







# Epilepsy is on the rise amongst older Australians

Epilepsy is a neurological condition that involves recurring seizures which can greatly affect a person's independence and quality of life.

Around 250,000 Australians live with epilepsy; and it affects people regardless of gender, culture, social status or age. Every day someone in Australia is diagnosed with epilepsy, and every day someone will die as a direct result of their epilepsy.

With an ageing population, the fastest growing segment of people living with epilepsy in Australia is those aged over 60 years. In older Australians epilepsy is the fourth most common neurological disorder after migraine, dementia and stroke.

It isn't always easy to tell when someone you care for develops epilepsy later in life. That's because seizures are often harder to recognise in older people and symptoms may go unnoticed and be mistakenly attributed to the 'ageing process'. Memory problems, falls, dizziness, confusion or forgetfulness might be seen as 'getting older', when in fact it could actually be a sign of seizure activity and warrant investigation by doctors.

Risk factors for epilepsy do increase with age. While many seizures in older adults have an unknown cause, the primary known reason is stroke. Other, but less common, causes include head injuries, neurodegenerative diseases (such as Alzheimer's disease), tumours or infections.

Graeme Shears, Chief Executive Officer of the Epilepsy Foundation said that "we want all Australians to be 'epilepsy aware' so that they can look out for subtle signs of seizure activity in older adults and seek support as soon as possible. And if epilepsy is diagnosed we want to ensure they have all the information and support they need to live a safe, connected and fulfilling life".

To achieve this the Epilepsy Foundation has developed the 'Understand Me, Support Me' suite of resources aimed at

individuals and aged care workers. These include an information booklet, 10 things you should know about epilepsy in later years, referral and observation checklists, and an array of information booklets.

Doctors recommend that family, friends and aged care workers should look out for changes in behaviour which could indicate seizure activity. Any signs should be recorded in a diary, filmed or documented in one of the 'Understand Me, Support Me' resources and brought to a doctor's appointment.

When an older person is diagnosed with epilepsy it can disrupt their lifestyle, driving capacity, and employment. Epilepsy can sometimes lead to depression and anxiety, as well as risks of falls and broken bones. These risks and impacts make supporting older Australians living with epilepsy important considerations for loved ones and aged care workers.

"Our information line, resources, and soon to be released training programs for aged care workers and nurses, are important ways that our organisation can make a difference in the life of an older person living with epilepsy. And through these initiatives we also feel that their loved ones can feel supported too," said Graeme.

Please consider supporting the Epilepsy Foundation in its mission to make all Australians 'epilepsy aware' so that we can make a difference together. ■

**To access the free Epilepsy Foundation resources visit [epilepsysmart.org.au/aged-care-resources](http://epilepsysmart.org.au/aged-care-resources) or call our Information Line on 1300 761 487**

## A life-changing gift

*Your bequest will help change the lives of people with epilepsy.  
Help us break down the barriers of ignorance and discrimination.*

By including a bequest to the Epilepsy Foundation in your Will, you will be investing in and helping transform the lives of people living with epilepsy for future generations to come. No matter how big or small, your help will make a big difference in making ignorance and discrimination of epilepsy a thing of the past.

For more information and a free booklet on leaving a bequest in your Will contact our Bequest Manager on 1300 437 453 or visit us online at [epilepsyfoundation.org.au/fundraising](http://epilepsyfoundation.org.au/fundraising).



### I would like to support people living with epilepsy

My gift \$ \_\_\_\_\_ You can also donate online at: [epilepsyfoundation.org.au](http://epilepsyfoundation.org.au)

☐ Cheque (make payable to Epilepsy Foundation) ☐ Visa ☐ Mastercard ☐ Diners ☐ AMEX

Card number:

Expiry date:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card

Signature

Your name

Address

Phone

Email

**epilepsy**  
foundation

### Thank you for your donation

Please return this form and your payment to:  
Epilepsy Foundation  
587 Canterbury Road  
Surrey Hills VIC 3127



☐ Please send me information about making a gift in my Will  
☐ I would prefer my donation to remain anonymous

The Epilepsy Foundation protects your privacy in accordance with the Information Privacy Principles of the Information Privacy Act 2000. Our privacy policy is available on our website at [epilepsyfoundation.org.au](http://epilepsyfoundation.org.au) | ABN 75 967 571 784



# Allowing the body to heal itself...

## The Canberra Transcendental Meditation Centre

I learnt TM in 1976 in Canberra, having travelled all the way from Alice Springs for the four-day Course. As an Agricultural Science Teacher, I was very interested in the scientific research (now 400 peer reviewed studies) which was demonstrating that this practice of TM brought about changes in mind and body during the practice and during activity when not meditating. I felt that this is what was missing in education – I could not deny my own experience which for me brought about immediate changes from the first day. Dramatic change in sleep quality and time taken to fall asleep, reduced anxiety, better sense of self, better vision, increased enthusiasm for life and more confidence.

So, I felt it was a 'no brainer' – I should train to be a TM teacher. Everything comes down to mental and physical health and this technique brought about beneficial changes in both...

I have now been teaching in Canberra for 32 years and along with my colleagues in Canberra and around Australia have had a unique and fulfilling experience of teaching others how to transcend and gain the benefits through regular practice.

This technique is different to other styles of meditation in that the whole process is natural. We have two things that are working for us. The first is the natural inclination of the mind to move to a field of greater happiness and comfort-- so we don't have to concentrate or control the mind.

The second is the ability of the body to heal itself and throw off stress and impurities.

The experts who have researched this technique agree that it is the deep level of rest that the body gains during the practice which explains the broad range of significant health benefits.

During the practice the body gains a level of rest much deeper than the deepest part of sleep which triggers or inspires the self-repair mechanisms to begin their job. For example, stress hormone levels decrease, blood pressure normalises, levels of free radicals goes down.

On the mental side, brainwave patterns show increased alpha 1(8-9 hz) and brainwave coherence increases. Both of these changes begin to be experienced outside of meditation with practice – both of these features are found in people who are very successful in life.

It is gratifying to see that due to the good results and continuing scientific research, all sorts of people, organisations and now national governments are implementing this technique to improve the quality of life for everyone.

I have particularly enjoyed teaching people with PTS, many coming from a military background, and looking forward to helping conduct a research study in Canberra with veterans with PTS and invite anyone who would like to be a part of that study to contact me or Mark Bunn from the David Lynch Foundation.

**DAVID SEATON**

Transcendental Meditation was founded by Maharishi Mahesh Yogi in 1955. This inspired the creation of The Canberra Transcendental Meditation Centre in the mid 1960's. ABC Compass did a great show on the history of TM in Australia in 2015.



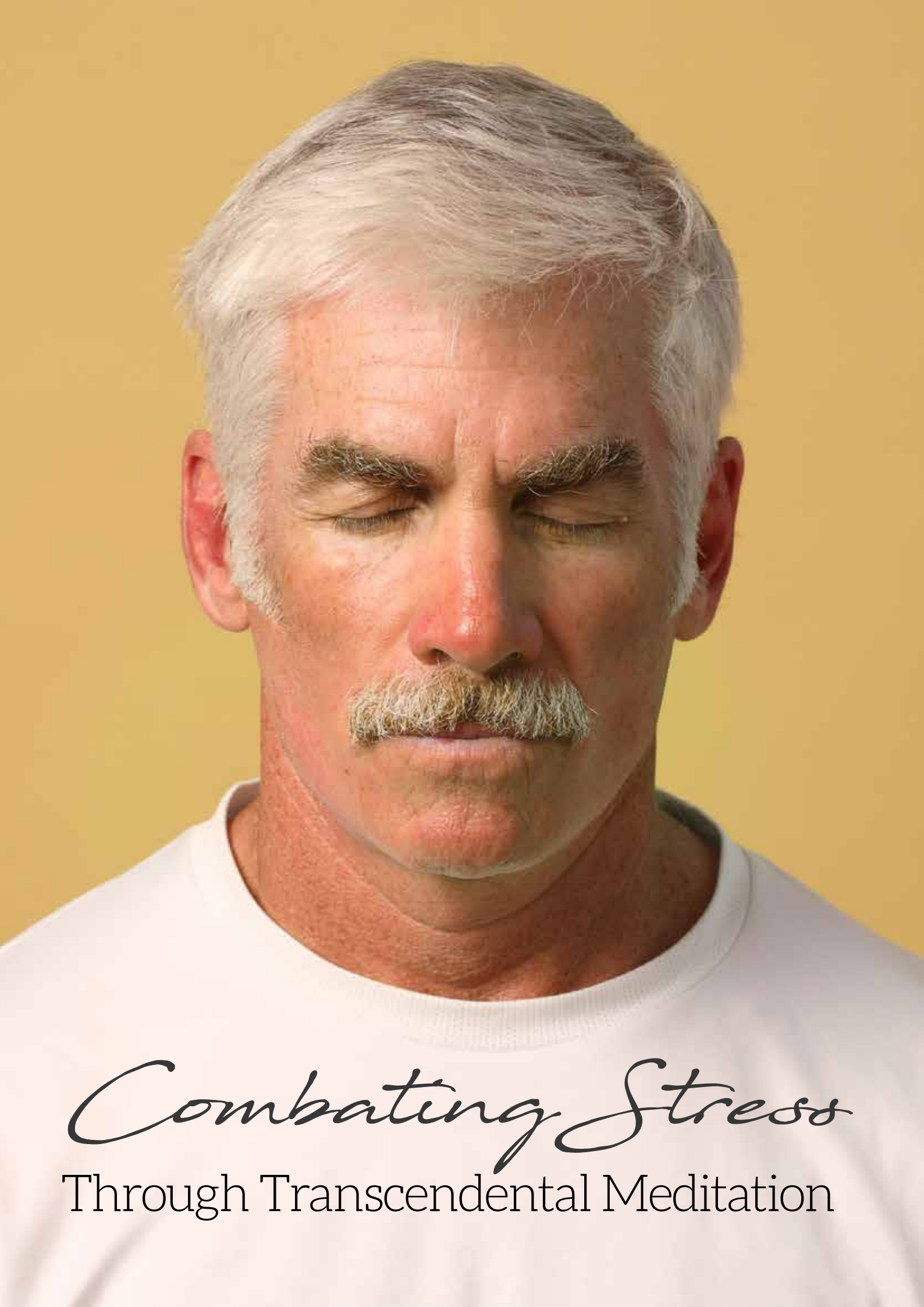
Founder of Transcendental Meditation Maharishi Mahesh Yogi, who visited Canberra in 1967 to give a lecture on yoga and meditation. Photo courtesy: purusha.org



David Seaton at The Canberra TM Centre.

### Contact:

[www.tm.org.au](http://www.tm.org.au)  
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0414486152  
Canberra TM Centre  
1 McRitchie Cct  
Nicholls ACT 2913



*Combating Stress*  
Through Transcendental Meditation



In 2016 the World Health Organisation described stress as the global health epidemic of the 21st century.

Stress is a highly personalised phenomenon that can affect brain functioning and increase the risk of major health disorders including heart attack, hypertension, obesity, addiction, anxiety, depression, relationship issues and other issues.

When stress is prolonged it even suppresses the brain's ability to develop new cells.

Military personnel in particular, are exposed to a wide range of stressor events as a part of military training and work assignments and managing chronic stress and post-traumatic stress disorder (PTSD) is estimated to cost governments hundreds of billions of dollars annually.

A new study has found that regular practice of the Transcendental Meditation technique is enabling active duty service members battling PTSD to reduce, or even eliminate, their use of psychotropic medications and to better control the debilitating symptoms of PTSD.

The January 2016 study, "Impact of Transcendental Meditation on Psychotropic Medication Use Among Active Duty Military Service Members with Anxiety and PTSD," was published in the journal *Military Medicine*.

The study's lead author, Dr. Vernon A. Barnes, a physiologist at the Georgia Prevention Institute at the Medical College of Georgia at Augusta University, said, "Regular practice of Transcendental Meditation provides a habit of calming down and healing the brain."

"When we came back from missions, if we could have been able to sit down quietly and practice Transcendental Meditation, it would have helped us all so much" Former Australian SAS Commander

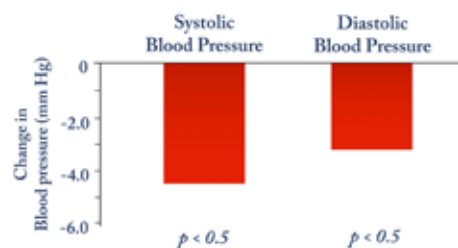
Transcendental Meditation (TM), a simple, easy-to-learn technique practiced for just 20 minutes twice a day. The technique allows the mind to easily settle inward until practitioners experience the most silent and peaceful level of their own awareness.

It is completely different to other meditation techniques as it involves no concentrating or focusing, no trying to "empty the mind".

Over 350 published peer-reviewed scientific studies on the benefits of regular practice of TM prove a wide range of mental and physical benefits including increased feelings of wellbeing, improved personal relationships, improved sleep and ability to manage stress.

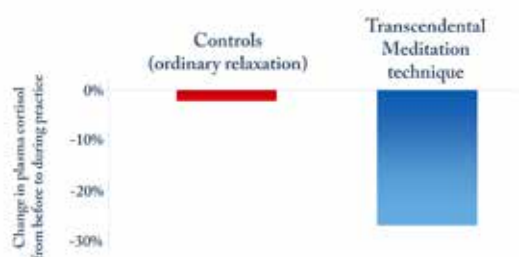
**The technique can be learnt from certified teachers across Australia. For more information visit [www.tm.org.au](http://www.tm.org.au). A new Foundation has recently been launched in Australia that aims to bring the benefits of TM to at-risk populations including war vets and others suffering toxic stress or trauma. More at [www.davidlynchfoundation.org.au](http://www.davidlynchfoundation.org.au).**

## Meta-Analysis I: Decreased Blood Pressure Through Transcendental Meditation



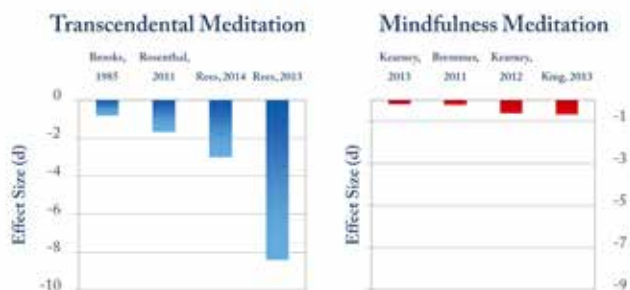
American Journal of Hypertension, 21:310-316, 2008

## Decreased Cortisol The Stress Hormone



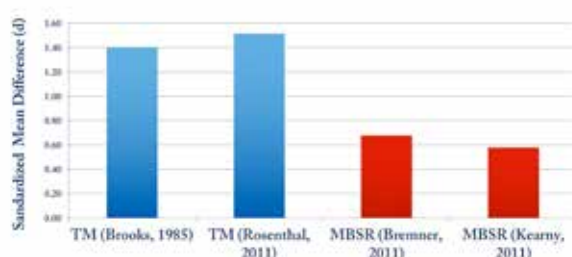
Plasma cortisol is a stress hormone. The study shows that plasma cortisol decreased during Transcendental Meditation, whereas it did not change significantly in control subjects during ordinary relaxation. *Adrenocortical activity during meditation, Hormones and Behavior* 10(1): 54-60, 1978.

## Reduced Symptoms of PTSD



Brooks, 1985. *Journal of Counseling and Development* 64, 212-13. Rosenthal, 2011. *Military Medicine* 176, no. 6: 626. Rees, 2014. *Journal of Traumatic Stress* 27, no. 1: 112-15. Rees, 2013. *Journal of Traumatic Stress* 26, 295-98. Kearney, 2013. *Journal of Clinical Psychology* 69, no. 1: 14-27. Bremner, 2011. *American Psychosomatic Society Conference*, San Antonio, Texas. Kearney, 2012. *Journal of Clinical Psychology* 68, no. 1: 212-15. King, 2013. *Depression and Anxiety* 30, no. 7: 638-43. Omas-Johnson, 2014. *Meta-analysis of meditation and PTSD*, manuscript.

## Effects of TM and MBSR on PTSD



Effect sizes over all measures for each study. This chart illustrates the consistency of the results for TM and MBSR on all measures of PTSD and quality of life, and shows that the TM technique had approximately twice as strong effect on reducing PTSD as MBSR.

The Veronicas, Lisa and Jessica Origliasso with Ken Wyatt AM MP, Minister for Aged Care, Maree McCabe, CEO Dementia Australia and Ita Buttrose AO OBE, Ambassador Dementia Australia.  
Photo: Irene Dowdy



# The Veronicas raise their voices as Dementia Australia Ambassadors

Internationally-renowned music artists Jessica and Lisa Origliasso of The Veronicas have been named Dementia Australia's newest Ambassadors in June.

Dementia Australia CEO Maree McCabe has welcomed Jessica and Lisa as Dementia Australia Ambassadors.

"Sharing their personal experience to help raise awareness and advocate for the more than 425,000 Australians living with dementia, their families and carers in Australia is inspiring and we thank them for their generosity," Ms McCabe said.

"The lack of understanding about dementia in the community and impacts on the quality of life and healthcare outcomes for people living with dementia, their families and carers.

"For Jessica and Lisa to speak out about their family's experience is a powerful way of raising awareness and understanding of dementia. We are so grateful for their support and delighted to have them on board as Ambassadors."

Like many other Australians, Jessica and Lisa's family has been impacted by the disease, with their mother having been recently diagnosed with dementia.

"Until we went through this with our mum and started talking to others about dementia, we had no idea of the enormity of the issue and just how many other people are going through what our family is, every day," Jessica and Lisa said.

"After four years of misdiagnosis, we were heartbroken when we received the diagnosis and found it difficult to find information about what was going on. We felt so powerless.

"But by talking openly about it, and sharing our story, we hope we can let others know they are not alone and that there is help and support available.

"For anyone who is either diagnosed with dementia, or who has a loved one who has a diagnosis with dementia, and you don't know where to turn, a really good starting point is calling Dementia Australia on the National Dementia Helpline on 1800 100 500."

Jessica and Lisa were joined by Ita Buttrose AO OBE, one of Dementia Australia's longest-serving Ambassadors, at the Parliamentary Friends of Dementia meeting, along with Ms McCabe, and people living dementia and carers.

"The Dementia Friends program is a social movement to help build awareness of dementia among the community," Ms Buttrose said.

"People living with dementia tell us that that a lack of knowledge or understanding of the condition among the general public and how it can impact people can be really quite isolating.

"When you sign up to become a Dementia Friend, you hear directly from people with dementia about what dementia is, how the condition impacts them and the small changes that can have a big impact on making a community more dementia-friendly.

"A better understanding of dementia will empower people to do small, everyday things that can make a big difference to someone with dementia."

Peter Gill who is living with dementia said he felt shocked and ashamed when he learned he had Alzheimer's disease.

"Very quickly, I realised there is no shame involved, my ignorance had led me to feel that way," Mr Gill said. "Today's

event highlights the necessity to make our community very aware of dementia and its many guises."

Janice Hodgson, who cares for her husband Fred, shared why the Dementia Friends program is important to her and all people impacted by dementia.

"We know there is no cure. Stigma and shame are still prevalent, but becoming a Dementia Friend helps educate the public to bring change in our communities," Mrs Hodgson said.

"This Dementia Friends Campaign is an important part of the jigsaw in developing Dementia-Friendly Communities and giving Fred and the almost half a million others like him a sense of belonging, a sense of worth, a sense that we care." Dementia Australia is encouraging all Members of Parliaments across the country to become a Dementia Friend at [www.dementiafriendly.org.au](http://www.dementiafriendly.org.au). ■

**Dementia Australia is the national peak body and charity for people, of all ages, living with all forms of dementia, their families and carers. It provides advocacy, support services, education and information. An estimated 425,000 people have dementia in Australia. This number is projected to reach more than 1.1 million by 2056. Dementia Australia is the new voice of Alzheimer's Australia. Dementia Australia's services are supported by the Australian Government National Dementia Helpline 1800 100 500. Interpreter service available (The National Dementia Helpline is an Australian Government Initiative). Dementia is a National Health Priority Area. [www.dementia.org.au](http://www.dementia.org.au).**



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This is my story about how I gave up my 26 year career in the Royal Air Force and emigrated to Australia with just 2 bags of clothes and a box of belongings. I will share with you my struggles, my successes and how I have changed my life so I am abundant in every aspect.

I joined the RAF as a very young man at the age of 16½ as a Communications Operator, in 26 years I served 4 overseas tours in Cyprus, Germany, Gibraltar and Italy. I deployed numerous times including Oman and the Falkland Islands. Every opportunity to travel I ceased, which is what bought me to Wagga Wagga NSW. At the time I was a Basic Recruit Instructor (Drill Sgt) and was lucky enough to get on a 4 month exchange tour called "Exercise Long Look". I fell in love with Wagga and Australia, quickly realising this is where I wanted to live. I returned to the UK and handed in my notice.

1 year later I was leaving the Sergeants Mess and the Mess Manager said "you're the one going to Australia" looked down at my 2 bags and a small box" and said "I guess all the rest of your stuff has gone on ahead of you?" I replied, "no, this is it", the look on her face was amazing, after 26 years of life in the RAF all I had was 2 bags of clothes and a small box!

That was my first real lesson right there, I didn't need all the material things to be happy, I had never realised it until that "stark" moment right then. More lessons were to come and very quickly.

After arriving in Wagga and settling into life, I realised that my purpose and reason for getting out of bed each day had vanished. I used to be in RAF, with a career, with a purpose, I was a Drill Sgt, but who was I now? I started to struggle to find my identity and purpose. I had a belief I could not have the same core values I had whilst serving, why? Because "I believed they belonged to the RAF" that belief didn't serve me well!

In 3 years I had burned through 4 jobs not fitting in with any of them. I struggled daily with inclusion and understanding how "civvies" functioned. My mood got darker, my Cumulative PTSD came back and I was becoming a very nasty little man. I hated the person who stared back at me in the mirror. The black dog was returning again.

Something had to change and I had to do it now. I promised myself that I was not going where I had been before. I started to

change my perspectives, my understanding, the way I thought, I got assistance and coaching. I dug deep and discovered the courage to change, because nothing around me was going to change, so I did.

The journey was long and tough, and still is. I invested heavily in myself with time and money, I got the support and training I needed to realise a long term dream of mine which was to be able to assist others through mentoring, coaching and training.

I now use my life skills, experiences, learnings, understandings and wisdom that I have gained throughout my life and training so far to help others who just like me have got themselves stuck in a rut. I do this through workshops, public speaking, 1 to 1 coaching, mentoring and training.

I work with teenagers, juvenile justice inmates, ex-servicemen/ women, and many adults, whoever is reaching out and needs that hand up. Because we all have what it takes to be magnificent in our chosen field, but it just gets buried under a massive pile of crap called life. I help rediscover those existing skills and to learn new ones so that we can re-light the fires to make you burn bright.

I have had great success; I have re-engaged parents with their teens, helped people change careers. Individuals to rediscover themselves and their purpose again. Teams to work harmoniously together for the greater good and for couples to have a greater, deeper relationship. ■

**STEVE BARKER**

**If you are in a rut, or you know a friend who is and would like to know more, please visit my website [www.iamenoughcoaching.com](http://www.iamenoughcoaching.com) or email me [steve@iamenoughcoaching.com](mailto:steve@iamenoughcoaching.com). I would love to hear from you and chat, I may be able to offer a solution. straight away, you won't ever know unless you take action now.**



# World-first brain imaging study to understand mind blindness

To determine why some people cannot create visual images of people, places and things in their mind's eye, UNSW scientists are planning to conduct a world-first brain imaging study of people with this baffling condition, known as congenital aphantasia.

A team led by Associate Professor Joel Pearson has launched a crowd-funding campaign to raise money to carry out functional magnetic resonance imaging (fMRI) studies to try and understand the neurological basis of mental imagery.

People with and without congenital aphantasia – which has only recently been recognised as a new condition – will participate. The findings could also have implications for common mental disorders such as schizophrenia and Parkinson's disease, which are associated with disturbed mental imagery.

"Close your eyes and imagine a green apple floating in front of you," says Associate Professor Pearson, of the School of Psychology at UNSW Science.

"The small number of people who have aphantasia are often very surprised to

discover that most other people can easily do this.

"They say they have no visual experience at all. No matter how hard they try, they cannot picture an apple, or any other familiar object in their mind's eye."

Mental imagery is involved in many everyday tasks, such as remembering the past, navigating, and recognising faces, as well as in psychological treatments such as cognitive behaviour therapy.

However, little is known about the number of people with aphantasia, nor how it affects their lives, positively or negatively.

Some researchers have suggested people with aphantasia may be able to create mental images, but their problem is one of introspection, which means they cannot describe the images.

A recent study by Associate Professor Pearson and his UNSW colleague Dr Rebecca Keogh, however, suggests this is not the case and that people with the condition have no visual imagery.

"Current theories propose that when we imagine something, we try to reactivate the same pattern of activity in our brain as when we saw the image before," says Dr Keogh.

"The better we are at this, the better our visual imagery is. It may be that people with aphantasia are not able to activate these patterns enough to see mental images, or they may use a completely different network of brain activity to imagine."

The proposed fMRI study will try to uncover any structural and functional differences in the brains of people with aphantasia.

"The research could help us enrich the inner lives of people with aphantasia, enhance the visual imagery of other people, as well as have an impact on a range of disorders and treatments," says Associate Professor Pearson.

"This is the first step towards the possibility of giving aphantasics the experience of imagery."

People who think they have aphantasia and are interested in participating in the research can contact the laboratory at [aphantasia@pearsonlab.org](mailto:aphantasia@pearsonlab.org). The project is being crowd-funded on the everyday hero platform. ■

## Vitamin D no defence against dementia

New research from South Australian scientists has shown that vitamin D (also commonly known as the sunshine vitamin) is unlikely to protect individuals from multiple sclerosis, Parkinson's disease, Alzheimer's disease or other brain-related disorders.

The findings, released today in the science journal 'Nutritional Neuroscience' reported that researchers had failed to find solid clinical evidence for vitamin D as a protective neurological agent.

"Our work counters an emerging belief held in some quarters suggesting that higher levels of vitamin D can impact positively on brain health," says lead author Krystal Iacopetta, PhD candidate at the University of Adelaide.

Based on a systematic review of over 70 pre-clinical and clinical studies, Ms Iacopetta investigated the role of vitamin D across a wide range of neurodegenerative diseases.

"Past studies had found that patients with a neurodegenerative disease tended to have lower levels of vitamin D compared to healthy members of the population," she says.

"This led to the hypothesis that increasing vitamin D levels, either through more UV and sun exposure or by taking vitamin D supplements, could potentially have a

positive impact. A widely held community belief is that these supplements could reduce the risk of developing brain-related disorders or limit their progression."

"The results of our in-depth review and an analysis of all the scientific literature however, indicates that this is not the case and that there is no convincing evidence supporting vitamin D as a protective agent for the brain," she says.

Ms Iacopetta believes that the idea of vitamin D as a neuro-related protector has gained traction based on observational studies as opposed to evaluation of all the clinical evidence.

"Our analysis of methodologies, sample sizes, and effects on treatment and control groups shows that the link between vitamin D and brain disorders is likely to be associative – as opposed to a directly causal relationship," she explains.

"We could not establish a clear role for a neuroprotective benefit from vitamin D for any of the diseases we investigated."

Mark Hutchinson, Director of the ARC Centre of Excellence for Nanoscale BioPhotonics (CNBP) and Professor at the University of Adelaide worked with Ms Iacopetta on the research and findings.

"This outcome is important and is based on an extremely comprehensive

review and analysis of current data and relevant scientific publications," Professor Hutchinson says.

"We've broken a commonly held belief that vitamin D resulting from sun exposure is good for your brain."

Interestingly, Professor Hutchinson notes that there may be evidence that UV light (sun exposure) could impact the brain beneficially, in ways other than that related to levels of vitamin D.

"There are some early studies that suggest that UV exposure could have a positive impact on some neurological disorders such as multiple sclerosis," he says. "We have presented critical evidence that UV light may impact molecular processes in the brain in a manner that has absolutely nothing to do with vitamin D."

"We need to complete far more research in this area to fully understand what's happening," says Professor Hutchinson.

"It may be that sensible and safe sun exposure is good for the brain and that there are new and exciting factors at play that we have yet to identify and measure."

"Unfortunately however, it appears as if vitamin D, although essential for healthy living, is not going to be the miracle 'sunshine tablet' solution for brain-disorders that some were actively hoping for."

**Researchers involved in this systematic review are affiliated with the University of Adelaide, the University of South Australia and the ARC Centre of Excellence for Nanoscale BioPhotonics (CNBP)**



# Cognitive capacity the other side of the health coin



Geoff Rowe

## CEO, AGED AND DISABILITY ADVOCACY AUSTRALIA

Geoff's career in the human services sector spans more than 30 years, including fifteen years in senior and executive positions in the Queensland Government, and almost 20 years in the not-for-profit sector. Prior to his current role, Geoff held senior roles with the Endeavour Foundation and Cerebral Palsy League of Queensland.

Geoff was previously the community representative on the Queensland Physiotherapists Registration Board, and a Director on the Board of QCOSS. Geoff is an OPAN representative on the National Aged Care Alliance (NACA). He is also a member of the Notifications and Immediate Action Committees of the Queensland Board of the Medical Board of Australia. He has a strong interest in social justice and inclusion.

When it comes to health and wellbeing, people often associate one's health with physical activity and exercise. While this is an important aspect to consider, it only makes up half of the equation – with cognitive ability on the other side of the coin.

Discussions about cognitive health and mental capacity are often about alternatives that promise youthfulness and restore wellbeing.

As an organisation that is focussed on providing advocacy and guardianship support, we are often faced with the challenges associated with ageing Australians' deteriorating or questionable cognitive capacity and/or impaired decision-making capacity. Quite often, we are asked to assist clients with supported decision-making who are seeking help with guardianship or administrative matters.

Through this work, we've identified that a number of aged care and support workers are not familiar with – or completely trained in – supported decision making. To address this information gap, we've created Understanding Decision Making workshops to help those in the industry better understand and respond to the needs of their clients.

At ADA Australia, we are committed to re-shaping this narrative to ensure we talk about the topics that matter now, and provide the right support networks, information, and frameworks to make a real difference to someone's future. We achieve this through individual and group-based training sessions to help people understand the intricacies of guardianship and administration issues.

Our courses are designed to increase knowledge, build understanding and provide an informative overview of decision making involved in guardianship and administration matters. We are regularly praised for our training approach, course content, and relevance to workers in the aged care, disability, mental health, nursing, allied health, residential care and community sectors.

With a rapidly ageing population, we need to focus on the importance of supported decision making, to ensure those experiencing cognitive decline know what options are available to them and can access the right information. For this, we provide a suite of resources for individuals and their carers, including webinars and flyers on our website, and informative YouTube videos on our channel 'ADA Australia'. The videos simplify topics such as the 'Advance Health Directives for Mental Health' and 'How to Act Appropriately as an Attorney under an Enduring Power of Attorney' without the overly convoluted legal jargon.

## GEOFF ROWE

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**To find out more information, access the resources mentioned, and/or register for one of our Understanding Decision Making workshops, visit our website at [www.adaaustralia.com.au](http://www.adaaustralia.com.au)**

# Robe to Recovery

'Robe is a place of healing' the local Reiki therapist commented recently.





"DRIVING BACK TO ADELAIDE THE NEXT DAY  
GAVE ME SOME GOOD TIME TO REFLECT AND  
APPRECIATE WHAT I HAD JUST EXPERIENCED.

TRULY THE ACTS OF THESE COMPLETE  
STRANGERS HAVE MADE ME FEEL LIKE  
MY TIME IN THE MILITARY SERVING MY  
COUNTRY IS APPRECIATED AND I CAN BE  
A PROUD AND HEALTHY MAN. THEY ALSO  
HAVE GIVEN ME HOPE IN A WORLD THAT  
SOMETIMES ONLY SEEMS DIFFICULT.

A TOWN LIKE ROBE IS TRULY A PLACE  
WHERE MEMORIES ARE MADE."

– DION

Robe.  
A place to heal, a place to  
relax and a place to reflect.

She's right. There's something about this historic little coastal fishing village, three and a half hours drive south east of Adelaide that is good for the soul.

Well known for its beautiful beaches, eclectic shops and great café culture, flocks of tourists and holiday makers head to Robe at the height of summer.

But it's in the off season that the town shines brightest, especially for those who want to get away from the big crowds.

Veterans - some suffering from PTSD, some needing to reconnect with their spouse or family, some just needing a break from their day to day lives - are being embraced by the Robe community and given the opportunity to get away for a couple of days for a chance to re-set, refocus and reconnect.

To breathe the sea air, walk the beaches or the bush tracks in solitude. To have a beer and a chat with the locals. To go to a local fishing spot, or go surfing, bike riding or kayaking. To be included in the community who want to sincerely say 'thank you for your service to our country – your efforts are appreciated'.

They say that once discharged, veterans can sometimes slip through the cracks, leaving them to think they've been forgotten.

The Robe to Recovery program wants to change that and has already had some inspiring successes in the short time the concept has been operating. Veterans head back home after a few days in Robe, reinvigorated and with a new sense of purpose, knowing that their efforts

Some have applied for and landed a job, after having been met with dead ends, time and time again; some have reconnected with their partners after going through a particularly challenging period in their relationship; some have headed back to the city with a renewed incentive and determination to apply for that course they had been thinking about doing.

**JACQUI BATEMAN**  
FOUNDER & COORDINATOR, ROBE TO RECOVERY

[www.robetorecovery.com.au](http://www.robetorecovery.com.au)



## A legacy to be proud of

When The Kids' Cancer Project was founded in 1993, virtually no children diagnosed survived. Thanks to scientific research that figure has been turned around.

However, childhood cancer is still the leading cause of death by disease in this country. Those who do survive are guaranteed to develop at least one chronic condition resulting from their treatment.

Col Reynolds, the founder of the charity has a bold vision, and that is for 100 percent survival of children with cancer while eradicating the harmful impacts treatment can bring.

"Our goal of saving the life of every child diagnosed with cancer will be an incredible achievement," Col said. "I've been to far too many funerals where parents have had to bury children. It's not the natural order."

"Over the years countless medical professionals have told me that it doesn't have to be this way," Col said. "Science is the solution."

The only thing holding back medical discovery is funding. The type of funding bequests can provide.

While the need is urgent, science is a long game. Projects initiated in labs take years to progress to clinical trials before eventually becoming part of standard treatment.

"The long-term nature of research means a gift in a Will can make a difference beyond one's lifetime," Col said. "The legacy of saving the lives of countless children well into the future is one that I'm proud of."

**If this is a vision you also share, please consider leaving a gift by contacting [thekidscancerproject.org.au](http://thekidscancerproject.org.au) or 1800 651 158**



Leave the legacy of a cancer-free future for children

### Help discover new treatments to change the lives of children being treated for cancer.

Consider leaving a gift in your will to The Kids' Cancer Project, a charity dedicated to funding childhood cancer research.

Visit [thekidscancerproject.org.au/giftinwill](http://thekidscancerproject.org.au/giftinwill) to learn more or phone Veena Singh in confidence on 02 8394 7715.

Complete the form to learn how your will can help the littlest cancer patients.

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## Gel helps prevent cancer relapses

Forty per cent of people who have had cancer see it return within five years of tumour removal, but a gel may change that.

By rebooting the immune system, the gel purges any cancer cells left after surgery and those that have spread elsewhere.

The gel, created by Michael Goldberg of the Dana-Farber in Massachusetts and his colleagues, is placed in the cavity left when a tumour is surgically removed. It releases substances that activate white blood cells and interferon proteins that help the body defend itself against cancer.

More than 100 mice implanted with human breast cancer were given the gel after surgery. In 65 per cent of them, the gel eradicated any cancer that subsequently spread (Science Translational Medicine, dot. org/cmzqz). Only ten per cent of mice who received surgery but not the gel survived to the end of the three-month experiment.

The gel also worked in mice given skin and lung tumours, indicating that it could work for many cancers. "We hope it will be tested in patients in the not-too-distant future," says Goldberg.

[Newscientist.com/news](http://Newscientist.com/news)

## Distressed country people don't recognise mental illness

A third of country people who are suffering moderate to high psychological distress don't think they have a mental health problem.

That's the key finding of research published today in the Australian Journal of Rural Health, the National Rural Health Alliance's peer reviewed journal.

Two and a half thousand people were surveyed from across rural and remote New South Wales by researchers at the University of Newcastle and Hunter New England Mental Health.

Respondents were asked if they'd experienced any mental health problems in the past twelve months, and then they filled in a questionnaire that measures psychological distress.

472 people reported moderate to very high levels of psychological distress in the past twelve months. A third of these people did not report any mental health problems.

The survey, called "Self recognition of mental health

problems in a rural Australian sample", breaks new ground in rural mental health research. It shows that a significant portion of country people have problems identifying mental illness.

The new study said that mental illness in rural areas is often under reported because of the lack of mental health professionals working in the country.

But it noted that rural people are less likely to seek help even if services are available.

The study said "poor mental health literacy" is a critical barrier to country people getting the help they need.

It adds that country people are reluctant to acknowledge distress as a problem, and have a tendency to associate 'mental health problems' with severe disorders that might require hospitalisation.

The authors are calling for a public health campaign that specifically targets country people.



# Australia... we have a problem

Back in 2014 I stumbled upon news that we had a growing problem of homeless veterans on our great city streets and beyond. Having served in the Army and RAAF this disturbed me greatly and compelled me into action. But what could I do as a single individual?

I decided to seek out a veteran charity; and that's when I found a great bloke at Veterans360Australia doing some amazing assertive outreach. So I began running for donations and to raise awareness and tell as many Australians I could of this news. I knew it was a long shot, but damn I was going to do it anyway! Since that moment of affirmation I continue to run, and through that commitment formed friendships with other community minded people that feel the same way I do. How do we honour our fallen service members twice a year meanwhile right there amongst us their brothers and sisters who stood for the very same thing, are alive but lost somewhere in their own battles living on the streets in cars or caves? And forgotten.

The numbers are estimated at 3000 or classified as homeless by the Australian Bureau of Statistics (Thomas Goodall & Associates Report, 2009) but no one seems to agree on the exact numbers!...I mean how could we really know. One is too many!

How can we help as individuals? We need to connect our communities and it needs to be consistent.

- Donate to charities who's sole purpose is to serve veterans, time money or a skill.
- Reach out to veterans start with a thanks.
- Inclusion in groups.
- Talk, listen and learn some veterans like to share their amazing stories.
- Encourage politicians and key people to focus on this issue to find solutions.
- Discuss with RSL's especially on key dates such as ANZAC and Remembrance Day. There's amazing people wanting to help but simply don't know where to start and may feel far removed from the issue.
- Community groups can send letters and care packages to serving members in the Middle East.
- Fund Raising brings about wonderful community spirit.
- Employ veterans if you are in the position.
- If you are a serving member or have served... call a mate ask them if they are ok.

LEAH LAWLER  
AMBASSADOR V360A

[www.v360.org.au](http://www.v360.org.au)  
[www.foodbank.org.au](http://www.foodbank.org.au)  
[www.soldieron.org.au](http://www.soldieron.org.au)  
[www.matildapoppy.com](http://www.matildapoppy.com) (Supports  
veteran organisations by donating money)  
[www.rslwa.org.au](http://www.rslwa.org.au)  
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