Chapter I

It was a sleepless night for Ian Scott. He tossed and turned; he sat up and he lay down again; he sighed; he got up and he went back to bed. His mind was in turmoil as it attempted, with scant success, to grapple with the immensity of a new and unwelcome problem. Every now and then he tried to dismiss from his troubled mind the disturbing knowledge, of which, only a few hours earlier, he had become aware; vainly trying to convince himself that it was not his problem and that there was nothing he could do about it; but it refused to go away.

Beside him his wife, Joyce, trying unsuccessfully to sleep, finally sat up in exasperation.

"Ian!" she said, "what on earth is the matter?"

He told her.

Earlier that evening, they had heard, on a Melbourne broadcasting station, the Rev. Alex Kenworthy interviewing Professor Alan Williams, a well-known researcher and Chief Pathologist at Melbourne's Royal Children's Hospital who had been a speaker at the ANZAAS Conference held in Brisbane. His own distress and frustration had been evident as he repeated to his radio listeners what he had been telling his medical colleagues at ANZAAS about that dreaded phenomenon known as "Cot Death" or "Sudden Infant Death Syndrome" which, without warning, was snatching away the lives of babies in their first (and only) year. Their tragic loss was needless, he said, because, although the cause or causes of cot death were still unknown, those medical scientists who were willing and well qualified to carry out the desperately-needed research, which

almost certainly could find the means of saving many of these infants, were unable to do so for one reason only: there were not enough research funds available.

Alan Williams had gone on to deplore the shortage of funds for all medical research. Australia, he said — this rich and fortunate nation which had contributed so much to the sum total of human welfare — had brought distinction upon itself by being placed *third last* in the whole wide world in its allocation of medical research funds; far below some of the world's poorest.

Cot death, he went on to explain, affected not only the bereaved parents and siblings, but also the whole extended family and, because the causes were still unknown, it was all too often assumed that someone must be at fault. Then, as blame was levelled by the ignorant against the innocent, families were split asunder and many marriages collapsed under the strain; and the other children of the broken families suffered the consequences.

This was the cause of Ian Scott's mental anguish.

At 5.45 a.m. he got up and made himself a cup of tea. Joyce joined him.

"I must do something about this," he said; "I *know* I must do something! But *what*?"

What could a country bank manager do to persuade governments or corporations to provide more research funds? Corporations would expect to see their investment return profits. Politicians would want a guarantee of votes. As the new day dawned, Ian and Joyce talked and considered ideas (most of them wildly impractical) for more than an hour.

"Surely," said Joyce finally, "some of your contacts in Rotary could help."

Ian fell silent for a full minute. Then . . .

"Rotary!" he said. "That's *it*! Not Rotary contacts

but Rotary itself. Rotary could do it. Rotary has the people and the resources; all I have to do is convince them. I'll put it to the club." Then, encouraged by the thought that he just might be able to do something after all, he went off to work.

When he returned home that evening he was as happy as a sandboy.

"Well," he announced cheerfully, "I've had a very busy day; but I haven't done much for the bank."

"What *have* you been doing?" asked Joyce, wondering that so conscientious a person could be guilty of so serious a dereliction of duty as would move him to make such an admission.

"This!" he said triumphantly, taking a manila folder from his briefcase and displaying it with some satisfaction. It was a draft submission for the Rotary Club of Mornington: a plan for a Rotary-sponsored, nation-wide research fund, beginning in the club, extending to the district and finally inviting the participation of every Rotary club in Australia.

What was it to be called? The Rotary Australia Foundation to Encourage Research — RAFTER.

At the next meeting of the Rotary Club of Mornington, Ian Scott spoke briefly about the tragedy of cot death and the need for research, suggesting that Rotary should do something about it; but he did not then present his plan. It needed study. It needed refinement. It needed detail. He needed to be quite sure of his facts. But the seed had been sown in the minds of some concerned people. Members started to talk about cot death research.

At the meeting of the club on Wednesday, June 17, 1981, having already gained the approval and support of the president, Jan Cover, and having gained the advanced approval of the president elect, Don Gordon (who had been attending the Rotary

International Convention and was still in Brazil), Ian repeated the story of Alan Williams and his efforts to find the causes of cot death. He described the agony of the bereaved families and the tragic consequences for so many of them. He told his fellow members about the desperate need for research funds. They heard him in silence; but some of them were visibly moved, for he was an effective speaker with a talent for communicating ideas, appealing to both emotion and intellect. He reminded them of Rotary's service commitment: of each club's obligation to identify urgent community needs and then, where possible, by mobilising the resources of Rotary and the community, to meet them.

Then, having promised that what he was about to propose was "exciting, frightening, demanding and fulfilling" he dropped his bombshell. He proposed that the Rotary Club of Mornington establish a research foundation with a corpus of $2,000,000 to provide essential funds for health research, with the initial grants to be allocated for research into cot death. And before anyone could suggest that this was an impossible dream and that a target of $2 million was totally unrealistic for a small club, he outlined his detailed operational plan, showing exactly how it could be achieved. [*The full text of Ian Scott's address to the Rotary Club of Mornington appears in Appendix IV.*]

Any audacious plan, especially if it departs from traditional and well-tried procedures, is almost certain to be opposed; and the plan proposed by Ian Scott was no exception. It *would* be opposed, in due course, at district and national level, by those ever-present, self-appointed authorities who are ever ready to tell us what can't be done and why it can't be done and why it shouldn't be done; but if there

were any of that persuasion in the Rotary Club of Mornington they were strangely silent or very fortunately absent on that evening. The members, it seems, were instant enthusiasts and resolved to adopt the proposal in principle, subject to the approval of the club board, and to make an immediate offer to raise $10,000 as an initial contribution.

At the conclusion of the meeting a quiet little waitress, who had heard Ian's talk as she served at the tables, timidly approached him. She was vainly trying to fight back her tears.

"I lost a baby from cot-death," she said, in little more than a whisper. "What you are doing is wonderful. Please tell me if there's anything I can do to help."

One week later, on June 24, at the last meeting in the Rotary year 1980-81, the club appointed a RAFTER Committee, with Ian Scott as chairman, George Allsop as secretary, Steve Bardsley as treasurer and President Elect Don Gordon, Charles Arter, Ken Gregory as members. Also appointed was a panel of speakers to address the clubs in what was then District 982: Ian Scott, Dr Charles Arter, Jan Cover, Leigh Cook, Bill Farrell, Ted Moore, Ern Gauhl and the two past district governors: Keith Norman and George Allsop.

Only four days after this, on June 28, on behalf of the Rotary Club of Mornington and with the support of both the incumbent and incoming governors, Harry Oakes and Ken Oldmeadow, Ian Scott presented his proposal to establish a health research fund to the incoming club officers at the District 982 (now 9820) Assembly at Phillip Island.

It would be not entirely truthful to say that there was not a dissenting voice, but there were so few and

so muted that they were quite overwhelmed by those in support; especially when it was demonstrated that club autonomy could not be at risk by adoption of the plan. Even those who had grave doubts about the wisdom of entering into this commitment were comforted by the thought that, after all, this was to be a "one-off" fund-raising effort with $2 million as the target. Therefore, they reasoned, the sooner they raised the money, the sooner they could forget about it and get on with other activities.

The first step, in the long road to authorisation by the Rotary International Board and wide acceptance by Australian Rotary clubs of a multi-district project, is usually to form a steering committee.

Ian Scott had thought about this carefully; and he knew well the person whom he wanted to lead the team: a successful businessman, a dynamic and inspirational leader, an enthusiast, a committed Rotarian who had served his own club and district with distinction and had already served Rotary International in the office of vice president: Royce Abbey of the Rotary Club of Essendon.

Someone else suggested (Sir) Clem Renouf, on the assumption that a former president of Rotary International — especially one who had already shaken the very foundations of the movement with his introduction of the 3-H program — would have more influence than any other Australian Rotarian; but, when approached, Clem, still serving as a director of The Rotary Foundation, declined the honour and immediately recommended Royce Abbey. So, in September, 1981, Royce Abbey received a "deputation" in the persons of Ken Oldmeadow, Ian Scott, Keith Norman, Harry Oakes and Don Gordon who invited him to select and chair a steering committee.

"Faced by a district governor, two past governors, a club president and the initiator of the project, how could I decline?" said Royce. He accepted.

The next formal step was a motion for acceptance in principle of a multi-district project at the 1981 Australian Rotary Institute, the annual meeting of past, incumbent and incoming officers of Rotary International. It was accordingly moved by District 982 Governor Ken Oldmeadow and, again with some reservations expressed by a few past governors and the inevitable gloomy predictions of certain failure, was adopted, with implied endorsement of the appointment of a working party.

Steering committee

The steering committee (sometimes also known as the "working party") was duly selected and convened for its historic first meeting at the Naval and Military Club in Melbourne on February 4, 1982. The members were Royce Abbey (R.I. past vice president), Geoff Betts, Les Whitcroft and Harry Oakes (past governors respectively of Districts 978, 968 and 982), Don Gordon (president of the Rotary Club of Mornington) and Ian Scott.

The name originally proposed had been abandoned because of possible confusion between a "Rotary Australia Foundation to Encourage Research" and The Rotary Foundation of Rotary International. The name now adopted was The Australian Rotary Health Research Fund. Ian Scott accepted that the loss of an acronym was a small price to pay for the future success of the enterprise.

The members at that first meeting of the steering committee completed a prodigious amount of work. It was confirmed that the Rotary Club of Mornington had allocated $5,000 for initial expenses, had

pledged $10,000 in the first year and hoped to add a similar sum in the next year. It was also recorded that clubs in District 982 had so far promised $45,600 and expected to contribute $100,000 within two years. The committee discussed tax deductibility and decided to make early application to the Commisioner for Taxation; considered a draft Memorandum and Articles of Association; made detailed plans for immediate Australia-wide promotion of ARHRF, initially through district conferences and assemblies; decided to call for nominations of well known and highly regarded medically-qualified persons (not necessarily Rotarians) to serve as members of a "medical panel", which would be appointed to advise on appropriate future research grants; but the committee still confirmed that the initial grants would be for research into cot death.

The committee also recorded its thanks to Ian Scott for initiating the project and its congratulations on his detailed operational planning.

There followed a series of meetings with Professor Alan Williams and discussions of the proposal to fund research into cot death. Royce Abbey remembers Alan Williams as a compassionate man whose concern for vulnerable babies and for the families of the tiny victims of this stealthy killer was obviously genuine.

At the second meeting of the steering committee it was revealed that some district conference programs had been so far advanced that it had not been possible to include a segment to promote ARHRF; but material was made available to all districts in the hope that incoming club officers, particularly presidents and community service directors, could be fully informed at their forthcoming district assemblies. To ensure that ARHRF would be mentioned at

some conferences, sympathetic personal representatives of the Rotary International president were asked to exceed their brief by sneakily incorporating the subject into one of their addresses. One of those who agreed to do so was Bob Camm of Toowoomba, Queensland, who was representing the president at District 968 in metropolitan Sydney. Thus the recommendation to support Rotary's new Australian health research fund was subtly introduced with what appeared to be the full authority of the hierarchy.

By the time the District 982 Conference was held in Albury on March 13, 1982, after the steady work of the RAFTER committee, the enthusiastic advocacy of the speakers' panel in addressing clubs and the preliminary work of the steering committee, the concept had been so well accepted in the "home" district that Don Gordon, in his address to the members, was not required to "sell" the idea but merely to report progress and to appeal for continued support, which he did most convincingly.

Royce Abbey had asked every district governor in Australia to appoint a district co-ordinator for ARHRF and the committee decided to prepare a simple brochure for distribution to all district governors and all Rotary, Rotaract and Inner Wheel clubs.

The number of enquiries indicated that interest in the project was growing; but at the August meeting it was decided that promotion should be suspended until Rotary International Board approval of the ARHRF as a multi-district project had been granted. A mild note of impatience then appears in the minutes of the October meeting when it was resolved that "having met all the requirements of R.I. . . . this committee should proceed with promotion . . . in anticipation of formal board approval."

Plans for Australia-wide district publicity were still

put on hold pending R.I. Board approval; but a special presentation was planned for the Australian Rotary Institute to be held in Brisbane in January, 1983; and, at the same gathering, Chairman Royce Abbey would be able to urge support for ARHRF to a captive audience of incoming district governors.

In the meantime the finishing touches were being put on the proposed Memorandum and Articles of Association; and senior public servants in the office of the Taxation Commissioner were being badgered by weekly reminder calls for a determination of the request for tax exemption on donations to the Fund; and, recognising the advantage of having a "friend at court" and being familiar with the mysterious workings of the "system", Royce made personal representations to the incumbent R.I. Director from this region, Glen Kinross, with the desired results. (Glen's spectacular Rotary career was to reach its zenith in his year of service as president of Rotary International in 1997-98.)

A report and promotion of the Australian Rotary Health Research Fund was ably presented to the Australian Rotary Institute in Brisbane in January, 1983 by Ken Campbell. The January meeting of the committee was held during that Institute at which it was reported that the Memorandum and Articles had been lodged. Jack Olsson of Canberra was invited to be honorary treasurer and Geoff Stevens of Melbourne was appointed honorary secretary of the Fund. Also appointed were Frank McDonald of N.S.W. and State Co-ordinators Ken Campbell (Queensland), Mike Zantiotis (New South Wales), Keppel Turnour (Victoria), Fred Stewart (South Australia), Bill Bale (Tasmania) and Ron Sloan (Western Australia) with Bill Thornton as his deputy.

These newly-commissioned, enthusiastic co-ordi-

nators, all past district governors, began their work of promotion immediately and, within weeks, were able to report a positive response from Rotary clubs in all states, many of which launched immediately into fund-raising activities for the Fund.

One example of early enthusiasm was shown by the Mornington club's neighbouring Rotary Club of Frankston, which made an initial gift of $2,500 and followed this with the raffle of a mobile "handyman" workshop which yielded a further $25,000, bringing the total contributions at that time to $135,000. Frankston club members reported that, during the ticket-selling, public support for the cause was very evident.

With all formalities completed, the steering committee held its final meeting on February 7, 1983, after just one year of deliberations, planning and execution. Royce Abbey agreed to attend a meeting of the Rotary Club of Mornington "to convey thanks for the painstaking and persistent work put in by its leaders and their colleagues which had resulted in the development . . . and the considerable task of building up the momentum to achieve the progress to date". Then, after agreeing to the time and venue of the first meeting of the board of directors of the newly-formed company, the steering committee voted itself out of existence.

The Australian Rotary Health Research Fund was "up and running".

Recalling those early days, Royce Abbey said that the entire and generous support of the Mornington Rotarians, especially the RAFTER committee and the speakers' panel had been vital to the success of the enterprise.

"I'm delighted to know that Ian Scott's initiative

and continuing contribution has been appropriately recognised; but the loyal support, the enthusiasm and the hard work of that club should never be forgotten; particularly the total dedication of Don Gordon, who was club president when the project began and acted as secretary of the steering committee for the whole of its existence. Don carried out his duties efficiently and cheerfully and enthusiastically; and his personal contribution, in time and energy and ideas, was enormous. Another whose most important work should be acknowledged was Phil McCullough, honorary legal advisor who, over a period of many months, prepared, revised, refined and finally presented the Memorandum and Articles of Association for adoption."

Royce also paid warm tribute to his other fellow-members of the steering committee, all of whom, he said, had worked assiduously and enthusiastically to bring the Australian Rotary Health Fund into formal existence.

Chapter II

Under the Articles of Association of the Australian Rotary Health Research Fund, the directors are elected by the members. An individual member must be a member of a Rotary club in Australia. For the privilege of membership, a Rotarian is required to pay a $50 entrance fee and a $10 a year subscription. All Australian Rotary districts are corporate members, represented by their own nominees, usually the Rotary district ARHRF chairmen.

The foundation members and directors of the Australian Rotary Health Research Fund were the subscribers to the Memorandum and Articles of Association: Royce Abbey (chairman), Geoff Stevens (hon. secretary), Jack Olsson (hon. treasurer), Ian Scott, Geoff Betts, Don Gordon, Harry Oakes, and Keppel Turnour. The first meeting was held in Melbourne on March 15, 1983, at which formalities were completed and the Common Seal adopted.

The work of the directors would be henceforth divided into three parts.

The first was the day-to-day dull, routine but essential work of any responsible board of directors; except that it was probably more demanding because of the nature of the Fund as a Rotary-sponsored charitable trust and the expectation of accountability and total transparency of all its affairs.

The second was the creative and exciting work of promotion and expansion; of devising an effective and ongoing public relations program; and of developing novel fund-raising schemes.

The third was the work associated with the Fund's

reason for being: the responsible allocation of funds to those areas of health research which were seen to be in the greatest need but with good prospects of successful and valuable outcomes of practical benefit to society; for, desirable as it may be to carry out pure research in pursuit of knowledge for its own sake, the ARHRF cannot indulge itself in the luxury of sponsoring such esoteric investigation. In the vital task of choosing the research projects to be funded, the contribution of a competent, independent and impartial research committee, made up of highly-qualified and well-respected health specialists was essential.

The important "i" dotting, "t" crossing accounting, legal and organisational functions were quickly delegated to Secretary Geoff Stevens, Treasurer Jack Olsson and Vice Chairman Geoff Betts.

"They laid the foundations on which the whole structure was built," said Royce Abbey. 'Their work, their expertise and their attention to detail were invaluable."

Promotion and publicity were to be handled initially by Geoff Betts and Les Whitcroft. Geoff had already anticipated the need for immediate action by preparing speakers' notes for distribution to state co-ordinators and district ARHRF chairmen. The effectiveness of this campaign was amply demonstrated by the number of Rotary clubs that agreed to support the Fund.

The district and state co-ordinators, at this time, were tireless in their efforts to bring the work of the Fund to the notice of Rotarians. Their constant attention to this task was reinforced by district governors, who seem seldom to have missed an opportunity to encourage support of the Australian Rotary Health Research Fund.

For their partiality the governors were not totally free of criticism; because there remained those in the Rotary family who still did not favour this activity, for a number of reasons, and were quick to question the propriety of the governors' support, as officers of Rotary International, of a purely national multi-district project, probably at the expense of their support for R.I. programs, particularly The Rotary Foundation. These were usually the same unhappy souls who had most vocally opposed 3H — and every other innovation in Rotary. Happily, as time was to show, district governors found no difficulty in promoting both; and club contributions to The Rotary Foundation and its programs (including Polio-Plus, which was to occupy so much time in the ensuing years) were in no way jeopardised by their enthusiastic support of ARHRF.

In July, 1983, Royce Abbey announced that donations to the Fund had reached $250,000.

"At the last count," he said, "more than 250 clubs and individuals have donated sums ranging from a few dollars to $25,000."

It is interesting that the report coincided with a statement that the Australian Rotary Institute in 1981, ". . .spurred on by the success of the 3H program, an international program that was succeeding with club support and which had in no way diminished traditional club autonomy. . . had appointed a steering committee to investigate the feasibility of a project of national significance to which all Rotary clubs could be invited to contribute" and that ". . . the project chosen for study was one already initiated by the Rotary Club of Mornington, a research fund for the investigation of Sudden Infant Death Syndrome . . ."

In January, 1984, Royce Abbey was able to report

that donations from Rotary, Rotaract and Inner Wheel clubs and from individuals now totalled $320,000.

"Wherever we have been able to get informed board members, zone and district co-ordinators as guest speakers at club meetings we have had a good response," he said, urging Institute members to encourage all clubs in their districts to arrange programs in which health research could be discussed.

One of the many responses to the promotion came from the newly-formed Rotary Club of Hyde Park, South Australia, which raised $2,000 at an antique fair. Special guests who were happy to support the appeal were the parents of a baby girl who had miraculously survived attacks of a condition which, had it not been for their awareness of the symptoms, would have resulted in her death.

In the meantime, as the field work continued and the corpus of the Fund was steadily growing, those other workers were not being idle. Plans were still being made for bigger and better fund-raising and publicity campaigns; an embryonic "secretariat" had been established in Geoff Betts' office in Geelong and the "finance" office, to receive and process donations, was in Jack Olsson's Canberra office; and members of a research committee had been carefully selected.

The members of the first Australian Rotary Health Research Fund Research Committee were Professor Alan Williams (chairman, Vic.), Dr John Harley and Dr E. Owen (NSW), Dr Glen Buchanan and Dr John Tonge (Qld), Dr R. Carter (SA) and Dr B. Kakulas (WA). Non-medical members representing the ARHRF board were Chairman Royce Abbey and Vice Chairman Geoff Betts.

It had been decided, from the beginning, that the

first research grants would be for investigation into cot death and that applications would be invited from researchers in this field; but it was important that as much information as possible about existing research findings be gathered. To this end it was proposed that a conference be held in Canberra, to which world authorities on cot death would be invited. Meanwhile one world authority, Professor John Emery from the University of Sheffield, was invited to lecture on tour in Australia, during which he described past research projects and indicated that all findings so far suggested that there were multiple causes.

The first symposium — a colloquium

The first of the conferences (later to be referred to as "symposia") mounted and financed by ARHRF, was under the leadership of Research Committee Chairman Professor Alan Williams and was logistically organised most expertly by Jack Olsson and a small ACT committee. It was held at the Australian National University in Canberra from February 8 to 10, 1985, and was voted an outstanding success, bringing together some of the world's eminent researchers into Sudden Infant Death Syndrome, or "SIDS", the name by which this tragic phenomenon was known to the medical profession. Geoff Betts described his initial reactions:

"As I walked into the long common room at University House it became apparent why Alan Williams referred to this gathering as a 'colloquium'," he said. "Obviously I was at a 'Claytons' conference; you know, the conference you have when you are not having a conference: no platform, no podium, no lectern, no top table for V.I.Ps., no formal speakers lecturing their audience — no audience! Instead I

found 35 or so men and women, quite young to not-so-young, seated around a hollow square of tables with plenty of microphones to record every comment.

"There was an air of intense interest and complete concentration, all making the most of this opportunity. They were there to hear and to be heard; to contribute something new and to learn first hand about current cot-death research from all around the world."

In his special address to the gathering the Governor General, Sir Ninian Stephen, said that SIDS or "cot-death" was a most appropriate opening project for the Australian Rotary Health Research Fund. He suggested that a simple if dramatic way to appreciate the advance of medical science was to ask oneself how to-day's parents would react to a health scene in which more than 10 percent of babies died within a year of birth. That, he said, was the situation that existed just over 80 years ago, pointing out that cot-death had been long with us but had been only internationally recognised and studied in recent times.

"For every thousand live births around the world," Sir Ninian said, "it is estimated that sudden infant death syndrome claims the lives of two infants, many in their third or fourth month of life. As a single cause of death between one month and one year of age, the syndrome is highly significant, accounting for more than half the deaths in that age group."

Guest speaker at the opening was Dr John Iredale Tonge, introduced by Research Committee Chairman Alan Williams as a distinguished Australian pathologist and former Queensland Director of Forensic Science, who said that, because of "the overwhelming need for research funds in all fields of medicine, the establishment of the Australian Rotary Health

Research Fund could not be more timely." He was highly critical of Australia's apathy towards medical research, pointing out that Australia's health bill was approximately $600 per head of population but that we spent only $2.20 on research. He also strongly supported research into cot-death as the initial ARHRF project.

Among the distinguished overseas participants in the colloquium were Professor Julius Goldberg of Loyola University in U.S.A.; Professor Hamish Simpson of the University of Leicester, U.K.; Professor Ronald Harper, University of California, U.S.A.; Professor Ronald Peterson of the University of Washington, U.S.A.; and Professor John Emery of Sheffield, U.K.

Commenting on the colloquium later, Geoff Betts described the many contributions of the various local and overseas participants from a large variety of disciplines.

"However," he said, "the greatest benefit was the cross-fertilisation of minds already trained in their individual aspects of the problem. This was greatly assisted by the 'lateral' thinkers and plain 'stirrers' who made each participant defend his thesis and try to place his knowledge into the overall pattern."

In a comprehensive review of the conference six months later (published in *Rotary Down Under* in October, 1985), Alan Williams concluded by saying:

"The conference, it was agreed, had been a landmark in the history of cot-death research in Australia and would provide the stimulus for effective progress.

"Speaking as the organiser of the conference, I can only say that, in my opinion, the work of many of the participants will be stimulated by this conference, while for others, including the overseas participants, new perspectives have been given that undoubtedly

will alter the direction of their research."

The colloquium in Canberra provided the final vital and detailed information required by the board and research committee. Now they could make informed decisions and plans for the future.

The Australian Rotary Health Research Fund was ready for action.

Chapter III

In 1985, after careful study of its finances and guided by Treasurer Jack Olsson, the board made its decision. Only four years after the Australian Rotary Health Research Fund had been established with nothing more substantial than an idea in the mind of Ian Scott and a pledge of $10,000 from the Rotary Club of Mornington, the board was able to announce the allocation of its first financial grants of up to $100,000 for research into Sudden Infant Death Syndrome. Applications were invited and were received from all states in Australia. They were referred to the research committee for evaluation and recommendation.

The first research grants

The research committee was asked to consider 19 applications for research grants; and Geoff Betts, who was one of the non-medical members, recalls their deliberations:

"The applications had been in the hands of the committee for some weeks for evaluation; and additional comments had been received from referees of the highest standing. Each application was subjected to intensive discussion and review, led by a medical member who had special knowledge in that specific field.

"It soon became apparent that one significant and all-embracing project was not the way we would go. Cot death research was obviously as diverse as the individuals who had made it their professional study; as fragmented as the world-wide centres in which studies take place. Here was a complicated task of

following up what seemed to be unrelated clues, any of which *may*, with further study, unlock the secrets of cot death."

As Geoff indicated, the task of the research committee was far from easy. The members carefully considered each application and, with extreme reluctance, rejected many, not because the work the applicants were doing or proposed to do was unimportant but for other reasons: one had been attempted before, another did not meet the funding criteria, yet another did not provide a satisfactory reason for identifying the proposed field of study as being relevant. Finally six projects were selected as being the most worthy of support.

"The question then," said Geoff, "was how to recommend them all and still stay within the Board allocation of $100,000."

Happily for the committee, one project, which would have required longer term funding to be of real value, could be given initial support because an Apex fund had undertaken to provide the balance.

The application from Professor Terry Dwyer for support of long-term investigation into cot death in Tasmania was particularly appealing. It was concluded that, if his preparatory work led to positive evaluation of the entire project, further support could be given so that the dream of a major significant project might be still realised.

The six applications recommended by the committee were approved by the board and work began. Thus the first researchers whose projects were financed by the ARHRF were: Professor Terry Dwyer, University of Tasmania ($11,637); Dr Chin Moi Chow, Cumberland College of Health Science, N.S.W. ($18,314); Dr R. Harding, Monash University, Vic. ($17,471); Dr D. Henderson-Smart, King George

V Hospital, Sydney, N.S.W. ($15,170); Dr S. Tzipori, Royal Children's Hospital, Melbourne, Vic. ($17,960); and Dr J C Vance, University of Queensland ($20,000). A total allocation of $100,552.

The wide range of research areas included the matching of SIDS statistical birth data with control data; a study of pulmonary changes; response of certain infants to nasal obstruction; abnormal breathing, resulting from possible faulty maturation of the brain causing lowering of oxygen; toxins elaborated by certain bacterial infections; and the important study of psychological processes in families following loss of an infant.

One researcher, the young and diminutive Dr Chin Moi Chow, who was studying the connection of pulmonary changes to cot death, would use her grant to buy essential equipment for a new research laboratory. Each of the other recipients of grants would make equally good use of the funds.

The board predicted that the initial target of $2 million would be reached in the next year which would make it possible to consider a substantial increase in the 1987 grants allocations; and also that it may be possible to widen the area of research without in any way lessening the Fund's involvement with cot death research over a three year period.

In the midst of all the exacting work and excitement of allocating research funds for the very first time, thus making history for the Fund and for Rotary in Australia, those responsible for the day-to-day administration — the computing, the typing, the record-keeping, the correspondence, the filing, the photo-copying, the printing, the distributing, the accounting and all the other essential if unglamorous jobs associated with any organisation — were going

about their tasks quietly and efficiently. And those responsible for promotion and fund-raising were being equally diligent.

Early minutes of the board record the decision to make an all-out effort to include what has become known as "the corporate sector" in the list of potential benefactors; and it must be said that the members were quite shameless in their approaches to their own business and Rotary associates and personal friends in their quest for funds. An example of their success was reported in *Rotary Down Under*, in July, 1985. At a special function Russell Rechner, a member of the Rotary Club of Melbourne and a director of the Myer Emporium, presented a cheque for $5,000 to ARHRF Vice Chairman Geoff Betts (who just happens to be a former director of Myer); Ray Forrest, also a Rotary Club of Melbourne member and charter president of the Rotary Club of St Georges, W.A., general manager for Victoria and Tasmania of the National Australia Bank, presented a cheque for $3,000 (the first of five annual donations) to Ian Scott, the initiator of the Fund, who, by a strange co-incidence, was an officer of the same bank. Other donors at the same dinner were the Rural and Industries Bank of Western Australia, Bowater Scott, B. Seppelt & Sons Ltd., National Panasonic Australia, Sandoz Pty. Ltd., Gilbarco (Aust) Ltd., Australian General Electric Sales Ltd., W.C.S. Thomas Charitable Trust and the Percy Baxter Trust. One need not look very far to find some Rotary association with each of these generous donors.

Clubs were urged to seek support from businesses in their own communities, using a useful "package" prepared by ARHRF and available through their district chairmen. One of the first to respond was the

Rotary Club of Ryde, N.S.W., which formed an enthusiastic committee led by its president, Barry Dennewald, to canvass all the businesses in the area, with extraordinary success. Many more clubs used the same method with equally good results. As someone remarked at the time: "All you need is the time, the commitment and the hide."

Meanwhile other novel fund-raising schemes were being dreamed up by imaginative Rotarians. Board member Les Whitcroft reported on some of them:

Len Parkin, a one-legged Rotarian of Ryde, raised more than $1,600 selling aluminium cans for recycling, personally collecting, crushing and bagging them in 600 plastic bags.

Ern Gould, a past president of the Rotary Club of Cobram, Vic., used his interest in training sheep dogs to raise $1,000, spending six months training four dogs obtained as pups aged six weeks. He sold them as fully-trained working sheep dogs.

The Rotary Club of Perth raised more than $5,000 at a celebrity concert, featuring some of Australia's most talented artists, at the Perth Entertainment Centre.

In Heidelberg North, Vic., 570 very successful businessmen parted with more than $5,000 to hear Bob Ansett talk about marketing at a businessmen's breakfast.

Pat Young of Taree, N.S.W. and her husband, Bob, who was District 965 governor at the time, assembled a recipe book containing 450 favourite recipes of well known Rotarians and their spouses. Bob challenged the district to sell 5,000 copies and the Rotarians responded by selling the lot, adding $30,000 to the ARHRF corpus.

The International Golfing Fellowship of Rotarians in Australia contributed $1,000, the proceeds of its

seventh golfing championship held at Orange, N.S.W.

A giant Easter egg, two metres high, was raffled by the Rotary Club of Brisbane Mid-City, Qld., yielding $500.

These and many other activities of Rotary clubs, large and small, steadily built the corpus of the Fund, enabling the research work to continue with the objective, in those earliest years, of finding the cause or causes of cot death and saving the lives of babies.

Chapter IV

In the next few years the board had to cope with the loss of some of its valued members. Les Whitcroft resigned to take on the heavy responsibility of co-ordinating Australia's participation in the world-wide Polio-Plus appeal, aimed at ridding the world of the scourge of poliomyelitis forever. Royce Abbey had been elected to the presidency of Rotary International for the year 1988-89 and his services were required in Evanston as president-elect during 1987-88. Sir Clem Renouf found it necessary to withdraw because of other Rotary commitments. Don Gordon, who had worked tirelessly from the very beginning of the Fund's existence, also had been called to other duties. Nevertheless, there were willing workers to step into their shoes and serve with equal distinction in future years. Geoff Betts, a foundation member and vice chairman of the board, who had worked assiduously in the areas of administration, public relations, promotion and fund-raising, and as a board representative on the research committee, accepted the chairmanship.

Before he surrendered the chair at the end of 1987, Royce Abbey had been able to report that the goal of $2 million was in sight and certainly would be achieved within weeks; that research into SIDS was well advanced, particularly with Professor Terry Dwyer's work in Tasmania, and that the second conference (now styled a symposium) sponsored by the Fund had been successfully held.

The second symposium

Muscular Dystrophy and Related Diseases was the

subject of the second international conference convened by the Australian Rotary Health Research Fund. It was held in Sydney in November, 1986. Rotarian Byron Kakulas, Professor of Neuropathology at the University of Western Australia and a member of the ARHRF Research Committee was convener. He gathered 40 leading Australian and New Zealand researchers to discuss neuromuscular disorders with three authorities from U.S.A. and U.K.: Professor Allen Roses of Durham, North Carolina; Professor Milan Dimitrijevic of Houston, Texas; and Professor John Morgan-Hughes from London.

Allen Roses of Duke University, a biochemist and clinical neurologist, was one of the foremost authorities on molecular genetics and was able to apply the most recent discoveries in DNA technology to the problem of muscular dystrophy. He had contributed significantly to the recent dramatic discoveries concerning the muscular dystrophy gene.

Milan Demitrijevic, Professor of Neurology and Neurophysiology at Texas Institute for Rehabilitation Research, University of Texas, was identified as the leading proponent of restorative neurology who had already done outstanding work as head of a large international research program.

John Morgan-Hughes, consultant neurologist at the National Hospital for Neurological Diseases, University of London, was recognised as one of the most important contributors to recent progress in metabolic diseases of the muscle.

The expertise of the Australasian participants ranged from basic laboratory science to genetic counselling and rehabilitation. Also in attendance as observers were 10 young neurological trainees for whom the experience was particularly valuable.

It was estimated at the time that muscular

dystrophy afflicted some 50,000 Australians. The emphasis at this symposium was on those forms of the disease that occur in childhood.

The majority of the papers presented were original; reporting, for the first time, recent research progress. Reports of the then very recent advances in the molecular genetics of muscular dystrophy were a highlight of the conference. The new information brought to light was several years ahead of that available to the general medical community at the time.

As Geoff Betts commented after the symposium: “The benefits of medical scientific meetings are both direct and indirect. The direct benefits relate to discoveries in the context of cure or control of serious disorders. Indirect benefits derive from the profession being made aware of the latest advances in diagnosis and treatment, so that standards of medical practice are maintained at a high level. Both ARHRF conferences have achieved this end.

“The participants also made new friends and were able to plan future collaborative research. Many new ideas and concepts were formulated which must accelerate progress in the field.”

The world-wide dissemination of the information given at the symposium was assured by the publication of the proceedings in a major international journal.

An interesting sequel to this symposium was the decision of the Rotary clubs in Western Australia to endow a Rotary Post-Doctoral Neuromuscular Research Fellowship, to which 85 clubs contributed $114,000. The first fellowship for collaborative research with Dr Allen Roses at Duke University in USA was awarded in 1987 to Dr Rodney Scott, a young protege of Professor Byron Kakulas.

ARHRF promotion and fund-raising, of course, continued, with more original and highly imaginative schemes being recorded daily. It seemed that Rotary clubs were entering into an unofficial competition for the honour of having initiated the most unusual method of acquiring money.

As one example of their inventiveness, the enthusiastic members of the Rotary Club of Knoxfield, Vic., decided to ride bicycles to their district conference in the border city of Albury, a distance of 450 km, recruiting former world champion cyclist and some time Cabinet Minister Rotarian Sir Hubert Opperman, aged 85, as their coach for the event. The Rotary Clubs of Huntingdale and Oakleigh each contributed a member to provide a team of nine cyclists and three support drivers. Clubs along the way were encouraged to stage activities in support of the marathon ride. During the six-day event the team visited 21 functions with 23 participating clubs and raised more than $33,000.

They followed up a year later by pedalling 880 km to their next conference in Canberra, raising a further $25,000. Known as the “Peddlin’ Pete” team, the Rotarians, on this occasion, were accompanied for various short and long distances by many young cyclists who enjoyed the experience immensely. So began a tradition: the annual bike-ride to the district conference, wherever it is held; and each year the cyclists await the announcement of the next year's conference venue with some anxiety, for district governors and club presidents have a bad habit of choosing locations to which their Rotarians can bring their families for a long week-end holiday; and such desirable destinations are not necessarily to be found within the district boundaries. Yes, they have cycled as far as Sydney!

Early in 1987 the board announced that a further $100,000 would be allocated for research, including an additional $67,000 to Professor Terry Dwyer’s cot death research team in Tasmania. In July of that year it was proposed that medical problems of the elderly should be the next major area of research and it was announced that the next international symposium, to be held in 1988, would focus on Alzheimer's disease.

Sudden Infant Death Syndrome

From an historical viewpoint the various areas of research into Sudden Infant Death Syndrome were the most important to be funded by the Australian Rotary Health Research Fund. The very reason for the Fund’s existence was cot death. Moreover the SIDS research grants became the testing ground for both the board of directors and the research committee. Procedures were established for the careful selection of future areas of research-funding and for the selection of projects worthy of financial support. Because this area of research proved so successful, with identifiable benefits to society at large, to countless families and, particularly, to untold thousands of as-yet-unborn babies, the reputation of ARHRF as a munificent but responsible and competent funding body with professional credentials was established; and the future support of its aims by Rotarians throughout the land could be sought with confidence.

Of the six areas of SIDS research funded by ARHRF, none has produced such important outcomes with such demonstrable benefits as that conducted by Professor Terry Dwyer in Tasmania.

Terence Dwyer, AM, was born in Sydney in 1949

and absorbed the ideals of service to society at his mother's knee. His father, John Alexander Dwyer, was a highly respected citizen whose commitment to community service was demonstrated by his active participation in charitable organisations and local government, in which he served for many years, seven of them as Shire President.

After secondary education at Caringbah High School, young Terry enrolled in Medicine at the University of New South Wales, graduating MB BS with Honours in 1971, after having spent some months of his final year as an exchange student at the Harvard University Medical School in Boston, Mass. USA. He was awarded the Gilbert Ashley Memorial Prize for the highest aggregate marks in final exams at St. George Hospital Clinical School.

Following a residency at Royal North Shore Hospital, he enrolled in the Faculty of Arts at Sydney University in 1973 to study government and philosophy while waiting to depart for U.S.A. to undertake training in epidemiology. He attended Yale University School of Medicine, graduating MPH with an epidemiolgy major. Back home, he took his MD degree from University of New South Wales in 1985.

Terry Dwyer has held a series of important appointments in notable institutions, both at home and abroad, including the University of Texas School of Public Health and Baylor College of Medicine in Houston, the CSIRO in Adelaide, Sydney University School of Public Health and Tropical Medicine, and the University of Tasmania where he has served as Dean of the Faculty of Medicine, Executive Dean of the School of Health Science, Professor of Community Health and now Director of the Menzies Centre for Population Health Research. Terry Dwyer lives in Hobart, is married and has two children, a

daughter and a son.

Former ARHRF chairman Royce Abbey said that Rotarians could count themselves fortunate to have had the opportunity to support the research of such a distinguished scientist.

"Our first research committee chairman, Alan Williams — whose appeal for help was heard by Ian Scott and began the chain of events which produced the ARHRF — immediately recognised the importance and the potential benefits of Terry Dwyer's work," he said.

Sudden Infant Death Syndrome was first formally defined in 1969 as the diagnosis when no other identifiable cause could be found for the sudden death of an infant.

The incidence of SIDS appeared to increase during the 1970's and 1980's but for most of that period its cause or causes remained a mystery. Each year in many western countries the media reported many theories about its cause, some of which seemed credible, others incredible but all highly speculative. Pathological examination of deceased infants and physiological studies using animal models were the source of evidence used to support many of these theories.

Because he became interested in the prevention of disease quite early in his career, Professor Dwyer chose to work in the field of epidemiology. This is the branch of medical research that studies the occurrence of disease in humans and tries to find out what differentiates those who *do* get a disease from those who *don't*. It had been previously applied to the study of SIDS, but it had not been used as thoroughly as in studies of some other human diseases.

"When I made the decision to come to Tasmania in 1985 with the intention of setting up a research centre, I looked to see what diseases might be worthy of focus in Tasmania," said Terry Dwyer. "One that stood out as being important was Sudden Infant Death Syndrome; which, at that time, was occurring at twice the rate in Tasmania as elsewhere in the country. My interest was sparked further by the visit of Dr Neville Newman, a neonatologist from Hobart who had been working on SIDS and who visited me in Sydney prior to my departure for Tasmania. Together we decided that we would undertake epidemiological work on SIDS in Tasmania."

By this time the Australian Rotary Health Research Fund had been established and had decided that SIDS would be the major focus of its initial funding. In fact, as mentioned earlier and on several occasions, the desperate need for research into SIDS was the reason for the Fund's existence.

After reviewing the epidemiological studies that had been undertaken and the hypotheses that existed about SIDS, Terry Dwyer decided that they would undertake what was to be the world's first *prospectiv*e epidemiological study on SIDS. Previous epidemiological studies, involving data collection at any time after the babies were in hospitals, had been purely of the *retrospective* type; that is, investigators had gone out and interviewed the bereaved families and conducted measurements on these babies *after* the death of the infants.

Professor Dwyer's team was aware that there were possible problems with the recollections of families who had lost babies compared to those whose babies were still healthy. They also knew that some of the measurements needed for the research could be made only while the baby was alive and healthy.

After looking at the number of babies being born in Tasmania each year and the number dying of SIDS, they calculated that it would be just possible to conduct a study that would provide enough evidence on possible causes of SIDS using prospective measurement.

"The disadvantages of this approach are that, because only a small fraction of infants dies, many more babies have to be included in a study and measured than in the retrospective approach, where a sample of cases can be compared to a similar number of controls," Professor Dwyer explained. "Several hundred babies can be studied in a case control study, but we estimated that thousands would be needed for this prospective study.

"We determined that, because the cause of SIDS was uncertain, and there were a number of possibilities, this study must include measurements on the wellbeing of the infant at birth and after birth, nutrition, development, the nature of the baby's living environment and also the sleeping circumstances.

"This very large study was projected to be quite expensive by Australian standards and we were very fortunate that, from the beginning, the Australian Rotary Health Research Fund decided it would get behind the project and get it started. They provided the major funding for the project for its first four years, after which funding was taken over by the National Health and Medical Research Council and then the National Institutes of Health in America."

After the preliminary work had been undertaken, the first data collection began in 1987. From the early stages of the study evidence was emerging that the sleeping position of the infant may be more crucial than had been first thought by SIDS

researchers prior to the mid-80's. In 1985 a Hong Kong study reported that Chinese infants rarely died of SIDS and traditionally slept on their backs.

"By 1988 an Australian investigator, Dr Susan Beal, observed that nine case control studies to that point had found that the prone position (on the stomach) was more common among cases than controls," said Terry Dwyer. "At that time, as well as our large prospective study, there were two large case control studies being conducted in New Zealand and Avon County in England.

"In mid-1990 the Avon group reported a risk of SIDS that was eight times higher for babies on their stomach than on their back and then the New Zealand cot death group reported a risk almost six times as high in babies on their stomach as on their side or back."

Because these case control studies all relied on recollections, the possibility of what is known as "recall bias" had to be considered as an explanation. (Recall bias may occur when parents who have lost babies remember events differently from those who had not lost a child). Recall bias was thought to be particularly likely in this setting because parents, at that time, were being advised by hospital staffs to place their babies on their stomachs to avoid reflux of stomach contents, which could possibly lead to death through inhalation.

Considerable dispute arose, particularly in North America but also in the British medical journals, around the possibility that recall bias could have been responsible for the finding of a higher risk for prone infants. The only way that this could be resolved was through examining data on sleeping position collected before the baby died.

The Tasmanian cohort study, with which ARHRF

was associated, was the only study in the world that had such data and Terry Dwyer published the team's findings in May 1991 in the well-known and highly respected British medical journal, *The Lancet*. They showed that, even with measurement of infant sleeping position prospectively, the risk for prone position was increased.

"We estimated the risk to be four and a half times as high for prone infants as for babies on their side or back," Professor Dwyer recalled.

Based on all the evidence, public health authorities in a number of countries, particularly the UK, Australia and New Zealand, decided that they would mount campaigns to reduce prone sleeping position.

Parents responded by dramatically changing the position in which they placed their babies for sleep; and the death rate from SIDS fell very quickly — falling by approximately 40% in the first year of the campaign.

By the end of the 1990's the number of cot deaths in Australia had fallen from 500 per year, prior to the campaign, to just over 100 in the late 1990's. In Tasmania, where the work started, the number of deaths had averaged 27 per year prior to the campaign, and in the most recent year for which data was available there were three deaths.

"This result was a very exciting one," said Professor Dwyer. "However — not unreasonably — some sceptics suggested that factors other than sleeping position may have changed at the time of the sleeping position intervention and caused the fall in SIDS deaths.

"Because we have been able to continue our cohort study through the period of the intervention — and after it — we were able to track closely other possible causes of a decline in SIDS death; such as changes

in infection rates during winter and the campaign to ensure that mothers were given ante-natal folate supplementation."

The analysis of possible contributions of all factors showed that the overwhelming cause of the decline in deaths was the change in sleeping position and this finding was published in *JAMA* in 1995.

When asked by *The Lancet*, for inclusion in a profile article, what research event had had most effect on his work, Terry Dwyer replied: "The scientific controversy our team found ourselves embroiled in (over the prone sleeping position and SIDS findings) taught me the importance of focusing on what your data shows you and not to be swayed by an alternative view simply because it is fashionable and loudly proclaimed."

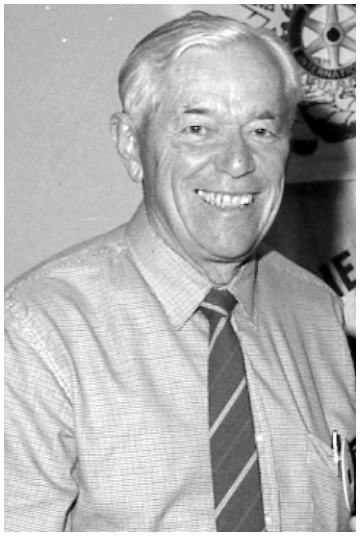
Now engaged in other research, he says that he and his team were very pleased to have played a part in this work which has had such an impact on the health of infants.

"We don't claim in this to have been the only contributors," he said, "but merely to have provided a very important piece of evidence that contributed to solving the puzzle.

"What remains in this area is to explain *why* sleeping position was part of such an important causal chain contributing to SIDS. It is clear that it is not the only link in that chain, but identifying the other links will prove difficult. Generally, in science, when epidemiological research shows such a strong causal association as this, there is the possibility of doing work in animals to further investigate the cause. In this case that will not be so easy as baby animals have very many differences from human infants with respect to their development at birth and also the nature of their sleeping environment.

"The identification of these other contributing causes is nonetheless a scientific question of great interest and importance. In the meantime however, we are able to substantially prevent approximately 80% of the cases that were occurring previously and this, in itself, is the most important outcome."

Professor Terry Dwyer



Les Whitcroft

Geoff Stevens

Chapter V

In 1988 the goal of $2 million was reached; and everyone conveniently forgot that this was to be the final achievement for the Fund: a corpus of $2 million, wisely invested to provide an annual income which would be devoted to health research. No sooner had Chairman Geoff Betts announced that the invested funds had reached that magic figure than the ARHRF board was calling upon Rotary clubs for a corpus of $5 million by 1995, $10 million by 2000 and $20 million in the early years of the 21st century. If any Rotarians did remember the original intention, they made no attempt to remind the directors or to raise any objection to the expectation of their future support. Perhaps this was a classic case of corporate amnesia; or perhaps they were too polite to refer to this memory lapse, especially with Alzheimer's disease as the focus of the next symposium.

Of course, as anyone who now reads Ian Scott's address to his club in which he launched the campaign will soon discover, he talked of $2 million as the "initial" target. It was hardly his fault if others chose to promote the fund as a "one-off" project.

To the amazement of its members, the Rotary Club of Maroubra, by making what it thought was a modest donation of $1,000, was singled out for nation-wide acclaim for raising the corpus of ARHRF to $2 million.

The board lost no opportunity to promote the Fund by publicising its aims and appealing for support through Rotary district-to-club channels, direct appeals to clubs, by presentations at conferences,

institutes and assemblies and regular articles and features in *Rotary Down Under*.

As the highly successful international Polio-Plus campaign slowly wound down, support for ARHRF within Australia escalated, with many clubs now able to devote more of their fund-raising efforts to the Fund.

The Rotary Club of Adelaide, for example, contributed more than $50,000 during 1988-89, setting a new record for a single club's support in any one year.

In Western Australia the wives of District 947 past governors relieved the boredom which would have been their inevitable lot had they attended meetings of the college of governors with their husbands, by meeting separately to make a patchwork quilt, pillow cover, three cushion covers and a doll's set. Raffled at the next district conference, the articles raised $1,000 for the Fund.

In Victoria, the "home" state of ARHRF, the clubs were determined to maintain their support for their own districts' endorsement of Mornington club's initiative. In two auctions mounted by the Rotary Clubs of Waverley and Cheltenham, with goods donated by local businesses and prizes donated by Qantas, they managed to raise $44,889.

The staff club of Star Printery Pty. Limited, in Newtown, N.S.W., which had been supporting PolioPlus, now continued its fund-raising effort for ARHRF, contributing in the next year $2,000 through the local Rotary club. This was matched, dollar-for-dollar by the company, adding $4,000 to bring the Rotary club's total contributions to $10,000. It is probably no surprise to learn that the firm's managing director at the time was Warwick Boase, a past president of the club.

An interesting fund-raising venture was devised by two young women, Diana Young and Lee Deutsher — both daughters of Rotarians — who produced a charming gift book for children, *My Adventure in the Land of Wishes, Hopes and Dreams*, which, through the miracle of laser technology, was "personalised" for each little recipient, introducing the child's own family and friends and even pets into the story.

Throughout the length and breadth of the country, Rotary clubs were taking similar action to support their own national Rotary research fund; and all available evidence suggests that they were doing so without neglecting their primary obligations to identify and meet local community needs, to promote vocational excellence and ethical practices and to advance world understanding and peace.

The third symposium

The third symposium sponsored by ARHRF was held in the Australian National University, Canberra, from October 27 to 30, 1988. The convener was Research Committee Member Dr Ross Anderson of the University of Melbourne. The subject was Alzheimer's disease; and, again, an impressive group of 25 Australian specialists and three from overseas presented a wide variety of papers on which the subsequent discussions were centred.

Again, The Governor General, Sir Ninian Stephen, opened the proceedings.

Reminding the audience that he had been pleased to launch the first symposium, on cot-death, he said that, once again, the Fund was to be congratulated on its choice of a subject so well matched to community needs and capable of practical outcomes.

"There can be no more timely subject for study in a nation facing this prospect [of an ageing

population] than Alzheimer's disease," he said.

"In only five years of existence the Fund has already raised and invested over $2 million, much of it from Rotary clubs throughout the nation, but also from corporate and individual donors. The aim is by 1995 to have raised $5 million; ambitious, but the Rotarians of Australia always have set themselves demanding targets and have a habit of achieving them.

"One of the features of the research projects seems to me of special interest. It is the concept of quite direct community benefit; something of a boomerang effect, or rather, because it is a Rotarian concept, perhaps I should say the completion of a circle. The initial concept originates within Rotary ranks, in Rotary clubs. Then that force of practical goodwill and good works leads to the research projects concerned with community health problems. In turn the benefits of that research will be ultimately felt in the communities which the individual Rotary clubs serve. In this way the wheel of Rotary turns full circle and, in doing so, directly serves all Australians and, through the dissemination of the fruits of research, ultimately all mankind."

Who could have asked for a more emphatic endorsement?

The keynote address at the opening was delivered by Dr Norman Swan of the ABC Radio National Health Report. Overseas specialists who participated were Professor Stephen de Armond of the University of California, Professor Raymond Levy of the Institute of Psychiatry, UK, and Professor Hans Goebel from Germany. The opening paper, "Risk Factors for Alzheimer's Disease" was presented by Dr Scott Henderson, whose subsequent research into Alzheimer's disease was to be supported by ARHRF.

The broad areas covered by the papers, following an overview of risk factors, demographics and pathology, were the sub-strata of the ageing process, neuropathology, the "search for aetiology", diagnostic issues and clinical diagnosis and the management of sufferers.

As usual the wide-ranging discussion allowed for the maximum exchange of information and ideas; and, as usual, the participants were lavish in their praise of the initiative which offered them such an opportunity.

Thanking the participants, ARHRF Chairman Geoff Betts said: "We can only propose initiatives, set up structures and provide limited funds. If there is to be any successful outcome it will depend on the professionalism of the people here who have given us the gift of your time to participate. Without that we can achieve nothing at all."

It is probable that the discussions at this symposium were at least partly responsible for the research committee's recommendation to the board that health problems of the elderly be considered as a future area of research for funding.

The fight against Alzheimers Disease in our elderly.

Of Australians more than 80 years, 20% have a form of dementia

Chapter VI

In 1988 the ARHRF board decided that, having honoured its commitment to fund cot death research for the first three years by contributing $423,000, and recognising that Professor Dwyer's work in Tasmania would almost certainly warrant further funding, it should ask the research committee to recommend a further area of research worthy of support. After due consideration of several proposals, the committee recommended that major funding for the next triennium should be devoted to *Environmental Health Problems of the Aged*.

Board members were not unanimously in favour immediately, some feeling that the focus should remain, at least for the next three years, on the illnesses of childhood as a natural extension of cot death research. However, after some discussion and general agreement that there was a genuine need for research into health problems of the elderly in a rapidly-ageing society — and further agreement that the focus could return to youth in a future triennium — the recommendation was adopted.

It was decided that preference should be given to projects involving Rotary or community groups in investigation or application, taking note of the ageing of the population and the fact that many Rotary clubs were active in serving the elderly in their communities. It was also agreed that a symposium, with "Environmental Health of the Elderly" as its title, should be convened in November 1990.

In an annual review published in April, 1990, Chairman Geoff Betts was able to report that there had been record contributions of $672,736 received

in the period October 1988-September 1989, bringing the corpus of the Fund to more than $3 million. Income during that year also had been a record at $362,000.

Since the ARHRF began its "official" life in 1983 — that is, after the steering committee had completed its many tasks and the first board of directors had been appointed — the "secretariat" had been in the office of Geoff Betts in Geelong with the financial affairs and receipt of donations handled in Canberra by Jack Olsson. In May, 1986, by arrangement with Editor Bob Aitken and the management of *Rotary Down Under*, the "treasury" was transferred to the Parramatta office of Rotary Down Under Inc. with Office Manager Joy Gillett as financial controller. Then, early in 1990, under a similar arrangement negotiated by Chairman Colin Dodds, the "secretariat" was also transferred to the RDU office building; and Mrs Gillett happily accepted the extra responsibilities of part-time executive secretary.

No stranger to the extended Rotary family, Joy had joined the Rotary Down Under staff at the age of 17 as a junior and was appointed only two years later to the responsible position of office secretary. Her responsibilities grew with the organisation; and by the time she was appointed part time to ARHRF she was managing the office and supervising a clerical, circulation and production staff of 15. She immediately impressed the ARHRF Board members with her quiet efficiency, her integrity, her absolute dependability and her warm friendliness. Inevitably, the work-load increased with the growth and development of the Fund and Joy moved gradually from part time to full time duties until now, as general manager, she is assisted by a staff of three. Mother of

two grown up children, Joy is also a busy Rotarian: a past president of the Rotary Club of Parramatta City.

From 1990, as well as working in harmony with a series of boards of directors and research committees, Joy Gillett has been called upon to contribute her executive talents to the success of ARHRF-sponsored symposia by working closely with the conveners.

The fourth symposium

The secret of success of the symposia was revealed by the board in an article published with the Annual Review of April, 1990: "The recipe is deceptively simple. Take 25 or 30 of Australia's best and brightest researchers in a given field, add two or three world-renowned scientists at the forefront of their discipline, bring them together to an attractive conference facility. Choose an excellent and knowledgeable chairman and lock the participants in a large room for three days. Record every presentation and subsequent discussion and issue the report in a recognised medical journal."

The benefits were claimed to be many. The participants all gain from the cross-discipline discussions — apparently rare in medical research circles. Three days of workshops, casual discussions, fellowship dinners and other social activities provide the material for stimulation and cross-referencing of information from Australia and overseas. The report appears in the recognised refereed journal of the specialist college concerned which automatically places it in every major medical library. The material is cross-referenced in the *Index Medicus* giving world-wide access to the information.

The fourth symposium, which was convened by Professor Edmond Chiu of Melbourne, was held at

the Australian National University from November 21 to 24, 1990. No fewer than 30 papers were presented by overseas and Australian specialists and the proceedings were published in the *Australian Journal of the Ageing* with worldwide distribution.

The "batting" was opened by Dr Norman Sartorius, Director, Division of Mental Health, World Health Organisation, based in Geneva, whose subject was "Environment, Health and the Elderly — a W.H.O. Perspective". This was followed by "perspectives" from Europe by Professor Bertil Steen of Gothenburg, Sweden; North America by Dr Sanford Finkel of Chicago, and Australia by Cliff Picton from Melbourne.

After consideration of the broad picture from these three viewpoints, the participants discussed a huge range of relevant subjects: physical health, mental health, legal issues, intellectual opportunities, continuing education, the media, arts, movement and dance, music, recreation, nutrition, religion and health, social policy, town planning, housing, travel, plants and gardens, injuries and environmental hazards, loneliness, retirement planning, technical aid, design for disabilities, the role of the pharmacy and even pet therapy. Out of the presentations and discussions arose 16 important recommendations to professional associations, the community at large, community organisations, governments and the media.

For research in the area of environmental health of the elderly, the ARHRF board allocated $1,435,993 in research grants to 34 individual researchers and research teams whose work covered a vast range of health and welfare subjects. Grants ranged from a single $7,640, for a study of discharge planning and community resource allocation, to $129,000 paid

over four years for a study of environmental determinants of outcomes of depression. There was research into physical and mental health, lifestyle factors, blood pressure, hazards, stress, widowhood, brain function, education, exercise, diet, home care services, passive smoking, skin cancer, energy loss, falls, musculoskeletal disorders, social interactions, promotion of independence, quality of life of aged Aborigines, prevention of accidents, living conditions and psychosocial health, dependence on medication, osteoporosis; you name it, they researched it; and ARHRF funded it. [All research grants from 1985 to 2001 are listed in *Appendix III*.]

Obviously a detailed description of all these research projects and the people who conducted them would occupy many volumes; therefore, in those chapters in which it has seemed appropriate to give readers some idea of the work being done, a few have been chosen to represent them all.

Is dementia in the genes?

When Scott Henderson was still a wee lad at school in Aberdeen, Scotland, he had already decided to become a doctor; not because he was the only son of an important doctor in the public health field but for reasons of his own. His interest in human behaviour began at an early age; and when he began to consider the careers in which this interest might be developed, he soon concluded that psychiatry offered the best opportunity for helping his fellow humans through a greater understanding of behaviour. What he did not contemplate, at that time, was the possibility of practising his chosen profession on the other side of the world.

After graduating in medicine from the University of Aberdeen and gaining post-graduate qualifications in

psychiatry and science he set out to acquire wider experience in the field; and it was at this point that he met an amiable and attractive Australian physiotherapist. For some unaccountable reason, the young Dr. Scott Henderson developed a sudden interest in the Antipodes and a determination to visit Australia.

Scottish people, as we all know, have a reputation for being eminently sensible in their attitude to the expenditure of funds; and Scott, as a representative of that noble race, could see no good reason for paying a fare to Australia when he could travel free and, moreover, could earn a modest stipend during the voyage. He accordingly, in 1962, signed on as ship's surgeon on a Shaw Savill ship bound for Sydney, where he signed off and, after a brief and not very congenial job as a locum in a Sydney suburb, was appointed the first Psychiatric Registrar at Prince Henry Hospital.

It is clear that Scotland's loss was Australia's gain. (Scott Henderson's principal gain was the aforesaid Australian physiotherapist, Priscilla, nee Gill, who has been his wife and partner since 1963 and shares with him the parenthood of three daughters and two sons.)

Australia's gain is an eminent psychiatrist who was Foundation Professor of Psychiatry at the University of Tasmania from 1969 to 1974, during the first years of the new Medical School; and then established and has been Director of the Centre for Mental Health Research at The Australian National University since 1975. No one could deny that he is well qualified for the job: he is a Doctor of Medicine (Aberdeen), Doctor of Science (ANU), a Fellow of both the Royal College and the Royal Australasian College of Physicians and the Royal College and the Royal Australian and New Zealand College of Psychiatrists;

and, as an indication of the esteem in which he is held by his peers, the University of New South Wales conferred upon him the degree of Doctor of Medicine *Honoris Causa*.

When Professor Scott Henderson established the Research Centre at The Australian National University he had a group of four scientific and two support staff, funded by the National Health and Medical Research Council (NHMRC). Productivity soon soared, with some excellent research on common mental health problems as they occur in the wider community; but the survival of the unit was always uncertain, with funding based on five-year cycles dependent on performance, the value of which was assessed by other researchers, both here and overseas.

It is regrettable that such dedicated researchers were expected to carry out their vitally important work in a climate of extreme competition for research funding, just to cover salaries and research expenses; and it is even more regrettable that this unhappy situation continues to worsen, with ever-increasing needs to be met from ever-diminishing resources.

In the 1980s the Centre for Mental Health Research had turned its attention to mental health problems in later life, particularly depressive disorders and dementias. In 1990 the director and his team began an ambitious study of 900 people, then aged 70 and over — living in the community in the Canberra-Queanbeyan area — who had agreed to participate, having been fully informed about the study, its objectives, procedures and confidentiality. The main purpose of this study was to discover the causes of depressive illnesses in the elderly; and the way in which some people age well, with only a slight

decline in memory and thinking, whereas others decline more rapidly, some developing dementia.

The main types of dementia are Alzheimer's disease (the most common), vascular dementia and Lewy body dementia. The study involved visits by the research staff to all of the 900 persons in their homes to assess their health and cognitive performance. This work was successfully completed in 1990; but the researchers knew that they would want to reassess each surviving participant, who agreed and was available, in about three years.

In 1992, while the research team was planning the final details of the next re-examination of the participants, Scott Henderson attended a talk given by a visiting American scientist at the neighbouring John Curtin School of Medical Research, that illustrious institution in which both John Eccles and Peter Doherty have won Nobel Prizes.

“The visitor was Elizabeth Corder,” said Professor Henderson, “and she was speaking about how she and her laboratory had discovered the link between carrying the apolipoprotein E ϵ4 gene variant (or “allele”) and the risk of developing Alzheimer's disease.

“It should be made clear that this is *not* a gene for Alzheimer’s disease; it is only a risk factor for it, just as a lack of exercise is a risk factor for cardio-vascular disease.

“They had published their findings in the highly respected American journal *Science* and were clearly aware of the significance of their work.

“Sitting in the audience I thought: ‘But she has done her work on patients who already *have* Alzheimer’s disease; what about the manifestations of this gene in the community? Suppose someone were able to study people some years *before* they

developed the full clinical picture.

“It seemed to me that those who were going to be afflicted should already show a decline in cognitive function; and there should be more of these people than by chance who have the apolipoprotein E ϵ4 gene variant.”

This, it must have seemed to Scott Henderson, was serendipity working in overdrive. His team at the Centre for Mental Health Research was about to return to the participants in their study and could ask permission to test their genetic make-up. The Centre already had base-line measures on the participants’ memory and thinking from the first study some three years earlier.

Before leaving the auditorium he discussed his plan with Professor Simon Easteal, who agreed to carry out the genetic analysis in collaboration with the Centre and assured him that a cheek-swab was sufficient for this purpose and it would be unnecessary to ask participants for a blood sample.

“What a marvellous opportunity!” he said. “I walked back to our Centre to tell the other scientific staff that we could now add molecular genetics to our already comprehensive project. They were as excited as I was at the prospect.

“Now all we had to do was take a cheek-swab from every participant. This involved wiping a sterile cotton bud on the inside of the mouth, then putting it in a sterile tube for extraction of that person’s DNA for genetic analysis."

Of course, Professor Henderson had still two obstacles to overcome before he could proceed: the first was the approval of the University’s Human Research Ethics Committee to vary the original research proposal by adding another component; and the second was the necessary funding to cover the

considerable costs of the genetic analysis, which were not planned in the original budget.

Ethics approval was granted and, because the focus of the Australian Rotary Health Research Fund was on the health of the elderly — and clearly this work was very much concerned with the elderly and held great promise of being a development of direct use in the prevention and treatment of Alzheimer's disease — Scott Henderson submitted a research grant proposal. After assessment and a favourable recommendation by the ARHRF research committee, the research grant was approved by the board.

They were in business.

As a result of the painstaking work that followed, the research team showed, for the first time, that people in the general population with the apo E ϵ4 gene were more likely to suffer declining memory and thinking ability, especially if they were "homozygous" with two copies of the gene.

"This has practical implications," said Scott Henderson. "For example, there is now intense research being done on medication or other interventions that can slow the ageing process in the brain. Such prevention will have particular relevance to people with the ϵ4 gene. The frequency of this gene is probably not the same across the world, so the elderly of some populations may be more likely or less likely to develop dementia.

"The contribution of Rotary to our work has not stopped there," he said. "Encouraged by this partnership with molecular genetics and Professor Easteal's laboratory, we saw that the same basic principles could be applied in searching for the genetic contribution to 'common mental disorders' — anxiety disorders, depressive disorders, alcohol misuse or a combination of these. It is certain that the search is justified and should continue."

Chapter VII

By 1989 the Australian Rotary Health Research Fund was so well established as a national Rotary program that it could boast, with some satisfaction, that it was being supported by 90% of the Rotary clubs in Australia. Contributions during 1988-89 had totalled $572,617. Regional seminars were attended by Rotary district governors and governors nominee, regional and district ARHRF chairmen and board members. Summaries of discussions were sent to all Rotary clubs.

An innovation at this time was the ARHRF Companion Award, for donors of not less than $5,000 in any one year. A "companion" could be an individual, a company or a Rotary club or district. Individual or corporate donors could ask that their contribution be credited to a Rotary club. A certificate and lapel pin were presented to each Companion of the Fund. ARHRF Vice Chairman Colin Dodds, announcing the decision to make the awards, said that the proposal, when first canvassed some months earlier, had been enthusiastically received by Rotary clubs. The innovation proved highly successful and remains popular.

The "Gold Companion" award was subsequently introduced to recognise those who had contributed $10,000.

Meanwhile clubs, districts and the ARHRF continued to devise original fund-raising ventures. One which aroused considerable interest was a large, superbly produced coffee-table book, *Australian Impressionist and Realist Artists*, containing large colour reproductions of 210 paintings by 70 famous

Australian artists and priced at $85. Another was a "tall story competition" arranged by the Rotary Club of Fitzgerald-Innisfail, Qld., at which contestants from five North Queensland clubs, in the words of reporter Frank Darveniza, "did their utmost to destroy the first 'tenet' of the Four Way Test". The Rotary Club of Adelaide followed up the book of paintings by mounting an art exhibition featuring some of the original paintings reproduced in the book.

For choosing areas of research funding a standard procedure had evolved and by now was being followed: the board would seek the advice of the research committee, which would recommend an area of research funding for the next triennium. If the board adopted the recommendation a symposium would be convened to introduce the new focus. Notwithstanding the area chosen, however, enough flexibility remained for the board to make grants for individual projects and sponsor symposia outside the major field of research.

In 1991 the board adopted the research committee recommendation that the major research funding for the 1993-1996 triennium should be directed to adolescent health.

The fifth symposium

The fifth symposium was held in Canberra from November 11 to 14, 1992, convened by Dr (now Professor) David Bennett, Head of the Adolescent Medical Unit at the Children's Hospital in Sydney, who declared that the common assertion that health problems of young people are minimal was a community and professional misconception, well out of step with evident realities.

"Drug and alcohol use, sexual behaviour, eating

disorders, delinquency and violence, stress, depression and suicide are among the more obvious manifestations of the difficulties young people are facing to-day," he said. "The fact that many of these serious risks to health are experienced earlier in life than in the past underscores the urgent need to set a new and effective agenda for adolescent health in Australia."

The full title of the symposium was *Adolescent Health Behaviour — Identifying vulnerability and resilience*; and, as had become the established practice, a group of 39 highly-regarded Australian medical and adolescent health specialists with some distinguished overseas authorities gathered to share their knowledge, experience and ideas and to discuss as many aspects of the broad subject as possible. Thus they considered physical, mental, social, environmental and psychological factors and a multiplicity of aspects of each.

The visiting presenters included Dr Patrick Alvin from France, Professor Michael Resnick and Dr Linda Bearinger from USA and Dr Evelyn Eisenstein from Brazil.

Presentations focused on the problems facing adolescents and helped to identify ways in which young people can respond positively to the many vicissitudes they face in the process of growing older.

"Among a number of profoundly important outcomes of the symposium was the creation of a network of caring and committed individuals concerned with the health and wellbeing of young people and their families," reported Dr Bennett. "The spin-off from this is immeasurable.

"What followed during the ensuing triennium of funding for adolescent health research was an extra-ordinary number of applications for support. The

breadth and richness of proposed projects, many involving innovative approaches and collaborative partnerships within research teams, provides an articulate endorsement of ARHRF's vision and courage, as well as of the issues being addressed."

There was, indeed, an extraordinary number of applications; and the research committee and board responded by approving an extraordinary number of grants: 39 projects were funded for periods between one and four years with grants totalling $1,528,598.

Again, all the projects funded are summarised in Appendix III, but four have been chosen for more detailed description here.

Stuttering

Stuttering might not seem to be a major medical problem. It is not life-threatening, nor does it appear — especially to those who are not sufferers from this widely known but not widely understood condition — to be particularly disabling. Child stutterers, however often suffer agonies of shame and embarrassment, particularly when insensitive schoolfellows mock them for their impediment.

As a schoolboy in the Sydney suburb of Pennant Hills in the 1960s, Ashley Craig was probably almost unaware of stuttering as a disability of any great consequence and certainly had no idea that the study and treatment of the condition would play such an important part in his later professional life. Ashley was a bright and conscientious student, who aspired to a career in science and, having gained an enviable pass in the matriculation examinations, was granted a Commonwealth Scholarship to the University of New South Wales.

Dr Ashley Craig, now Professor of Behavioural Sciences at the University of Technology, Sydney,

began his research into stuttering almost by accident. As an honours student he had chosen, as the subject of his research, the incidence of asthma in children but was unable to gain access to enough young sufferers for his study. He therefore, without any particular enthusiasm at the time, accepted the advice of his supervisor to consider a study of stuttering as an alternative; and soon discovered a whole world of ignorance waiting to be explored.

With a double major and an honours degree to his credit he worked with stutterers at Prince of Wales and Prince Henry Hospitals and, with a research grant from the National Health and Medical Research Council, he embarked upon what were to become the first controlled clinical trials into stuttering anywhere in the world, his major research for a Ph.D. degree.

When the money from NHMRC ran out, ARHRF came to the rescue with a research grant that enabled him to continue this vital work for a further year.

By this time, with papers published in scientific journals, the importance of the research had been recognised by the international scientific community and had begun to attract world media attention, with articles in newspapers and magazines and reports and interviews on radio popular science and "talk-back" programs.

Thus a distressing complaint which had been largely ignored in the past became the focus of much greater attention and concern.

As Professor Craig points out, research into the incidence and treatment of stuttering was not regarded as a health problem of sufficient importance to attract funding; but to the sufferer it is distressing, is frequently vocationally, psychologically and socially disabling and is potentially crippling. If left untreated

beyond early teenage years, it can be a lifelong disability.

The major benefit of the research has been the vast increase in understanding of the condition, which has led to the development of effective treatment.

Bullying

Research on the problem of peer victimisation in schools (commonly called "bullying") began in the 1970s in Scandinavia principally by Professor Dan Olweus. This research focused mainly on the nature and incidence of bullying in schools in Norway and Sweden.

In the late 1980s in many countries, including Australia, it was becoming apparent that bullying in schools constituted a serious problem which needed to be addressed. Earlier work, conducted overseas, had suggested that a substantial proportion of children were repeatedly victimised by their peers, with possibly significant consequences for their mental and physical health.

In Australia in the early 1990s Associate Professor Ken Rigby and his associate, Dr Philip Slee, began to investigate the nature and extent of bullying in Australian schools.

Ken Rigby had been a schoolteacher in England before migrating to Australia and settling in Tasmania in 1959. With a long interest in human behaviour, he completed a psychology degree as he continued to teach and then worked for a time as a guidance officer (called, at that time, a teacher-psychologist or, in some states, a school counsellor). Moving to the University of South Australia as Director of the Institute of Social Research, he became interested in the incidence of bullying.

Professor Rigby and Dr Slee published the first

refereed reports on bullying in Australia in 1991 and 1993. The results of their research indicated that at least 10% of children were frequently singled out by their peers and bullied, physically and/or psychologically.

The question naturally arose: how was the health of such children affected?

In 1993 they applied for support from the Australian Rotary Health Research Fund and, because of the importance of the research they were undertaking, succeeded in having a series of projects funded to provide the answers they were seeking. Subsequently further support was provided to continue the work in 1994 and 1995, and included Dr G. Martin from Flinders University as a co-researcher in some of the work.

The results from this research were of considerable interest to a number of refereed journals reporting on findings in the areas of health, education and psychology. In addition, reports from the studies were discussed in several books, including a major text on bullying or victimisation in schools (Rigby 1996) and a recently-published American text on peer harassment in schools (Juvenaan and Graham, 2001).

The major findings of this research proved to be of considerable importance.

It was found that the frequency of being bullied in schools as reported by secondary school students — and also as identified by peer reports — was positively and significantly correlated with indices of mental and physical ill health.

Of particular importance, suicidal ideation (that is, thinking about suicide) was significantly more prevalent among school children who were frequently victimised by peers.

Peer victimisation was identified as a probable *cause* of deteriorating mental and physical health among Australian adolescent school children. This was established by using a longitudinal research design in which students were re-tested after a three year interval.

The provision of social support for students who were being victimised repeatedly by peers at school significantly reduced the negative impact of bullying on the health of adolescents.

Students who repeatedly engaged in bullying also tended to experience relatively poor mental and physical health.

The implications from these studies are that peer victimisation at school is a significant health hazard for a minority of vulnerable children, that social and psychological support is needed for such children and that policies and practices to reduce bullying in schools are clearly justified on health grounds.

"The support of the Australian Rotary Health Research Fund in undertaking this research has been very important to us," said Ken Rigby. "The findings have added significantly to the growing number of studies addressing the problem of bullying in schools and made it more likely that steps will be taken by education departments and schools in particular to improve the quality of school life for all children."

Between 1994 and 2001 articles on bullying in schools deriving from the research of Ken Rigby and Phillip Slee have appeared in 10 influential refereed health, psychological, educational, family therapy and other professional journals in Australia, the U.K. and U.S.A. Some have been used in guidelines for teacher-educators and in professional reading guides for secondary school principals and administrators.

Suicides

Professor John Tiller's interest in psychiatry resulted from his concern for the mental health of his patients when he was working as a hospital physician.

New Zealand born, he had attended Rangotai College in Wellington and had then graduated in science at Victoria University, following the excellent example of his parents, both of whom were science graduates. The only medical school in New Zealand at the time was in the University of Otago, from which he graduated MB.ChB., with top marks in his year in 1968. After a year back in Wellington as a hospital resident, he accepted the offer of a job in Melbourne from one of his former university teachers who had been impressed by his work as a student. He came to Australia for a year and has been here ever since.

After gaining post-graduate qualifications in Melbourne he worked in hospitals as a specialist physician. It was then that he became more and more fascinated with human development, particularly the mysteries of mental development and human behaviour. This led him to the study of psychiatry and his further qualifications in psychological medicine; and his appointment to the University of Melbourne and the Royal Melbourne Hospital.

The background to Professor John Tiller's research into youth suicide in Victoria is to be found not in psychological medicine but in the law.

As a result of changes in the Coroner's Act (1985) the Coroner was able to look beyond individual deaths into the causes of death in different classes or categories. The State Coroner at that time, Mr Hal Hallenstein, recognised that an important and

disturbing cause of death was suicide. He sought the assistance of two highly qualified and experienced psychiatrists: Professor Graham Burrows and Associate Professor John Tiller. After discussions they recommended the formation of a Coroner's Working Party — a recommendation that was promptly adopted.

The working party of 20 well-qualified and capable people included Professors Burrows and Tiller, the Coroner himself and Mr Graham Johnstone. John Tiller was appointed secretary of the group.

When Graham Johnstone was appointed Coroner in 1994 he took up the project with vigour, enthusiasm and, as John Tiller recalls, “a much valued critical eye which enhanced the completion of the project”.

The working party decided, at an early meeting, that the main focus should be youth suicide as an entree into the whole area of suicide.

They began their work with the findings of no previous studies to guide them. There were no data at all on the phenomenon of suicide in Victoria at the time. After considering various proposed projects to understand the basis of the problem, the group decided to design a study using “psychological autopsies”: attempting to determine, after the suicide, as much as possible of the background leading up to the suicide.

It very soon became apparent that such a project would need the support of other organisations and instrumentalities, the first of which was the Victorian Police Service. The officers attached to the Coroner’s office were asked to assist with the completion of details for the psychological autopsy. Thus the police officers became active partners in the development of an interview schedule designed to be readily

completed by the investigating officers, concurrently with their preparation of the Coroner's brief on each death. Also involved was the Australian Bureau of Statistics, which supplied data for reviewing youth suicide in the 20th Century.

The review of youth suicide since the early 1900s in Australia, particularly in Victoria, resulted in the initial paper, which recorded the key findings of the working party.

Surprisingly, perhaps, it was revealed that the increase in youth suicide was confined, almost exclusively, to young men, while the rates for young women remained stable. The rate declined slightly during World War II. Also it was found that the more recent disturbing increase began before the major increase in youth unemployment; suggesting, of course, that unemployment alone could not explain the increase in youth suicide.

Now began the task which is the most frustrating for all researchers: that task which occupies so much valuable time that could be better used in research: the task of seeking research funding.

Youth suicide is disturbing to many authorities but makes little emotional impact on society at large. There was no public clamour for a remedy, as there might have been if an unidentified virus were taking the lives of an equal number of young people, or if a dragon had suddenly appeared and devoured a mere half dozen maidens. There was no track record of research into youth suicide at that time; indeed there was no general recognition that it was a significant problem.

The lack of broad recognition of this as an important area of research was highlighted by a major state-based research organisation (which has since accepted youth suicide as one of its major areas for

research funding) indicating, at the time, that this was not an area warranting any funding whatever. Nor, apparently, was any other funding body interested.

Finally someone suggested that application be made to the Australian Rotary Health Research Fund and, to the amazement mingled with relief and pleasure of the researchers, it was successful. Funding was granted in 1993 and again in 1994, making possible the development and evaluation of the questionnaire and the subsequent assessments.

The Victorian Department of Health and Community Services provided supplementary funding to complete the final report and finalise the study.

"It was the initial ARHRF grant that allowed this project to be developed and sufficiently undertaken to warrant the additional Government support," John Tiller said.

The research plan, under the leadership of Dr Tiller, was designed to look at some 100 consecutive suicides by persons, aged under 25 years, reported to the State Coroner in Victoria. These were to be compared with 200 patients presenting to hospital, of whom half were to have been admitted for at least 24 hours. It was expected that this comparison group would have similar characteristics to the actual suicides; meaning that the severity of the self-harm was such that, without medical intervention, it could well have resulted in death. The other group, not admitted to hospital but discharged after treatment and evaluation in emergency departments, were considered likely to be representative of those known as "suicide attempters" or "para-suicides". Other research had suggested that this group would display different characteristics from those who suicide.

The researchers studied 148 young people who had suicided, 105 who had attempted suicide and had been admitted to hospital, and 101 who had been discharged after treatment and evaluation in hospital emergency departments. The data from these three groups were then compared.

In contrast to the initial hypothesis, the two groups of "attempters" studied in hospital were similar. It seemed not to matter whether there was or was not immediate medical hazard warranting hospital admission. Both hospital groups had the characteristics of suicide attempters and were different in general terms from those who had suicided.

It was shown that those at greatest risk of suicide were young adult males in the 19-24 age group, who were six times more likely to suicide than males in younger age groups. The next group most at risk were young women in the same age range, who were twice as likely to suicide as younger girls. The researchers found it interesting that there were no variations shown in different countries of birth, race differences or rural-urban differences.

Though there had been considerable public concern about the contribution of guns to suicide and demands for the surrender of all firearms, the study showed that the most common method was hanging (37%) with firearms next (20%) closely followed by carbon-monoxide poisoning (18%). The researchers pointed out that: "It is clearly not practical to ban all possible means of suicide."

Some common assumptions about suicide were not demonstrated in this study. Threats or prior attempts did not discriminate between a subsequent attempt or an actual suicide; in fact almost 90% of suicides had made no identifiable attempt to seek help before the suicide. For the majority there was no

specific event, such as loss of employment, prior to their suicide that could be seen as contributory. Indeed, unemployment was given as a possible reason for fewer than 5% of suicides. In comparison with attempters, actual suicides had fewer stressful life events. And, contrary to the expectation that homelessness and isolation were major contributors, more than half the suicides were living at home or living with others and were not alone.

Characteristics of prior physical or sexual abuse related not to actual suicides but suicide attempts. Also, contrary to common assumptions, a majority of those who suicided were not using drugs or alcohol.

From this study it was shown that the typical person who suicided was a young adult male, using a violent method and leaving a suicide note. The presence of notes indicated that they had an awareness of their emotional predicament but seemed to lack the ability or skills to convey any awareness of their vulnerability to others. It was concluded that they probably had psychiatric problems or feelings of worthlessness and had rarely asked for help before suicide.

In contrast, the typical suicide *attempter* profile applied to all those who attended hospital, whether admitted as in-patients or not. They were typically female, had used poison or drug overdose and gave, as reasons, family conflict, quarrels and fights. A common precipitant was a broken relationship or a fight. Most of these attempters had sought help from doctors, family or friends.

Speculating why fewer women than men suicided, it was hypothesised that women have better net-working skills, were prepared to seek help and had some adaptive communication skills.

There emerged several implications for prevention

of youth suicide: to change attitudes and responses — especially those of young men; to improve men's communication skills; to change community attitudes and reduce the stigma of psychiatric problems and feelings of worthlessness so that young men would be more likely to attend for help; and, finally, to provide accessible psychiatric resources for young adults.

Several specific recommendations were made for a wide range of practical interventions that would be reinforced over an extended period.

It was suggested that legislative changes could be useful to minimise harm: such as fitting carbon-monoxide interlocks on motor vehicles which would stop the car engine when levels of the gas in the cabin reached potentially dangerous levels.

Education was identified as the key to better public awareness of youth suicide. The ways to deal with those problems and circumstances that might lead to suicide and the means of seeking effective help should be highlighted and should involve the community, schools, the professions and the media, with key opinion-leaders and politicians taking a central role.

Young people should be helped to recognise their own feelings and to develop coping skills.

There should be support services, readily available and automatically accessible; their locations widely known and as easily recognised in the community as the local post office.

The use of predictive screening was suggested, especially for those who had made prior suicide attempts or who had histories of identified mental illness. This could result in targeted prevention for "at risk" individuals.

It was recommended that there be co-ordinated

strategies, or interventions, with progressive evaluation.

Finally, there was a recommendation for ongoing research in this area.

What were the identifiable outcomes of this research?

When the Victorian Premier's Task Force on Youth Suicide was established in 1997, the Coroner's Working Party was able to make a major contribution to its deliberations. Dr. Tiller reported verbally to the Task Force on the working party's research; and the findings of the Task Force and its recommendations included many of the Coroner's Working Party recommendations.

Other states concerned themselves with the study of suicide and youth suicide; and the Federal Government provided funding for a range of projects on youth suicide across Australia.

Expressing his appreciation for the support of the Australian Rotary Health Research Fund, Professor Tiller said that, without this support, the project would never have been undertaken.

"The findings provided a basis for understanding more about youth suicide in Victoria and indicated some intervention approaches," he said. "More than anything, this project and its successors acted as a catalyst for other researchers to pursue the area of suicide and particularly youth suicide.

"Thus the Health Research Fund, through a modest supporting of one project, had an impact which has reverberated across Australia to add to our knowledge; which hopefully, over time, will progressively lead to a reduction in this tragic loss of life."

A dozen scholarly articles have appeared in refereed journals and one text book of psychiatry

since John Tiller's research was completed. Several have been published in *The Medical Journal of Australia* and others in the *Australian Journal of Social Issues*, publications of the Mental Health Foundation of Australia, the University of Melbourne, and also in influential North American specialist journals. Thus the important and potentially helpful findings resulting from these studies into youth suicide have been shared widely in Australia and overseas.

Finding and studying the gene that causes sudden heart attack in adolescents

Why do some apparently fit teenagers suddenly die of heart attack? A team of researchers from the Royal Prince Alfred Hospital in Sydney was determined to find out.

A leader in this research was Professor R.J.A. Trent, a medical graduate and Ph.D of the University of Sydney. He is a Fellow of the Royal Australasian College of Physicians, and a Fellow of the Royal College of Pathologists of Australasia. Ron Trent first developed an interest in genetic disorders in the early 1980s when he worked in England, and this led to his obtaining an extra Doctor of Philosophy degree, this time from the University of Oxford (which entitles him to add D.Phil to his post-nominals, thus telling the world that this exalted degree, as distinct from the common Ph.D given by other universities, was awarded by the senior seat of learning in the Commonwealth and one of the oldest and most illustrious in Christendom). Subsequently Professor Trent has worked at the University of Sydney and the Royal Prince Alfred Hospital, where he is Professor of Molecular Genetics and the Director of the hospital's Molecular & Clinical Genetics department.

The work in cardiomyopathy is an important research interest of the department and builds on strengths in clinical cardiology and molecular genetics which are found within the Royal Prince Alfred Hospital.

The Department of Molecular & Clinical Genetics first became involved in research in familial hypertrophic cardiomyopathy (FHC) when, in the early 1990s, two cardiologists at the Royal Prince Alfred Hospital in Sydney (Professors David Richmond and Richmond Jeremy) noticed that a gene had been found which might explain the basis for FHC. Until this time little was known about this disorder apart from the fact that it was a primary abnormality of heart muscle (hence the term cardiomyopathy) which, in the severe forms, would lead to heart failure that could be resistant to conventional treatment. This would mean that the patient's only chance of survival would be a heart transplant. Of even more concern, in terms of FHC-related complications, was the potential for sudden death from a heart attack, which could occur without prior warning and was often associated with strenuous activity; hence the occasional reports in the media of fit young athletes — or fit individuals undertaking an activity such as jogging — dying without warning.

These cases are likely to represent examples of FHC. In a recent study it was estimated that over one third of such deaths are caused by FHC. It was for this reason that the cardiologists decided to get together with experts in DNA (molecular geneticists) to look at FHC in the Australian population.

From the Molecular Genetics Laboratory, the expertise of Professor Ron Trent and his colleague, Dr Bing Yu, as well as a number of other researchers, was called on to identify new genes which might

cause this disorder. From this, it was proposed to explain *why* genes known to cause FHC were associated with variable severity so that, in the one family, some affected members could have a very minor disorder, while others were more severely affected including the association of the disease with sudden cardiac death.

The research project started with some funding from the Government Employees Medical Research Fund, to which ARHRF added grants in 1994 and 1995. From this work, the researchers from Sydney's Royal Prince Alfred Hospital were involved in the discovery of a new gene which causes FHC and, more recently, the identification of both "bad" and "good" genes which might explain the variable severity in FHC.

The "bad" gene is thought to influence the degree of heart thickness (hypertrophy) and indirectly this is a factor which predisposes to sudden cardiac death. This gene is known as the androgen receptor and, interestingly, is the gene which is used by athletes when they take illicit drugs known as anabolic steroids to enhance their athletic performance.

The "good" gene is called ACE (angiotensin converting enzyme) and was found to improve cardiovascular (heart and blood vessel) function.

Another valuable contribution made by this hospital research was the construction of an international database which is located on the internet.* This is a resource which documents all known mutations reported for FHC and can be used by all researchers in this field. The aim of this database is to allow more accurate documentation of the DNA mutations causing FHC as well as enhancing the opportunities for collaborative research by linking names of investigators to the mutation which has

been discovered.

The present research era in FHC continues the theme of looking for genes, and how these contribute to the clinical picture of FHC. Following on from this work will come the next phase of research, which will be to find novel treatments based on knowledge of the gene defects in FHC.

*http://www.angis.org.au/Databases/Heart/).

Chapter VIII

It was not until 1992 that the first very few murmerings of discontent were expressed. One or two Rotarians saw fit to criticise the ARHRF Board for funding projects which they described as "bordering on the esoteric" or, more colourfully, as "Mickey Mouse" projects (one cannot say why the name of this amiable Disneyland rodent should be invoked as a pejorative term); meaning, presumably, research from which no practical social benefit could be guaranteed. One does not know whether such critics were reminded of the ancient toast ". . . to the Higher Mathematics; and may they never be of any use to anybody!" implying, of course, that the pursuit of knowledge for its own sake was a worthy objective. But, as we now know, the higher mathematics did become of immeasurable use in many branches of science and have given untold benefits to society.

It was recognised early by the board that care must be taken to select research projects the outcomes of which seemed *likely* to have practical health benefits; and that all grants would be made with the advice of a panel of leading specialists; but no one could possibly guarantee such outcomes.

Recalling the disquiet of the board when such criticisms were levelled in the early to mid 1990s, former ARHRF Chairman Ted Atkinson said that it was probably inevitable that a few people would raise such concerns, but it was still disturbing to a group of volunteers who were giving generously of their time and their talents, doing their best and acting only with the advice of highly-qualified specialists.

“The policy was always to concentrate on projects

that were clearly most likely to have practical outcomes; but sometimes it was important to give young researchers, with well-presented proposals, encouragement to pursue new lines of enquiry and a chance to prove their worth," he said.

One critic, who openly questioned the value of some grants in a letter published in *Rotary Down Under*, gave Chairman Colin Dodds a golden opportunity to reply with a short list of dramatic success stories and to issue an invitation to the writer and other critics to seek further information direct from the Fund office. Another, whose club had been a valued supporter since the Fund's inception, was disappointed that the board did not adopt the area of research he had suggested, not realising that, of the many hundreds of maladies in the world for which further research is needed, the ARHRF could adopt very few; and these with the considered advice of eminent specialists.

The criticisms, happily, were few and short lived in the face of so many demonstrable benefits flowing from so much of the funded research.

Some who dared to criticise found themselves pressed into service. This was the experience of Dick White, a past governor of District 9690 and a current member of the board. He offered a criticism of one of the board's small publications and was immediately invited to do better. He was then asked by Chairman Ted Atkinson to write a training program for district committees, which led to his appointment as a regional co-ordinator and finally to his election to the board, on which his responsibilities have included the preparation of material for the sponsorship program and helping to draft a new business plan. For all of us the lesson, surely, is abundantly clear!

To give those who were contributing to the corpus

of the Fund — the Rotarians of Australia — the opportunity to advance their own ideas about areas of research which should be considered, the research committee decided to invite suggestions from Rotary clubs and individual Rotarians. This invitation was issued early in 1993, so that any suggested areas of need could be fully considered by the committee in the following year when called upon to make its recommendations to the board for the next funding triennium. The committee was pleased with the response, which clearly showed that Rotarians were aware of many of the health problems for which more research was needed.

Meanwhile the board began to intensify its fund-raising efforts to counteract the falling interest rates, which were now yielding a lower income from invested funds and therefore less money available for research grants. May of each year was designated Rotary Health Research Month, during which all Rotary clubs would be urged to make an annual commitment to their own research fund. Chairman Colin Dodds was able to report that 92% of all clubs were now supporters of the Fund and that the corpus was very close to $5 million. And at the end of the 1992-93 year he announced that the $5 million target had been reached because of another record year of contributions amounting to $654,182.

Leon Becker had been first recruited as a newsletter editor and had been then elected to the board in 1992 to replace John Carrick, who had resigned to take up his duties as a director of Rotary International. Fellow-presidents of their Rotary clubs back in 1961-62, Chairman Colin Dodds and Leon knew each other well; and Colin was fully aware of Leon's very wide experience and mastery of the arts of communication in all media. It was hardly

surprising then, that the very best use was made of Leon's professional skills and his extensive Rotary knowledge — as a past district governor and R.I. committee member and chairman — in bringing the ARHRF story to Australians, both within and beyond the extended Rotary family.

Throughout the years, until his elective terms expired in 1998, Leon was chairman of public relations and was responsible for producing many brief radio and television "community service" announcements and several video documentaries for distribution to all Rotary clubs, lending his own mellifluous voice to his economically-written scripts; and, for variety, introducing the equally well-known radio and television voices of Rotarians Jim Dibble and Roger Climpson. ARHRF updates and current news and information were provided about the research work being funded and the successes achieved; and the appeal for continued support was always included.

Recalling his association with ARHRF, Leon paid a warm tribute to the chairmen with whom he worked: Colin Dodds, Bruce Edwards, Bruce McKenzie and Ted Atkinson, whom he described as committed and hard-working Rotarians, each with his own particular style and his own remarkable talents; and each making a most important contribution to the success of the Fund.

"They all understood the value of good public relations in the best sense," said Leon; meaning, of course, the value of using all available media to convey accurate information in the hope of public recognition and support.

The short television and radio community service "spots", of only 10 to 30 seconds duration, were to prove of tremendous value, bringing the work of the

Fund to the attention of the wider community and reinforcing the message in the minds of Rotarians throughout the land. They also demonstrated that the importance of Rotary's work was being recognised by the media. Longer (eight minutes) videos were widely used to bring the ARHRF message to club and district officers at meetings, conferences and assemblies.

When, at the end of the 1992-93 year, Chairman Colin Dodds announced that the corpus of the Fund had reached $5 million he indicated that the board had no intention of resting on its laurels. The number of Companions had reached 75 and new fund-raising schemes were being devised.

In his own recollections of these years, Colin Dodds said that there was no further need for board concentration on constitutional, administrative or legal matters and management details. For the foreseeable future the Fund had a permanent home in the RDU Pty. Limited premises and he saw no danger of early eviction. The procedures were all in place for convening meetings, sponsoring symposia, choosing areas of research funding, advertising for grant applications, allocating grants and selecting specialists for service on the research committee.

"The steering committee and the early boards of directors did a terrific job of laying the foundations and bringing the ARHRF to this level of efficiency, putting it on a sound business footing and building the corpus to the level which enabled us to make a difference to health research in Australia. By the time I was elected chairman, all the basic work had been done, so we could concentrate our efforts on promotion and fund-raising."

The development of regional seminars was one of the innovations of the early 1990s. The seminars

were designed to ensure that all Rotary governors, governors-elect, district chairmen and other interested people were thoroughly briefed and were given every opportunity to contribute their ideas to the common pool. Each of the seminars was attended by the chairman and vice chairman of the board of ARHRF. Still held annually in each of the regions, the seminars remain an essential communication and promotional device.

Some of the fund-raising ventures launched during this era of concentrated promotion were initiated by the board; others were club or district initiatives. They were many and varied.

No one could claim that marketing Christmas cards is a unique way to raise funds. Countless benevolent associations, service clubs and other bodies have adopted this simple way of turning an honest dollar. In 1992 Rotary District 9810, based in Victoria, decided to sell Christmas cards as a fund-raiser for ARHRF at the suggestion of Fred Hay of the Rotary Club of Waverley, a past governor of the district and chairman of the Victorian Community Service Council. Fred had served as an alternate director and had been elected a director of ARHRF in 1988. The full story of this enterprise (which had its genesis as an idea in Fred's mind when he received a Rotary Christmas card from an overseas friend and thought it could be adapted for the benefit of ARHRF) would put the histories of some successful businesses to shame if space were available for its inclusion.

The Christmas cards sold in one Victorian Rotary district in 1992 were different from the general run of greeting cards: they were reproductions of some of the great works by Australian artists which had appeared in *The Australian Impressionist and Realist Artists* book. So successful was this venture in its

first year that it was expanded into other districts with the Rotary Club of Waverley Central (now Mount Waverley) in District 9810 accepting management responsibility. Each participating club was credited with a contribution to the Fund for every card sold.

After Fred Hay's retirement from the board he became so deeply involved in the marketing of cards that he was appointed chairman of sales and delivery with Rotarian Bev Dean as treasurer. Since then the annual marketing of Christmas cards has been Fred's continuing personal contribution to ARHRF. With increased sales each year, this fund-raising effort, with projected sales for 2001-2002 will have contributed more than $360,000.

Seeking bequests was another innovation at about this time. Again this is by no means a novel idea: but the board concluded that there must be Rotarians and members of their families who would choose to bequeath some money to health research through an all-Australian Rotary organisation; and devised the now familiar “Where there’s a Will there's a way” to help health research. The judgement of the board was shown to be correct by the success of the bequest promotion.

Allied to this was the encouragement of donations to ARHRF in lieu of floral tributes to those who had died. A tasteful gift envelope was designed and distributed through district governors.

To recognise outstanding contributions from Rotary clubs — and to encourage continued support — certificates were presented to those that had contributed $500 per member to the Fund. This was later developed to encourage “$1,000 per member” contributing clubs.

Throughout the 1990s the development of new and effective fund-raising schemes continued unabated;

and the growth of support was reflected in the steady growth of the corpus. The board, under the leadership of Bruce McKenzie, set the very ambitious target of $1 million a year which, thanks to the enthusiasm of the leadership and the generous support of all concerned, was achieved.

"Toss-the-coin" was a popular and profitable innovation of the 90s. Not, as its name might suggest, an advanced form of two-up, Toss-the-Coin was a raffle in which the winner was given a free ticket and the privilege of tossing the coin at the opening of the Australian Football League grand final. She or he also retained the special coin. Proceeds were shared equally between the ARHRF, a nominated charity of the AFL and the Australian Olympic Committee.

The arrangement ended in 2000 when the AFL authorities decided to take over control and reallocate the proceeds; but it was revived in a different form by John Turner who, as president elect of the Rotary Club of Prospect, N.S.W., introduced "The Captain's Call" for the same privileges at the Australian Rugby League grand final.

In 1997, at the Annual General Meeting, veteran Rotarian Kel Carr, who had served as district governor in 1968-69 and has been busily engaged in club, district, national and international Rotary affairs for more than 50 years, advanced a simple proposal to give recognition to those who could never hope to become Companions of the Fund with a donation of $5,000 but who would be pleased to make some lesser contribution. No doubt with the biblical reference to the Widow's Mite in mind, he suggested that those who contributed $100 be recognised as Friends of the Fund. One wonders whether even Kel realised what a goldmine he was opening for ARHRF. Bruce McKenzie, who was chairman at the time, recalls that

there was general acceptance of the idea at the time but no one saw it as an initiative of particular importance. However, with the later introduction of Bronze ($500), Silver ($1,000), Platinum ($2,000) and Diamond ($2,500) Friends of the Fund, contributions from "Friends" now exceed $330,000.

During the mid to late 1990s also there was a little more flexibility in policy to permit the allocation of funds for research outside the limits of the adopted area for each triennium. Thus there were grants for research into such diverse conditions as Ross River virus, spider venoms, diagnostic scan evaluation, first aid, pre-hospital treatment and emergency care. It is likely that the probable future concentration of effort on major research areas for longer periods than the traditional three years will encourage greater diversity of funding to meet individual research needs

Another important step during this time was the development of closer liaison with other worthwhile Rotary programs for the promotion of better health, such as Rotarians against Malaria (RAM) and Rotary Bowelscan, resulting in grants for research into malaria and bowel-scan evaluation. This, too, is seen as a likely field of future expansion with the growing number of important health-related projects being adopted by Rotary clubs and districts.

Bruce McKenzie remembers that a general invitation to the annual general meetings, held in conjunction with the annual Rotary Institute and previously attracting a limited number of members, resulted in a much greater attendance and a higher profile for the Fund. The newsletter mailing list was expanded to include the names of all past district governors so that they could be kept fully informed of the Fund's programs and, it was hoped, would use their influence to help promote it in their own clubs

and districts.

How people become members of the ARHRF board of directors is a mystery to most Rotarians. They know that club boards are elected but that club presidents allocate the “portfolios” to directors and choose minor committees. They know that district committees are chosen by district governors. Many are aware that Rotary International directors and district governors are chosen by nominating committees and elected at the annual R.I. convention. Some even know that it is the president of Rotary International who chooses members of international committees; but ask how Rotarians are chosen for service on the board of the Australian Rotary Health Research Fund — the national enterprise of which all Rotarians are so proud and to which almost all contribute in some way — and most will admit that they haven't a clue.

There is no mystery. Prior to the annual general meeting, any member is entitled to nominate a person for service on the board. All members are entitled to vote at the election and the successful candidate is declared elected. Some directors will have served as regional co-ordinators. The possibility is that they were chosen for that assignment after having served with distinction as district chairmen; and the district chairmen are appointed by their district governors. So those who aspire to serve on the board of the Fund should first work assiduously in their Rotary clubs, then indicate their willingness to serve at district level, then volunteer for service as regional co-ordinators and finally accept nomination for election to the board. It is only fair to add that the essential qualifications are a high level of commitment and an exceptional degree of masochism.

Board member Tony Williams from Ipswich,

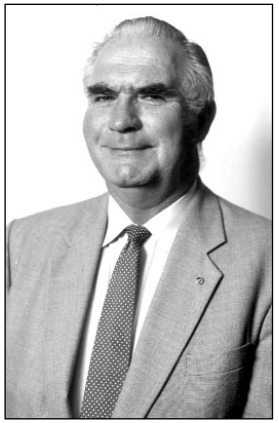
Queensland, admits that his election to the board came as a complete surprise but that he has found it the highlight of his Rotary life, which began in New Zealand in early 1977 and included service as District 9630 governor in 1992-93.

“My arrival at my first board meeting was a complete fiasco,” he said. “Nobody warned me that to get a taxi at Sydney airport was an endurance test. Finally I managed to scramble into one only to find that the venue for the meeting was a stone's throw from the airport. Arriving by now 45 minutes late I proceeded to the eighth floor where I was confronted with huge, ornately carved doors. I tentatively knocked and entered to find but one empty chair at the board table and was met by 12 pairs of piercing eyes. Chairman Bruce McKenzie sighed in exasperation and told me to sit down.”

Despite this experience, Tony has thoroughly enjoyed his work as a director, which, in addition to his participation in the decision-making process, has taken him to Townsville, Cairns. Darwin and Kooralbyn to run regional seminars as well as those in Southern Queensland.

This is a working board, not a talking board. The job is challenging, time-consuming and both physically and intellectually demanding; but it provides opportunities for service which all have found highly satisfying.

Leon Becker



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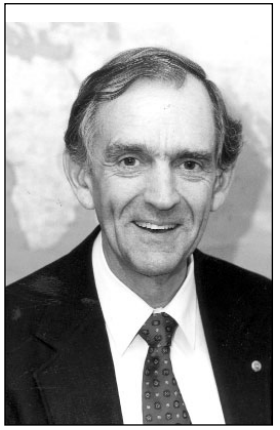

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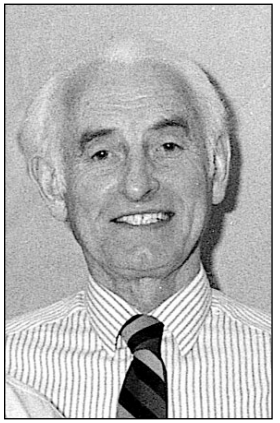
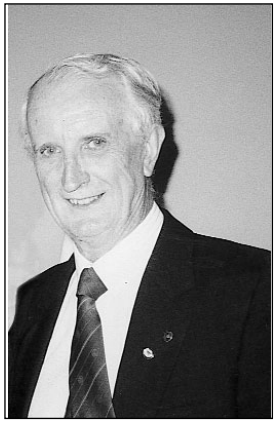
Fred Hay



Clair Rogers



Loch Adams

Chapter IX

In 1994-95 ARHRF Chairman Bruce Edwards had announced that the next area of research to be funded would be the broad area of family health. He said the board hoped that the research would cover family dysfunction and child abuse, learning disabilities and behaviour problems, youth homelessness, depression, despair and youth suicide, drug abuse and alcoholism.

"Many disorders begin in unhealthy families," he said. "As the year 2000 approaches it is believed that Rotary, through the Australian Rotary Health Research Fund, can do much towards improving the quality of family life, wellbeing and health."

Board members pointed out that family health was a logical area of concern for ARHRF to follow the focus of previous research on infants, the elderly and adolescents. Obviously there had been many overlapping research projects funded previously and the focus on the family would provide opportunities for researchers covering a wide spectrum of health problems to apply for grants.

The sixth symposium

The sixth symposium — *Health and the Family* — was held at the Australian National University, Canberra, from May 23 to 25, 1996. It was convened by Dr Stephen Zubrick of Western Australia who followed the usual pattern of inviting three internationally-acknowledged authorities to work with distinguished Australian specialists in a number of disciplines.

The international visitors were Professor James

Anglin of Canada, Professor Dina Krauskopf from Costa Rica and Dr Zarrina Kurtz from the U.K. As usual, the 27 papers presented at the symposium covered a huge range of relevant topics and provided a wealth of new material to ensure keen discussion and extended informal out-of-session exchanges of ideas.

A summary of the proceedings was published in *Family Matters*, the journal of the Australian Institute of Family Studies, which gave Bruce McKenzie (1996-1998 chairman) an opportunity, in his introduction, to bring ARHRF to the attention of readers from a wide range of professions and family-oriented groups and community organisations.

Arising from the symposium, applications were invited from researchers for the 1996-1999 triennium and the board, on the recommendation of the Research Committee, was able to allocate $1,423,500 in grants for 44 large and small projects covering an extraordinary range of investigations [see Appendix III] by an equally extraordinary range of applicants.

Depression suffered by new mothers in a new country

Of all the mental and emotional illnesses that are known to afflict people in our society, none, it seems, is more common than the group of ailments generally classified under the heading of "depression". For that reason a research project in which this illness was studied has been chosen for presentation here. The researcher whose story is briefly told is Dr Rhonda Small, who has been doing some most valuable work with immigrant mothers.

She began her professional life in education research and librarianship and became interested in the welfare of immigrant women when employed in

the Victorian Women's Advisory Bureau during the late 1970s. She was involved in a voluntary capacity for several years in WICH, Melbourne's immigrant women's health organisation. These involvements led to her vocational change to health research in 1989.

For 18 months she was senior research officer with the Victorian Ministerial Review of Birthing Services before joining the Centre for the Study of Mothers' and Children's Health as a research fellow in 1991.

The principal motivating factors in the development of the Mothers in a New Country (MINC) study were Rhonda's long-standing interest, shared by Professor Judith Lumley, in the health of mothers and children; and particularly their concern for women of non-English-speaking backgrounds, whose voices are rarely heard in perinatal and public health research in Australia.

This, as Dr Small pointed out, left a huge gap in our understanding, because immigrant women comprise a significant minority of all women giving birth. About one in six women having babies in Australia were born overseas in non-English speaking countries.

In association with staff researchers Jane Yelland and Pranee Liamputtong Rice, Rhonda Small and Professor Lumley undertook an interview-based study designed to explore the experiences of Vietnamese, Turkish and Filipino women who gave birth in Melbourne in 1994-1996. Six to nine months after the birth of their babies, 318 women participated in home-based interviews conducted in the languages of their choice, with bicultural/bilingual interviewers.

Members of the research team were interested in understanding immigrant women's experiences of their maternity care in Australia and also in

exploring their subsequent experiences of the first months of motherhood, with a particular focus on maternal emotional health following the birth.

It was this latter aspect of the study — particularly involving the exploration of women's experiences of depression — that was funded by a grant from the Australian Rotary Health Research Fund.

Previous research conducted at the Centre by Stephanie Brown, Judith Lumley and Rhonda Small had included a Victorian statewide postal survey of women's views of their maternity care; which also provided, for the first time, a population estimate of the prevalence of maternal depression eight to nine months after giving birth. The combined group of women (all born overseas in non-English-speaking countries) responding to the survey, had a significantly higher prevalence of depression than Australian-born women (24.1% cf 15.4%).

Given that women not fluent in English were less likely to respond to the survey, women of non-English-speaking background were obviously under-represented among respondents. Due to the small numbers in each country-of-birth group, it was not possible to see whether there were any differences in the prevalence of depression in different immigrant groups. Nor was it possible to determine whether the measure of depression used (the Edinburgh Postnatal Depression Scale), which is well validated in English-speaking populations, was in fact cross-culturally relevant and appropriate for immigrant women of non English-speaking background.

The findings, however, appeared of sufficient significance to give rise to concern; and this prompted the researchers to design a study in which these issues could be further explored; with appropriate attention to language and cultural issues

in the design and conduct of the study. To this end a reference group, including representatives of the Vietnamese, Turkish and Philippine communities, was formed to advise them. They also consulted mental health professionals in the communities being studied.

Assessing mental health issues in cross-cultural contexts had not been very well developed methodologically; and the MINC study provided an opportunity to evaluate different approaches to such assessment. As Rhonda Small pointed out, there has been ongoing debate about the appropriateness of measuring mental health status using Western diagnostic and classification tools in cross-cultural contexts. This debate hinges on whether or not it is possible for such assessment tools to be successfully adapted so that they capture potential cross-cultural differences in the experience and/or expression of mental health status, while retaining a common core that supports cross-cultural comparison. The problem is further complicated in the context of immigration. Yet the need to understand the mental health experiences of immigrant communities, and to address mental health problems appropriately, demands creative approaches to the cross-cultural difficulties encountered in mental health assessment.

A combination of standardised assessment and more descriptive approaches that build a picture of how mental health problems are viewed within a particular culture, has been increasingly proposed as the strategy most likely to be helpful.

So the researchers used three approaches to the task of assessing depression in the MINC study, comparing women's own assessments of their depression problems with the findings on two

standardised assessment tools: the Edinburgh Postnatal Depression Scale (EPDS) and the SF-36 (a physical, mental and social health status measure), used in translation.

In addition to this need for caution in the use of Western-developed mental health instruments, it is also vital that a particularly careful approach be taken to the translation of such instruments. In order to develop the best possible translations of the standardised instruments they used in MINC, the process undertaken involved translation by a qualified translator; focus group discussion of each translation by bilingual community representatives to assess accuracy, appropriateness of language, and likely acceptability to women from a range of backgrounds within each cultural group; discussion with a bilingual mental health professional (for Turkish and Vietnamese translations); and piloting and comparison of responses to the original translations and the modified versions.

This process identified a number of problems with the translations not likely to have been picked up by the usual process of back translation into English; particularly those issues related to appropriateness of the language and the translation of colloquial phrases.

"The importance of such a careful process cannot be over-emphasised," Rhonda Small explained, "especially in the area of mental health assessment; where, for example, the use of terms implying mental illness can be culturally very inappropriate and may lead to an unwillingness to disclose, or refusal to respond altogether."

The MINC study findings indicated that, with careful attention to the processes of translation and piloting of the standardised instruments, it was

possible to measure mental health status in these three groups of women, with a significant degree of congruence in the findings on the two standardised instruments and women's own descriptions. On all three measures, Turkish women were most likely to be depressed. By way of example, 29% of Turkish, 10% of Vietnamese and 8% of Filipino women scored as depressed on the EPDS. This type of pattern was repeated for the SF-36 mental health findings and for women's own descriptions of themselves as depressed.

No major problems were encountered, nor problems in the completion of the two standardised instruments by women in these three communities, with very few women unable to be scored on either the EPDS or the SF-36. Nor did women appear to find it difficult to speak with the interviewers about how they had been feeling, despite some commonly-held views, encountered at the beginning of the study, that Turkish and Vietnamese women in particular would not disclose emotional health problems.

The importance of social context factors in understanding depression after childbirth in Vietnamese, Turkish and Filipino women was seen to parallel the findings of the researchers' earlier work among Australian-born women. The factors most relevant were isolation (compounded often by immigration), physical health problems (including exhaustion) and lack of support. The MINC findings thus confirmed the need for interventions which address women's needs for support, for attention to physical health issues postnatally and for the provision of empathic primary health care by GPs and maternal and child health nurses, who see women so frequently in the weeks and months following the birth of a baby.

"For women who speak little or no English this will

require creative strategies," the researchers reported. "Clearly there is a need for better use of interpreting services by primary health care providers; but in the context of providing care and support around mental health issues for women, then this can only be seen as a very small first step.

"Providing women with people to whom they can turn, who speak their language and can provide a 'listening ear' and other support, is a much more complex service-delivery issue; but it is one which needs to be addressed, particularly in the context of our findings of markedly raised levels of depression among Turkish recent mothers."

Rhonda Small's work, which earned her a doctorate in philosophy, has been of considerable importance to the understanding and, as a consequence, the treatment of emotional problems associated with childbirth in non-English-speaking migrant women. Her contribution to the advancement of knowledge is considered especially praiseworthy by the Research Committee of the ARHRF because she successfully combined her commitment to her research with the demands of motherhood.

Moderating risk factors for young children with Conduct Disorder

Is it possible to modify the anti-social behaviour found in some young children by mitigating the risk factors associated with conduct disorder?

A project at the University of Western Sydney with the objective of moderating these risk factors arose from Professor Ken Linfoot's long-standing interest, shared by some of his colleagues, in the problems experienced by some young children in learning positive social relationships.

Professor Linfoot's interest was awakened during his early career as a teacher, a school psychologist and, subsequently, as a teacher-educator. He had worked as a teacher-educator at Charles Sturt University and was appointed Associate Professor in Special Education at the University of Western Sydney in 1995. In this rôle, his special interest has been with the problems of school children who have difficulty in learning, especially learning language and literacy skills, or in developing useful social relationships.

"Sadly," said Dr. Linfoot, "these problems are all too often linked. The learning difficulties experienced by many children, as they progress through the school systems and later life, are closely tied to their poorly developed social skills."

He explained that typical social skills needed by five to six year olds include the ability to attend closely to the people around them, to listen and make sense of much of the language they hear, to be able to play co-operatively with their peers, to be able to take turns and share an adult's attention when necessary, to be able to follow the reasonable direction of parents and other known adults and to be able to deal with real or imagined disagreements with their peers.

Dr. Linfoot's colleagues in this project were Dr Jennifer Stephenson and Dr Andrew Martin. Jennifer is now Senior Lecturer in Special Education at the University of Technology, Sydney, and Andrew is principal of his own consulting company; but they had worked together at UWS from around 1995 on various teaching and research projects, mostly concerned with learning difficulties in young children. Both Jennifer and Andrew had completed PhDs at UWS and they, with Ken Linfoot, had

collaborated on some work for the Education Department in evaluating a new program on teaching social skills to young children entering school.

They decided to extend that research and investigate the issue from the perspective of parents and teachers, in both school entry and in pre-school contexts. This work showed that most responding parents and teachers experienced relatively minor frustration with the occasional disobedience or naughtiness of their children; but that a very small number displayed extremely aggressive behaviour and sometimes cruelty to other people or animals.

As a result they set out to learn more about the origins of those behaviours in the affected young children; and also to see whether they could learn more about ways to prevent that behaviour and to deal effectively with it when it did occur.

It was during the early part of 1997, that Ken Linfoot and his colleagues became aware of the Australian Rotary Health Research Fund and its rôle in funding Australian researchers in health-related areas.

“I imagine that we had not really considered our work to be of interest to ARHRF since our interests were outside of traditional medical/health issues,” Dr. Linfoot said. “However, we saw that the Fund was concerned with encouraging research, at that time, in Family Health topics and the terms of reference we saw indicated that our interest in young children's social behaviours was well within the scope of the Fund.”

Fortuitously, Ken Linfoot was about to travel overseas in mid 1997 to undertake a four-month assignment as Visiting Professor of Special Education in the College of Education of Vanderbilt University, Nashville, Tennessee. Before leaving for the USA, he

and his colleagues met to design the research project, which subsequently became the subject of their application to ARHRF.

The project had two main aims.

The first was to confirm the existence, in the case histories of very young children, of risk factors which all available professional literature identified as being associated with that extreme form of anti-social behaviour described as Conduct Disorder. The children to be studied were those referred by their parents to community health centres.

The second aim was to trial one particular approach to working with such children and their families to see whether this approach may have some useful effects.

The application was duly completed and submitted to ARHRF, with agreement in principle obtained from those agencies with which they would need to work, should the funding application be successful. While awaiting its evaluation by the research committee of ARHRF, Ken Linfoot made good use of his time at Vanderbilt by grasping the opportunity to work with eminent researchers in the area of conduct disorder in young children. He was also able to participate in management meetings of research teams investigating the effectiveness of various intervention strategies in child care settings across the United States.

“One of my contacts at Vanderbilt,” he said, “was with Professor Ken Dodge, who was a member of the Conduct Problems Prevention Research Group. This was a group of eminent researchers across the United States who had produced influential reports on the nature of and best treatment of this condition. Other work was with Professors Steve Warren and Ann Kaiser, academics who had pioneered a set of strategies known as *milieu teaching*. In this

approach, young children with severe disorders were treated in the natural setting, or *milieu*, in which their behaviour proved troublesome.

"Teaching staff in pre-school or school settings, or parents in home settings, were trained in adapting their own interactions to avoid situations leading to children's aversive behaviours and to use and increase behaviours which were associated with better-adapted social interactions. They were also trained in learning how to analyse teaching or household environments and make changes which were functionally related to improved social behaviours by their children."

Ken Linfoot's time in the USA was fruitful in other ways. He was able to spend some sustained time in reading the latest reports from research journals in the areas of psychology, education and family studies with a view to evaluating the success others were having with various approaches to the management of conduct disorder in young children. He was also able to complete some sustained writing of his own, leading to the publication of some of the team's work on his return.

One particular line of investigation of behaviour disorders in young children concerns the "escalating cycle of coercive relationships" described by Gerald Patterson and colleagues. This work describes the way in which parents of a difficult young child can easily find themselves in a battle for the "last word" over some issue and where the voices gradually rise in volume. Smacks may begin and eventually tantrum behaviour results, perhaps leading to sustained smacking by adults. Ken Linfoot said that Patterson's work has been important in drawing attention to the all-too-easy onset of such coercive cycles in families and to showing how models of

positive social-interactive processes can be used as alternatives.

"On my return to UWS at the start of 1998, I was delighted to learn that our team had indeed been awarded an Australian Rotary Health Research Fund grant of $27,000. Needless to say, the team was equally delighted to learn that the proposal had been judged worthy of this grant by the ARHRF research committee and that our earlier work in this field had been recognised in this way.

"We immediately began the detailed planning for implementing the research. This included the seeking of approval from the University of Western Sydney, the Wentworth and Western Sydney Area Health Services and the NSW Department of Education and Training, since each of these agencies was in some way associated with the processes of our research."

The research methodology included two main stages, in line with the two aims of the project. For the first, they developed a survey instrument for use with parents of families who had sought assistance from community health centres in the two Area Health Service districts. The instrument was developed from some well known measures of children's behaviour and their parents' responses to it, along with some smaller scales developed by their own team.

The survey instrument was administered to 80 people agreeing to take part in the study, either by person to person interview or, for some parents, independently completed and returned by mail. The purpose was to establish whether there were potential risk factors in the lives of the parents responding to the survey and which were, in turn, associated with the occurrence of difficult behaviours

on the part of their children.

The six risk factors identified from previous literature and assessed, using the survey items in this study, were the child's behaviour when younger, poor family support, lack of confidence in one or both parents, family worries, economic concerns and personal anxieties.

Analysis of results from this part of the research showed that the set of risk factors significantly predicted social withdrawal, hyperactivity, aggression and delinquency in the behaviour of these parents' children.

The strongest risk factor was the child's early conduct, which predicted subsequent uncommunicative behaviour, social withdrawal, hyperactivity, aggression, and delinquency. Economic worries were the next most influential group of risk factor for families, significantly predicting hyperactivity and delinquent behaviour.

The second aim of the study had been to consider possible intervention which may have useful effects in relation to the onset of serious behaviour problems. To this end, an intervention study was conducted over 12 weeks with two groups of pre-school children and their parents. Both groups were involved in the intervention procedures.

"This means that we did not use a traditional control, or non-intervention group, since we felt uneasy about bringing parents and children together and not giving them access to intervention which our team thought may be helpful to them," Dr. Linfoot explained. "But, by replicating our intervention in a separate site, we hoped to provide some evidence that effects associated with the intervention were less likely to be due to chance.

"Our intervention consisted of bringing children

together with a parent or caregiver in a playgroup setting, in which they were encouraged to use toys which promoted interaction between each parent and child. The objective was to encourage parents to take less control of the toy-playing and the associated verbal interaction with their children but, instead, to respond positively to their children's initiating of the interaction. This approach encourages child-parent communication in functional interaction and develops from the *milieu teaching* work referred to earlier."

To measure the effects of this part of the study, trained observers were used in each setting to make careful records of the interactions involving each child-parent couple. In particular, observers noted the initiator of the interaction, its language component and the degree to which it was friendly or aggressive.

"Perhaps not surprisingly," said Dr. Linfoot, "most interactions recorded during our presence were indeed quite friendly. What did emerge from this study, however, was a very clear and statistically significant trend for the interactions to change from parent-initiated in the first few weeks, to child-initiated towards the end. In other words, parents had learned to follow their child's lead in toy play in our settings. They also changed to increasing their own responsiveness to their child's initiations, in contrast to simply ignoring or not noticing this behaviour.

"Unfortunately, not all the parents and children involved in the study did continue for the full 12 week period; however, very encouraging results were obtained from those who did. Moreover, analysis of the data from each of the separate sites of this study showed no significant differences in the patterns of

interaction change.

"Our research team has been very excited by the findings of this work and can see many implications for our work with families and in teacher education. We have been able to establish the existence of important events in the lives of families which are associated with the onset of difficult behaviours in young children.

"These findings have fairly obvious implications for those involved in public policy development and indeed for all of us in our own lives. Very encouragingly, the work has shown that we are able to bring about at least short term change in the patterns of social-communicative behaviour between young children and their adult care givers. This change is one which can reduce the cycle of coercive family processes observed by other researchers. It is important to know that this is a pattern which can be changed with appropriate attention and family support.

"To that end, this project has made a small contribution to the developing knowledge in the onset and development of Conduct Disorder in very young children. My colleagues and I are indeed grateful to the ARHRF for making possible this particular research along with a number of other projects which have explored this topic."

For Ken Linfoot the ARHRF grant had special significance. As an enthusiastic Rotarian he was able to use his experience as a practical example to his professional colleagues of Rotary's value to the community in the areas of health and education.

Chapter X

When the Australian Rotary Health Research Fund agreed to adopt mental illness as its next major area of research funding the board members did not realise that they were about to change the Fund's role dramatically, extending its function beyond the funding of worthwhile research into active participation in community education programs.

It was in October, 1998, that the research committee recommended to the board that the next area of research be mental illness, beginning with a symposium in May 1999. The committee proposed that, if the board adopted the recommendation, the first round of research grants be made during 2000.

Research Committee Vice Chairman Michael Sawyer, Associate Professor of Psychiatry at the University of Adelaide, offered to convene the symposium and bring together a group described as "the cream of mental illness researchers and professionals" as participants. He also undertook to brief the board members fully on the importance of mental health in the community, introducing Professor Harvey Whiteford and Mr Dermot Casey of the Mental Health Branch in the Commonwealth Department of Health.

Professor Whiteford was able to quote World Bank statistics showing the incidence of mental illness in the community and its enormous economic cost to society. The members were no less surprised than most people to learn that 20% of all Australians (that's one in five), at some time during their lives, suffer some form of mental illness, which can range from a mild depressive state, likely to be only

minimally disabling, to a major psychosis resulting in lifelong dysfunction. They also learned that widespread, entrenched ignorance perpetuates the awful stigma which has dominated public attitudes to mental illness for thousands of years.

The urgent need for extensive research into many aspects of mental illness was recognised by the board; but it was obvious, also, that some kind of public education was necessary.

The board adopted the recommendation of the committee and pledged $5 million during the next five years for research into mental illness *and for the advancement of public awareness* of this widespread but still largely misunderstood affliction.

To encourage the ARHRF to promote awareness of mental illness to Rotarians, the Department of Health made an initial grant of $100,000 to the Fund. The message was also carried to the wider community through a series of radio and television announcements and newspaper and magazine articles. Soon both state and federal governments identified themselves with launches of Rotary's mental health awareness programs.

The seventh symposium

The 7th international symposium of ARHRF was held in Canberra from May 5 to 7, 1999 with an attendance list that might well have been an abstract from a "Who's Who" of Psychiatry. With the theme *Rotary and Science in Australia: Evidence, Action & Partnership in Mental Health* it brought together a team of eminently qualified specialists from all states of Australia.

Dr Harvey Whiteford opened the vast subject with an international view of mental health and mental illness; and was able to demonstrate the huge cost of

mental illness in human suffering, in social disruption and in money. He emphasised that mental disorders are real illnesses that can be treated and cured or controlled. He concluded by declaring that: "Quite clearly the burden of mental illness in all societies and the importance of mental health in our world are now recognised as issues which can be tackled and are far too important for our future to be ignored."

Further papers were delivered covering different aspects of each of the broad areas of Depression, Schizophrenia, Infant Mental Health, Child Mental Health, Youth Mental Health, and Prevention, Promotion and Intervention. In all there were 19 papers presented by leading specialists and researchers, opening the array of subjects to thoughtful deliberation and wide-ranging discussion.

At the conclusion of the symposium no members of the ARHRF were left in the slightest doubt about the importance to the human family of the task they had set themselves; but some did privately admit to small but persistent nagging doubts about their ability to achieve their objectives. Had they bitten off more than they could chew? To fund useful research projects — guided by a highly professional committee of specialists — was one thing; to embark on a program of public education was quite another. However — first things first — the board set about its primary task of allocating funds for research into mental illness, which it was able to do with the efficiency and effectiveness born of experience. It also charged itself with the responsibility, with the advice of the research committee, of choosing the first Ian Scott Fellow for research into an aspect of mental illness. The successful candidate was Caroline De Paola of the University of Melbourne, whose work is

described later in this chapter.

As this story is being written, only the early research grants have been allocated. Many more projects will be supported in the next few years; but in mid-2001, apart from the Ian Scott Fellow, 26 researchers have already received funding for a variety of projects [see Appendix III], some of which were breaking new ground in mental illness research.

Community awareness

In the long history of Rotary it has been shown, again and again, that all the major innovations in the movement, all the great and far-reaching programs, all the significant projects, all the important initiatives, began with one simple idea in the mind of one Rotarian. It was so with the very birth of Rotary, when Paul Harris conceived the idea of a simple little fellowship club. It was so when an unremembered member of the Rotary Club of Chicago suggested that their comfortable little friendship group should engage in a community service project and changed Rotary from a social club to a service club movement that would encircle the globe. It was so when Clem Renouf dared to dream about worldwide co-ordinated programs to promote health, relieve hunger and advance human welfare, thus giving Rotary clubs the opportunity to work together on programs of world significance as well as individually. It was so when Ian Scott had the impudence to put forward his idea of raising two million dollars for research into cot death. It has been so in every Rotary club in the wide world every time a project, large or small, has been adopted. No matter how many help to implement and promote it, develop it, refine it and even devote their lives to it, it began when one Rotarian had an idea.

Dr Ian Fitzpatrick of the Rotary Club of Mosman,

N.S.W., a retired general practitioner, was involved in local community services and was a member of the Seniors Safety Committee, in which capacity he had become aware of a significant number of suicides among the elderly. This reinforced a growing concern for the mentally ill, first implanted in his consciousness during his many years as a family doctor. It also strengthened his conviction that more should be done about public education to remove the stigma attracted by mental illness.

When he attended the conference of Rotary District 9680 and heard ARHRF Chairman Ted Atkinson's announcement that the Fund was to allocate $5 million over the next five years for mental illness research and public awareness, he decided that his Rotary assignment as community service director offered him a Heaven-sent opportunity to promote community awareness of mental illness.

He telephoned Joy Gillett, requesting that ARHRF join forces with the Rotary Club of Mosman and local mental health service providers in a community forum. The board had no hesitation in acceding to the request and, on April 6, 2000, a highly successful forum was held at Mosman, chaired with courtesy and sympathy by Sally Loane, popular presenter and journalist with 702 ABC Sydney, who commented later that the participation of local people in such a gathering was clearly an effective way to promote community awareness and was more likely to attract local media interest than occasional news releases. She congratulated the organisers on their initiative and praised Rotary for its involvement.

Sally Loane was an inspired choice as moderator. Not one of those journalists with a cynical view of Rotary and other so-called "do-gooder" organisations, she displays a genuine personal interest in groups

and societies for social advancement. Raised in the country, she learned from her own parents, by precept and example, to regard community service as an obligation; and exposure to more worldly attitudes at university and in the work force did nothing to change her own genuine concern for her fellow creatures, especially those afflicted by misfortune or illness. This was evident in her sensitive handling of the issues raised in discussion. Perhaps unwittingly, she demonstrated the importance of choosing a moderator with the appropriate skills and sensitivity.

The forum was attended by a collection of eminently-qualified speakers who presented a variety of aspects of the subject, from personal experiences of mental illness to care, treatment, rehabilitation, education and the modification of community attitudes. ARHRF Chairman Terry Edwards, Past Chairman Ted Atkinson, Manager Joy Gillett and other ARHRF Board members were interested and fascinated observers.

The formal presentations were followed by a lively discussion and question time; and one outcome of the forum locally was the formation of an awareness and anti-stigma group through Mosman Community Services.

The forum captured the imagination of the board members. It was clear that here was a highly effective means of bringing the mental health message to the people and to complement the newspaper, radio and television announcements now being professionally produced. Here was a vehicle to provide for community education and information imparted by those with personal experience of mental illness and by known authorities, as well as for wide community participation. The board agreed to formalise a forum program as a major part of the aim to promote

mental health through community awareness.

Board members went back to the Commonwealth Department of Health and talked to Dermot Casey about the extension of the plan for community forums throughout the length and breadth of Australia. Mr Casey was impressed; and the outcome of their discussions was Government funding of $262,000 over two years to employ a co-ordinator of forums to be organised by Rotary clubs and also to produce a series of television announcements.

It was hoped that a community forum could be held in every local government area in Australia; but when it was realised that this would involve more than 600 forums it became obvious that either additional funding or curtailment of the program would be necessary.

A request for financial assistance was made to the *beyondblue* Organisation, the recently-formed “national depression initiative” headed by former Victorian Premier Jeff Kennett. The result was a partnership forged between *beyondblue* and ARHRF; and immediately community forums were planned with the participation of more than 100 Rotary clubs.

“*beyondblue* — the national depression initiative” was established by the Federal and Victorian Governments to make a contribution in the field of depression. Its “Vision” is stated as “A compassionate society that seeks to prevent depression and in which suffering as a result of depression is reduced through effective responses, co-operation and participation”; and its “Mission”: to "Reduce the prevalence, risks for and the impact of depressive disorders, and increase the capacity of the Australian community to deal effectively with depression.” As the first of its priorities was to increase community awareness of depression, the advantages of a partnership with

ARHRF in the encouragement of community awareness were obvious.

The format and structure adopted for the community forums now being conducted Australia-wide, is basically the same as that developed for the first forum at Mosman.

It is confidently expected that, when the five-year *Mental Illness* program concludes in 2005 (Rotary's centenary year), every community in Australia will have been given the opportunity to understand this distressing malady in all its many guises. And understanding, of course, will diminish that ancient prejudice arising from those deep-seated fears, bred in ignorance and superstition — prejudice which adds to the sufferers' anguish and retards their recovery.

The first Ian Scott Fellow

It was at the 16th Annual General Meeting of the Fund, which was held in Canberra on November 19, 1998, that Fred Hay, a former ARHRF director, suggested the adoption of some enduring recognition of the Fund's founder, Ian Scott, in the form of scholarship. No resolution was recorded, but it is remembered by those present that the proposal met with unanimous approval and was referred to the board for consideration.

At the conclusion of the AGM, Chairman Ted Atkinson called the board together for a short extra-ordinary meeting, at which it was resolved "that the Fund establish 'The Australian Rotary Health Research Fund Ian Scott Post-Doctoral Fellowship' and allocate funds on an annual basis". This was later amended slightly to include post-graduate doctoral candidates.

It was decided that the Fellowship would be

tenable for one year initially, but with renewal, on application and subject to satisfactory progress, for a further two years. For the convenience of the Fellow and for more efficient management, the Fellowship would be administered by the university or other institution at which the research was to be carried out.

Because the decision had been made to adopt mental illness as the area of research for the next triennium — and beyond, it was agreed that the first Ian Scott Fellow should be someone engaged in an important research project in this field.

Applications were invited and received from all states; and the research committee was faced with the unenviable task of short-listing three of the 15 candidates, most of whom were exceptionally well qualified and presented projects worthy of support. Then, to make their task even more difficult, the committee members were required to interview those three and recommend just one to the board.

The inaugural recipient of the Australian Rotary Health Research Fund's Ian Scott Fellowship for research into mental health is Caroline De Paola. She is undertaking a PhD in Psychology at the University of Melbourne and is based at the Department of Clinical Psychology in the Austin and Repatriation Medical Centre under the supervision of Professor Jeannette Milgrom.

The youngest of six children of immigrant parents, Caroline was raised in a working class Melbourne suburb with a high European migrant population. She attended the Altona Gate Primary School and Altona North High School.

Her interest in the behaviour of people began at high school. She was intrigued by the vastly different responses of different people to a similar situation

and could not help asking herself why. At the same time she developed an interest in statistics and how they could be utilised to accurately describe events and patterns. It is not surprising that, combining these two interests, she should choose psychology as her major area of study.

She completed an Arts degree, majoring in psychology and statistics and then went on to take a Diploma in Applied Psychology and, for good measure, added a Master of Arts degree by course-work and research in educational psychology. (BA — Ballarat University. Graduate Diploma — Swinburne University of Technology. M.Ed Psych — Melbourne University. PhD — Melbourne University).

Caroline said that she developed a more practical interest in her subject after completing the research component of her Master's degree and during her practical work placements at schools and hospitals.

“It was also a perfect opportunity to see the valuable contribution applied research can make to people and society,” she said.

“I enjoy social science and related research because of its applicable emphasis; and I hope to pursue a career in applied psychological research.”

Identifying families at risk

Caroline De Paola’s current research, as ARHRF Ian Scott Fellow, involves developing a screening tool that she hopes will accurately identify families who are at risk of parenting problems and then to facilitate appropriate referrals for them so as to avoid what she describes as the “negative outcomes” that can result from poor parenting.

“It is quite difficult to accurately explain how much it means to me, both personally and professionally, to be the inaugural recipient of this fellowship,” she

said.

An important reason for her feeling so greatly honoured to have been awarded the fellowship was because of its significance in commemorating the unique contribution of Ian Scott, the Rotarian of vision who had initiated the modest research fund which was to become the ARHRF.

“Although I strongly believe that my project has vital practical importance and implications for so many families,” she said, “the truth is that I would not be doing this research if it were not for Rotarians, whose support of the ARHRF — and specifically the Ian Scott Fellowship — has meant that I am in a position to work, uninterrupted and with the benefit of excellent supervision, to conduct research which has the potential to reduce the most negative effects of poor parenting from impacting on our communities. Surely everyone would agree that the opportunity to improve a child's future — developmentally, psychologically, and socially — by improving the environment in which they are raised, is a very attainable and important goal.”

She said that the flow-on effects for the community would be numerous because parenting skills are very often reflected in the next and future generations; and that the Old Testament assertion that “the sins of the father shall be visited on the children unto the third and fourth generation” was particularly apt.

She explained that, traditionally, competition for the limited funding into mental health areas had been very intense; because there are always more worthwhile projects deserving funding than there is money to support them. Also, psychological research competes with other areas of medical research with much higher profiles and public exposure and which,

generally, have greater community recognition.

In addition, psychological research is often very complex, involving many different variables. It is the very difficult task of trying to untangle so many variables to determine the effects of each that places psychological research in the "too hard basket" for many funding bodies.

Caroline believes that the very difficulties facing psychological research, combined with the obvious practical implications of such research (provided it is well carried out), should be sufficient reason for greater practical support and encouragement.

"The ARHRF," she said, "is leading the way in this respect.

"I am very fortunate to have been involved in promoting the ARHRF by describing my research and how the Ian Scott Fellowship has assisted me in this work," she said.

"On a visit to Western Australia I met, for the first time, Professor George Lipton, another guest speaker on the program, who was there as a member of the State Health Department of Western Australia. I was interested to find out that he was unknowingly but very directly involved with my attendance there."

In about 1975 Professor Lipton was involved in the establishing of a clinical psychology department at the Austin Hospital in Melbourne. He actively sought psychologists and researchers who were doing promising and exciting clinical research. One of these researchers was Jeannette Milgrom, who was doing innovative work exploring mother-infant interactions with a relatively new technique using split screens.

"That was approximately 25 years ago," Caroline said, "before I had even begun my primary school education. It was Professor Milgrom who went on to mould the Department of Clinical Psychology and

develop the infant clinic. And, of course, this is the institution where I currently conduct my research with Professor Milgrom as my primary supervisor.

"My chance meeting with Professor Lipton illustrates how analagous it is with what Rotarians are doing when they contribute and support the Australian Rotary Health Research Fund.

"Professor Lipton had an idea 25 years ago to create a department which he thought would be beneficial and useful to the local community. He invested time and effort into his vision, with the hope that it would result in the positive outcomes that he was anticipating. If you were to know that there have been thousands of people who have benefited from work conducted in this department since its inception, I'm sure you would agree that Professor Lipton had amazing foresight; but I'm convinced that not even he could have anticipated the success and efficacy of the clinical psychology department that he helped establish, which is now a well recognised place for treatment, intervention and research.

"I believe his vision is similar to that of Ian Scott and the pioneers who founded the ARHRF; and to the vision of the present directors and research committee. I don't think anybody doubts that research into mental illness is a good thing; however, there may be very few who accurately forecast the wonderful flow-on effects in the immediate and long term future from the ARHRF's commitment to this cause.

"I also think that area of research that I am involved with has the potential to prevent terrible consequences, and particularly the intergenerational transmission of illness. I'm very privileged to have been supported by the Australian Rotary Health Research Fund so early in my career and hope that

in the future I can continue to contribute and be a mentor to others".

"So, all who contribute to and support the ARHRF, just as Professor Lipton graciously and justifiably acknowledged some responsibility for my success through his involvement with Professor Milgrom, have justifiable cause to be proud of the outcomes produced by the projects which benefit from the Fund's grants. The vision of making a significant impact on mental illness in Australia may yet be realised more broadly than expected. At the very least, Rotary's commitment to de-stigmatising mental illnesses that affect so many individuals, families and communities is to be applauded.

"Before the second year of my fellowship was granted, I had to re-apply to the research committee, outlining my hypotheses, the research protocol and methodology. In addition, I had to provide a progress report of my work to date. I am absolutely delighted that the research committee of the ARHRF agrees with me that my research is worthwhile and continues to negotiate the inevitable obstacles on the way to attaining a satisfactory completion," she said.

In the meantime, many families are being assisted through Caroline's research. By mid-2000, some 600 women had been screened; and those found to be in need of assistance during this process were appropriately referred; so that already the children of these families at risk have been given a more positive opportunity to develop and thrive within their families. Caroline says that all supporters of the ARHRF can take credit for these outcomes and can be satisfied that the benefits will continue to occur for the period of the research and into the future, as the screening procedure is incorporated as a part of the routine visits to families.

Caroline hopes that, when her research is completed, the full impact of the worth of the Ian Scott Fellowship will be realised; and that the practical benefits flowing from future research fellowships will be equally valuable.

Carolyn De Paola

John Feros

Chapter XI

In the foregoing chapters the work of the Australian Rotary Health Research Fund has been briefly described; but little has been written about the people who have been responsible for implementing the program, establishing the total organisation, building the administration, planning the appeals and the promotion, communicating with potential benefactors, dealing with government ministers and bureaucrats, receiving and investing the funds, organising the symposia and seminars and forums, considering the applications, choosing the areas of research to be funded, allocating the grants — in other words, making it all happen.

Of course, everyone who has served as a member of the board or the research committee, as a district chairman or regional co-ordinator or as a worker in a Rotary club has contributed very significantly to the growth and development of what has become one of the largest non-government research-funding bodies in the country, recognised and highly respected by the medical profession and the scientific community.

Two complementary groups of people have made it possible for the Fund to operate. Neither could have functioned effectively without the other and the Fund could not have functioned at all without both. They may be compared to the port and starboard sides of a ship; or the left and right wings of an aeroplane. They are the Board of Directors and the Research Committee.

In this chapter and the next, we consider the contribution of these two essential components; but in quite different ways. In this chapter we look at the

contribution of expert knowledge and impartial scientific appraisal: the application of the intellect to the processes by which research proposals are considered, the criteria applied and the final decisions reached. In the next we look at the contribution of personalities and a range of marketing and communication skills to the growth and development of the total organisation.

The research committee

From its earliest days, the steering committee recognised that it would be imperative to select a panel of leading specialists to advise on the most appropriate areas of research and on the allocation of research funds. It was clear that the people to be chosen for this task would be those best qualified, who would be not necessarily Rotarians.

Once again the extensive Rotary network was used to find the right people; and Rotarians in the appropriate disciplines were called upon to provide names. It probably is true to say that every major hospital, every medical research organisation or foundation and every university in Australia was combed for the most eminent specialists available. It speaks volumes for their vocational commitment that so many were willing to accept the invitation to serve as volunteers, to donate their time and their hard-earned knowledge, with no reward and not even the customary public acknowledgement of their service.

At the first meeting of the steering committee the need to assemble a qualified "medical panel" was discussed; and this requirement was kept in mind during the work towards formal establishment of the ARHRF. When, in 1985, the board was at last in a position to allocate its first research grants, there was already a list of prominent specialists who had

been recommended by Rotarian medical practitioners from all states.

Because cot death was to be the first area of research, the board felt that it could not choose a better person to lead the first research committee than Alan Williams, who, it will be remembered, had so passionately presented the case for more research funding in a radio interview that he had inspired Ian Scott to take the action which resulted in the formation of ARHRF. Obviously he would have an intimate knowledge of those areas of research worth pursuing and the criteria to be applied. The board unanimously decided to invite him and was delighted that he accepted.

The first research committee had no guidelines, apart from the very brief terms of reference given by the board. The new members were expected to devise an application form and guidelines for applicants and then to develop an effective method of choosing the successful applicants. Dr Glen Buchanan, a specialist general practitioner, member of the Rotary Club of Stanthorpe, Queensland and a past governor of District 9630, who was a member of that committee, recalls that few, if any of the members were experienced in judging the potential value of other people's research; so the first task was to devise a system of comparing the various proposals and deciding which were worthy of funding.

"It was very much a matter of flying by the seat of our pants," he said of this difficult assignment. "At first glance the research proposals appeared to be all worthwhile and deserving of support; so we had to ask ourselves which, in view of the limited funds available, we should recommend. It so happened that the exciting proposal for a prospective study into the incidence of cot death, submitted by Professor Terry

Dwyer, appeared to all of us to have an excellent chance of producing practical outcomes; so that disposed of our first problem; but we were still left with a large number of interesting proposals from which to choose just a few.

"One that stood out as positive and having immediate practical benefits was the study of an appropriate form of counselling proposed by Dr J.C. Vance of the University of Queensland. Until the cause or causes of cot-death could be identified, there would still be many bereaved families needing help."

The committee at that time had to be conscious of the need to recommend grants which would help in the promotion of this new project. Apart from the various co-ordinating or advisory committees appointed by the Institute, such as IPAC, AVAC, YEP and RYLA*, which were designed to exchange ideas and information to improve the efficacy of existing Rotary programs, there had never been a nation-wide, multi-district project to meet a great community need; and it was important that those "selling" the idea should be able to demonstrate some early successes; and also to show that there was a nation-wide representation of research being funded.

"While the scientific integrity and potential value of any proposed research project were still paramount," Dr Buchanan said, "we did feel it important, for the future development of the Fund, to consider these other factors."

One of his happy memories of that first committee, he said, was that he was what he describes as the "token G.P." and was professionally consulted by these eminent specialists about any ailments with which they might have been afflicted during their deliberations. Dr Buchanan also remembers that,

when called upon to recommend the area of research to be funded after the first triennium, he assumed that, with a preponderance of paediatricians on the committee, the recommendation would be for further research into the illnesses of children, which was also the first preference of some board members; but, after considering the probable health concomitants of an ageing population, they were almost unanimously in favour of health problems of the aged.

"Perhaps it was because we were all getting older!" he suggested.

To-day, thanks to growing experience and the contributions of many throughout the years, and particularly to the innovations introduced by the current vice chairman, Professor Michael Sawyer of South Australia, more reliable measures have been introduced to the consideration of grant applications and a more scientific approach to the selection of future research areas, based on factual rather than anecdotal evidence, is now possible.

A sophisticated mechanism has been brought to the task of recommending grants for specific studies, in which each applicant is given scores for the scientific excellence of the application, the "track record" of the applicants as researchers, the quality of the partnerships identified in the application and the relevance to community-based interventions. Each member of the committee individually considers each application and awards the appropriate low, moderate, high, very high or outstanding score in each of these categories. A "low" rating is given to an application which lacks sufficient merit to be funded; "moderate" means a sound application but not worthy of funding; "high" is awarded to a good application which is still not strongly competitive for funding; "very high" goes to an

internationally-competitive application worthy of funding and "outstanding" is given to the application of exceptional quality, worthy of funding. Each member also has an opportunity to record any comments. Then, with the total scores before them, the committee members in group discussion consider each application before making a final recommendation to the board.

Each application includes a summary of the aims and objectives of the project; ethics approval from the applicant's university or hospital; background and research plan, including estimated time required for completion; relevant publications in respected journals of related projects by other researchers; the applicant's own publications over the past five years; and a detailed budget with justification for the expenditure of monies sought.

Current chairman of the research committee (1997-2002) is Dr John Feros, OAM, a University of Queensland graduate, member and past president of the Rotary Club of Brisbane West, Qld., whose Rotary association began when, at the age of 18, as a Queen's Scout and Baden Powell Awardee, he was chosen for a Rotary Youth Leadership Award. He has served R.I. as district governor, president's personal representative, committee member and chairman, task force member and zone co-ordinator.

He strongly supports the contention of the board of directors that, no matter how large the corpus of the ARHRF, it should never be "capped" with a final target, for there never can be enough funds available for research.

"In 1999, for example, if we had been able to fund the total amount sought (for 2000) for mental illness including the Ian Scott Fellowship, emergency care, Ross River virus and Rotary against Malaria we

would have needed $4.8 million," he said. "We were able to make grants totalling $545,000 — about eleven percent.

"As with the work of The Rotary Foundation, 'enough' never will be 'enough'."

Explaining the procedure for awarding grants, Dr Feros said that ARHRF invites applications in mid-year and the research committee meets to consider them in October; but a great deal of work is done before the announcement of successful applicants.

"For 2000 our new topic, Mental Illness, attracted several hundred enquiries," he said, "but this, fortunately, translated into just 100 applications. I am very grateful to Professors Michael Sawyer, Alan Hayes and Philip Mitchell, who assisted in culling these down to 50 projects at a preliminary meeting in September 1999. Projects were 'culled' if the amount asked for far exceeded the limit specified, or if the topic was well 'off theme'. Some pure science projects were also rejected; but we tended to be lenient and included some 'doubtful' projects.

"Surviving applications were then allocated to a 'spokesperson' member of the committee, according to the expertise or interest of the member, whose task would be to 'present' the project to the October meeting. The 50 projects were then posted to each committee member for individual 'scoring' [described above]. I don't know about other members of the committee but each application would usually take me about 30 to 60 minutes to assess.

"When we arrived at the October meeting the 50 projects were presented by their spokespersons and discussed by the whole group. Each of us was then given the opportunity to re-score each application after hearing the discussion. It is notable that

several applications were significantly re-rated after the round-table discussion. On the following day we allocated the available funds, starting with the highest ranked application. We would 'slash and burn' budgets where indicated until the funds ran out."

Clearly the process is exhaustive — and probably exhausting. It is time-consuming and demands an exceptional level of concentration as well as an equally high level of specialised knowledge, experience and understanding. It is hardly surprising that those who devote so much time and cerebration to this vitally important task are regarded so highly. They merit the gratitude of all Rotarians as well as all recipients of research grants and all the unknown and unknowing beneficiaries of the research outcomes.

* International Projects Advisory Committee, Australian Vocational Advisory Committee, Youth Exchange Program, Rotary Youth Leadership Awards.

Chapter XII

While the great value of the work of all those who have served as members of the ARHRF board is acknowledged, space limitations prohibit the introduction of all but those who have accepted the burdens of leadership*. Here, then, is a very brief biographical note of each of those who have served as chairman of the board and president of the Australian Rotary Health Research Fund.

Albert Henry Royce Abbey, AO, DCM.

Royce Abbey was born in the Melbourne suburb of Footscray on June 8, 1923, the fifth of the seven children of Albert and Helen Abbey. Their childhood was happy and secure, with strict but loving parents and the close-knit community of the local Presbyterian Church, the religious, social and cultural centre through which the moral and ethical standards inculcated by their parents were given expression in "work and worship".

Royce attended the local primary and secondary schools, took a leadership role in his church youth club and was chosen for a YMCA leadership course, beginning a lifetime association with that great organisation.

At the age of 14 years, he entered the workforce in a shoe store. His bright personality and quick intelligence apparently impressed a local real estate agent who offered him an opening as a junior. By studying at night he gained his real estate sub-licence and seemed to be on the way to a successful career; but, with so many of his generation, his plans were thwarted by the need to

fight for king and country.

Few war heroes are willing to talk about their own exploits; and Royce is no exception, but contemporary newspaper reports and a citation which is on record, describe the heroism of one Acting Sergeant A.H.R. Abbey, who, having assumed command when his officers became casualties, led an attack and captured an enemy position, tenaciously held by a numerically superior and well-entrenched force. A few weeks later he was sent off to an officers' school back in Victoria; and while there he learned that he had been awarded the Distinguished Conduct Medal (DCM). After he was commissioned he continued to serve with distinction.

Assigned to the Properties branch as his final military appointment, Lieutenant Abbey was responsible for divesting the Army of the properties it had acquired or requisitioned during the war years. He was based in Melbourne, lived at his parents' home, commuted to work each day and renewed acquaintance with a friend of his sisters. She was Jean Armstrong, destined to become Mrs Abbey, mother of four, grandmother of eight and Royce's lifelong partner, friend and support in his long and distinguished career.

Demobilised in 1946, Royce worked briefly in a minor clerical position until he, his father and brothers established a small manufacturing business, which became, in a remarkably short time, the largest manufacturer of blinds, awnings and window coverings in the Southern Hemisphere, with Royce as its marketing director. In 1974 he retired from the company and established a business consultancy specialising in sales promotion training.

Royce has served his city as a councillor and the community as national president of the YMCA and on

boards or executive committees of numerous charitable trusts.

Royce Abbey was invited to membership of the Rotary Club of Essendon, Vic., in 1954, served as president in 1963-64, was district youth chairman in 1967-68, district governor 1969-70, a member of the Rotary International Youth Activities Committee in 1975-76, received The Rotary Foundation Citation for Meritorious Service in 1976, was elected to the R.I.Board for 1976-78, serving as vice president in the second year of his term. He was a member and served several terms as chairman of the Rotary Down Under executive committee from 1975 to 1984 and was chairman of the Rotary International Pacific Regional Conference in 1981. During those years following his service on the board he was in constant demand for important international assignments, the most important of which was leadership of the team responsible for training the Rotary world's district governors. He was elected president of Rotary International 1988-89 and then, for the next six years, was a Trustee of The Rotary Foundation, serving as chairman in the penultimate year of his term.

It was in late 1981, during those years of ceaseless activity preceding his presidency, that he was invited to chair the steering committee of what was to become the Australian Rotary Health Research Fund. That committee entered into formal existence in February, 1982 and its work and its achievements in the one year of its existence are described in Chapter I of this story.

When the Fund was officially inaugurated in 1983, Royce Abbey was unanimously elected chairman of the first Board of Directors and remained in that office for the next five years; during which the

promotion began, the sponsorship of symposia was firmly established, procedures were instituted for the appointment of research committee members and the first committee was appointed, the first research grants were awarded and the initial target of $2 million came within weeks of attainment.

His own recollections of his years as the first chairman of the board of ARHRF are of sustained work inspired by a missionary zeal by everyone involved.

"The members of the steering committee, and later the board, were all convinced that a vital community need had been identified and that they were privileged to have been chosen to ensure that it was met; and each one was determined to meet it. I was honoured to be a part of it," he said

Countless honours and awards have been conferred upon Royce in Australia and in other countries. He was appointed a Member of the Order of Australia (AM) in 1988, was Victorian of the Year in 1989 and Advance Australia Ambassador (appointed by the Australian Government) later in the same year. He became an Officer of the Order of Australia (AO) on Australia Day 2001. His service is commemorated in the Royce Abbey Room in International House, University of Melbourne.

Geoffrey James Betts, AM, MBE

Geoff Betts was born in Sydney on May 10, 1920. The social and cultural background to his formative years was strongly influenced by the aftermath of what was then known as the Great War and by the experiences of the great depression of the 1930s.

His father, who was 50 years old when Geoff was born, supported his family with some small property investments, which were lost as a result of state

government depression "reforms". After this reverse these fiercely independent parents, refusing to accept government beneficence, entered into a series of small entrepreneurial ventures to ensure that the family was fed, clothed and sheltered during those lean years in which survival was, in itself, an achievement. The moral and social standards inculcated by his parents were reinforced by the Methodist Church and the Boy Scouts.

When war clouds gathered over Europe, Geoff joined the Militia, transferring to the AIF in 1940. By 1941 and his 21st birthday he was in Palestine with the rank of Lieutenant. Returning to Australia in 1942, he was posted to the Armoured Division. Promoted to Captain he completed his war service in staff and training appointments.

Before the war ended he married Betty, his wartime sweetheart, and their family of three boys has grown to include three daughters-in-law, three grandsons and, in his own words, "seven beautiful granddaughters, of whom two or three are overseas at any one time".

Working as an accountant after military service did not offer Geoff the challenges he had hoped for, so he sought a retail career, initially with Buckinghams, a large department store in Sydney where he was given good grounding in retailing. His army experience as an officer (called upon to lead people who were much older than himself) and valuable organisational training, added to his practical merchandising exposure gave him the confidence to accept the offer of an executive position with a traditional, low-price drapery store in Geelong, Victoria, in 1949.

His new employer showed him that retailing on low margins could be a profitable activity for both retailer and customers. In 1956, by which time Geoff

was managing director, the "discount revolution" reached Australia; and in 1959 he went to America and Europe to study this new strategy, the first of many overseas visits for study, business and pleasure. What he discovered was that his existing low margin, high turnover principle which he had been successfully practising for years was, in fact, the "new" concept. All that remained for him was to refine and define his operation so that it could be developed as a player in the general move towards mass merchandising in Australia. With a team of enthusiastic young retailers they introduced such innovations as computerised stock control, self-service and check-outs into soft goods stores. By 1968 Geoff had developed a chain of 14 stores which were recognised in the industry as leaders in the field.

This success led to an offer from the Myer Emporium to use his organisation for their entry into discount retailing; and so began the rapid growth of Target Australia, of which Geoff Betts was the first managing director. When he retired in 1976 there were 54 Target department stores in all states, meeting the exacting standards of the best overseas discount department stores. The head office was located in Geelong and it is probable that this was the first major national retail chain managed from a regional centre.

During the last four years of his active involvement in business, Geoff was a member of the board of Myer Emporium Limited.

Soon after his arrival in Geelong, Geoff became involved in community activities. At first they were family-inspired. He served on the Boy Scouts district committee, the church and the council of his boys' school. He was elected to the Council of Geelong

College in 1961 and served for 20 years until his Rotary commitments took priority. He was also, for many years, a member of the general committee and senior vice president of Geelong Hospital. His interest in post-secondary education was gladly utilised by the Gordon Institute of Technology on the council of which he served until it became the Deakin University, after which his service continued on the council of the Gordon Technical College including a term as president. He was also the inaugural president of the Victorian TAFE College Councils Association. From 1970 to 1982 he was a member of the Australian Services Canteens Organisation, serving as president for five years.

Geoff's valuable voluntary work for the amenities of the armed forces through their canteens earned him Membership of the Most Excellent Order of the British Empire (MBE).

"In 1963, Ken Nall, whom I had known through Geelong College activities, proposed me for membership of the Rotary Club of Geelong," said Geoff when asked about his introduction to Rotary. "It was the best thing he could have done for me." It probably is fair to say that it was also one of the many good things Ken Nall has done for Rotary.

Geoff served his club with enthusiasm and distinction, enjoying his involvement in the work of all committees and his term as president in 1975-76. Then, having retired from full time work, he was able to broaden his Rotary horizons in a number of district committees, culminating in his service as governor of District 9780 in 1979-80. This led to his valuable contribution to the many activities of the Australian Rotary Institute, including the International Projects Advisory Committee and reviews of the policies and procedures of the Institute.

Geoff's involvement in the work of the Australian Rotary Health Research Fund began when he was invited to membership of the steering committee in 1981 and so became a foundation member of the Fund and board, serving for ten years including five years as vice chairman and three years as chairman, before fixed terms of office were introduced.

"I have happy memories of all my Rotary activities," he said, "but none gave me more pleasure than my involvement with ARHRF. The concept followed Clem Renouf's 3H initiative which harnessed the strength of Rotary into one major project. The ARHRF allowed Australian Rotarians to join in a grand endeavour; and their continued support proved that the Fund's time had come."

Reflecting on his years on the board, Geoff said that he had gained tremendous pleasure from the knowledge that the Fund's support of cot death research conducted by Professor Terry Dwyer in Tasmania had been so well justified. He also looked with some satisfaction on the sound administrative and financial policies established in the earliest days, leading to an efficient national office and exemplary financial history.

Geoff Betts was appointed a Member of the Order of Australia (AM) for his services to the community, particularly through Rotary — and no doubt including his outstanding services to ARHRF.

Colin Spencer Dodds

Colin Dodds was born in Sydney on February 27, 1926. He attended Sydney Grammar School where his academic performance, in his own estimation, was "high average". Not involved in sporting activities beyond those required by the school, he devoted most of his leisure time to the Anglican Church as a

Sunday school teacher and an active member of the Anglican Boys' Society. He was also a chorister. What he found most appealing about his church involvement was the idea of service to those less fortunate growing naturally out of the fellowship enjoyed by members.

After gaining the Leaving Certificate he studied at Sydney Institute of Technology and Royal Melbourne Institute of Technology, graduating as an industrial chemist.

For 26 years he worked in the paint and leather industries as control and research industrial chemist, finally becoming divisional operations manager of Australia's largest leather group in both Sydney and Melbourne plants. During this period he found time to woo, win and marry Athalie. They have three children and eight grandchildren.

In 1973 he decided upon a change of career, investing in and operating a large motor inn in Strathfield, N.S.W. as a family business. His so-called retirement in 1988 enabled him to throw himself into his other interests, notably Rotary and yachting, paying just enough attention to his own investment company "to keep the wolf from the door".

During his first career, Col served his vocation as president of the N.S.W. Tanners' Association and vice president of the National Tanners' Association of Australia. In the hospitality industry he was director and vice president of Flag Inns International.

A charter member of the Rotary Club of Concord, N.S.W. (1956) Col was an immediate enthusiast for Rotary, finding in its offer of fellowship and service a comfortable familiarity as a continuation of his early experiences in his church. He served his club as secretary, director of each avenue of service, vice president and president. Particularly interested in

community service, he saw Rotary's ability to identify and meet local needs and to mobilise local talent in pursuit of its aims as an important asset. At the same time he felt that Rotary's role in the promotion of world understanding was one of humankind's great hopes for peace.

After several district appointments, including chairmanship of the membership development committee and the Interact committee in the same year, he was elected to serve as governor of District 969 (9690) in 1980-81. He then accepted several Australian Rotary Institute appointments, serving as a member of the agenda committee, the training committee, and the resolutions committee as member and chairman. To broaden his international horizons, he participated in three Rotary Friendship Exchanges; to South Africa, India and the Caribbean and USA.

His Rotary International appointments have included chairmanship of the recreational and vocational fellowships committee and several high-ranking offices in the International Yachting Fellowship of Rotarians: Commodore NSW Fleet, Regional Rear Commodore South East Australia and International Rear Commodore (PR). He has also represented the R.I. President at several district conferences in Australia and overseas. He is a Paul Harris Fellow, a Benefactor of The Rotary Foundation and a recipient of the Rotary Down Under Meritorious Service Award.

In 1986 Col Dodds was elected to the ARHRF board of directors, was state co-ordinator for NSW in 1989, vice chairman in 1988-90, chairman in 1991-1993, retiring from the board in 1994. He is a Gold Companion and a Life Member of the Fund.

Commenting on the development of ARHRF he

said: "There is not the slightest doubt that the original format from which ARHRF was put together was absolutely brilliant.

"Royce Abbey, the first chairman, relinquished the position to become president of Rotary International. He was succeeded by Geoff Betts and it was then that I was elected to the board to fill a casual vacancy. It was a pleasure to work with Geoff, who was a great leader; and it was my good fortune to be the chairman when we transferred the total ARHRF administration to the RDU offices in Parramatta and acquired Joy Gillett as secretary and later as general manager."

In answer to the question: "What was your most important achievement as chairman," Col said that he could not personally claim to have achieved anything.

"It was always a team effort," he said.

Others had a different point of view. It was said, after his retirement from the board, that Colin Dodds made an art form of marketing the Australian Rotary Health Research Fund. No one has disagreed with this assessment.

"I felt, at the time, that the Fund had been ably set up and we could now concentrate on promotion," he said when asked to respond to this comment. "We now needed expertise in promoting support for their own national Rotary project to Rotary district governors, to Rotary clubs and, most of all, to Rotarians."

The imaginative and highly successful public relations and promotional programs initiated during Colin Dodds' leadership have been described elsewhere in this story; but one, at least, should be singled out as his personal contribution: the introduction into the annual program of the influential

Rotary Institute of an ARHRF segment and inclusion of ARHRF in the briefing sessions for incoming district governors, whose co-operation and support is vital to the future success of the Fund.

Bruce H. Edwards, AM, FCA

Bruce Edwards was born in the Melbourne suburb of East Malvern, in 1933 and, at the usual tender age, began his education at the Camberwell Central School. Before he had completed primary school his father, a bank manager, was transferred to Adelaide where Bruce attended Scotch College for the remainder of his schooldays.

Considering several career options during his teenage years, he finally chose accountancy, a decision he has not regretted, having practised his profession for 43 years, first in South Australia, then, briefly, in Queensland before returning to Adelaide where he became a partner and later national chairman of Touche Ross. Following their merger with KPMG Peat Marwick Bruce became a partner.

He has served his vocation nobly as a member and then State Chairman of the Institute of Chartered Accountants 1978-80 and National President in 1985. He was also a member of the Board of Management of the Australian Accounting Research Foundation, serving as chairman in 1984; and a member of the Accounting Standards Review Board from 1978 to 1992. For his services to the accounting profession he was honoured as a Member of the Order of Australia in 1990.

He was Treasurer of the Order of Australia Association (S.A. Branch) 1990-1993 and State Chairman 1993-1994.

Bruce is a keen sportsman, playing competition football and cricket in his youth and early adult

years; and squash and (social) golf. He married Audrey in 1956 and they are the proud parents of three daughters and the doting grand-parents of eight.

Bruce was elected to membership of the Rotary Club of Edwardstown in 1973 and subsequently served in the Rotary Club of Blackwood. While a member of the latter club he became deeply involved in the formation of the Rotary Club of Flagstaff Hill (sponsored by Blackwood) in 1978 and served as its charter president. His several district appointments included membership of the District 952 Finance Committee and District Treasurer.

He was elected District 952 (9520) Governor in 1988-89. Thereafter he represented the R.I. president at district conferences and was appointed to Rotary International committees in the fields of Rotaract and Vocational Service. He was named a Paul Harris Fellow in 1988 and a sapphire pin was added in 1999.

In 1990 he was elected to the ARHRF Board of Directors and followed Colin Dodds as chairman in 1994. He and his wife, Audrey, were made Companions of the Fund in 1994 and Bruce was elected a Life Member in 1995.

Bruce said that his first introduction to ARHRF was at a Rotary Institute in 1987-88, which he was attending as an incoming district governor. He was very impressed by the Fund presentation and was able to discuss its work with Geoff Betts and Colin Dodds. Subsequently he was asked whether he would be interested in a closer association with the Fund after his year as district governor.

“I am glad that I responded positively at that time because it led to a long involvement which has been of great enjoyment and satisfaction,” he said.

"It appealed to me because it was the brilliant idea of a man with a vision, nurtured and developed by Rotarians of great commitment in an area of important need — health research in our country."

Reflecting on his term as chairman, Bruce says that the greatest achievement of the board at that time was to maintain and build on the foundations so carefully established by his predecessors.

"I remember taking office and being extremely aware of the great efforts of Royce Abbey, Geoff Betts and Colin Dodds, who had structured a fund destined to become Australia's greatest Rotary project," said Bruce. "Record year had followed record year in terms of both contributions received and research expenditure since the Fund's commencement; and I faced my term of office with some trepidation. Thankfully we were able to maintain the momentum through the efforts of a strong team of committed Rotarians — supported by a lady Rotarian named Joy Gillett who has made herself the heart and soul of ARHRF." Bruce Edwards is not the only former chairman to pay a warm tribute to their general manager.

Though too modest to claim anything as a personal achievement, Bruce was able to announce that the corpus of the Fund had reached $6 million during his term and he was proud that ARHRF was able to celebrate its first decade of funding vitally important health research in Australia.

Stanley Bruce McKenzie OAM

Bruce McKenzie was born in Melbourne on December 8, 1932. He was educated at Mont Albert Central School and Scotch College, leaving school in 1950. He enjoyed his school years, claiming to have been an "average" student. He was a keen sportsman,

and represented the school at cricket in the second XI and in Australian football in the first XVIII; he was also vice captain of athletics, a school prefect, house captain and senior cadet president.

In 1951, he began his career in retailing at the Myer Emporium as a cadet executive. In 1952 he joined his uncle's general drapery business in Box Hill, and in 1955 became managing director of the company. New stores were opened in Burwood in 1963 and Doncaster in 1968. Since 1995 he has worked part time from home, supplying curtains and blinds to his many clients.

Also in 1951 he joined the CMF (5 Bn. V.S.R.), was called up in the first intake of National Service and continued serving for some 12 years in the CMF with the rank of captain. In 1953 he was selected for the Australian Military Forces contingent to represent Australia at the Queen's Coronation and, during that tour of duty, was a member of the Australian guard at Buckingham Palace. For many years he has been the chairman of the Australia & New Zealand Coronation Contingent Association.

Bruce married his childhood sweetheart, Lorraine, in 1955, and they had three children David, Sally and Libby. They are all happily married, and have produced seven grandchildren, all of whom provide great happiness and enjoyment to Bruce, who follows with deep interest their activities and involvement. His family has been his greatest comfort, particularly since the tragic loss of Lorraine, who died of cancer in 1984.

Bruce was a charter member of the Rotary Club of Box Hill in January 1957 and, after having held several club offices, served as president in 1961-62. From the 1970's onward he was chosen to lead a series of district committees including community

service, The Rotary Foundation and district conference, serving also as conference chairman, then group representative.

Bruce McKenzie served Rotary International as governor of District 981 (9810) in 1978-79. He has represented the president of R.I. at district conferences; was a member of the Council on Legislation in 1980, 1983 and 1989 and was the first chairman of the R.I. Rotaract committee, in 1998-99. He was a regional PolioPlus chairman and was five times chairman and convener of the Rotaract training program for Rotaract district representatives. He also was chairman of the 22nd Australian Regional Rotary Institute management committee in 1988. Bruce is a Paul Harris Fellow and has received the R.I. Service above Self Award.

His other community services include the Box Hill Chamber of Commerce and Industry, in which he served 12 terms as chairman; the chairmanship of the Box Hill Hospital Redevelopment Appeal in 1981-82, which raised $1.5 million. He was the inaugural chairman of "Forty Dorking Road" Hostel for the Aged. Bruce was also the inaugural chairman of the Mid Coastal Palliative Care Service, which he initiated after his wife's death in 1984 and which was officially launched in 1989 to provide care and support to patients with terminal illnesses and their families and carers. He manages to remain involved in several local community service programs.

For his community service, he has been elected a Life Governor of the Box Hill Hospital, received the Community Achievements Award in 1988 and was awarded the Medal of the Order of Australia (OAM) in 1990.

Bruce's association with ARHRF began in 1983 when he attended an early meeting in Melbourne

during the formation stages. He declined an invitation to become a member of the committee at that time because he was still involved in the Box Hill Hospital Appeal.

"I wasn't asked again until 1989," he says ruefully.

In 1990 he was elected an alternate director, subsequently serving as a director, then vice chairman and chairman.

The ARHRF appealed to Bruce as a most worthy and exciting program, with "the potential to show what Rotarians in Australia could do to help people of all ages, from all walks of life, to lead better lives." He still believes that the program can become the show piece of Rotary in Australia and is destined to enjoy an enriching future. He counts it a great privilege to have been actively involved in such a valuable program and is "proud and delighted" to be still involved as District 9810 chairman in 2001.

"As ARHRF chairman I was fortunate to have the support of a great board and enthusiastic chairmen in every district. Setting a target of a million dollars a year was quite ambitious but it was achieved because of their work and the unique communications network built up by the Fund.

"I think the regular consultations with Federal, State and Territory Ministers for Health was also a positive and very valuable step forward. In the work we are doing it is very important to have the co-operation of governments."

Bruce McKenzie is a Life Member and a Gold Companion of the Fund.

Edward J. Atkinson

Ted Atkinson was born in the Sydney suburb of Concord on November 13, 1938. He was educated at Eastwood Primary School and Trinity Grammar.

Apprenticed as an electrician, he graduated from Meadowbank Technical College with an Electrical Trades Certificate and advanced studies in electronics and business administration. In 1960 he joined the family's electrical contracting and manufacturing business, remaining for 20 years.

In 1964 he took time off to marry Lois, a pharmacist. They have a family of two sons and a daughter, a granddaughter and a grandson.

From 1980 to 1996 Ted was a partner and director of the Aquafield/McCracken Group, irrigation and pumping specialists with branches in all the eastern states. From 1996 he was managing director of his family company, Kinoora Pty. Limited, software and fund-raising consultants. Ted has been a consultant to the Salvation Army Australian Eastern Region and is marketing director of the Microsearch Foundation of Australia. He is a member of the Fundraising Institute of Australia.

Ted was elected to membership of the Rotary Club of Dural in 1969, served in many offices including president in 1972-73. For his district he has been adviser in every avenue of service, The Rotary Foundation chairman, GSE chairman and GSE team leader to Ohio, USA, in 1978. He was a member of the first Australian Rotary Delegation to China in 1988. He is a Paul Harris Fellow and a Benefactor of The Rotary Foundation.

He has served Rotary International as District 9680 Governor in 1991-92 and, with fellow governors in 9690 and 9750, began the Sydney Tri-District Committee, which, among many other projects, initiated the Rotary Awareness Race Day (which has become an annual fundraising event for ARHRF) and raised $2 million for the Rotary Wing at the new Children's Hospital. He has served the Australian

Rotary Institute as a member of the management committee and represents his district as a member of Sydney University International House. He was also a member of the R.I. Institute Committee, R.I. ANZO DGN training committee, a group discussion leader at the International Assembly in Anaheim, R.I. president's representative at several conferences and Task Force Co-ordinator for Avoidable Blindness.

In 1993 Ted Atkinson was elected to the ARHRF board and served as chairman in 1997-99. The many initiatives begun during his membership and leadership of the board included the introduction of the Gold Companion awards and the first national district chairmen's seminar. He counted himself privileged to be chairman when the board launched the major focus of the Fund on research into mental illness and the community awareness program.

"They were exciting years," he said. "Of all the wonderful opportunities I have been given to serve in Rotary, I consider it the greatest privilege to have been a board member and chairman of ARHRF, our only national community service project: to see the contributions reach $1 million a year and to see the corpus grow to $12 million, to play a part in establishing contact and gaining the co-operation of the Federal Health Department's Mental Health Branch and to have had the privilege of representing ARHRF on the board of the Mental Health Council of Australia."

The ARHRF recognised Ted Atkinson's service by conferring upon him Life Membership.

Terry J. Edwards, JP

Current chairman (2001) of the Australian Rotary Health Research Fund is Terry Edwards.

Born on August, 13, 1942, Terry is the first son of

Norman and Eileen Edwards, grape-growers, orchardists and market gardeners of Marion, South Australia. He spent the first 11 years of his life on the family property, beginning his education at Sturt Primary School. In 1953 the family moved into a new house in the Adelaide beachside suburb of Brighton; and the young Terry was transferred to Brighton Primary and then to Brighton High School until 1958.

In 1959 he began a five-year apprenticeship in hairdressing, graduating dux of the technical college course. In 1964, at the age of 22, he established his own business at Brighton, where he happily remains.

A keen swimmer, he had become involved in the local surf life saving club as a teenager and developed a passion for competitive swimming, a sport in which he excelled and remained active for many years, both in the sea and the pool. He became most active in the club organisation and management. He still is an active swimmer with the Masters' group.

Later, seeking a further outlet for his energies and his competitive spirit, he joined a golf club and enjoyed the challenges and the companionship offered by that game, invented by the Scots and favoured by US presidents, film stars and business executives who are incapable of enjoying a simple walk without introducing complications. He was clearly more successful than most in coping with the royal and ancient game's frustrations, playing off a low handicap for several years.

Terry Edwards was elected to membership of the Rotary Club of Glenelg in 1967. He served his club as president in 1977-78, and has served Rotary International as governor in 1987-88, member of the Council on Legislation in 1989 and 2001, president's personal representative at district conferences on

many occasions, ANZO region co-ordinator for The Rotary Foundation, International Assembly group discussion leader, Zone training leader, and as a member of numerous Rotary International committees. During the 2001-2002 year, he is serving as a member of the Education & Training Executive Steering committee, the South Pacific Affairs committee and, for The Rotary Foundation, as a member of the Leadership Communications Group and as regional co-ordinator for the zone Alumni Resource Group.

Terry's Rotary district activity began with the Youth Exchange program, which he saw as an effective and simple way of advancing international friendship. This was followed by his leadership of the District 9520 Group Study Exchange team to district 7550 in the U.S.A. then as district GSE chairman. Next he was chairman of the district Rotary Foundation committee and a member of several associated sub-committees. In addition, during these years he served his district as conference chairman, governor's secretary, and as a member of classification and membership, youth concern, and extension committees.

Terry has received a Citation for Meritorious Service and the Distinguished Service Award of The Rotary Foundation for his efforts and support of its international humanitarian and educational programs. Also he was awarded the R.I. President's Golden Century Citation. Both Terry and his wife, Chris are Paul Harris Fellows and Companions of the Australian Rotary Health Research Fund.

He has been actively involved in the local Chamber of Commerce and the Royal District Nursing Society. He is a Justice of the Peace for South Australia and a member of the Royal Association of Justices; and

he is a Life Member of the Brighton Surf Life Saving Club.

Terry's wife, Chris, is a very active member of Inner Wheel and is a keen, talented artist. They have two daughters.

Terry was elected to the board of the Australian Rotary Health Research Fund in 1994 and began his service as chairman at the 1999 AGM.

He claims that he was elected to this position by default because the "anointed" director chose not to accept the invitation to serve as vice-chairmen and then chairman.

"This is a fact that I'm always aware of," says Terry. "So that I could become chairman, the then board had to extend my term by two additional years for the position to be effective."

During his chairmanship, Terry Edwards has served with enormous enthusiasm and personal dedication, facing the inevitable demands on time, talents and energy arising from the mental illness initiatives of the Fund; actively and energetically promoting the community awareness campaign, to which he is passionately committed.

It is noteworthy that the chairmen of ARHRF, no less than the members of the boards over which they presided, are people of vastly different background; of different kinds of formal education, of different vocational training, having different interests, with different skills, different talents and possibly holding different religious beliefs and different political convictions. In this they reflect the total membership of Rotary throughout the world: business and professional persons of different nations, different races, different religions and different vocations united in the ideal of service. Because of these differences, they

have been able to contribute their different specialised knowledge, their different talents, their different skills, their different ideas arising from different experiences, to the formation, the establishment, the administration, the growth, the development and the effectiveness of the Australian Rotary Health Research Fund; and we honour them and all those who have worked with them for their service.

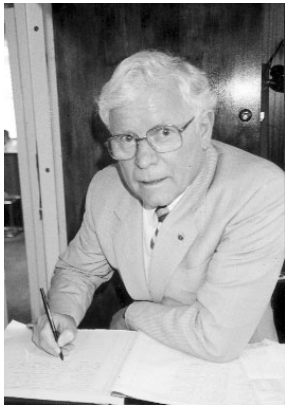
* A year-by-year list of all members of the Board of Directors of the Australian Rotary Health Research Fund is given in Appendix I.

Patrons

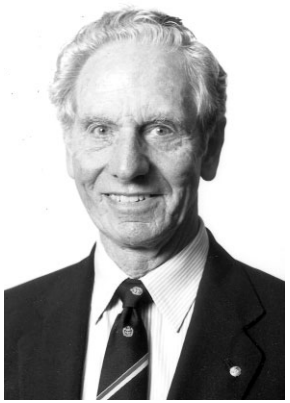
In 1999 the board decided that a patron of the Australian Rotary Health Research Fund should be elected; but the question of choosing a distinguished person for this office soon resolved itself in a unanimous decision to invite the three Rotarians who had served as presidents of Rotary International: Sir Clem Renouf, AM (1979-80), Royce Abbey, AO, DCM (1988-89) and Glen Kinross, AO (1997-98) to be joint patrons.

Two of them, Royce Abbey and Sir Clem Renouf, had served as members of the board — Royce as the first chairman — and Glen had been the board member of R.I, when able representation was urgently needed to gain authority for a multi-district project. All three had given unstinting support to the Fund, using their considerable influence when it was most needed in clubs and districts.

Needless to say, the board members were delighted to receive their acceptance of this office; and their election was announced at the Annual General Meeting held in Perth, in November, 1999.



Royce Abbey



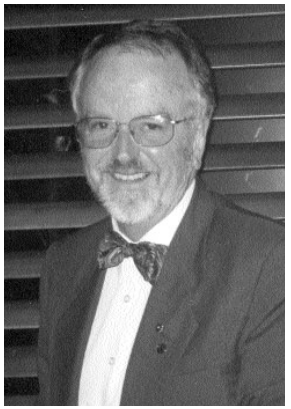
Geoff Betts

Colin Dodds

Bruce Edwards

Bruce McKenzie

Ted Atkinson



Terry Edwards

Appendix I

AUSTRALIAN ROTARY HEALTH RESEARCH FUND
STEERING COMMITTEE, BOARDS OF DIRECTORS AND LIFE MEMBERS

Steering Committee
February 4, 1982 to February 7, 1983.
Royce Abbey (Chairman), Geoff Betts, Les Whitcroft, Harry Oakes, Don Gordon and Ian Scott

Boards of Directors
Foundation Directors. First Meeting March 15, 1983
Royce Abbey (Chairman), Geoff Betts (Vice Chairman), Geoff Stevens (Hon. Secretary), Jack Olsson (Hon. Treasurer), Don Gordon, Ian Scott, Les Whitcroft, Harry Oakes.

MAY 3, 1983
Royce Abbey (Chairman), Geoff Betts (Vice Chairman), Ian Scott, Les Whitcroft, Clem Renouf, Ron Sloan, Michael Zantiotis, Jack Olsson, Frank McDonald, Geoff Stevens.

JANUARY 1984 — JANUARY 1985
Royce Abbey (Chairman), Geoff Betts (Vice Chairman), Les Whitcroft, Ian Scott, Ron Sloan, Geoff Stevens, Frank McDonald, Clair Rogers, Jack Olsson, Clem Renouf.

JANUARY 1985 — JANUARY 1986
Royce Abbey (Chairman), Geoff Betts (Vice Chairman), Les Whitcroft, Ian Scott, Ron Sloan, Geoff Stevens, Frank McDonald, Clair Rogers, Jack Olsson, Clem Renouf.

JANUARY 1986 — JANUARY 1987
Royce Abbey (Chairman), Geoff Betts (Vice Chairman). Les Whitcroft — resigned April 1986 and replaced by Colin Dodds, Ian Scott, Ron Sloan, Geoff Stevens, Frank McDonald, Clair Rogers, Jack Olsson, Clem Renouf.

JANUARY 1987 — JANUARY 1988
Royce Abbey (Chairman), Geoff Betts (Vice Chairman),

Geoff Stevens, Frank McDonald, Brian Knowles (appointed February 1987 to replace Clem Renouf who retired January 1987), Jack Olsson.

JANUARY 1988 — JANUARY 1989
Geoff Betts (Chairman), Colin Dodds (Vice Chairman), Ian Scott, Ron Sloan, Geoff Stevens, Frank McDonald, Clair Rogers, Jack Olsson, Brian Knowles, Fred Hay (appointed January 1988 to replace Royce Abbey who retired January 1988).

JANUARY 1989 — JANARY 1990
Geoff Betts (Chairman), Colin Dodds (Vice Chairman), Frank McDonald, Clair Rogers, Jack Olsson, Brian Knowles, Fred Hay, Ian Knight (appointed January 1989 to replace Geoff Stevens who retired January 1989), Ken Collins (appointed January 1989 to replace Ron Sloan who retired January 1989), Don Keighran (appointed January 1989 to replace Ian Scott who retired January 1989).

JANUARY 1990 — JANUARY 1991
Geoff Betts Chairman), Colin Dodds (Vice chairman), Brian Knowles, Fred Hay, Ian Knight, Ken Collins, Don Keighran, Fred Edwards (appointed January 1990 to replace Jack Olsson who retired January 1990), Bruce Edwards (appointed January 1990 to replace Clair Rogers who retired January 1990), John Carrick (appointed January 1990 to replace Frank McDonald who retired January 1990).

JANUARY 1991 — JANUARY 1992
Colin Dodds (Chairman), Bruce Edwards (Vice Chairman), Brian Knowles, Fred Hay, Ian Knight, Ken Collins, Don Keighran, Fred Edwards, Bruce McKenzie (appointed January 1991 to replace Geoff Betts who retired January 1991), John Carrick.

JANUARY 1992 — JANUARY 1993
Colin Dodds (Chairman), Bruce Edwards (Vice Chairman), Brian Knowles, Ray Sadler (appointed April 1992 to replace Brian Knowles who resigned April 1992), Fred Hay, Ian Knight, Ken Collins, Don Keighran, Fred Edwards,

Bruce McKenzie, John Carrick, Leon Becker (appointed December 1992 to replace John Carrick who resigned December, 1992).

JANUARY 1993 — JANUARY 1994
Colin Dodds (Chairman), Bruce Edwards (Vice chairman), Fred Hay, Ian Knight, Ken Collins, Don Keighran, Fred Edwards, Bruce McKenzie, Ray Sadler, John Feros, (appointed August 1993 to replace Ray Sadler who resigned August, 1993), Leon Becker.

JANUARY 1994 — NOVEMBER 1994
Bruce Edwards (Chairman), Bruce McKenzie (Vice Chairman), Ian Knight, Ken Collins, Don Keighran, Fred Edwards, Leon Becker, John Feros, Terry Edwards (appointed January 1994 to replace Fred Hay who retired January 1994), Ted Atkinson (appointed January 1994 to replace Colin Dodds who retired January 1994).

NOVEMBER 1994 — NOVEMBER 1995
Bruce Edwards (Chairman), Bruce McKenzie (Vice Chairman), Don Keighran, Fred Edwards, Leon Becker, John Feros, Terry Edwards, Ted Atkinson, Fred Marsh (appointed November 1994 to replace Ken Collins who retired November 1994), Lawrence Atley (appointed November 1994 to replace Ian Knight who retired November 1994), Rob Dunn (appointed July 1995 to replace Lawrence Atley who resigned June 1995).

NOVEMBER 1995 — NOVEMBER 1996
Bruce McKenzie (Chairman), Ted Atkinson (Vice Chairman), Don Keighran, Leon Becker, John Feros, Terry Edwards, Fred Marsh, Rob Dunn, Jeff Binder (appointed November 1995 to replace Bruce Edwards who retired November 1995), Geoff McLennan (appointed November 1995 to replace Fred Edwards who retired November 1995).

NOVEMBER 1996 — NOVEMBER 1997
Bruce McKenzie (Chairman), Ted Atkinson (Vice Chairman), Leon Becker, John Feros, Terry Edwards, Fred

Marsh, Rob Dunn, Jeff Binder, Geoff McLennan, Basil Shaw (appointed November 1996 to replace Don Keighran who retired November 1996),

NOVEMBER 1997 — NOVEMBER 1998
Ted Atkinson (Chairman), Terry Edwards (Vice chairman), Tony Williams, Fred Marsh, Rob Dunn, Leon Becker, Jeff Binder, Geoff McLennan, Neil Jackson (appointed at November 1997 AGM) (Don Keighran retired November 1997 AGM). Denis Green (appointed November 1997 AGM) (Bruce McKenzie retired November 1997 AGM).

NOVEMBER 1998 — NOVEMBER 1999
Ted Atkinson (Chairman), Terry Edwards (Vice Chairman), Tony Williams, Fred Marsh, Rob Dunn, Ron Beslich (appointed November 1998 AGM), (Leon Becker retired November 1998 AGM), Jeff Binder, Geoff McLennan, Neil Jackson, Denis Green.

NOVEMBER 1999 — NOVEMBER 2000
Terry Edwards (Chairman), Denis Green (Vice Chairman), Graeme Woolacott (appointed November 1999 AGM) (Ted Atkinson retired November 1999 AGM), Tony Williams, Fred Marsh, Robert Dunn, Ron Beslich, Jeff Binder, Geoff McLennan, Neil Jackson, Dick White (appointed October 2000 to replace Neil Jackson who resigned October, 2000).

NOVEMBER 2000 — NOVEMBER 2001
Terry Edwards (Chairman), Denis Green, Vice Chairman), Graeme Woolacott, Tony Williams, John Ranieri (appointed at November 2000 AGM) (Fred Marsh retired at November 2000 AGM), Robert Dunn, Ron Beslich, Jeff Binder, Geoff McLennan, Dick White.

Life Members

Name	*Elected*
Royce Abbey	27 November 1989
Ian Scott	27 November 1989
Les Whitcroft	23 July 1990
Geoff Stevens	23 July 1990
Geoff Betts	10 January 1991
Colin Dodds	27 January 1994
Fred Hay	21 February 1994
John Harley	24 July 1995
Bruce Edwards	17 November 1995
Clarrie Gluskie	21 November 1997
Bruce McKenzie	21 November 1997
Loch Adams	25 July 1998
David Finn	25 July 1998
Leon Becker	25 July 1998
Ted Atkinson	19 November 1999
Clair Rogers	5 February 2000
Don Keighran	24 November 2000

Appendix II

AUSTRALIAN ROTARY HEALTH RESEARCH FUND

Research Committees

JULY 1985 — DECEMBER 1987
Dr Alan Williams (Chairman), Dr Glen Buchanan, Dr John Harley, Dr Cliff Hosking, Professor Byron Kakulas, Dr Earl Owen.

DECEMBER 1987 — OCTOBER 1988
Dr Alan Williams (Chairman), Professor Byron Kakulas, Dr Earl Owen, Dr John Harley, Dr Rod Carter, Dr Cliff Hosking, Dr Glen Buchanan.

OCTOBER 1988 — DECEMBER 1989
Dr Alan Williams (Chairman), Dr Robert Vandongen, Dr Rod Carter, Dr John Harley, Dr Earl Owen, Dr Glen Buchanan, Dr Judith Lumley.

DECEMBER 1989 — NOVEMBER 1990
Dr John Harley (Chairman), Dr Rod Carter, Dr Judith Lumley, Dr Earl Owen, Professor Geoff Ryan, Professor Robert Vandongen, Professor Ross Webster.

NOVEMBER 1990 — NOVEMBER 1991
Dr John Harley (Chairman), Dr Rod Carter, Professor Geoff Ryan, Professor Robert Vandongen, Associate Professor Edmond Chiu, Professor Ross Webster, Dr Judith Lumley.

NOVEMBER 1991 — OCTOBER 1992
Dr John Harley (Chairman), Dr Rod Carter, Professor Geoff Ryan, Professor Ross Webster, Dr Judith Lumley, Professor Robert Vandongen, Associate Professor Edmond Chiu, Dr David Bennett.

Hereafter the term of office was one year beginning October.

1992 — 1993
Dr John Harley (Chairman), Dr David Bennett, Assoc Professor Edmond Chiu, Dr Clarrie Gluskie, Dr Judith Lumley, Professor Geoff Ryan, Ms Helen Tolstoshev, Professor Robert Vandongen, Dr John McNamara.

1993 — 1994
Dr Clarrie Gluskie (Chairman), Dr David Bennett, Associate Professor Edmond Chiu, Dr Judith Lumley, Dr John McNamara, Professor John Pearn, Ms Helen Tolstoshev, Dr Steven Zubrick

1994 — 1995
Dr C Gluskie (Chairman), Clinical Associate Professor David Bennett, Associate Professor Edmond Chiu, Dr John McNamara, Professor John Pearn, Ms Helen Tolstoshev, Dr Steven Zubrick, Professor Alex Thomson.

1995 — 1996
Dr Clarrie Gluskie (Chairman), Cl Assoc Professor David Bennett, Associate Professor Edmond Chiu, Dr John McNamara, Ms Helen Tolstoshev, Dr Steven Zubrick, Professor John Pearn, Professor Alex Thomson.

1996 — 1997
Dr Clarrie Gluskie (Chairman), Dr John Feros (Vice Chairman), Clinical Associate Professor David Bennett, Professor Edmond Chiu, Professor Alan Hayes, Professor Harry McGurk, Dr John McNamara, Professor John Pearn, Associate Professor Michael Sawyer, Professor Alex Thomson, Ms Helen Tolstoshev.

1997 — 1998
Dr Clarrie Gluskie , (Chairman), Dr John Feros (Vice Chairman), Professor Alan Hayes, Professor Harry McGurk, Dr John McNamara, Professor John Pearn, Associate Professor Michael Sawyer, Ms Helen Tolstoshev.

1998 — 1999
Dr John Feros (Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Ken Kirkby, Assoc Professor Philip Mitchell, Professor John Pearn, Associate Professor Michael Sawyer, Professor Alan Hayes, Professor Helen Herrman.

1999 — 2000
Dr John Feros (Chairman), Associate Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Alan Hayes, Professor Helen Herrman, Professor Ken Kirkby, Associate Professor John McGrath, Professor Philip Mitchell.

2000 — 2001
Dr John Feros (Chairman), Professor Michael Sawyer (Vice Chairman), Professor Phillip Darbyshire, Dr Davina French, Professor Alan Hayes, Professor Helen Herrman, Professor Tony Jorm, Professor Ken Kirkby, Assoc Professor John McGrath, Professor Philip Mitchell.

Appendix III

Research grants funded by the Australian Rotary Health Research Fund, 1986-2001

COT DEATH RESEARCH 1986 TO 1994 incl
$538,552

Investigation of lung abnormalities — **$18,314** - 1986
Dr Chin Moi Chow,
Cumberland College of
Health Sciences, NSW.

Prospective study — **$11,637** - 1986
using computer data into higher — **$67,000** - 1987
incidence of Cot Death in Tasmania — **$75,000** - 1988
Professor T Dwyer, — **$80,000** - 1989
University of Tasmania, Tas. — **$30,000** - 1990
$25,000 - 1991
$10,000 - 1992
$25,000 - 1993
$10,000 - 1994
$333,637

Investigation into causes and — **$17,471** - 1986
effects of nasal obstructions — **$22,000** - 1987
Dr R Harding, — **$10,000** - 1988
Monash University, Vic. — **$49,471**

Maturation of the brain and the — **$15,170** - 1986
development of — **$14,000** - 1987
respiratory control — **$10,000** - 1988
Dr David Henderson-Smart, — **$39,170**
King George V Hospital, NSW.

Studies on possible role of — **$17,960** - 1986
microbiology in Cot Death
Dr S Tzipori,
Royal Children's Hospital, Vic.

Research into need for an appropriate form of counselling in Cot Death situations
Dr JC Vance,
University of Queensland, Qld.

$20,000 - 1986
$20,000 - 1988
$20,000 - 1989
$20,000 - 1990
$80,000

ENVIRONMENTAL HEALTH PROBLEMS OF THE AGED 1989-1995 **$1,435,993**

Environmental determinants of outcome of depression in old age
Dr D Ames, A/Professor E Chiu,
University of Melbourne, Vic.

$38,000 - 1991
$30,000 - 1992
$41,000 - 1993
$20,000 - 1995
$129,000

A memory therapy program for elderly living in the community
Mr D Andrews,
University of Melbourne, Vic.

$30,000 - 1992

Social and physical environmental hazards of ageing Australian Longitudinal Study of Ageing
Professor GR Andrews,
Centre for Ageing Studies, SA.

$50,000 - 1992

Lifestyle factors influencing blood pressure in elderly Australians
Professor L J Beilin and Dr K Jamrozik,
University of WA.

$25,000 - 1989
$25,000 - 1991
$50,000

Prospective controlled study of health related behaviour in recently widowed elderly men
Dr G J A Byrne and
Professor B Raphael,
University of Queensland, Qld.

$15,000 - 1989
$7,350 - 1990
$22,350

Comparison of environmental hazards facing elderly living at home versus in a retirement village

$5,250 - 1989
$17,300 - 1990
$22,500

Dr J C Carson,
Monash University, Vic.

Discharge planning, health status outcomes of elderly disabled people and the impact of community resource allocation
Mrs M Davey.
Curtin University, WA.

$7,640 - 1990

Health services study evaluation. Stress and Strain in elderly co-resident carers of dementia and stroke sufferers
Dr B Draper, Dr A Cole, Dr C Poulos,
St George Hospital, NSW.

$16,830 - 1990
$12,500 - 1991
$29,330

Data collection of living problems of the aged
Dr Patricia Duncan
Hunter Institute of
Higher Education, NSW

$7,500 - 1989
$8,000 - 1990
$15,500

Factors affecting re-admission of the elderly into the health care system
Dr G Fitzgerald & Dr G Calabrese
Ipswich Hospital, Qld

$12,250 - 1989
$12,830 - 1990
$16,000 - 1991
$41,080

Assessment of driver competence in Alzheimers Disease and Parkinson's Disease
Ms G Fox & Dr G Bashford
Royal Rehabilitation Centre, Ryde, NSW

$20,000 - 1992

Non-invasive measurement of brain function, during short-term memory, in early Alzheimers Disease
Dr E Gordon & Professor R Meares,
Westmead Hospital, NSW

$60,064 - 1990
$30,000 - 1991
$90,064

Development of Education and Exercise Program for enhanced lifestyle during retirement — **$30,000** - 1991
Dr J Grove & Mr N Randall,
University of Western Australia, WA

Diagnosis, management and outcome of dementia — **$21,500** - 1990; **$31,304** - 1991; **$52,804**
Professor R D Helme
National Research Institute, Vic

Genetic Factors in cognitive decline in later life — **$75,060** - 1990; **$22,100** - 1994; **$97,160**
Dr A S Henderson
Australian National University, ACT

Improved allocation of home care services — **$35,000** - 1992
A/Professor M S T Hobbs
University of Western Australia, WA

Reducing passive smoking exposure among the aged — **$16,500** - 1991
Dr K Jamrozik, Ms N Walker,
University of Western Australia, WA

A longitudinal study of outcomes for older people receiving intensive community services — **$35,000** - 1992
Dr H Kendig, Mr H Swerissen,
La Trobe University, Vic

Measurement of skin cancer in people over 40 years — **$9,000** - 1989
A Kricker MPH, D R English and
Dr P I Heenan
University of Western Australia, WA

The Human Ageing Process A newly recognised cause of progressive energy loss — **$93,859** - 1992; 1993,1994
Professor A W Linnane, P Nagley
Dr J. Mackay,
Monash University, Vic

Falls in elderly women: An ecological approach — **$30,000** - 1991
Mr S Lord, Dr J Ward,
University of New South Wales

Prevalence and prevention of musculoskeletal disorders and disability in the elderly living independently — **$30,000** - 1991; **$28,000** - 1992; **$58,000**
Dr L March, Professor P Brooks
Royal North Shore Hospital, NSW

Elderly people: Their need for and participation in social interactions — **$20,000** - 1991; **$22,000** - 1992; **$42,000**
Mr S Mott, Ms A Riggs,
Deakin University, Vic

Investigation, control and prevention of parasitic disease in aboriginal communities — **$11,500** - 1990
Dr B Pearson
Menzies School of Health Research, NT

Diet and exercise. Osteoporosis prevention — **$30,000** - 1991; **$33,000** - 1992; **$63,000**
Dr R Prince,
University of Western Australia, WA

Living conditions and psychosocial health of the older poor in the Hunter — **$25,000** - 1992
Dr S Redman, Ms F Lowe
University of Newcastle, NSW

Investigation of feasibility and merit of systematic consultative process in design of hostel accommodation — **$13,640** - 1990; **$10,165** - 1991; **$23,805**
Dr C Russell, Dr V Sauran
Cumberland College of Health Sciences, NSW

Preventing accidents in the aged: The relative effectiveness of two strategies in improving home safety and reducing medication use — **$38,000** - 1991; **$27,000** - 1992; **$65,000**
Professor R Sanson-Fisher and
Professor W Gillespie
University of Newcastle, NSW

Identifying effective community education processes with the elderly — **$21,970** - 1990
Ms D Setterlund, Ms J Wilson,
Dr M Shapiro,
University of Queensland, Qld

Reduction of medication use in the elderly — **$20,000** - 1991; **$19,000** - 1992; **$39,000**
A/Professor G Shenfield, Dr T Finnegan
Royal North Shore Hospital, NSW

Prevention of falls among elderly. — **$26,000** - 1989
Safety for the Elderly in Public Places. — **$25,730** - 1990; **$19,181** - 1991
Groups to Promote Safer Cities: A demonstration project — **$70,911**
Dr RL Somers,
S A Health Commission, SA

Fibroblast growth factor in the healing of mixed venous and arterial leg ulcers — **$30,000** - 1992
Mr. M C Stacey,
Fremantle Hospital, WA

Promotion of independence in the elderly — **$29,270** - 1990; **$30,000** - 1991; **$59,270**
Ms J Strong, Mr M Groves,
University of Queensland, Qld

Quality of life of aged Aborigines and Torres Strait Islanders in Queensland — **$19,700** - 1992
Dr M Zlobicki, A/Professor G Embelton
Queensland University of Technology, Qld

ADOLESCENT HEALTH 1993-1996 — $1,528,598

A population-based cohort study of Adolescent healthy lifestyles and behaviours — **$18,000** - 1993; **$19,000** - 1994; **$19,500** - 1996; **$18,000** - 1997; **$74,500**
A/Professor Adrian Bauman, Professor Don Nutbeam, Dr Michael Booth,
University of New South Wales

The effectiveness of a computer game for sex and drug education in adolescents. — **$20,000** - 1994
Dr P Beckinsale, Dr D Jolly and
Mr R Volkmer
Magarey Institute, SA

Promoting healthy high schools — **$20,000** - 1994; **$9,953** - 1995; **$29,953**
Dr M L Booth, Professor D. Nutbeam and Dr L Rowling
University of Sydney, NSW

Longitudinal studies of Cardiovascular risk factors among children and adolescents in the Busselton population. — **$30,000** - 1993; **$20,000** - 1995; **$50,000**
Dr Valerie Burke and
Professor J L Beilin,
University of Western Australia, WA

Investigation of Adolescent and young adult injury on Australian farms and development of a pilot injury control program
Dr L.J. Clarke,
Moree Plains Health Service, NSW

$30,000 -1993
$20,000 -1994
$50,000

The Development and Evaluation of Treatment for 9 to 14 year olds with Stutter
Dr AR Craig,
University of Technology, NSW

$25,000 - 1995

Educating Medical Students about Adolescent Behaviour
A/Professor C. Denholm and
Mr. S Wilkinson
University of Tasmania, Tas

$8,276 - 1995

Body marking practices in Adolescents
A/Professor K Durkin and
Dr S Houghton
University of Western Australia, WA

$34,000 - 1993

A Descriptive Study of the Transition to Injecting Drug Use among adolescents
Mr R L Dwyer and Dr I Van Beek
Sydney Hospital, NSW

$10,000 - 1995

The influence of lifestyle on bone strength of young adult women
Ms N K Henserson and Dr R I Price
Sir Charles Gardner Hospital, WA

$18,500 - 1993
$22,000 - 1994
$26,000 - 1995
$66,500

Peer Support Groups in chronically ill adolescents
Dr M Hibbert & Professor G Bowes
Royal Childrens Hospital, Vic

$20,000 - 1994

Body fat, body image, anthropometric status and weight-control practices of adolescents
Dr AP Hills,
Queensland University of Technology, Qld

$30,000 - 1993

Evaluation of current health warnings and contents of labelling on Tobacco Products
Dr R Ho,
University of Central Queensland, Qld

$9,000 - 1995

Health and well-being of Aboriginal adolescents
A/Professor W A Holland,
Ms A J Fry and Ms C G Reid
University of Western Sydney, NSW

$20,000 - 1994

A Coping Skills Training Intervention for Adolescents
Dr C C Madden and
ProfessorJ E James
La Trobe University, Vic

$35,000 - 1993
$30,000 - 1994
$30,000 - 1995
$95,000

International comparison of the prevalence and severity of asthma, rhinitis & eczema in teenage children.
Mr AJ Martin & Dr JD Kennedy
Adelaide Children's Hospital, SA

$20,000 - 1993

A study of muscle and bone function in athletic adolescents
Professor J M McMeeken and
Ms E Tully,
University of Melbourne, Vic

$25,000 - 1994
$25,000 - 1995
$50,000

A follow-up study on the impact of Low Birthweight on subsequent Growth, School Achievement and Behaviour
A/Professor H Mohay,
Queensland University of Technology, Qld.

$10,000 - 1995

Rethinking adolescent risk taking **$15,000** - 1994
Dr S Moore and Ms E Gullone, **$10,000** - 1995
Monash University, Vic **$25,000**

Risk taking in out-of-school adolescents **$35,000** - 1994
Professor D Nutbeam and Dr D Bennett,
University of Sydney, NSW

Containing Reckless Behaviour in at-risk young people **$24,872** - 1995
Professor D Nutbeam,
University of Sydney, NSW

An investigation to measure and monitor outcomes in a group of young adults with traumatic injury **$24,000** - 1993
Dr John H Oliver and
Dr Jennie L Ponsford
Bethesda Hospital, Vic

Antecedents of Adolescent Depression **$34,000** - 1993
$35,000 - 1994
Dr George C Patton and **$38,000** - 1995
Dr Marienne Hibbert **$107,000**
University of Melbourne, Vic

The Relationship between Weight Loss Behaviours and Body Image concerns and Social Networks in Adolescent Girls **$24,000** - 1995
Dr S J Paxton and Dr E H Wertheim,
University of Melbourne, Vic

A history of Youth Health in Australia with a view to informing policy development. **$35,000** - 1993
$20,000 - 1994
$55,000
Ms J L Peppard and Dr Neville Hicks
University of Adelaide, SA

TGF-Alpha in the Pathogenesis of Inflammatory Bowel Disease **$20,000** - 1995
Dr L C Read, Dr D J Moore
Child Health Research Institute, SA

The contribution of Family Relationships to Healthy Adolescent Development and Functioning **$25,000** - 1995
$31,000 - 1996
$56,000
Dr M Reed, CL A/Professor D Bennett
Royal Alexandra Hospital for Children, NSW.

Health implications of peer victimisation at school among adolescents **$15,000** - 1993
$20,000 - 1994
$35,000
A/Professor K Rigby and Dr P Slee
University of South Australia, SA

Effects of Peer Relations and Parenting on Adolescent Wellbeing, Depression & Suicidal Tendencies **$15,000** - 1995
Dr. K Rigby, Dr P Slee & Dr G Martin
University of South Australia, SA

A comparison of safe sex practices in city and rural young women **$6,000** - 1994
Professor D Rosenthal and
Professor G Bowes
La Trobe University, Vic

Adolescents' understanding of sexually transmitted diseases **$18,000** - 1993
Professor D Rosenthal and
Dr S Moore
La Trobe University, Vic

Smoking among unemployed school 1eavers **$25,000** - 1994
$27,000 - 1995
Dr W R Stanton and **$52,000**
A/Professor JB Lowe
University of Queensland, Qld

The Biochemical Epidemiology of Obesity: A Family Cohort Study
Dr K S Steinbeck AND Dr L A Baur
Royal Prince Alfred Hospital, NSW

$22,000 - 1995
$24,000 - 1996
$25,000 - 1997
$71,000

Youth Suicide in Victoria
A/Professor John Tiller and
Professor Graham Burrows
University of Melbourne, Vic

$30,000 - 1993
$20,000 - 1994
$ 497 - 1997
$50,497

Finding and studying the gene that causes sudden heart attacks in adolescents
Professor R J A Trent and
Dr D R Richmond
Royal Prince Alfred Hospital, NSW

$34,000 - 1994
$35,000 - 1995
$69,000

Evaluation of an intervention program to reduce future heart disease 'risk' in 10-11 year old children
Professor R Vandongen,
Ms C Thompson, Mr R Milligan and
Dr A Taggart
University of Western Australia, WA

$30,000 - 1993

Assessment of transitional care in the young person with Diabetes
Dr Garry L Warne
Royal Children's Hospital, Melbourne, Vic

$25,000 - 1993

Chronic Fatigue Syndrome in adolescents
Dr J B Ziegler and Dr F Levy
Prince of Wales Childrens Hospital, NSW

$20,000 - 1994

Child and adolescent mental health: priority targets for health promotion
Dr Stephen Zubrick and
Mr Sven Silburn
TVW Telethon Institute for Child Health Research, WA

$35,000 - 1993
$35,000 - 1994
$34,000 - 1995
$40,000 - 1996
$144,000

FAMILY HEALTH 1996-1999 **Total $1,423,500**

Families living with Depression
Professor Henry Brodaty, Dr C Peisah
University of New South Wales, NSW

$20,000 - 1996

The development & evaluation of a consumer — centred recruitment strategy for colorectal cancer screening for first-degree relatives
Dr Julie E. Byles and
Dr Jill Cockburn
University of Newcastle, NSW

$20,000 - 1997

Family functioning and Menopausal Health
Dr Marie Louise Caltabiano and
Dr Nerina Jane Caltabiano
James Cook University, Qld

$12,000 - 1996

Acute Rheumatic Fever in Aboriginal Families
Dr Jonathan R Carapetis and
A/Professor Bart J. Currie
Menzies School of Health Research, NT

$40,000 - 1996
$30,000 - 1997
$70,000

Coping with crisis: How Australian families search for and select an aged care facility for a family member upon discharge from an acute care setting
A/Professor J Cheek and
Ms. A. Balantyne
University of South Australia, SA

$22,500 - 1998

Family Well Being and Genetic Testing in Huntington's Disease
A/Professor Edmond Chiu
University of Melbourne, Vic

$35,000 - 1996

The experiences of survivors of Myocardial Infarction (MI) & their spouses in the first three weeks following discharge in South Western Sydney — **$ 9,000** - 1997
Professor John Daly and
Professor Elizabeth Cameron-Traub
University of Western Sydney, NSW

A study of the familial & other support networks of incarcerated mothers: Strengthening support & reducing risk for children & families of inmate women — **$10,000** - 1997 Grant in aid
Ms M Ann Farrell
Queensland University of Technology, Qld

Family Health & Wellbeing — **$27,000** - 1998
Professor A Hayes and Ms J Bowes
Macquarie University, NSW

How do families perceive their health needs & status & make decisions about their health behaviour with respect to health care & the use of health related services? This study will provide interventions & the provision of appropriate health information for families living in rural locations — **$31,500** - 1998
Professor J Humphreys and
Ms. Helen Keleher
La Trobe University, Vic

Children of Mothers with severe Mental Illness — **$31,500** - 1996, **$33,000** - 1997, **$33,000** - 1998, **$97,500**
Professor Assen V Jablensky,
A/Professor Patricia T Michie and
Dr Jane M Fitch
University of Western Australia, WA

Family Therapy with Families of Patients with Cancer — **$30,000** - 1996, **$33,500** - 1997, **$63,500**
Dr David W Kissane and
A/Professor Sidney Bloch
Monash University, Vic

The development & evaluation of a method Speech of decreasing depression and social isolation in language-impaired stroke survivors and their families — **$28,500** - 1998
Dr E Lalor, Ms S Alexander and
Dr G Hankey
Royal Perth Hospital, WA

Prevention of Behaviour Disorder in Young Children: An intervention study — **$27,000** - 1998
Professor Ken Linfoot, Dr Jennifer Stephenson and Mr Andrew Martin
University of Western Sydney, NSW

Adolescents' Perception of Family Functioning — **$38,500** - 1996
A/Professor Ernest D L Luk and
Dr Petra Staiger
University of Melbourne, Vic

Caring for someone with terminal cancer: The impact of a hospice home care program Health & community services information for people living with terminal cancer — **$30,000** - 1997, **$22,000** - 1998, **$10,000** - 1999, **$62,000**
Professor Ian Maddocks, Dr Carol Grbich and Professor Tina Koch
University of Adelaide
Flinders University, SA

Family functioning & serious mental illness — **$25,000** - 1998
Dr J McGrath, Ms J Hearle and

Dr J Barkla
University of Queensland, Qld

The health & wellbeing of children in the public care — **$35,000** - 1997; **$35,000** - 1998; **$70,000**
Dr H McGurk and Ms Sarah Wise
Australian Institute for
Family Studies, Vic

Factors Affecting Parents Adjusting to the Demands of a New Baby — **$39,000** - 1996; **$38,000** - 1997; **$77,000**
Professor Carol A Morse and
Dr Anne Buist
Royal Melbourne
Institute of Technology, Vic

Promoting Healthy Families through Schools — **$24,000** - 1996
Ms Jan M Nicholson, Professor Brian F Oldenburg, Dr Michael P Dunne and Ms Margaret L McFarland
Queensland
University of Technology, Qld

What Happens to Sexually Abused Children in Early Adult Life — **$40,000** - 1996
Professor R Kim Oates
University of Sydney, NSW

The evaluation of a structured parent education & support program delivered by community nurses in the first 2 years of life — **$36,000** - 1997
Professor Frank Oberklaid and
Dr Melissa Wake
Royal Childrens Hospital, Vic

Improving family-elder communication — the Ageing & Sensory Loss — **$25,000** - 1998
Mr R R Osborn and

A/Professor N P Erber
La Trobe University, Vic

Development of a treatment program for children with anxiety disorders in rural areas — **$25,000** - 1997
A/Professor Ronald M Rapee,
Dr Nick M. Kowalenko and
Ms Anne Wignall
Macquarie University, NSW

Social Support and Loneliness in Primary School Children — **$9,000** - 1996
Dr Clare Roberts,
Curtin University of Technology, WA

The influence of family factors on the quality of life of children with asthma — **$39,000** - 1997; **$40,000** - 1998; **$11,000** - 1999; **$90,000**
Dr M G Sawyer, Dr J Martin,
Dr D Kennedy and Dr N J Spurrier
Women & Children's Hospital, SA

Development of an evaluation tool to assess the resettlement of refugee families in cultural transition — **$10,000** - 1997; **$ 5,000** - 1999; **$15,000**
Professor Derrick Silove and
Mr Mariano Coello
University of NSW

Managing Stress in Australian Families — **$20,000** - 1996
Dr Philip T Slee, Dr Rosalind Murray-Harvey and
Ms Dianne Lawson
Flinders University, SA

Depression After Childbirth — **$28,000** - 1996
Ms. Rhonda E Small and
Dr Judith M Lumley
La Trobe University, Vic

Support needs of rural families of oncology palliative care patients. Evaluation of an after hour Telephone support service for families — **$36,000** - 1997, **$20,000** - 1999, **$56,000**
Professor Lesley M Wilkes and
Ms. Kate White
University of Western Sydney, NSW

Understanding the play behaviour and play development of Pre-school children who have experienced long-term familial abuse and neglect: Implications for assessment & treatment — **$10,000** - 1997, **$10,500** - 1998, **$20,500**
Dr Jenny M Ziviani and
Mr Rodney J Cooper
University of Queensland, Qld

Explaining the links between abuse & neglect in childhood & psychological & social well-being in adulthood — **$33,000** - 1999
Dr B Rodgers, Professor A.F. Jorm
And Dr H Christensen
Australian National University, ACT

Program to increase community knowledge of hereditary iron overload disease and a comparison of the cost-effectiveness of two tests to detect the condition — **$20,000** - 1999
Professor L W Powell
Queensland Institute of
Medical Research, Qld

The ARHRF Twin Talk Programme — **$28,000** - 1999
Dr C L Taylor and Professor D A Hay
Curtin University of Technology, WA

Preventing family-based child abuse through schools — **$29,000** - 1999

Dr Jan Nicholson, Ms Sarah Dwyer
and Professor Brian Oldenburg
Queensland University of Technology, Qld

A home based intervention program for vulnerable families with newborns — outcomes at three years — **$28,000** - 1999
Dr. Kenneth L. Armstrong and
Professor Barry Nurcombe
University of Queensland, Qld

Environmental factors & Multiple Sclerosis in Tasmania — **$20,000** - 1999
Professor T Dwyer, Dr A L Ponsonby,
Dr R Simmons and I Van der Mei
University of Tasmania, Tas

Mental health of children of parents who are registered with an Area Mental Health Service — **$25,000** -1999
A/Professor Ernest Luk
Monash University, Vic

The infant's behaviour as a predictor of family difficulties — **$17,000** -1999
A/Professor Bryanne Barnett and
Mr S Matthew
Paediatric Mental Health Service, NSW

Ignorance is not Bliss — Promoting Family Health Literacy — **$24,000** -1999
Professor Don Nutbeam
University of Sydney, NSW

Needs assessment of families when an adult cancer patient travels away for radiation treatment — **$18,000** - 1999
Dr Alexandra Clavarino, A/Professor
John B Lowe and Dr Kevin P Balanda
University of Queensland, Qld

Health-promoting families for preventing dieting disorders among adolescent females — **$20,000** - 1999
Dr Gail F Huon
University of NSW

Increasing breastfeeding rates: savings to the health system — **$10,000** -1999
Dr. J.F. Thompson, Professor
D A Ellwood and Ms Julie Smith
The Canberra Hospital, ACT

Helping families to live with stroke — **$17,000** - 1999
Dr. M. Clark, Ms. S. Rubenach &
Dr. A. Winsor
Flinders University, SA

ROSS RIVER VIRUS 1998-2000 inclusive — **Total $210,000**

Development of environmentally friendly pesticides for the control of Ross River mosquitoes — **$15,000** - 1998
Dr Micheal D Brown,
A/Professor Brian H Kay and
Professor Jack G Greenwood
Queensland Institute of
Medical Research, Qld

Identification of epitope-based vaccine candidates for Ross River Virus — **$30,000** - 1998
Dr J M Davies,
Monash University, Vic

The mechanisms of Ross River Virus induced arthritis — **$45,000** - 1998; **$47,500** - 1999; **$92,500**
Professor Justin T La Brooy and
Dr Peter Keary

University of Queensland,
Townsville General Hospital, Qld

The treatment and differential diagnosis of epidemic polyarthritis (improving treatment and diagnosis for Ross River Virus) — **$15,000** - 1998
Dr Andreas Suhrbier, Dr B McGrath,
Dr P C Vecchio and Dr F J DeLooze
Queensland Institute of
Medical Research, Qld

Which Western Australian mosquitoes are important for transmission of different strains of Ross River virus — **$22,500** - 1999
Dr Michael Lindsay
University of Western Australia, WA

Immunological and psychological determinants of protracted recovery after Ross River Virus infection — **$35,000** - 1999; **$38,000** - 2000; **$73,000**
Professor Andrew Lloyd and
Prof Ian Hickie
University of New South Wales, NSW

FIRST AID, PRE-HOSPITAL TREATMENT, EMERGENCY CARE 1999, 2000, 2001 — **$292,488**

First aid & pre-hospital assessment & treatment of Irukandji (jellyfish) envenomation — **$9,300** - 1999; **$6,690** - 2000; **$6,690** - 2001; **$22,680**
Dr Peter J Fenner, Russell Hore
and Max Bernstein
Surf Life Saving Queensland, Qld

Analysis of the outcomes of (a) first aid given to members of the public by qualified first aiders, and (b) training in CPR — **$18,500** - 1999

Mr Peter Bowler and
Professor V R Marshall
St. John Ambulance Australia, NSW

What predicts outcome of carbon monoxide poisoning from the Emergency Department assessment?
Dr P J Hay and Ms L A Denson
University of Adelaide, SA

$6,500 - 1999
$4,000 - 2000
$10,500

Ambulance 12-lead ECG recording — improving the resuscitation of heart attack victims
Dr Simon Brown, Mr D Galloway and A/Professor A Bell
Tasmanian Ambulance Service, Tas

$5,000 - 1999
Grant in aid

Community training, attitudes & competence in first aid
Professor G A Jelinek, Dr A Celenza and Dr D O'Brien
University of WA

$ 9,832 - 1999
$21,500 - 2000
$ 5,050 - 2001
$36,382

Factors contributing to people presenting for first aid service at large public events
Dr P Arbon and
Dr F H G Bridgewater
University of SA

$14,000 - 1999
$10,204 - 2000
$24,204

Pre-hospital use of activated charcoal
Gabrielle M Cooper and
A/Professor David Le Couteur
The Canberra Hospital, ACT

$5,000 - 1999
Grant in aid

Retrieval Medicine Incident Monitoring Study
Dr A Flabouris and Dr S Winter
NRMA Care Flight, Westmead Hospital, NSW

$11,000 - 1999

Studies on immune responses to spider venoms
Dr. Anna Young
University of Melbourne, Vic

$25,000 - 1999
$28,200 - 2000
$53,200

A portable intensive-care capsule for transporting critically ill new born babies from their birthplace to hospital in a road ambulance or aircraft
Professor John Grant-Thompson
University of Southern Queensland, Qld

$15,000 - 2000
Grant in aid

The pre-hospital use of a test kit to identify patients suffering from acute cardiac injury
Mr Bill Lord and Dr Lexin Wang
Charles Sturt University, NSW

$5,000 - 2000
Grant in Aid

CPR training in families of chest pain patients
Dr Kevin Chu and Dr Christopher May
University of Queensland, Qld

$8,222 - 2000

Prehospital care of Asthma
1990-1999
Dr A Celenza and Dr I G Jacobs
University of WA

$18,000 - 2001

Bicycles, injury & risk-taking in adolescence
Dr C H C Action and A/Professor J W Nixon, A/Professor R. McClure and Professor J. Batch
University of Queensland

$18,000 - 2001

Bringing quicker thrombolysis to victims of heart attack
Professor A M Kelly
Western Hospital, Vic

$15,000 - 2001

Characterisation of spider nerve toxins & the production & testing of specific neutralising antivenoms — **$26,800** - 2001
Dr G Nicholson, Dr A Graudins and A/Professor K. Broady
University of Technology Sydney, NSW

BOWEL SCAN 1998

Investigation and reduction of bowel cancer deaths by Rotary BowelScan projects — **$49,500** - 1998
Dr D J Frommer and Professor J Kaldor
St Vincent's Hospital, NSW

MALARIA 2000

Improved malaria vaccine candidate — **$19,990** - 2000
Dr Laura B Martin and Professor Allan Saul
Queensland Institute of Medical Research, Qld

How does malaria cause illness? — **$10,100** - 2000
Dr Ian A Clark
The Australian National University, ACT

MENTAL ILLNESS 2000, 2001

Factors influencing the early onset & stability of childhood externalisation behaviour problems — **$40,000** - 2000
Dr Peter Baghurst, A/Professor Michael Sawyer and Professor Margot Prior
Women's & Children's Hospital, SA

Implementation of child mental health promotion in schools — **$20,000** - 2000
Dr Jan Nicholson and Professor Brian Oldenburg
Queensland University of Technology

Evaluation of the effectiveness of Cognitive behavioural treatment for childhood anxiety disorders in a Mental Health Service — **$24,000** - 2000
Professor Margot Prior and Ms Julie Barrington
Royal Children's Hospital, Vic

Helping depressed mothers and their infants (the H.U.G.S. program) — **$35,000** - 2000
Professor Jeannette Milgrom
Austin Hospital
Medical Research Foundation, Vic

Mental Health Literacy project — **$20,000** - 2000 Grant in aid
Ms Barbara Hocking and A/Professor Jeremy Anderson
SANE Australia and Monash University, Vic

A Web-based treatment for panic disorder — **$10,000** - 2000, **$35,000** - 2001, **$45,000**
Professor Jeffrey Richards and Ms Leann Brown
University of Ballarat, Vic

Training general practitioners in the recognition and management of patients with depression — **$35,000** - 2000, **$35,000** - 2001, **$70,000**
A/Professor David Clarke, Professor Leon Piterman, Dr Grant Blashki and Professor Graeme Smith
Monash University, Vic

Cognitive behaviour therapy for adolescents with first onset depression — **$25,990** - 2000
Dr Nicholas Allen and
A/Professor Henry Jackson
University of Melbourne, Vic

Prevention of psychosis: long-term follow up — **$11,500** - 2000
Professor Patrick McGorry and
Ms Lisa Phillips
University of Melbourne, Vic

Effects of Oestrogen on well—being, mood and cognition of women aged 70 or over — **$19,999** - 2000
A/Professor Osvaldo Almeida,
Professor Leon Flicker, Dr Samuel
Vasikaran and Dr Peter Leedman
University of WA

A program to prevent unhealthy weight loss behaviours in early adolescent girls — **$25,000** - 2000, **$28,000** - 2001, **$53,000**
Dr Eleanor Wertheim and
Dr Susan Paxton
La Trobe University, Vic

Clonidine plus psycho stimulants for ADHD & behaviour problems — **$30,000** - 2000, **$31,800** - 2001, **$61,800**
Professor Philip Hazell and
Dr John Stuart
University of Newcastle, NSW

Smoking cessation program for people with a mental illness — **$25,000** - 2000
Dr Amanda Baker and
A/Professor Robyn Richmond
University of Newcastle, NSW

Improving medication management for older mentally ill Aboriginal Australians — **$25,000** - 2000
Dr Charlotte de Crespigny,
Ms Anita De Bellis, Mr Warren Parfoot
and Ms Zell Dodd
Flinders University, SA

Cross agency approach to reducing Childhood conduct disorder — **$20,000** - 2001 Grant in aid
Mrs B Skesteris, Mr C Sexton-Finke,
Mrs K Huggett and Mrs A Leishman
Kelmscott Child & Adolescent
Mental Health Service, WA

Benefits of improving depressed people's knowledge about depression — **$40,950** - 2001
Professor A F Jorm, Dr H Christensen,
Dr K Griffiths, Mrs A E Korten,
Miss J Medway and Dr B Rodgers
Australian National University, ACT

Evaluation of internet-based treatment of obsessive-compulsive disorder — **$32,618** - 2001
Professor Kenneth Kirkby and
Dr. R. Menzies,
University of Tasmania

Social rituals and mental health — **$20,000** - 2001 Grant in aid
A/Professor A Janca and
A/Professor V Burbank,
University of WA

The effectiveness of a cognitive-behaviour therapy in the treatment of adolescent compulsive disorder — **$40,775** - 2001
Dr R G Menzies, Dr M Jones,
Dr J Brennan, Ms D Einstein and
Miss A Krockmalik,
University of Sydney, NSW

Parent-delivered treatment for anxious children — **$20,000** - 2001 Grant in aid

Professor R M Rapee,
Macquarie University, NSW

A study into psychological treatments aimed toward preventing teenage depression from recurring — **$20,000** - 2001 Grant in aid
Professor B Tonge and
A/Professor N. King,
Monash University, Vic

Preventing psychiatric disorders after trauma — **$39,837** - 2001
A/Professor R.A. Bryant,
University of NSW.

Preventing post-natal depression by means of psychological treatment in pregnancy — **$15,000** - 2001 Grant in aid
Dr M. Austin and
Professor J Lumley,
University of NSW.

Early intervention for bipolar disorder — **$36,225** - 2001
Dr J Ball and Professor P Mitchell,
University of NSW.

Prevention of depression in adolescents — **$15,000** - 2001 Grant in aid
A/Professor A Ralph and
Professor L Flicker,
James Cook University, Qld.

Psychological adjustment after heart attack: Can we decrease mental illness? — **$4,785** - 2001
Dr Tracey Wade,
Flinders University, SA.

IAN SCOTT FELLOW (MENTAL ILLNESS) 2000-

Screening of high risk families with infants — **$31,500** - 2000 **$26,000** - 2001 **$57,500**
Caroline De Paola,
University of Melbourne, Vic.

APPENDIX IV

Complete text of the address by Ian Scott to the Rotary Club of Mornington, Vic., on Wednesday, June 17, 1981.

Mr Chairman, Fellow Rotarians and Guests: I am excited. I am excited because tonight I have the opportunity to outline to my home club a proposal which I believe is exciting, frightening, demanding, fulfilling.

You will excuse me, I trust, for reading from a prepared text. The reasons are twofold: firstly because our 1981-82 president cannot be with us and I want him to know exactly what I have put before you; and secondly because, in my view, the subject is far too important for me to ad-lib and omit any section of merit.

Some six weeks ago I mentioned, almost as a spur-of-the-moment comment, that I had heard that the Cot Death research program was foundering because of lack of funding and that I felt that Rotary could do something about it. I was not sure of my facts at that stage and based my assessment on media coverage, which is often a risky base on which to work. My subsequent enquiries have revealed that a considerable amount of money is provided for research into Sudden Infant death Syndrome (Cot Death) but that this is basically on an "ad hoc"

basis through the National Health and Medical Research Council, from parent groups and service groups, such as Apex which provided $450,000 in 1980, and through direct donations.

Dr Alan Williams, a pathologist at the Royal Children's Hospital in Melbourne, stated in a paper to the 1981 ANZAAS Congress in Brisbane that he

has examined 650 babies who have died suddenly and unexpectedly in Melbourne, that two in every 1,000 children die of SIDS, and that-and this is important-in the week in which he prepared his paper, four "near-miss" cases of SIDS (that is, where the baby was found by its parents "limp, pale or cyanosed, apparently not breathing and perhaps even unconscious", is resuscitated and rushed to hospital) were treated at the Royal Children's Hospital. How many near misses occur is not documented.

Dr Williams concluded his address by saying (in answer to the question "Why did my baby die?") "It is trite for me to say that the answer to that question must come through research. You know that as well as I do. It is equally trite to say that this will cost money. Currently research into SIDS is just becoming respectable, but *few young workers are entering the field* concerning the growth and development of the young infant. *I believe they will enter it if there is assured funding.* Can we, in Australia afford such funding? I believe we can in a country that can buy a painting for a million dollars, in a country in which a race horse can change hands for little less than a million. Just who do we need to convince? As one cynical parent said to me, 'it would be different if these were well known company directors dying mysteriously every fourth day in Melbourne. The trouble is, they are only babies, known only to and loved by their families'."

The last sentence was, of course, picked up by the media.

I repeat just one short sentence from the quote, as it contains the words on which I base the balance of my remarks tonight. The sentence is: "I believe they will enter it if there is assured funding." The two sig-

nificant words: "*assured funding*".

You will have heard me state previously that, in my view, Rotary is a high-potential organisation with so many ill-used, under-used or not used talents as to make it almost disheartening to see these talents not being used properly. I realise that we operate as autonomous clubs, loosely knit into a district without, thankfully, a controlling national body; but, nevertheless, I cannot see why we cannot undertake a national project of world-wide importance and involve every Rotary club in Australia.

In the bulletin, the subject of my talk is given as *RAFTER*, which is merely a word I have chosen for the scheme I now wish to put before you. *RAFTER* stands for "Rotary Australia Foundation to Encourage Research" and, as its aim, I say simply "To foster research into significant family health problems at all age levels within the Australian community".

I propose that this club initiates the formation of such a foundation with its initial fund-raising target of two million dollars on the promise that these funds will be invested, together with future funds to be raised, in authorised trustee investments and that the income from the capital funds be allocated in four-year cycles towards health research projects by a suitably qualified panel of appointed Trustees. It is my thought that the first four-year cycle would fund research into Sudden Infant Death Syndrome, thus providing "Assured Funding" for an immediate term of four years at a target figure of $250,000 per annum. The term could, of course, be further extended at the Trustees' discretion.

You will see that, in establishing a foundation with an initial corpus fund of two million dollars we can provide, in perpetuity, one million dollars in each

four year cycle to the improvement not only of the health of our fellow Australians but also, as a result of any favourable research results achieved, to our fellow humans on an international basis.

How do we achieve such a goal? I said at the outset that I would outline to you a proposal which is exciting, frightening, demanding and fulfilling.

I hope by now you know why I used the word *exciting*. *Frightening* I used because I believe that the potential of this scheme is just that — *frightening* in the prospects it can open up. I don't believe for one moment that two million dollars is the ultimate potential. I believe that it is a minimum target, which can, with support, be readily exceeded. Frightening isn't it?

Demanding. This is the key word; not in the sense that anybody will demand money, time or anything else; but demanding nevertheless.

We need to raise, on average, $2,200 from each of the 900 Rotary clubs in Australia. We must sell the project to them properly and adequately, in a manner to immediately enthuse them, so that district borders are forgotten, so that interstate jealousies are cast aside and so that each club can get its membership to accept the excitement and potential of the RAFTER scheme quickly.

I can see every member of this club, with many of our wives and even our children stuffing envelopes with publicity material, co-ordinating replies, forwarding follow-up coverage, producing progress bulletins et cetera, et cetera.

I believe that once this club accepts the project, it is imperative that we then sell it to the district; and that is why I am delivering this speech from a prepared text. I want you, tonight, subject to President Elect Don Gordon reading this text and

accepting any resolution you approve, to agree to me, together with President Elect Don and Past DG Keith Norman, meeting with DG-Elect Ken Oldmeadow to outline the program to him and hopefully for him to allow me to speak at the district assembly at the High School in two weeks' time. If this comes off, then I hope that this club will receive an invitation from every club in the district very early in the year to address a club meeting to outline the proposal and to get it rolling. If this happens then I would propose that a panel of five members be established from this club and that they get together to prepare a suitable text and other material to use on such occasions.

I, personally, am prepared to join that team and to address meetings four or five nights a week throughout the district on the basis that I am provided with a driver whenever I feel it necessary. I believe the other selected members of the panel should be also given that option. If I appear to be usurping the authority of Barry Furness as community service director elect in this matter, please forgive me. Barry is aware of my proposal and, to the best of my belief, supports it wholeheartedly. Such matters as appointment of Trustees, Accounting, Publicity, Taxation benefits for private donations, appointment of Patron, legal issues etc. are still to be resolved and will involve many of you in your own specialist areas and will continue to be demanding of this club's membership for many months, but I am sure that as you look at the exciting, frightening and demanding nature of this proposal you will support it wholeheartedly; as you must surely see it as fulfilling of all the ideals of Rotary and of Rotary service, be it in community, international, vocational or club service — they are all involved.

Gentlemen, may I conclude by stating again that if

we go ahead with this project we must immediately set aside $5,000 for administrative costs such as printing and stationery and postage; and I would hope that as sponsoring club a donation of the order of $10,000, plus additional support could be regarded as a reasonable target.

Exciting? Yes. Frightening? Yes. Demanding? Yes. Fulfilling? Yes. Possible? Definitely, particularly from a club with our achievement record.

RESOLUTION

That this meeting accepts in principle the scheme outlined by the speaker, requests immediate Board ratification of same, allocates $5,000 of club funds to the implementation of the scheme subject to the scheme obtaining Board and District support and authorises President Jan Cover, President-Elect Don Gordon, Ian Scott and Past District Governor Keith Norman to wait on the incoming District Governor without delay to outline the scheme and attempt to obtain his immediate support.

After 20 minutes of questions, elaboration by the speaker of the tragedy of Cot Death, and favourable comment, (during which it was indicated that a second allocation of $5,000 would be pledged if the proposal was adopted), the motion was passed unanimously.

Sources

Minutes of meetings of the Steering Committee, 1981-82; the Board of Directors 1982-2001;
Annual General Meetings 1982-2000.

Proceedings of ARHRF Conferences and Symposia.

Annual Reports, 1982-2001.

ARHRF Newsletters.

Reports by researchers in ARHRF files.

Material provided by researchers in writing and in personal and telephone interviews.

Rotary Down Under various issues, 1981-2001.

Interview with Mrs Joyce Scott.

Material provided by General Manager and by members and past members of the Steering Committee, Board of Directors and the Research Committee of ARHRF.

Booklets, brochures, leaflets, video tapes and other promotional material issued by ARHRF.

Biographical Index

***Note**: This index does not, except co-incidentally, list the names of persons named in the appendices. Rotary offices and past offices are not used and the given names are those by which they are mentioned in the text or by which they are generally known in Rotary.*

ABBEY AHR (Royce) 6,7,8,9,10,11,12,13,14,15,16,27,33, 129,131,139,142,151
ABBEY Albert 129
ABBEY Helen 129
ABBEY Jean 130
AITKEN Bob 48
ALLSOP George 5
ALVIN Dr Patrick 59
ANDERSON Dr Ross 43
ANGLIN Prof James 89-90
ANSETT Bob 25
ARTER Dr Charles 5
ATKINSON Edward J. (Ted) 77,78,109,110,112,145-148
ATKINSON Lois 146

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