

MENZIES DIRECTOR
PROFESSOR ALAN CASS

MENZIES: 30 YEARS OF EXCELLENCE

WORDS: NIGEL ADLAM. PHOTOS: DAVID MAURICE SMITH AND KARA BURNS.

“IT’S A SAFE AND ENCOURAGING ENVIRONMENT FOR PEOPLE TO WORK IN. I WANT INDIGENOUS AUSTRALIANS TO REALISE THEY CAN WORK AT A WORLD-CLASS MEDICAL RESEARCH INSTITUTE RIGHT HERE IN DARWIN.”

It was truly a vision splendid: a mission to create a world-class medical institute that would make a meaningful, lasting difference to people’s lives.

There were cynics in those early days who dismissed the whole idea as all pomp and no circumstance.

But the naysayers didn’t reckon on the dedication of the team that set about building the Menzies School of Health Research.

The Darwin-based independent organisation celebrates its 30th birthday this year.

From humble beginnings, Menzies has developed an international reputation for practical research – work based on good science and focused on breaking once and for all the awful cycle of disease.

It is now Australia’s leader in Indigenous and tropical health research.

Director Alan Cass, who first arrived at Menzies 17 years ago when he worked on his PhD on kidney disease, knows there is a long way to go.

“We’ve had many successes and we’re very proud of that,” he says. “But we recognise that there is still so much to do. We’re here for the long haul.

“We’re about discovery – identifying the critical health issues and finding ways to tackle them.

“People who work here feel useful every day of their lives. The work is hard and sometimes frustrating. But it’s critically important and profoundly satisfying.”

Chief Minister Adam Giles says Menzies is a “home-grown” institution with a three-decade legacy of improving health outcomes for Aboriginal and Torres Strait Islander people.

“Menzies staff have completed pioneering child lung disease research, improved diabetes care for mothers and their babies, researched skin sores and developed a pain-free treatment, put a focus on Indigenous cancer rates, tackled the ear diseases that cripple many in Indigenous communities and cut melioidosis mortality rates by two thirds.

“As Chief Minister and Minister for Indigenous affairs, I salute Menzies’ hard work in this difficult field and pay tribute to the improvements they have made to thousands of lives in some of our most disadvantaged communities.”

Menzies has two main, interconnected arms – combating the poor health that does so much to disadvantage northern Australia’s Indigenous people and combating the infectious diseases rife in Asia.

It carries out groundbreaking research and devises strategies to better deliver health services.

One of its core objectives is to “build capacity” – that is, train health workers so that there is a clear line of sight between research and delivery.

“Our work is very grounded,” says Professor Cass. “We want to make an effective difference as soon as is possible.”

This combination of sound science and logistical skill has led to an extraordinary co-operative network – brilliant scientists at one end, hard-working, highly committed community health workers at the other.

“It’s a powerful team,” says Professor Cass.

The work requires the support of governments – from the Northern Territory to Indonesia and Malaysia – and grants from a range of organisations, including the Federal Government, the Gates Foundation and the Wellcome Trust.

Menzies has grown into a global institution. It is based in Darwin but

also has a centre in Alice Springs and offices in Brisbane and Melbourne, and works at health centres in more than 20 countries, mainly in Asia.

The institution has 250 staff, many of them “shared” with Royal Darwin Hospital; many doctors literally carry out consultations with public patients one day and conduct research the next.

It has partnerships with more than 60 Aboriginal communities across northern and central Australia.

A key mission is to encourage post-graduate research into critical areas of health; this nurturing environment has attracted some of the brightest medical minds in the country to Darwin.

Professor Cass says Menzies was founded in response to the “devastatingly poor” health of Aboriginal people.

“It was a visionary decision,” he says.

Ending Indigenous disadvantage is still the heartbeat of the organisation’s work. But improvements to health service delivery engineered by Menzies on remote Aboriginal communities can also be used in the rest of Australia and Asia – after all, despite Australia being a wealthy country, there are many similarities between health problems in Indigenous communities and in developing countries.

“We want to play a leading role as a gateway to Asia. It’s wonderful that the Northern Territory can say, ‘We’ve got a world-class medical research institute here’.”

Professor Cass says Menzies works in one of the most “challenging” health service delivery environments in the world.

For instance, it is not unusual for Aboriginal patients to suffer from several chronic illnesses at the same time, with a much too frequent combination being heart disease, diabetes and kidney failure.

Cancer, rarely talked about for Aboriginal people, occurs at slightly



BAGOT RESIDENTS HELEN AND ROSS FEJO-FRITH ENJOYED A VISIT TO THEIR COMMUNITY BY MENZIES STAFF

higher rates, but mortality is much higher.

People present with more advanced disease and are less likely to receive best treatment because of barriers due to remoteness, poor education, and differences in culture and language.

English can be the fourth or even fifth language of Aboriginal people from remote communities and more than 60 per cent of Indigenous patients coming to Darwin hospital need an interpreter if they are to truly understand fundamental issues about how their illness can be treated.

Researchers have made hugely significant discoveries about many diseases, such as the potentially lethal bacterial melioidosis, rheumatic heart disease and malaria.

Many of the researchers, such as professors Bart Currie, Nick Anstey, Ric Price and Anne Chang, are internationally acknowledged as leaders in their fields.

Professor Cass stresses that the research is “very grounded”.

“It’s not ivory tower work,” he says. “It’s very practical, aimed at making a real difference. If we get this right the whole country, the whole region, can benefit.”

Menzies has also greatly enhanced the diagnosis and treatment of disease by improving access to medical care.

The institute is striving to encourage more Indigenous people to become health workers and researchers.

“It’s a safe and encouraging environment for people to work in,” he says. “I want Indigenous Australians to realise they can work at a world-class medical research institute right here in Darwin.”

Of course, all this costs money.

Menzies has such a strong reputation as a centre of excellence that it has a higher success rate with medical research grants than any other organisation in Australia.

An important portion of funding comes from international foundations, such as the Bill and Melinda Gates’ charitable foundation and the Wellcome Trust.

Crucial areas of research, including trials to explore more effective vaccine schedules, are conducted with government funding, but also in partnership with companies involved in the development of vaccines and medications, such as GlaxoSmithKline and Pfizer.

Professor Cass hopes that more Australian and Asian business people will join the list of donors.

“Menzies has done fantastic work over the past 30 years,” he says. “I invite business people and corporations to help continue this crucially important work for the next 30 years.” **TQ**

Contact: Menzies School of Health Research 08 8946 8600 or www.menzies.edu.au



ELIAS AND JONAS BONSON OF MANINGRIDA ARE AMONG THOSE BENEFITTING FROM BETTER HEALTH SERVICE DELIVERY

“IT’S NOT IVORY TOWER WORK. IT’S VERY PRACTICAL, AIMED AT MAKING A REAL DIFFERENCE. IF WE GET THIS RIGHT THE WHOLE COUNTRY, THE WHOLE REGION, CAN BENEFIT.”