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The official newsletter of the Highgate (WA) Sub-Branch of the Returned & Services League of Australia

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Monthly Luncheon

Monday 20 February 2006

Venue: Gallipoli Room
Time: 11.30 Hrs Fellowship, 12.30 hrs Luncheon
Speaker: Graeme Sherriff
Topic: An update of RSL Care WA

President's Report

Annual General Meeting

The format will be formal but brief so as not to detract from the usual monthly gathering with the agenda (as per Rule 27.18):

1. Confirmation of 2004 Minutes
2. Presentation and adoption of the President's annual report.
3. Presentation of the Financial Statements to the meeting for the past year.
4. Receive the auditor's report on the Sub-Branch financial affairs.
5. Confirmation of the elected Sub-Branch officers and committee for 2006.
6. Appointment of an auditor for 2006.

RSL Membership Cards

It is not intended to issue Membership Cards to all as they have to be manually completed, however, for Highgate Members travelling Intrastate, Interstate or Overseas a "Membership Card" to verify your financial status is available. Please contact the Secretary with sufficient notice if you require a Card.

Currently the RSL is investigating the issue of an electronic (Smart Card) as a membership card for all members later this year, which will be similar for all Branches across Australia.

Passing the Baton

This February meeting sees me bow out as your President after two interesting and mostly satisfying years, again to be associated and working with arguably the State's most dedicated and leading Ex Service men and women has been a most rewarding experience.

Thank you, Ian

MONTHLY LUNCHEON

- It is regretted that the cost of providing the Sub Branch's luncheon has risen to a level where there is no option but to increase the charge to members to \$30.00, to be effective from and including the February luncheon.
- Members may again reserve seats for friends and guests on the understanding that they will be attending the luncheon.

FORTHCOMING MEETINGS

Committee:

Monday— 6 March 2006

Luncheon:

Monday—20 March 2006



Sub Wardens Duties

Wreath Laying ceremonies currently scheduled at the State War Memorial, Kings Park:

Sunday 12 February 2006—11.00 for 11.15 — Women's Royal Australian Army Corps Association (W.A.)

Tuesday 14 February 2006—10.00 for 10.15 — National Servicemen's Association of Australia (WA Branch)



Our Guest Speaker for this month is **Graeme Sherriff** and his topic is:

AN UPDATE OF RSL CARE WA

Graeme saw three years service in the Australian Army which included service in South Vietnam during the years 1971/72. Prior to his military service he worked in Administration in Solicitors offices for some 18 months.

His career, following military service, and spanning 25 years, has been in the Banking and Finance Industry. He has seen service with the State Bank of Tasmania, the R & I Bank of WA and Home Building Society and has held managerial positions with the R & I Bank at Kondinin, Yokine, Sydney and Cannington Branches. He is a Commissioner for Declarations.

He is a past RSL State Executive Member, Chairman of RSL Finance Committee and Chairman of RSL Future of the League.

He is the current RSL State Vice President, State Executive Member, RACA Board, RSL Board of Directors and Chairman of RSL Finance Committee.

He is also Chairman of RSL Care WA and Chairman of the Consumer Council of Hollywood Private Hospital. We look forward to Graeme's talk with much interest. ♣



PENSION OFFICERS REPORT

At the end of December last year, the Repatriation Medical Authority (RMA) announced a list of changes to their Statements of Principles (SOP's). As I have said before, these are the principles and factors of service which the RMA will accept as causative to many of the disabilities of our ex service men and women. They are our Bible, as it were, and have to be followed exactly as we pension officers and advocates process and present claims from our ex service community to the Department of Veteran's Affairs.

The SOP's which have been changed include, peripheral neuropathy, sudden unexplained death, malignant neoplasm of the pancreas, epileptic seizure, epilepsy and dermatomyositis. There are also new SOP's on Guillain-Barre syndrome, steatohepatitis, and narcolepsy.

Which all goes to show that the production and revocation of SOP's by the RMA is an on going process. Any veteran who has been unsuccessful in the past in having their claim accepted by the DVA on any of these matters, or in the case of a claim submitted in the distant past but not being successful, should see one of our pension officers for a possible review.

Best wishes from Jim Eayrs

Stupid Question, great response:

CNN—9 December 2005

While interviewing an anonymous US Special Forces soldier, a Reuters News agent asked the soldier what he felt when sniping members of Al Qaeda in Afghanistan.

The soldier shrugged and replied, "*Recoil.*"

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From the pen of

The Senior Vice President—Norman Manners



Rummaging through my research files the other day I came across a **daily diary kept by Corporal A.C. (Lex) Arthurson of the 13th Australian General Hospital** in which, Highgate member, Vivian Statham (Bullwinkel) served as a Staff Nurse.

It covers the period from when the 13th AGH was raised in Melbourne, on the 11 August, 1941, through to war's end. Intrigued as to what they were doing 64 years ago, I turned the pages of Arthurson's diary to January 1942, when the 10th AGH was in Malacca and the 13th AGH in Tampoi, Johore. I have edited the diary entries to conform to space restrictions in this newsletter but I do hope it conveys to you the mood of the times and how our medical people performed during those early days prior to their imprisonment.

On New Years Day 1942: "Twenty AANS from the 10th AGH attached for duty. Not a good sign, seems though patients are to be moved from Malacca because of the enemy's southern push."

6th: "Big news, the 10th AGH and 2 Con. Depot left Malacca and returned to a site on Singapore Island. The British living in Singapore are slow on the uptake, believing in the impregnability of the Lion City. Winning and dining with the appropriate black-out shade up. Raffles and the clubs really whooping it up."

13th: "The first Australian troops went into combat with the Japanese today, the 2/30th battalion. The 13th AGH have 1165 beds ready."

16th: "This evening the war hit us right between the eyes as men on stretchers, with tickets pinned to them, were delivered in rapid succession from transports of all types.

Matron Drummond had her staff fine-tuned and expert attention was provided at all times. Most of the casualties arrived at night, so little sleep available. Air raid alarms disturbing both day and night. Tokyo Rose, the radio phantom of Japan, began to be received on our radios, told the 13th to be out of their buildings by the 26th January as they were needed by the Japanese."

21st: "The C.O.s of the 10th & 13th met with the DADMS, Lt. Col. White, at 1330 hours and instructed the 13th to reduce its capacity to 250 beds and move to Singapore Island. Offered the Goodwood Park Hotel or Mr Davidson's residence at 18 Massim Road. Both were refused as unsuitable, too small. Command requested use of the new Trades School in Balister Road.

The Colonial Secretary refused as the building was reserved for Public Officers. Eventually the decision was made and we are to return to St. Patrick's School at Katong."

28th: "The number of patients, mainly battle casualties, has risen to nearly 700 and more wards need to be found and opened. The Chapel had to be used for this purpose."

31st: "The Causeway was blown up as soon as the gallant 2nd Argyll and Sutherland Highlanders had crossed back to Singapore Island. The last of the hospital equipment from Tampoi crossed the Causeway on the day before.

The 13 AGH displayed a large Red Cross to alert enemy bombers.

At approximately 2300 hours a lone bomber flew around us. The pilot dropped a stick of five bombs on the hospital. Luckily only one hit. The noise of the explosion was terrific and screams could be heard from the patients, particularly from the 113 men in the ward hit. The Sisters quickly move about the wards calming and reassuring the patients."

WHEN YOU GO HOME TELL THEM OF US AND SAY FOR YOUR TOMORROW

WE GAVE OUR TODAY 

50th ANNIVERSARY HIGHGATE 1947—1997

Phil Loffman requires a photograph of the following members to enable him to complete the 50th Anniversary Record of all members of Highgate Sub-Branch.

John Allen, Dennis Connelly and Robert Norris.

Would you please forward a photo (recent or past) to Phil. His address is 29 Dampier Ave. CITY BEACH, 6015

CONGRATULATIONS

To **Peter Winstanley OAM**, on being awarded the Order of Australia Medal in the recent Australia Day Honours, for service to the community, particularly through his work with the Burma Thailand Memorial Association.



ALZHEIMER'S DISEASE—A MATTER OF MEMORY

(With thanks to Ashlea Hatcher—Hollywood Private Hospital)

It's cheap, effective and available right now – a do-it-yourself way to ward off Alzheimer's disease.

If it's a struggle to prise yourself out of bed to exercise, a few minutes discussion with Professor Ralph Martins about new research into risk factors for Alzheimer's disease and the preventive benefit of exercise may help kick start the process.

For 14 years, the world-class team that he leads at the McCusker Research Unit at Hollywood Private Hospital has been unravelling a complex web of genetic, hormonal and lifestyle factors that influence the development of the disease – and one of the most exciting recent findings adds high cholesterol and obesity to the list of culprits.

The devastating disease was first described by a German neuropathologist named Alois Alzheimer in 1907 when he dissected the brain of a patient with dementia and discovered strange bundles of plaque between the brain cells, which he called amyloid.

Alzheimer's research stayed on the back burner for close to 80 years until UWA postgraduate biochemistry student Ralph Martins joined a research team studying the disease. Professor Martins had watched his father-in-law deteriorate with the disease and experienced the traumatic effect on the family first-hand.

In 1985, research into Alzheimer's opened up when the team found that the plaques were made of a protein called beta-amyloid. The following year Professor Martins discovered that oxidation, which is a normal part of the ageing process in the body, is exaggerated in Alzheimer's disease.

These two ground-breaking discoveries have provided the basis for scientists throughout the world to identify possible causes.

Understanding how Alzheimer's develops is the first step towards finding a cure for the devastating disease.

The cholesterol story began while researching genetic causes. Scientists have known for some time that particular genes play a large part in Alzheimer's.

"There are three gene mutations known as APP, PS1 and PS2 that are definitely known to cause Alzheimer's and if you have them, you will get the disease. There are no two ways about it. The mutation causes too much beta-amyloid to be manufactured in the body," Professor Martins explains.

The people with these genes develop a severe form of the disease somewhere between 25-65 years of age, and can die as young as 30. Currently, these families can only be offered genetic counselling and drugs to treat the symptoms and slow the progress of the disease. But together, these three deadly genes represent less than one per cent of all Alzheimer's cases.

The other major gene we know is involved in the process is known as APOE. 50 per cent of people in the Alzheimer's community have the version of this gene which is known as APOE4, so it is a major player and a very strong risk factor for the disease," said Professor Martins. The gene is also a very strong risk factor for high cholesterol and heart disease.

The fact that it is a risk factor rather than a 'cause' is of great benefit. It means that something can be done to modify the risk. The gene has such an intimate link with cholesterol that it makes sense to lower cholesterol levels through medication, diet and physical activity".

Professor Martins' team has also established a link between body fat and amyloid levels. The fatter you are – especially if you are 'apple' shaped with the majority distributed around your waist – the higher the beta-amyloid levels.

The biggest plus about these cholesterol-related findings is that measures to modify obesity and high cholesterol can be implemented quickly and relatively cheaply.

By contrast, the cost of developing a new drug is in the realm of \$10 billion and the process normally takes at least 10 years for the drug to reach the market.

Professor Martins and other Edith Cowan University researchers are now jointly investigating what kind of exercise is most effective.

"Weight bearing exercise of the kind used in the management of Type 2 diabetes is looking very promising," said Professor Martins.

"However we still have to work out the optimal combination of what kind, how much and how often bring maximum benefit."

Now that a reliable blood test and more accurate scanning techniques are available, it is much easier to assess the effectiveness of lifestyle modification.

As well as lifestyle factors, research into three main categories of drug therapy for Alzheimer's also looks promising.

Perhaps the most exciting development is the discovery of an 'orphan drug' – one that is currently on the market for other purposes but has also been found to reduce beta-amyloid production and toxicity. This means the years of rigorous pre-market testing required by law can be bypassed.

The second group under investigation are the cholesterol-lowering drugs such as Lipitor. These drugs slow the rate of the progression of the disease by inhibiting amyloid production.

The third group being developed involve molecules that bind beta-amyloid and decrease neurotoxicity.

Many avenues of research look promising. The multi-faceted approach is producing both short and long term treatment possibilities, and the world-class team at the McCusker Research Unit has the ability, the drive and the track record to significantly slow and perhaps even cure the disease. All that it lacks is sufficient funding for sustainable long-term research.

The path that the scourge of Alzheimer's follows is aptly summed up in the words of patron Malcolm McCusker QC: "Scientific research has brought us within sight of victory over this disease. The question is, do we defeat Alzheimer's in 10 years or do we sacrifice another two generations to it?"

Never doubt that a small group of committed people can change the world:....indeed it is the only thing that ever has.

Margaret Mead.