



January 2021 Newsletter

Providing a supportive and informative environment for people with a variety of lung conditions and their carers.

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NEXT MEETING: Date yet to be confirmed
10:15 am - 12 noon
Weston Creek Labor Club
Teesdale Close, Stirling ACT 2611
Other 'get togethers' will be advised by email

A word from your editor

Much has happened since our last newsletter in November, including our Christmas lunch, which was enjoyed by over 20 members in December (see report and photos on page 4).

Unfortunately, 2021 has begun in a similar vein to 2020, with a new strain of COVID-19 causing cases to be rising rather than falling worldwide, as we had hoped.



Dessert at the Christmas lunch

Your editor has been putting this newsletter together while in home quarantine. His need to isolate from the community is the result of having to go to Sydney to be treated at St Vincent's Hospital.

Being a lung transplant recipient, your editor does home spirometry twice daily. On the evening of 30 December, he recorded a significant drop in his lung capacity, so following a phone call to the lung doctor on duty at St Vincent's, he presented to Emergency at Canberra Hospital. An X-ray confirmed that there was indeed a problem, which was a pneumothorax (air leak) on his left lung. He was admitted to Canberra Hospital and then transferred to St Vincent's.



Your editor at the summit of Mt Kosciuszko.

At St Vincent's a drain was inserted to assist in healing process. The drain stayed in for two days and he was released on 6 January.

At the ACT border the police took his and wife Dianne's details prior to their home quarantine. Fortunately, your editor has a sizable yard, so he could walk laps around his house to keep fit.

Before this most recent hospitalisation your editor took time out to do the Mt Kosciuszko walk from the top of the chairlift at Thredbo. The return walk to the summit is 13 kilometres, and it took your editor and his wife Dianne almost exactly four hours to complete - this included around half an hour at the summit.

As a side note there used to be a running event where competitors ran to the summit and back. Your editor competed in this way back in 1987. He ran to the top and back in around an hour, but that seems like a lifetime ago.

Richard White OAM – Update

By Chris Moyle

Richard was born in South Australia in 1955 and then moved with his family to Darwin.

During his final years at high school Richard worked at a BP service station after school and at weekends. Here he met a group of sandblasters who offered him a situation of drying sand and small sandblasting jobs at the showgrounds. He would drive there after school and work late, helping blast the interior of barges which were only accessible to blast in the morning and late afternoons (due to the heat). He also worked on buoys and steel pylons along with the many bulk fuel storage tanks on the RAAF Base in Darwin. Richard worked there for just over three and a half years.

Thus, the damage was done and years later, in 1993, Richard was diagnosed with silicosis of the lungs at St Vincent's Hospital, Sydney. Later, on 20 September 2000, his diagnosis was confirmed during open lung surgery at The Alfred Hospital in Melbourne.



After recovery from surgery in early 2001 Richard placed advertisements around Australia in various newspapers. He was contacted by many hundreds of people, in regard to dusts and toxic exposures, in workplace settings. Then with the assistance of Professor Thomas Faunce, PhD Medicine and PhD Law - and many specialist physicians, and industrial work-safe professionals, as well as politicians Senator Gary Humphries (Lib.) and Senator Lyn Alison (Dem.) - they pressed for an Australian Senate Inquiry into toxic dusts, welding rod fumes, nano particles, pesticides, and all other industrial hazardous dusts. At the Inquiry Richard represented 1,187 names before the Australian Senate. The Senate's findings were published on 31 May 2006.

OAM Award

Richard's OAM was awarded on 26 January 2018 for his assistance with the Australian Senate Inquiry into Toxic Dusts, and also for other services to the health of the community. He is pictured on the previous page with the award.

Richard has also been involved in feeding the needy for over 30 years, has been a JP since 1992 and a 'guinea pig' at St Vincent's Hospital, Sydney for first and fourth year medical students for over 17 years. He has had two lots of open lung surgery, spinal fusion, a hip replacement, gall bladder removal and a host of other procedures – all of which are of much interest to doctors and students.

Post OAM

Clare Holland House Extension

Since the OAM he has been responsible for organising an extension to Claire Holland House. He has worked with Michael Moore (a previous Health Minister), Terry Snow, Stephen Byron, and Dr Suharsha Kanathigoda (Director of Clare Holland House), along with his son Daniel White JP (who is a scientific officer from Therapeutic Goods Administration) on this project.

Terry Snow, owner of Canberra Airport, kicked off the project with a \$2 million donation, and he approached Greg Hunt (Health Minister) who pledged a further \$4 million. Richard was present at the sod turning on 28 August 2020. Work has begun and is expected to be completed by end of 2021. Richard says, 'God willing I will be able to be there to see the extensions completed'.

A Touch of Humour

From Robert O'Hara, 23 June 2020

Don't blow your horn at old people.

I know I shouldn't have done this, but I am 83 years old and I was in the McDonald's drive-through this morning and the young lady behind me leaned on her horn and started mouthing something because I was taking too long to place my order. So, when I got to the first window, I paid for her order along with my own. The cashier must have told her what I'd done, because as we moved up, she leaned out her window and waved to me and mouthed 'Thank you', obviously embarrassed that I had repaid her rudeness with kindness. When I got to the second window, I showed them both receipts and took her food too.

Now she has to go back to the end of the queue and start all over again!

Don't blow your horn at old people; we have been around a long time.



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Despite the intervention of the coronavirus making get togethers more difficult, over twenty people attended the annual Christmas lunch, which this year was held at the Irish Club in Woden. It was an enjoyable occasion. We were joined by Caroline Polak Scowcroft, a past co-ordinator. She is now based in Cairns but keeps up her connections with Lung Life.

The meal was good – standard Christmas fare – ham and turkey, with cranberry sauce and baked vegies, followed by custard, plum pudding, and cream. There were numerous raffles held with a variety of prizes.



Organiser, Pam Harris unfortunately was admitted to hospital the day before the lunch, so thank you to Esther who took on the work, assisted by Linda.

The Christmas lunch was the final get together for our group in 2020. We hope to continue to be able to meet informally for lunch or at other times. Word of these get togethers will come by email from Lyn.

SILICOSIS

Silicosis is a long-term lung disease caused by inhaling large amounts of crystalline silica dust, usually over many years.

The symptoms of silicosis usually take many years to develop and you may not notice any problems until after you've stopped working with silica dust. The symptoms can also continue to get worse, even if you're no longer exposed. Once inside the lungs, the dust particles are attacked by the immune system.

This causes inflammation (swelling) and gradually leads to areas of hardened and scarred lung tissue (fibrosis). Lung tissue that's scarred in this way does not function properly.



<https://www.nhs.uk/conditions/silicosis>

What is silicosis and why is this old lung disease making a comeback ?

Silicosis is a group of occupational lung diseases caused by breathing in silica dust. It has been described since ancient times, when miners and stone cutters were exposed to dust containing this crystalline mineral. However, there has been a worrying resurgence of cases, as a recent New South Wales parliamentary committee has heard. Now one of the fastest growing occupational groups we're seeing with silicosis are people who make and install engineered stone products, the type of benchtops and tiles you might find in your kitchen or bathroom.

This resurgence in cases is likely related to a poor understanding of the risks involved in working with engineered stone, and a lack of adherence to safety regulations and surveillance requirements.

What is silica and how are people exposed ?

Silica is in quartz, sand, stone, soil, granite, brick, cement, grout, mortar, bitumen and engineered stone products. Any occupation disturbing the earth's crust increases the risk of silicosis. That includes sand blasting, cutting, excavating, building on sandstone, demolition work, tunnelling, quarry work and mining. Air-polishing concrete, foundry work, bricklaying, stone masonry, and making glass and ceramics also increase the risk.

About 6.6% of Australian workers are exposed to crystalline silica dust that can be breathed in, and 3.7% are heavily exposed.

How is silicosis treated and what is the outcomes ?

Diseases due to silica exposure are serious and potentially lethal, and there is no specific treatment other than supportive care. This can include stopping smoking, using inhalers, vaccination against infections, and antibiotics. In the late stages, oxygen treatment or a lung transplant may be needed.

Once diagnosed, the disease generally progresses over time. Patients with accelerated silicosis may progress

to progressive massive fibrosis over a period of four to five years. Overall, people diagnosed with silicosis lose an average 11.6 years of life. So prevention is vital.

How can we prevent silicosis ?

Diseases due to silica exposure – for instance silicosis, lung cancer, connective tissue disorders like kidney disease and chronic obstructive lung disease – are entirely preventable. Wetting of silica dust, using appropriate exhaust ventilation and extraction hoods, and wearing the right dust masks and air filters all reduce the chances of someone breathing in silica dust at work.

There are also workplace standards on exposure to silica dust. Workplace screening for lung disease is mandatory for those at significant risk, which can include a physical examination as well as x-rays and lung function tests.

How can we keep track of silicosis ?

Australia is seeing the re-emergence of diseases like silicosis and coal worker's lung (also known as black lung) that were previously believed to have disappeared. So, workers, employers, doctors, public health officials, and legislators need to work together to prevent more cases of these deadly, but preventable, lung diseases. While workers can receive compensation for silica-related disease in some states, it carries a high social and economic cost.

Susan Miles, Respiratory, sleep and general physician and conjoint lecturer in medicine, *University of Newcastle*, April 2018.

Also read <https://medicalrepublic.com.au>, by Samantha Ennis & Deborah Yates, 19 December 2019 located at <https://medicalrepublic.com.au/author/samantha-ennis-and-deborah-yates>.

New Year Resolutions

Youth is when you're allowed to stay up late on New Year's Eve. Middle age is when you're forced to.
(Bill Vaughn)

What the New Year brings to you will depend a great deal on what you bring to the New Year.
(Vern McLellan)

May all your troubles last as long as your New Year's resolutions. (Joey Adams)

Learn from yesterday, live for today, hope for tomorrow. (Albert Einstein)

A New Year's resolution is something that goes in one year and out the other.
(not attributed to any author)

Cheers to a New Year and another chance for us to get it right. (Oprah Winfrey)

Lower your expectations of earth. This isn't heaven, so don't expect it to be.
(Max Lucado)

Life is like riding bicycle. To keep your balance, you must keep moving. (Albert Einstein)

Waste no tears over the griefs of yesterday. (Euripides)