

Tuberculosis and HIV

Senator MOORE (Queensland) (9.25 pm)—

Wandering through the first floor public area of this place the other day, I came across a corrugated iron and sacking shack. The shack popped up in the middle of our public area and is the creation of a young South African artist, Damien Schumann, who has been touring the world, creating knowledge about the scourge of TB in poor societies.

Several years ago Mr Schumann began creating a photographic essay of families and human beings who are affected by the double impact of TB and HIV in South Africa. We know about the horrors of this condition, because many books and many articles have been written about it. But, somehow, the gallery space that Mr Schumann has created, which he has filled with his confronting photographs of families and individuals and graffiti-like stories about the people who are living and dying with this condition in South Africa, can get the message across much more strongly than people just talking about it or reading books. In fact, this display, which we are privileged to have in our place of work, has been touring since 2006, when the original display called, *The Shack and Dialogues: Understanding Tuberculosis*, was opened by Archbishop Tutu. Archbishop Tutu has himself survived TB, and this is an issue I did not know about, even though we have learned so much about this man. He was able, in launching this exhibition in his home, to talk about what it meant to him and to the people in his country and to talk about how serious this condition is, how it is a growing scourge and how it can be helped by appropriate medication and lifestyle.

The exhibition has toured extensively and, after it has been taken down from our area, it is hoped that it will move on to Mexico. In talking to Mr Schumann he said that he has become a master at putting the shack up and taking it down, and he was able to tell me about the various photographs that he has displayed. He talked about the people he has met, about the hope that they have and about the particular worry that tuberculosis spreads so quickly—so quickly that many of the stories that are on the walls of the shack relate to families. There are many up there, but I just want to talk about a couple. When you stand and read the stories and look at the photographs, you cannot help thinking about the families you know and place yourself in their positions.

There is a photo there of a young man called Filloyd. He is eight years old and has, unfortunately, the double whammy of being HIV positive and having TB, but he is recovering well now with effective medication. He first went to a transit home—which is the process that is often used in South Africa; it is a bit between a hospital and a home—when he was suffering from pure malnutrition. Through domestic violence at home he had a broken arm. No-one cared for him when he was found because none of his family would go near him as he stank so much. This is one of the side effects of tuberculosis. It is something we read about in

the history books in our country, because, in the long distant past, tuberculosis was quite strong in our country. I remember reading stories about country hospitals in Queensland which told of the enormous work that nurses did in that area. One of the things that people wrote about was the fact that there was a smell, and that was something that the hospital workers had to work with. In Floyed's case, it was one of the things that kept him isolated and marginalised from his community. Floyed also had terrible scars on his stomach from the blisters and sores that come from HIV. He has a long scar—and in the photograph you can see it—which is a reminder of when he fell into a fire. We in Australia know the dangers of open fires and that this is something that happens a lot in camping communities, but the dangers are much more when we are talking about people living in poverty in camp towns in South Africa. The story is that both Floyed's parents are dead but he, by being found and given strong treatment, is healthy and attending school. There is a photograph there in the shack of him living happily with his new family at the transit home. The thing I liked particularly in the story—and he has a large smiling face—is that it says he loves to dance. So when you hear that horror story, you see that change can have an impact.

In the Millennium Development Goals, which we have talked about in this place before, one of the specific goals, goal 6, is to turn around HIV-AIDS, malaria and other major infectious diseases. Indeed, tuberculosis is one of those infectious diseases. And there can be a difference. The Stop TB Partnership, which is a network of public, private and civil society organisations, has developed six straightforward goals to eliminate TB from the world by 2050. That is a fair way away, but we have to have that length of time to ensure that all the streams of commitment can come together. We can have, under the 10-year plan of 2006-15, a global plan to stop TB which fits in with the MDGs. We can, by 2015, halve tuberculosis prevalence and death compared with that which was itemised in 1990. By 2015, with effective, sufficient global funding, 50 million people will be treated for TB across the world—14 million lives can be saved. We can introduce, through strong research—and Australia is a leader in this area of medical research—better, more effective and more responsive TB drugs. Most importantly, through the global fund, we will be able to ensure that this medication is available and accessible to countries like South Africa and, most particularly, our closest neighbours, because one of the areas where the Tuesday, 18 March 2008 SENATE 83 CHAMBER rates of TB and the horror of HIV are growing most rapidly is PNG, in the Pacific.

We know that in Australia now the incidence of TB is relatively low. Our figures indicate that in 2005 only 1,072 cases were reported and that the annual figures in Australia have remained stable. It is particularly important for us in this country to understand how easily this disease spreads and to know, with the way that international travel is increasing and people are coming in and out of our country, that at all times we must be vigilant to ensure that the horrors of TB do not come in more easily to our own country. We also know—and this is from international medical practice—that untreated TB is one of the leading

killers of people with HIV, reducing life from years to months. TB can be effectively cured in individual cases with a six-month course of antibiotics. For us in this country that is something that is easily achievable. What we must ensure is that we share the knowledge and the medication across the world.

When we see the faces of the people in the display upstairs, we can see what a difference we can make. When Mr Bob McMullan, the Parliamentary Secretary for International Development Assistance, opened the Parliament House display last week, he talked about the fact that we will continue to contribute to the international global fund and that our contribution from Australia can make a real difference. We have no option but to be part of this international program. Displays such as the shack will make sure that we have knowledge and that we can move knowledge across our country much more quickly.

I went up a couple of times to see what impact the display was having on all the visitors to Parliament House. It is quite interesting to watch the faces as they walk through the public spaces upstairs. One of the last things you would expect—it is always very difficult to say 'the last thing you would expect'—while wandering through Parliament House is to find a South African shack, and I think that that in itself creates a message almost immediately. To see the groups of schoolchildren who are visiting here as part of the parliamentary education program, to see and to hear their excitement as they are taken through the shack and see photographs of kids their own age, is a joy. They share the experience of their own healthy and often loved lifestyle here, and they see the stories of people like Floyed. That actually shares knowledge; it also garners commitment.

What we hope to get out of this display is not just a pleasant time, having a look and saying, 'Isn't that terrible,' but people going out into the community—particularly those young people—talking about the experiences, the impact of HIV and TB in any community, and making sure that they can be part of the difference. That is the joy of the experience. That is why I want to particularly congratulate the President of the Senate and the Speaker of the House, who, by their efforts, gave the approval to have the shack and the display in the public area. It makes a difference. We can learn and we must continue to make our share of commitment to the global fund so we can beat this horrible disease.