

## EPILOGUE

Between 1949 and 1953 the six Australian States passed enabling legislation allowing them to conduct campaigns against tuberculosis and receive Commonwealth reimbursement and appointed Directors of Tuberculosis to control the campaigns. Tuberculosis Allowance for individual sufferers began to be paid on 13 July, 1950. States also passed legislation to initiate the mass x-ray campaign but the question of making x-ray screening compulsory generated considerable debate. Some opponents of compulsion saw it as an infringement of individual freedom while others raised concerns about the potential harm of the x-rays themselves. The four States of Western Australia, South Australia, Tasmania and Queensland legislated for compulsory screening in the early 1950s, but New South Wales waited until 1956. In Victoria, legislation enacted at the end of 1951 allowed health authorities to require specified groups or persons in an occupational or geographic area to undergo an x-ray but mass screening generally remained voluntary until 1963.

Chest clinics in each State tested and screened for tuberculosis and mobile x-ray units operated in metropolitan areas and travelled to remote regions. The mobile unit became an iconic image of the campaign. The mobile vans and chest clinics were accompanied by advertising and propaganda exhorting Australians to come forward for their x-ray. Criena Fitzgerald described how the Western Australian Tuberculosis Association presented tuberculosis as a moral and social threat portraying the 'good' or 'bad' woman in their posters. 'Good' women attended for the x-ray, 'bad' women did not. Despite some non-compliance and the voluntary status in Victoria, lining up for a chest x-ray and eradicating the fear of tuberculosis

became a normal part of Australian society in the 1950s. It is important to note that as well as the preventive campaign, treatment changed dramatically in the early 1950s when effective drug therapy was employed.

In 1957 Harry Wunderly, the Commonwealth Director of Tuberculosis, reviewed the scheme shortly before he retired. He found that the tuberculosis allowance was sometimes paid to people without tuberculosis mainly because of diagnostic difficulties, that some clinics and hospitals were x-raying too frequently and that alcoholics with tuberculosis were creating a public health hazard because they did not follow hygienic and preventive behaviours practices after being released from sanatoria. This problem was particularly acute among returned service personnel. Wunderly criticized the concept of voluntary screening complaining that it resulted in a low level of coverage that was 'almost useless'. Australia was producing its own BCG vaccine by this time and Wunderly suggested vaccinating all school leavers or anyone who might be at risk of contracting the disease. Finally, he concluded that once a survey had been made of an entire State, examination of at risk groups should detect most cases and that 'time alone will tell if it remains necessary to continue community wide surveys to find the disease amongst the apparently well'.<sup>1</sup>

Australian statistics on the decline of tuberculosis throughout the 1950s and 1960s were impressive. The steepest decline occurred between 1948 and 1954 when rates fell from 28 per 100,000 to 5 per 100,000. Thereafter it continued to decline but at

---

<sup>1</sup> NAA: a1653, 1184/1/3, 1947-1957, Harry W. Wunderly, 'Final Consolidated Report of Sir Harry Wunderly, Retired Director of the Division of Tuberculosis Commonwealth Department of Health, 12 June 1957.

a slower rate and in 1974, two years before the Commonwealth stopped funding the campaign, the rate was 1 per 100,000. Infection rates among the non-indigenous population fell from 40% in 1948 to 15% in the 1980s and among Australian born non-indigenous children from 8% in 1948 to less than 1% in 1980. Unfortunately, the decline was less impressive among the indigenous population and still today the rate of infection among indigenous Australians is 14 times that of the non-indigenous population. During the campaign indigenous communities were surveyed but as previous noted, Marianna Stylianou has alerted us to the exclusion of Aborigines in Victoria during the campaign. Such discrepancies in health are not limited to tuberculosis, of course, and the challenge remains to raise the level of indigenous health, including eliminating the disparities relating to tuberculosis.

Commonwealth funding to the States for this campaign ended in December 1976, although the allowance continued beyond that time. During the 28 years of the campaign the Commonwealth Government invested \$238 million in the fight to control tuberculosis. In the 1980s tuberculosis re-emerged as a public health threat in sectors of Western society and globally remains a significant killer. Despite this Australia still enjoys a relatively low rate of tuberculosis by international standards. Nevertheless, in 1999 a new national Tuberculosis Advisory Council was established to advise governments on tuberculosis management. Members of this Council presented a national Strategic Plan for tuberculosis in 2002, which included maintaining a screening programme for high risk groups.