Speech by Professor David A. Cooper AO FAA at the launch of the Kirby Institute
4 April 2011
Leighton Hall, UNSW

Chancellor, Vice Chancellor, Michael Kirby, Malcolm Turnbull, Chuck Feeney, honoured guests and staff of the Kirby Institute. I am very pleased to welcome you all here this evening to mark the transition of our work, and our organisation, to a new phase. It is no coincidence that this gathering marks not only the launch of the Kirby Institute, but also the twenty fifth anniversary of the National Centre in HIV Epidemiology and Clinical Research, established in the mid 1980s at federal government level in response to the emerging pandemic. There are many people to thank for the life and achievements of the National Centre. Our heartfelt thanks go of course to Michael Kirby, for allowing us to use his name for our Institute and for indirectly shining his light on our guiding philosophy. Michael's well known and enduring support for health and human rights, both at home and internationally, fits perfectly with our research focus on those vulnerable communities who make up our patient and client populations, the often disadvantaged groups most likely to suffer the infectious diseases which are the core of our work.

As our original, and as of today former, name described it, HIV was our first focus. Our early and essential partners on the research pathway were loud angry gay men. They were, as we were, confronted and apprehensive about this new infection which was trampling through their community, and they wanted buy-in into how medical researchers would handle what seemed to begin as a gay-specific disease. The partnership was not always polite or comfortable but has been immensely beneficial for all of us. There is a community representative on all our working groups and their input is valued and respected. For many years now, our research has included viral hepatitis and other sexually transmitted infections. We have applied the lessons from our collaboration with the gay community to our work with injecting drug users, young people, indigenous people, people born outside Australia, people in the prison system, sex workers, and other groups whose circumstances put them at high risk of infection.

Of course HIV remains both a clear and present danger, and a key focus of the work of the Kirby Institute. Sean Emery's program, the Therapeutic and Vaccine Research Program, both leads and co-ordinates large strategic trials of HIV disease networks, both in Australia and overseas; and Andrew Grulich's program, the HIV Epidemiology and Prevention Program, was the first to straddle both clinical and behavioural work in HIV, breaking new ground along the way.

The establishment of our two hepatitis programs was a major step in broadening our focus to other infectious diseases. Greg Dore's Viral Hepatitis Clinical Research Program and Lisa Maher's Viral

Hepatitis Epidemiology and Prevention Program bring to this area the breadth of research expertise which we first brought to HIV. Covering the full range of clinical, behavioural, laboratory and epidemiological research in viral hepatitis, these two programs have achieved national significance from their work.

Our Sexual Health Program under Basil Donovan and the recently established Justice Health Program under Tony Butler both address important components of the infectious diseases landscape. Both Basil and Tony were senior figures in their fields before joining the National Centre and they have each done a great deal to broaden our focus and allow us to include more groups affected by infectious diseases of behaviour.

An important component in the Australian infectious diseases landscape was addressed by the formation of the Aboriginal and Torres Strait Islander Health Program, under James Ward, which works collaboratively both inside the Kirby Institute and with a network of national indigenous health organisations. James works in particular with Basil Donovan and with John Kaldor's Public Health Interventions Research Group on STIs in both remote and urban Aboriginal communities. John Kaldor's group also works in biomedical prevention nationally and in Indonesia and Papua New Guinea, in addition to our existing programs in Thailand and Cambodia.

Underpinning all these groups are three more programs which often provide some heavy lifting. Our Surveillance and Evaluation Program for Public Health under David Wilson goes from strength to strength, constantly expanding its focus on modelling the spread of infectious diseases, while delivering the all-important annual national surveillance analyses.

The Biostatistical and Databases Program under the quiet stewardship of Matthew Law provides extensive support to all the other programs of the Kirby Institute, as does Tony Kelleher in the lab. Tony also seamlessly blends his Kirby Institute team with staff from the St Vincent's Centre for Applied Medical Research in his work on the immunopathogenesis of HIV disease.

I could tonight go on and describe for you more specific aspects of our research. But instead, I'm going to tell you the stories of five people with HIV infection.

In 1989, in Australia, Sharleen Spiteri was the name, not of a Scottish pop singer, but of a sex worker and drug user, who was HIV positive. When AIDS paranoia was at its height, Sharleen said on a popular television program that she tried to get her clients to practise safe sex, but sometimes they wouldn't wear condoms. Sharleen was a walking invitation to moral panic and the TV interview caused a national furore. The NSW government took Sharleen from her flat under police guard, and forcibly detained her in a locked AIDS ward. She spent much of the remaining 16 years of her life under 24-hour supervision and became the most expensive public patient in NSW history. She died, still under a public health order, only five years ago.

Sharleen's story took place against the backdrop of ignorance, panic, homophobia and for those of us at the coalface, countless funerals. We worked to solve as many of the early puzzles as we could in the lab and the clinic, while desperately trying to keep alive the stream of patients through our doors. A large component of our work was to dispel the fear with as much knowledge and research as we could produce.

The second person with HIV infection was the human equivalent of a canary in the coal mine. His name was Colin Loker, and about a year before his HIV infection was diagnosed, he had received a blood transfusion during surgery – our first demonstrable case of HIV infection through transfused infected blood. When I called the Blood Bank, asking that they trace the donors whose blood had made up Colin's transfusion, I was assured that all the donors would be ladies from the North Shore. And that was three-quarters correct. Three of the donors whose blood Colin Loker received were indeed nice North Shore ladies. The fourth donor was an equally nice gay man from Darlinghurst and we confirmed Australia's first case of HIV through the blood supply. This led to the rapid introduction of measures and testing regimes which ensured Australia an uncontaminated blood supply.

It also gave impetus to two other areas: it highlighted the enormous importance of epidemiology, or the tracking of the causes and distributions of infection, and the education campaign for all health care workers about infection control guidelines. These two fields, epidemiology and infection control, were substantially strengthened through the growing body of knowledge about HIV.

The third and fourth people were mother and son. Suzy Sidewinder was an American-born actress who was unaware that an early flirtation with injecting drugs had infected her with HIV. Suzy and her Australian husband Vince Lovegrove had a son, Troy, who was HIV infected. Suzi died in 1987, two years after Troy's birth. She was the subject of the HIV awareness documentary, *Suzi's Story*. For his part, Troy became a HIV awareness campaigner and was the subject of another documentary, *A Kid Called Troy*, which screened shortly after his death in 1993. Suzi and Troy Lovegrove were the public faces of mother-to-child transmission in Australia, a situation which happily now almost never occurs. Thanks to our universal testing of pregnant women and the well-understood mechanisms of treating HIV-infected pregnant women to protect their children, the very rare cases of newborn HIV in Australia are usually the children of migrants from high-prevalence countries.

The fifth person I want to tell you about was a colleague, Dr Brett Tindall, one of many gay physicians drawn to HIV research in the early days, motivated by the desire to help their community. Brett was very bright and exceptionally hard working, and together he and I slogged through much of those early years of research, and were co-authors on the publication which first described the seroconversion illness. Brett died of HIV infection in 1994 and we miss him still.

Our work in HIV research, as in viral hepatitis and other STIs, has moved on since those days. HIV is one of the most intensively studied and best understood diseases of all times. We now work in large, efficient international collaborations; we have fine-tuned the drug therapies; and in our labs are some of the most expensive and sophisticated pieces of technology that you could find anywhere. We now have patients who have lived so long that we are dealing with age-related conditions in the context of HIV infection. But of course The Holy Grail of a vaccine continues to elude us. We cannot afford to keep making and buying the vast quantities of HIV drug therapies needed to keep alive all the people around the world who need them. The only answer is to prevent infection. In the past year or so we have been able to celebrate some encouraging advances in the area of biomedical prevention, including pre-exposure prophylaxis, the Thai vaccine study and microbicides, although they can each only be described as modest. We must continue to focus on biomedical prevention as the way forward.

In this context, I would like to acknowledge the role of Chuck Feeney of Atlantic Philanthropies. A couple of years ago, Mr Feeney was looking at projects in NSW, having already been welcomed into Queensland and Victoria. He and his scouts identified our work at the National Centre as a match with his interest in supporting excellent medical research which was doing extraordinary things in less than

ideal surroundings. Mr Feeney's style of philanthropy could be described as muscular, with a remarkable track record of leveraging matching funds from government and other sources. He personally persuaded the then Premier of NSW Morris Iemma *who we are pleased to welcome here tonight* and the then Prime Minister Kevin Rudd to each pledge matching funds. He is also keen to encourage local philanthropists to take on projects where their funds might permit very good research to become groundbreaking work. In our case, Mr Feeney understands that major health threats to the social fabric need a major response and we thank him for his leadership in this field.

To our other great supporter, Michael Kirby, I would like to assure you that we will continue to bring to our work all the determination and focus that you have brought to your pursuit of health and human rights. They are two sides of the same coin, and we are grateful to Michael for his public support as we go forward as the Kirby Institute.

I have now only to thank all of those who have collectively helped to bring us to where we are tonight. This journey began, for me, with my distinguished mentors Ron Penny, David Penington and Peter McDonald. You may have seen images of a much younger me on this carousel earlier tonight and now here I am, rather more distinguished myself particularly around the temples these days, and so pleased that the three of you could be here with us tonight.

I would also like to thank every staff member of the Kirby Institute for your contribution. I would like to acknowledge the long and fruitful collaboration with St Vincent's Hospital, the Sisters of Charity and the St Vincent's AMR. And of course I would like to thank my wife Dorrie whose support has been crucial throughout my professional journey to this point, the 25th anniversary of the work of the National Centre and the establishment of the Kirby Institute. Thank you all.