Ladies and Gentlemen, before I begin I want to express the deep sadness we all feel as dreadful events unfold from the earthquake and tsunami in Japan.

I give thanks to: the traditional keepers of this riverbank; and those who, later, oversaw the traffic and trade of our city’s waterway – the stewards of a young colony’s prosperity; and, now, the living custodians of this magnificent building – respecters and guardians of our provenance, the finest scholars and teachers of their offering.

My friends, I am complimented by your invitation to open the Australian Infectious Diseases Research Centre today.

As always, when I return to Queensland, I am warmed by a sense of coming home, of deep belonging and heartfelt memory.

And here, to be welcomed back so kindly to my University, my alma mater.

I think of the hundreds of young students I came to cherish and respect, as a teacher at the University of Queensland Law School in the 70s.

I continue to observe their talent and endeavour, their dedication and generosity of spirit, as they pursue challenging and rewarding careers in government and business, the professions and the community.

Friends, I have to confess that I am one of those non-scientists whose mad about science and I always have been – though never brave enough to enter its scholarship.

I remember the first girl from my little town of Ilfracombe to go to university in the 40s – Sanna Shannon – not only was she going to university, she was going to study science.

I thought of her as I invested our first woman Nobel Prize winner, Elizabeth Blackburn, with her AC. I have to confess that tears rolled as I put the beautiful blue and gold ribbon around her neck, I could never have dreamed of such a thing.

I’m in awe of the discipline and exacting care with which you undertake its exploration and analysis.

The ardour and deft control with which you write and talk about it.

I’m amazed, again and again, by the coming together of conventional and unprecedented thinking.

As Einstein said, I love the sense of mystery and beauty that underlies its endeavour.

Of course, it’s the mystery that the teams at the Australian Infectious Diseases research Centre will endeavor to conquer in the years ahead.
Currently, in Australia, there is no research institute that is solely dedicated to undertaking multi-disciplinary research on a broad range of human infectious disease agents.

The new Centre will consolidate research spread across university departments and bring together researchers, lab scientists with specialist clinicians and hospital doctors.

During the last 50 years the world has seen the emergence of new diseases: HIV, SARS Coronavirus, bird flu, swine flu, and Legionella.

We are all aware of the devastating impact they have had on the health and well-being of our communities.

This summer Australia has experienced some of its worst flooding in decades.

But before the rain stops falling and the flood waters recede thousands of Australians will be battling multiple health issues.

Muddy water brings risk of diarrhoea, and disease and skin and soft tissue infections; it is a breeding ground for mosquitoes, increasing the risk of the mosquito borne diseases such as Ross River fever and Barmah Forest virus.

Mould and damp can trigger nasal congestion, sneezing, coughing, wheezing and respiratory infections.

We look to science to find ways to manage these diseases because they are not going to go away.

Our populations are increasing every day, every year 2.1 billion people travel the globe by air, and climate change is predicted to see the emergence of even more infectious disease challenges in the next 50 years.

As we seek answers to complex scientific questions, it is important to look at what we know works.

My friends, during the last decade, I have had many opportunities to learn about some of the cutting edge developments in medical research.

I was very excited to learn that the Australian Infectious Diseases Research Centre is based on a model that has been proven to work in another devastating disease: breast cancer.

In 2000, the National Breast Cancer Centre trailed a national demonstration program to see if a multidisciplinary approach to treating women with breast cancer would improve their outcomes.

The trial brought together all the health professionals involved in the woman’s care:

surgeons, pathologists, oncologists, radiographers, radiotherapists, breast care nurses, interns and medical students – in some cases the team included up to 20 people.

During the weekly meetings the status of the woman was discussed, mammograms and pathology results were reviewed and a treatment plan was debated – sometimes these were healthy debates.

But by the end of the meeting the social circumstances of the woman had been considered – her support, her particular needs and her opinions - an action plan was agreed.

Today multidisciplinary care has been identified in several prominent national policy documents as a priority for the delivery of best practice care for cancer patients in Australia.

The importance of a multidisciplinary approach to cancer care is now highlighted in the National Health and Medical Research Council’s clinical practice guidelines.

The National Breast cancer centre’s Demonstration Project showed, quite simply, that bringing the health professionals and clinicians together improves the psychosocial care of women with the disease.

The Principles of Multidisciplinary Care emphasise the importance of a team approach, in particular communication between team members.
It’s true to say that breast cancer would be one of the most significant health campaigns we have seen in Australia.

Like the potential of an infectious disease to wipe out communities, the high incidence of breast cancer, back in the early 2000s, placed a grave burden on communities.

There would be few people in this room tonight who don’t know someone who has been diagnosed with the disease.

Communities in cities, towns, and across regional and rural Australia worked together to fight the disease.

I can’t think of a single organisation that doesn’t have some connection with breast cancer: Zonta clubs developed horseshoe-shaped breast cushions - 14 years later more than 7 thousand have been distributed to breast cancer sufferers across Australia.

Women in Super introduced an annual fun run to raise money for research.

Bakers Delight donates a percentage of sales to assist individual women.

Polo Ralph Lauren sponsors breast care nurses in regional areas.

The list is endless. But the point is: Collaboration works. And community involvement will be crucial in the prevention strategies that will come out of the work of this new research centre.

The University of Queensland, has a proud history of research achievements in Australia.

I note that the Australian Infectious Diseases research centre will link molecular microbiological and clinical expertise across the UQ Faculties of Science and Health Sciences, it will interconnect University of Queensland Centre for Clinical Research, Queensland Children’s Medical Research Institute, the Institute for Molecular Biosciences, the Australian Institute for Bioengineering and Nanotechnology and Diamantina Institute through collaboration and technology sharing.

This research integration will deliver significant collaborative gain for UQ and for the Australian health research sector.

Ladies and Gentlemen, this is a timely and critical step forward in the national infectious diseases research effort.

I congratulate you for your leadership, and your commitment to working together to find answers to critical research questions.

Thank you.