

This is the unedited version of a profile which appeared in *Australian Doctor* in 2000. The published version may have had minor changes.

The Profile: Kerin O’Dea

CV

Director, Menzies School of Health Research, Darwin

1998-2000: Professor of Nutrition & Preventive Medicine;
Head, Centre for Population Health and Nutrition, Institute
of Public Health Research, Monash University

1988 - Jan, 1998: Professor of Human Nutrition, Deakin University,
Geelong. During that time, also held positions as Pro Vice
Chancellor (Research) and Dean, Faculty of Health and
Behavioural Sciences

1971-1988: Various research positions at University of
Melbourne, Royal Melbourne Hospital,
Repatriation General Hospital, Baker Medical
Research Institute, Alfred Hospital, Royal
Children’s Hospital, Cleveland Clinic, INSERM (Paris) and
Bayer (Germany).

1971: PhD, University of Melbourne

HURRICANE HEADS NORTH

It was the late 1960s and the biochemistry students were hard at work in their lab, making banners for demonstrations against the Vietnam war. They put as much care into what they wore on the marches - dressing up, doing their hair neatly, showing off their old school ties.

One side of their banners read “More Pay For Police” - for display only when police approached - and the other proclaimed: “Young Liberals Against the War.”

“Of course, none of us were [Liberals],” laughs Kerin O’Dea. In fact, she was then a member of the Democratic Socialists.

O’Dea tells the story in her usual brisk fashion, surrounded by the wonderfully rich colours of the lounge-room in her north Melbourne terrace. The crimson walls are lined with paintings, many by friends, the

polished silver on the mantelpiece is gleaming and there is only a hint of the chaos signifying that a big pack-up has begun.

O'Dea, 53, widely judged by her peers as one of Australia's leading public health researchers, may have travelled far since her days of student activism, but some things haven't changed. Like her commitment to action, enthusiasm for a good cause, and a wicked sense of humour.

And though well and truly part of the health establishment - especially since her recent appointment as director of the Menzies School of Health Research in Darwin - you suspect she is more willing than many to challenge the status quo.

There is quite a buzz in research and indigenous health circles about O'Dea's move from Monash University, where she was Professor of Nutrition and Preventive Medicine, to the Menzies, which is best known for its work on indigenous and tropical health.

There is much talk about what a difficult job it will be, but that O'Dea has the credentials, both professionally and personally, to make a go of it.

"She's indefatigable," says a good friend, Melbourne playwright Michael Gurr. "She has the energy of five fire engines."

No matter who you speak to, there is one story that everyone tells about O'Dea. It's not the one about her love of dancing and a good party, or even about her taste for fine food, wine and films.

It's actually quite an old story now, dating back 20-odd years to when O'Dea was recently arrived back in Australia after five years working in laboratories in Germany, Paris and the US. (She initially trained in biochemistry and pharmacology, thinking her future lay with drug design, but developed her career's focus on diabetes and obesity while overseas).

The story goes that her boss at the Royal Children's Hospital, the Professor of Paediatrics, Don Cheek, was discussing the seasonal movement of a group of Aborigines from a WA town to their traditional lands.

O'Dea realised the potential of this natural experiment for observing the impact of a hunter-gatherer lifestyle on health. She subsequently made several expeditions to study this issue in the late 1970s and early 1980s - at a time when indigenous health research was neither high profile nor high priority.

As part of one study, she spent several weeks with a group of diabetic Aborigines from Derby in WA who returned to their traditional lands, where they survived on fish, yams, and kangaroo.

It was a physically demanding trip, collecting samples of food, measuring the group's health status and dietary intake, and camping out under the stars. O'Dea quickly lost weight, as did her companions. She also documented a rapid, dramatic improvement in their diabetes and other risk factors for cardiovascular disease.

And she developed a great appreciation of bush tucker, especially for non-domesticated, lean meats such as kangaroo, and for her travelling companions' skills in preparing bush foods so that their nutritional value and flavour were maximised. "They taught me a lot," O'Dea says.

Since then, O'Dea has been involved in many more studies with indigenous communities, documenting the link between their susceptibility to diabetes and westernisation, and proposing the "thrifty gene" hypothesis. This is that indigenous people are extra-effective at metabolising glucose, which is beneficial in times of short food supplies, but predisposes them to diabetes when their diet is rich in fat and energy.

O'Dea's work showing that a traditional diet and lifestyle could have a major effect in just weeks on a condition which takes years to develop had a huge impact, says her colleague and friend Warwick Anderson, professor of physiology at Monash University, and chair of the National Health and Medical Research Council's research committee.

"It's undoubtedly one of the most important pieces of Australian health and medical research over the last 20 years," says . "I can't tell you how important that experiment is internationally."

It is typical of O'Dea, says another colleague and friend, Professor James Best, that she was so carried away by the excitement of the study that, racing to catch a plane back to Melbourne, she set off the airport metal detector.

“The astonished guard found it was triggered by a blood-stained buffalo knife in her backpack,” says Best, professor of medicine at St Vincent's Hospital in Melbourne. “That epitomises Kerin actually - being so busy and involved that sometimes she'd neglect to think of the implications of taking a buffalo knife on the plane.”

Michael Gurr, who read O'Dea's diaries of her field trips, was struck that she was much changed by the experiences. “Instead of seeing the people that she was working with as her guinea pigs who were there to disprove or prove a theory, she was there to learn,” he says.

“She learnt that there is more than one way of looking at a problem and that the people who are the subjects of your study, they are not just dots on a graph...and that instead of looking at people as a collection of symptoms, you look at them as social beings as well.”

For Barbara Flick, a long-term activist for indigenous health, those early studies were of more than scientific interest. When Flick was growing up in western NSW, bush tucker was looked down upon as something “primitive”, and was even prohibited in some areas. She says O'Dea's work has also been of political and cultural importance in helping to legitimise the use of bush tucker, which is now promoted in some indigenous health education campaigns as a way of managing chronic disease.

O'Dea, who has also been active in health policy level development through the NHMRC and such bodies, has also argued widely that the traditional hunter-gatherer lifestyle has much to teach western communities about how to treat and prevent many of their chronic degenerative diseases.

Nutritionist Rosemary Stanton says she greatly admires O'Dea for focusing on research that is practical and useful, as well as for her professional integrity. “She does things that are worthwhile and she's a person who can't be bought,” says Stanton. “She would never do something just because a sponsor wants it.”

Janet Hordern says that she and her “little sister” are as chalk and cheese. As she puts it, one is a high-powered academic who loves city life, the other a more retiring type who hates parties, and is most at home in the country, with sewing, cooking and craft.

That may be, but an outsider is struck by the similarities. Both are evidently straight talkers who exude a strength of character and opinion. This is attributed to their mother, the family matriarch, who brought up three children (the sisters’ young brother died 30 years ago) after an early divorce, while teaching languages at the local high school.

O’Dea has not had children herself, but calls her sister’s three children her “surrogates”. Her niece, Amanda Hordern, describes her nuclear family as her mother, aunt, grandmother and siblings.

“As an aunt, she’s extraordinarily loyal and always very reliable,” says Amanda, 35, a health educator. She’s thinking of the times that her aunt taught her to drive, and shared her car, house and camping gear.

Janet Hordern says her sister has always had incredible drive and stamina, from the days when they picked fruit during their school holidays to raise cash.

“Even in that she excelled,” says Hordern. “I used to earn three pounds a day which I thought was fantastic money. She always got five because she used to just put her head down and pick.”

Janice Carpenter, who has been friends with O’Dea since they met at high school, says they have always shared a sense of social justice. “She’s extremely intelligent, extremely competitive and an absolutely loyal friend,” says Carpenter.

O’Dea was sports mad at school, becoming Victorian schoolgirl javelin champion when she was 17.

“I have always been a very competitive person in everything,” says O’Dea. “It’s not necessarily a nice thing to be.” She wonders whether it may be related to being the middle child.

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After 15 years as the founding director of the Menzies School of Health Research, Professor John Mathews headed south last year, to head up the National Centre for Disease Control in Canberra.

As part of the interview process to replace Mathews, applicants were asked to make a presentation to Menzies staff. Geoffrey Angeles, a senior Aboriginal health research officer, had just one question: what will you do for Aboriginal people and Aboriginal health in general?

He was impressed that O’Dea stepped from behind the podium to address him directly from the front of the stage, jabbing vigorously with a pointer as she spoke. “Her enthusiasm and interest got me,” Angeles says. “She came out and spoke from the heart. I saw a deal of honesty and sincerity in her.”

It is a scene that rings true with Karen Skinner, a member of the Looma community in the Kimberleys, who has been working with O’Dea for several years as part of a healthy lifestyle program there.

“She’s a person who really cares,” says Skinner. “It’s not just a job to her, she cares about the people. She gives her all to whatever she does. She’s very respected by the community here.”

Despite a long history of working on projects in the Top End and her extensive networks, O’Dea will face in her new job all the challenges inherent in being an outsider in a small community.

As well, the Menzies, with an annual budget of about \$7 million, does not command the public profile or corporate support of similar institutions elsewhere, mainly because of its location and the nature of its research. It relies on the NT Government for its core funding - which may prove a challenge for a director who is known for speaking her mind and for her strong views that governments should do far more for indigenous health.

“The thing I think is fantastic, but which sometimes puts people offside, is that she’s absolutely straightforward and honest about everything,” says Warwick Anderson. “You know always exactly where you stand with Kerin. If she has the slightest concern about something, she will say so there and then. Nine out of ten people love her and one out of ten people hate her.”

Aware of the resentment and suspicion with which many Aboriginal communities regard medical researchers, the Menzies has been moving towards increasing indigenous involvement in and control of research, a process which O’Dea is committed to encouraging. But this also raises new challenges; trying to balance the interests of a multidisciplinary group of researchers with those of diverse indigenous communities is not easy, even for someone of O’Dea’s standing with both groups.

Her first few weeks in the new job give some hint of her priorities: she established links with the local media, visited the Tiwi Island community, quizzed staff closely about their activities, and ordered new signs so that the School has a more prominent place within the grounds of the Royal Darwin Hospital.

Apart from raising the Menzies profile and building collaborative networks with researchers elsewhere, O’Dea says her priorities are to attract private funding and to promote some positive stories about Aboriginal communities taking action to improve their health.

“I’m a great believer in positive models of health, not always looking at the illness side of things,” says O’Dea. “So that if we’re looking at something like scabies, to say where are the communities that don’t have much scabies and how can we learn from that?”

“We want to give people hope,” says O’Dea. “That’s one of the reasons why I want to highlight the positive stories so people don’t just get that feeling of hopelessness. Those feelings of depression and powerlessness, there’s really good evidence now they have a terrible impact on your health.”

The keys to improving indigenous health lie with education, food supplies, sport and recreation, and housing, as well as ensuring appropriate medical services, with a particular emphasis on maternal and child health, she says.

If governments can be persuaded to provide bipartisan, long-term financial support, O'Dea is confident that significant change can be achieved. But it will take 30 or 40 years, she cautions.

There is no doubt that the new job will test her temper (which is said to flare and subside with equal speed), and her resolve to be cured of what she considers her main failing: the workaholic's tendency to take on too much.

These may also prove testing times for some of those around her. Hugh Niall, the chief executive officer of Biota Holdings, says that his friend is not afraid to take unpopular decisions if they're needed.

"Wherever she's worked, she's shaken things up," he says. "She's made some enemies but in good causes."

Michael Gurr adds: "She's the last person in the world to slip into a comfortable position...they'll know that hurricane O'Dea has arrived."