



# Breath of L I F E

Lung Information & Friendship for Everyone

People with long term lung conditions, their family & carers

Late Autumn -

Early Winter 2020

May - Jun - Jul - Aug

ISSN 2207-0028 Digital

## EARLY WINTER

The last issue of Breath of L I F E didn't provide much information about the COVID-19 virus. The world pandemic had not yet been announced.

It was clear something was happening but reliable information was fairly thin on the ground. It was a fast moving area, so it would have been outdated before the magazine reached you.

This bumper early winter issue will redress that. We bring you lots of reliable information about the virus, the pandemic and how we can all keep safe.

This issue is only available online and by email, except for a small number of L I F E members who do not have email.

When things return to normal you can revert to a posted copy if you wish, provided you are a financial community member.

**Subscriptions fall due on 1 July 2020.** The back cover (para 4) tells you how to renew.

By now you will have had your flu vaccination. It's also important to keep exercising to keep physically and mentally healthy. There are lots of ideas in this issue about how to keep on exercising despite the weather and the self isolation.

Our COVID-19 coverage falls into three sections:

**Action** – what to do to prevent COVID-19 infection, how to keep physically and mentally healthy; and what to do if you think you have COVID-19 symptoms.

**Understanding** – COVID-19 and the virus that causes it, who's at risk, how it spreads, why it's a problem, where it has spread.

**Evaluation** – how do you find trustworthy sources of information and avoid the myths about COVID-19?

And finally – lots of **COVID-19 humour** to keep our spirits up! We're very good at laughing our way out of trouble.

Click on a [blue underlined link](#) to take you to a webpage or another part of this issue.

## COVID-19 ISSUE

## E-COPY



### Please consider...

We can email **Breath of L I F E** to you - or you can read it online on the L I F E webpage

<https://tinyurl.com/IRH-Breath-of-LIFE>

Two-thirds of annual membership fees get absorbed by printing & postage.

An e-copy – gives you a full colour magazine with clickable links, saves trees, and lets more of your membership fee support L I F E and the Institute for Respiratory Health. Contact us

[life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au)



institute for  
RESPIRATORY HEALTH

## Breath of L I F E Archives

A digital copy of each issue of Breath of L I F E is lodged with the State Library of WA and the National Library of Australia, via their E-Deposit Scheme. Our digital record number (ISSN) appears in the top right corner of the cover.

Started as LISA News in 1993, we became the Breath of L I F E in 2009.

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## L I F E EVENTS

### Recently

#### March

L I F E last met on Wed 4 March with a terrific roll-up of new and existing members. Our focussed discussion on **fitting exercise into our lives** was a lively session that everyone contributed to. Members' tips are summarised [here](#).

#### April and May meetings

These planned meetings have been cancelled due to the Government restrictions on public gatherings and for the safety of the majority of members who are isolating safely at home.

Instead, the L I F E leadership team spent time in March establishing a telephone tree to help keep members in touch and to help combat the loneliness and boredom, especially for members who live alone. The tree aims also to keep our group together. Read more about it [here](#).



## Coming up

Meetings will resume when it is safe and legal to do so. Meeting speakers and topics we have had to cancel will be re-scheduled when possible.

### June and beyond

We had planned a cosy winter lunch at the New Norfolk Hotel in Fremantle. Member Jan Maiorana was organising this event. After discussion in late April, while still in COVID-19 isolation, we decided that the coming months are too uncertain to be scheduling a lunch yet. We simply do not know what the advice for people with chronic conditions will be by then. With chronic lung conditions we are already in the high risk group, and in protective isolation. Many of us may not feel confident to go out for lunch, even if the rules were to be relaxed a bit by then. So the New Norfolk pub lunch is on hold, at a future date to be advised.

Hopefully by spring we will be able to take that planned day trip to Mandurah by train hosted by Tom Murnane.

Meanwhile, join our [L I F E Telephone Tree](#) and get the latest news when meetings can resume.

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## L I F E'S RESPONSE TO THE PANDEMIC

The L I F E leadership team spent time in March establishing a telephone tree to help keep members in touch and to help combat the loneliness and boredom, especially for those who live alone. Each member who accepted the invitation to take part receives a phone call from another member about once a week or so. The caller asks how they are managing and generally have a chat. Many members who receive calls also call one or two others.



In addition to supporting members during a period when we cannot meet, the L I F E Telephone Tree should ensure that at the end of the pandemic we still have a group. After all, a group is built on relationships.

If you are not part of our phone tree and would like to have a chat with a

phone buddy once a week or so, contact Jenni at T 93824678  
M 0413 499 701 or E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au).

L I F E has also been busy online producing a [short video about managing during isolation](#) and [some home exercise suggestions](#) approved by Nola Cecins, Senior Pulmonary Physiotherapist at Sir Charles Gardiner Hospital. Both are available from our L I F E [Facebook page](#) and the website links given above.

Nola Cecins has also produced an excellent brochure about exercising with a lung condition but without pulmonary rehabilitation classes to attend. Contact L I F E if you'd like a copy of *Being active and exercising with lung disease*.



We have managed to commit the balance of our ConnectGroups Give It Forward grant, on some future advertising with Little

Aussie Directories, which has brought us many new members over the past year. And we've also pre-purchased some smart polo shirts members can wear when staffing our displays at expos, such as HaveAGo day.

It is likely that there will have to be some changes to the way our group functions in the longer term, especially if there remain protective restrictions for people with chronic conditions like us, and no vaccine available. We'll let you know when the future is clearer and will invite you to have a say in any changes.

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## 1: COVID-19 ACTION

Here we cover what to do to prevent COVID-19, manage during isolation, and what to do if you develop symptoms that could be COVID-019.

## HOW TO KEEP SAFE WITH AN EXISTING LUNG CONDITION

### Am I at risk?

#### Australian Government advice for people with chronic health conditions

Anyone could develop serious or severe illness from COVID-19, but those with chronic health conditions or weakened immune systems are at greater risk.

Two of the most important risk factors at an individual level are social contact and travelling, both increasing the risk of being exposed and hastening the spread of the disease. **If you are older, have underlying**

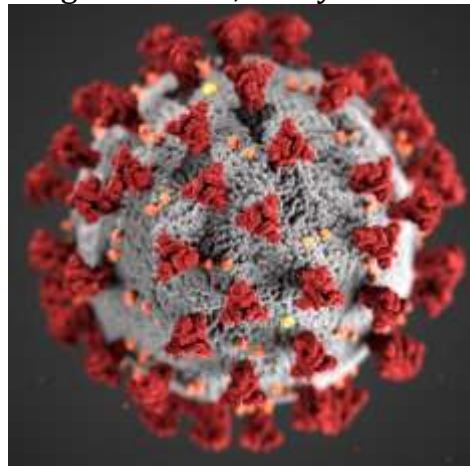
**health problems or are on medications that suppress your immune system you should take particular measures to protect yourself.**

People in specific occupations such as health care workers, nursing home personnel and people living in overcrowded conditions will be more susceptible to COVID-19.

#### **Chronic conditions that put you at greater risk**

These conditions increase your risk if you are aged over 65, or if you are an Aboriginal or Torres Strait Islander person aged over 50:

- chronic renal failure
- coronary heart disease
- congestive cardiac failure
- **chronic lung disease such as severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease<sup>1</sup>, chronic obstructive pulmonary disease (COPD) or chronic emphysema**
- poorly controlled diabetes
- poorly controlled hypertension



#### **Immune system conditions and medications that put you at greater risk**

You are at increased risk at any age if your immune system is significantly weakened:

- due to haematologic neoplasms such as leukemias, lymphomas and myelodysplastic syndromes
- post-transplant, if you have had a solid organ transplant and are on immunosuppressive therapy
- post-transplant, if you have had a haematopoietic stem cell transplant in the last 24 months or are on treatment for graft versus host disease (GVHD)
- by primary or acquired immunodeficiency including HIV infection
- by having chemotherapy or radiotherapy
- medical treatments that put you at greater risk

You are also at increased risk if you take any biological disease-modifying anti-rheumatic drug (bDMARD) or any of the following immunosuppressive drugs:

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<sup>1</sup> Suppuration is the process of forming and/or discharging pus. Suppurative lung diseases include bronchiectasis, and any other lung condition producing infected mucus.

- azathioprine, more than 3 mg per kg per day
- 6-mercaptopurine, more than 1.5 mg per kg per day
- methotrexate, more than 0.4 mg per kg per week
- **high-dose corticosteroids (20 mg or more of prednisone per day or equivalent) for 14 days or more**
- tacrolimus
- cyclosporine
- cyclophosphamide
- mycophenolate
- any combination of these or other disease-modifying anti-rheumatic drugs (DMARDs) used to treat inflammatory forms of arthritis. They suppress the immune system and this slows the development of the arthritis.

## What should I do to remain healthy?

### Protecting yourself

The best way for everyone to prevent the spread of COVID-19 is by practising good hand hygiene, sneeze and cough etiquette, observe the rules on social gatherings, social distancing - and self-isolation if needed.



This involves:

- Frequently wash your hands for at least 20-30 seconds with soap and water (sing Happy Birthday twice), or use an alcohol-based hand gel. Try doing this 10 times a day.
- Stop touching your nose and mouth. (Yes, that one is hard)
- If coughing or sneezing, cover your nose and mouth with a paper tissue or flexed elbow – dispose of the tissue immediately after use and wash or sanitise your hands.
- Avoid close contact with anyone if you, or they, have a cold or flu-like symptoms (maintain a distance of at least 1.5 metres).
- Follow the limits for public gatherings
- Understand how to [self-isolate](#) if you need to





**If you are at greater risk due to a chronic condition or weakened immune system, you should also:**

- stay at home, including working from home if possible
- avoid non-essential travel
- avoid contact with others
- speak to your chemist about having [medication delivered to you](#)
- make use of [telehealth services](#) for routine or non-urgent medical help
- consider getting groceries and other essentials delivered

You don't need a mask while you remain healthy (COVID-19 infection free). There is little evidence that widespread use of surgical masks in healthy people prevents transmission in public.

On 27 April the [Western Australian Government modified restrictions](#) on non-work gatherings, based on health advice. From that date indoor and outdoor non-work gatherings of up to 10 people are now allowed at: weddings and funerals, outdoor personal training (no shared equipment), home opens and display village inspections.

Non-contact recreational activities, such as private picnics in the park, fishing, boating, hiking and camping (within the same region) – are all in compliance with travel restrictions and the 10-person rule.

**However, this relaxation of the rules for gatherings of up to 10 people would not over-ride the recommendations issued earlier by State and Commonwealth health authorities regarding people with chronic conditions or compromised immune systems, who are still recommended to avoid contact with others (see above).**

### **Stay connected with your health care team**

Make sure you continue to go to any usual or scheduled appointments with your doctor. If you are worried about going to see them in person, contact them to arrange a [telehealth consultation](#) by phone.

Don't avoid contacting your doctor if you become unwell or need repeat prescriptions. Doctors' clinics are well set up for distancing and most offer bulk billed phone consultation if this suits you better.

Member Gaye Cruickshank shares her recent experience.



*Amid the covid-19 pandemic there is genuine concern that people with chronic conditions will not seek timely medical help due to fears around the risks in visiting hospitals or doctors' surgeries. I had similar concern but still chose to attend a recent specialist appointment in person rather than by phone. It's difficult to have a breathing test done or for the doctor to hear your lungs by phone!*

*All my fears were unfounded. The specialist rooms are attached to a major*

*hospital. There were social distancing markings on the footpath leading to the entrance, at the door my temperature was taken and I was asked some screening questions. I passed the test and was duly "tagged" with a sticker showing the date and time of my visit. I needed to keep that sticker visible until I left the premises. There was hand gel everywhere, and its use was not optional as I entered each area. The lifts were limited to 2 persons per ride, and were equipped inside and out with hand gel. Only the patient was allowed into the specialist rooms (unless prior arrangement was made) and any support persons were directed to wait on the ground floor. I also attended the pathology centre within the building where the same strict standard of care was taken.*

*When phone consults are not the best option please don't be afraid to visit your medical professional. Every effort has been made to provide very safe spaces for us to attend hospitals and doctors rooms.*

Check your prescriptions. Do you have enough repeats? Are any out of date, over 12 months old? Are you prepared for flare-ups - antibiotics or prednisolone, whatever your doctor has recommended?

Get the flu vaccination as soon as possible: you don't want that as well.

### **Action Plan for Flare-ups**

Do you have an Action Plan listing your flare-up signs and outlining what you should do? You can download forms for Lung Foundation Action Plans for [COPD](#), [asthma](#) and [bronchiectasis](#) and speak to your doctor during a phone consultation about what to put on it.

Sources [Lung Foundation Australia](#) [Australian Government - chronic conditions](#)  
[Australian Government - self isolation](#) Personal communication Gaye Cruickshank



## HOW WILL I KNOW IF I DEVELOP COVID-19?

If you are sick and think you have symptoms of COVID-19, seek medical advice. If you want to talk to someone about your symptoms, call the National Coronavirus Helpline for advice.

Many of us with chronic lung conditions regularly share some of the symptoms of COVID-19.

See the following page listing COVID-19 symptoms and work out which ones are not usual for your lung condition. If in doubt, contact a health professional.

Be prepared with a working thermometer to check your temperature as that is not a usual symptom of chronic lung condition – unless you have an infection, which may or may not be COVID-19.

HealthDirect has a [symptom checker tool](#) you can use

National Coronavirus Health Information Line open 24/7 T 1800 020 080

Call your GP clinic if you think you may have symptoms of COVID-19

HealthDirect Helpline 1800 022 222 if you become unwell and cannot reach your doctor

### **If you become seriously unwell call an ambulance on 000**

If you have a confirmed case of COVID-19, you must [isolate yourself](#) to stop the virus spreading to other people.


### **Apps on your smartphone**

Keep informed by downloading the **Coronavirus Australia app** from Google Play or the App Store.

Join the **COVID-19 WhatsApp channel** for information and advice by messaging +61 400 253 787

The **COVIDSafe app** was released in late April for most smartphones. It gathers data on any occasion you may have inadvertently been near a confirmed COVID-19 case or, if you are unfortunate to get COVID-19, helps health authorities trace whom you've been near to. Tracing contacts is an important public health strategy to contain the spread of an infection. Read about the COVIDSafe app and download from [here](#).











This chart explains the different symptoms you may experience if you have coronavirus (COVID-19), a cold, or the flu.



Australian Government

**Coronavirus  
(COVID-19)**

## COVID-19: IDENTIFYING THE SYMPTOMS

SYMPTOMS	COVID-19	COLD	FLU
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms
<b>Fever</b> 	Common	Rare	Common
<b>Cough</b> 	Common	Common	Common
<b>Sore Throat</b> 	Sometimes	Common	Common
<b>Shortness of Breath</b> 	Sometimes	No	No
<b>Fatigue</b> 	Sometimes	Sometimes	Common
<b>Aches &amp; Pains</b> 	Sometimes	No	Common
<b>Headaches</b> 	Sometimes	Common	Common
<b>Runny or Stuffy Nose</b> 	Sometimes	Common	Sometimes
<b>Diarrhea</b> 	Rare	No	Sometimes, especially for children
<b>Sneezing</b> 	No	Common	No

Adapted from material produced by WHO, Centers for Disease Control and Prevention.

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If you have any infectious or respiratory symptoms (such as a sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) don't go to work. You need to self-isolate and to be assessed by a medical professional. You may need testing for COVID-19. You must not return to work until cleared by a medical professional. You need to ensure that the people you care for are protected and safe.

**TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY**

For more information about **Coronavirus (COVID-19)** visit [health.gov.au](https://health.gov.au)

Source [Australian Government](https://health.gov.au)

## TESTING FOR COVID-19 IN WA

If your doctor recommends you get tested for COVID-19 at one of the COVID Clinics here's where to go.

### COVID-19 Tests

*Several types of tests that have been developed to test for COVID-19.*

*At time of writing the **polymerase chain reaction** test (nasal swab) and the **serology** test (blood sample) were available in Western Australia.*

*The Therapeutic Goods Administration does not endorse the serology test (blood) to be used in Australia to diagnose whether a person has COVID-19 as it "cannot determine whether a person is currently infectious or has recently been infected with the virus".*

*The serology test assesses whether people have developed antibodies to the virus through exposure to it. If they have an active infection - but have not yet developed antibodies, the test may give a false negative.*

*The tests used at WA Health's COVID-19 Clinics are the polymerase chain reaction test taken by nasal swab.*

*There are no tests to use at home. [Therapeutic Goods Administration](#)*

[COVID-Clinics](#) have been set up at seven public hospitals<sup>2</sup> in Perth (Sir Charles Gairdner, Royal Perth, Fiona Stanley, Armadale, Rockingham, St John of God Midland, Joondalup), as well as St John of God Midland, Bunbury Health Campus and Broome Regional Hospital.

In other regional areas you should go to a public hospital, health service or remote health clinic.



With a GP referral you can attend a number of private pathology collection centres.

Initially only people with recent overseas travel or a contact of a confirmed COVID-19 case were being tested. The rules about testing have recently been changed.

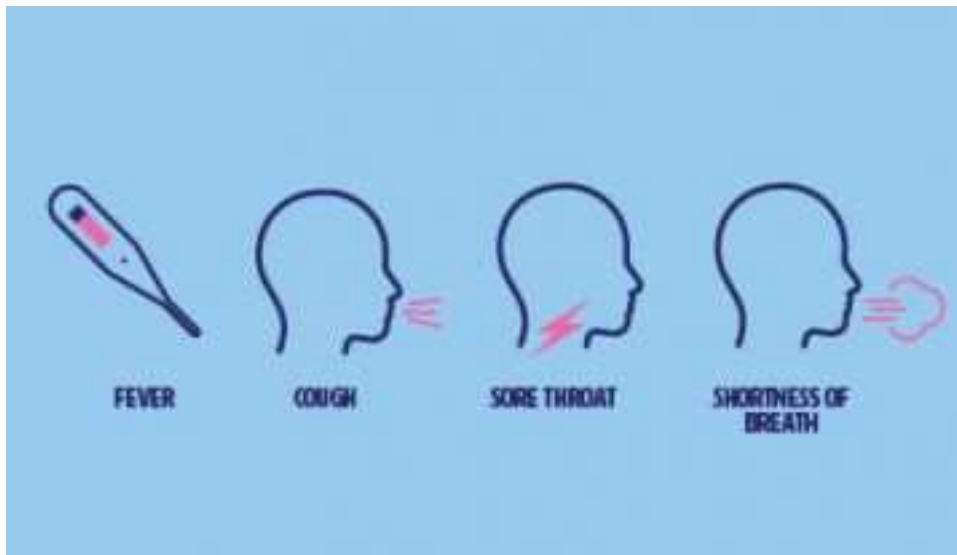
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<sup>2</sup> Includes the public-private hospitals at Joondalup and Midland

Since 17 April anyone with a fever (>38C) or history of fever (night sweats or chills) over the last few days, or acute respiratory symptoms (sore throat, cough, shortness of breath) should be considered for testing. Anyone tested will be advised to self isolate until the test results are known.

**People with severe symptoms should go to the nearest Emergency Department or call 000.**

[https://ww2.health.wa.gov.au/Articles/A\\_E/Coronavirus](https://ww2.health.wa.gov.au/Articles/A_E/Coronavirus)



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## THINGS TO DO IN ISOLATION

By now we've had many weeks of lockdown. You've probably figured out a sensible routine to keep boredom and loneliness at bay.

Is the same-iness setting in, as you wonder when it will ever end?

Here are some thoughts about living in self quarantine with a lung condition during the pandemic. These tips come from L I F E members and Lung Foundation Australia.



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## LIVING WELL WITH A LUNG CONDITION DURING THE COVID-19 PANDEMIC

COVID-19 has changed our lives completely. Nothing seems the same.

But managing well with a chronic lung condition now is not really very different from what it was before: we still need to take care of our physical, mental and emotional health. Just a few extra things to do.

### **Basic COVID-19 hygiene**

Follow the [Government recommendations](#) for people with a chronic condition or a compromised immune system - stay home as much as possible for your own protection.

Wash your hands with soap frequently, especially after an essential shopping trip or food delivery.

Keep at least 1.5m from others if you must leave home briefly for essential trips, like your daily walk, a health care visit, or shopping for groceries or medicine. But consider getting groceries and medicine delivered to avoid the exposure.

Maintaining a distance from others has been called **social distancing** but others call it **physical distancing**. We must still keep in touch with friends and family, and members of the support groups we've usually met face to face, but now using phone, email or video call. The [L I F E Telephone Tree](#) is one way to do this.

Regularly disinfect frequently touched surfaces – door knobs, handles, bench tops, stove knobs, phones and taps – especially if someone in your household goes out for work or shopping.

### **Regular exercise**

Include a [regular walk & home exercises](#) in your daily routine. Read [L I F E members' tips](#) about fitting exercise into your life.

### **Keep in touch**

Keep in touch with friends and family through phone, letter, email or video call over the computer using Facetime, Skype or Zoom. This can really make a difference.

Join our [L I F E Telephone Tree](#) if you'd like a phone buddy to ring for a chat.

Do you have a list of the friend and relatives who might appreciate a phone call every week or so? Talk to one of them every day.

Have you heard of the Lung Support Service (Texting for Wellness)? This Lung Foundation Australia service provides information and support for people with COPD (incl. emphysema, chronic bronchitis and asthma) and an Australian mobile phone. Register [here](#). You'll get a weekly SMS for six months.



## Isolation as an opportunity

Say hello to your neighbours – at 1.5 metres of course.

Grow some herbs or veggies, but don't vegetate.

Tackle jobs you've always left for another day, like cleaning out cupboards, throwing stuff out! Take up a new skill, like Sudoku or drawing, keeping a diary or starting that novel you've always meant to.

Boost your immune system by getting vitamin D every day from just 10 minutes in the sun – reading, weeding, or just watching the birds.

Keep your mind active with puzzles, games, a book, a documentary.

Continue to use health care services. The Australian Government advises certain groups like us to stay home as much as possible for our own protection. We can get bulk billed for phone consultations with our doctor, to avoid having to leave the relative protection of our homes.

Instead of going out to shop can you use supermarkets' online ordering and delivery services? Can someone else help you do that? Is there anything else that can be delivered, e.g. milk, bread, medicines?

Know what to do if you develop any symptoms of COVID-19. That can be hard for those of us with chronic lung conditions. Work out how you'd know it was different from your usual self. (I'm looking out for fever, as I usually have a cough and a sore throat.). See [more](#)

Make a list of people you can call on - if there's a problem – friends, neighbours, services that can help.

## Stay calm





Don't panic or overthink things. Take a day at a time. Stress prevents your immune system from working well. Watch a video by a UWA psychologist on [managing anxiety about COVID-19](#).

If you do find it impossible to stay calm, reach out to someone –a friend or family member, a neighbour, your L I F E phone buddy, Beyond Blue, or Lifeline. Phone numbers given in [Useful Contacts](#).

Stay safe and stay well.

Jenni Ibrahim (based on [Jenni's video](#))

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## MEMBER'S STORY

*Frances Hills' experiences will take a lot of beating! As the COVID-19 cases were building up around the world and countries were beginning to close their borders, Frances and her husband were on a cruise ship, with some COVID-19 positive cases on board...*

When my husband and I left Perth in February for our trip to Patagonia, little did we know that the world would suddenly change and we would not return until April 22nd.

Our travels took us to Rio de Janeiro, Iguazu Falls and Buenos Aires, where we then boarded the MS Zaandam for a fourteen day cruise around Patagonia, ending in San Antonio, Chile. We had a cabin with a window, although we would have preferred a balcony, but none were available when we booked. This was to prove very unfortunate.



The Zaandam is a beautiful ship and up until the 22nd March, we enjoyed delicious meals, great shows and very interesting shore excursions.

We visited Punta Arenas on the 14th March and headed for Puerto Montt. Both these ports are in Chile.

During that night Chile decided to close its borders from 6.00am the next day, so our captain headed back Punta Arenas, finishing our cruise early due to the pandemic and trying to get us ashore, so that we could get home.

It seems that Chile, Argentina and Peru had all closed their borders earlier than announced - at midnight - leaving us and at least four other ships stranded. After waiting two days, we were all checked and given transit visas, only to be told a few hours later that we could not disembark the ship for 14 days.

Since we had no sickness on board at that time and the cleanliness on the ship was impeccable we all felt quite safe. Our captain decided to continue on to San Antonio or Valparaíso in order to refuel and take on supplies.

On the 22nd March the captain announced that there had been some people presenting with flu like symptoms and asked us all to return to our cabins.

Little did we know at that stage that this cabin would be our home for the next six days, after which we were transferred to the Rotterdam where we spent another 6 days in a similar cabin. The reason we were transferred was because four people had died on the Zaandam and some people were sick. The Rotterdam took the healthy passengers, us included.



Our food was left on a tray at the cabin door and when someone knocked on the door we had to don face masks, open the door and bring in the tray. The food was still delicious and plentiful - but we had little

appetite.

Meanwhile our captain was trying to find a port that would allow us to disembark and make our way home. We made our way to the Panama Canal and after much negotiation on the part of our captain, the Zaandam and the Rotterdam were allowed to carry on to Fort Lauderdale. I have heard since that there was a lot of publicity about us getting into Fort Lauderdale but we are so grateful that they allowed us to pass through, with a police escort directly to charter flights to take us to San Francisco.

After two days in San Francisco we were sent on another charter flight to Melbourne, where we had to quarantine in another hotel for 14 days. Again our food was left at the door and the only people we saw were the security

guards. We were prepared to spend two more weeks in quarantine in Perth, so you can imagine our delight when we were told we could self isolate at home.

Can you imagine our surprise when we drove into our street to find all our neighbours standing clapping in their driveways? The street was decorated with balloons, streamers and welcome home signs and 'Waltzing Matilda' was playing for us. Our family and friends had been following us on Facebook and our PolarSteps travel blog and had organised such a welcome home for us.

We had been so lucky to have internet throughout our travels, which allowed us to keep in touch with family and friends. We used Messenger and Zoom to have face to face contact with family and even had an Easter celebration via Zoom. We also posted our photos on Facebook and enjoyed reading the encouraging comments from our friends.

I hope everyone is managing with their isolation and keeping well. We are so very grateful for the support we have received, and I feel that when this time passes we may all take something positive away with us.

*Thank you Frances! Frances is in our Telephone Tree, with Brenda Tye her phone buddy. Frances was initially in touch with Brenda by email while she was still on board looking for a port.*

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## **2: UNDERSTANDING COVID-19**

A good understanding of what causes COVID-19 and how it spreads can help us keep up our health protective behaviours of hygiene, physical distancing and self-isolation.

### **COVID-19, SARS-COV2, CORONAVIRUS – WHICH IS RIGHT?**

There are three terms being used to describe the current pandemic – novel coronavirus, COVID-19 and SARS-CoV-2. Just what is the difference?

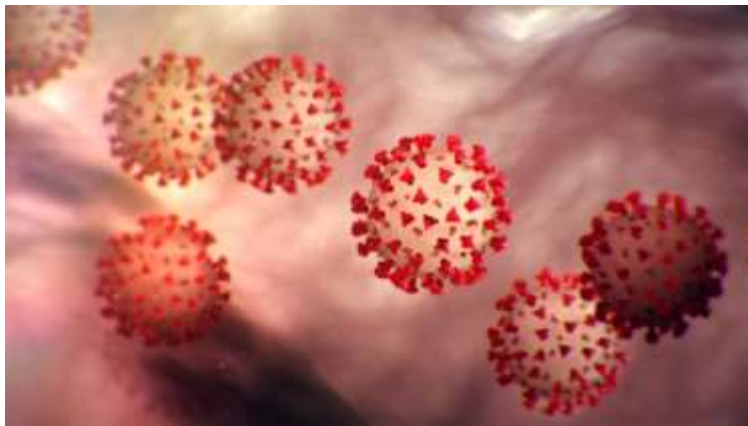
SARS-CoV-2 is a novel coronavirus identified as the cause of coronavirus disease 2019 (COVID-19) that began in Wuhan, China in late 2019 and spread worldwide.

Coronavirus is the virus “family”, SARS-CoV-2 is the particular strain recently identified in people with this new viral disease, COVID-19.

### **Then what is Coronavirus, SARS, MERS and COVID-19?**

Coronaviruses represent a large family of viruses that were first discovered in the 1930s in animals and then subsequently, in humans in the 1960s. In animals, they cause a variety of diseases but in humans, the seven known

coronaviruses cause various respiratory illnesses. They get their name because the virus particle appears to have many protein spikes on its surface, giving the appearance of a crown (corona) as can be seen in this image.



Four of these seven coronaviruses are associated with the common cold and mild upper respiratory tract disease. However, the other strains may cause severe diseases. You may have already heard of Severe Acute

Respiratory Syndrome (SARS, now referred to as SARS-CoV), identified in 2002, and the Middle East Respiratory Syndrome (MERS), identified in 2012. Both of these viruses were transmitted to humans via animals (SARS via civet cats and MERS via camels).

Now, a new SARS- and MERS- related coronavirus strain has emerged as a significant health threat. The first reported case of respiratory disease due to this virus originated in the Hubei province of China in November 2019. This strain has now been designated SARS-CoV-2, to reflect the fact its structure is very similar to that of SARS-CoV virus, and the term COVID-19 is used to describe the disease. As all previous human coronavirus strains are thought to have evolved from strains infecting animals, it is currently assumed that COVID-19 has emerged from an animal source, in particular, bats. In support of an animal connection, many more cases of respiratory disease were reported in December 2019 in Hubei province, with the Huanan Seafood Market in Wuhan trading in exotic animal meats, at the epicentre.

### **How has COVID emerged?**

More virulent variants of an existing mild disease emerging or of a disease jumping from animals to humans causing pandemics (world-wide spread) and epidemics (localised outbreak) is not a new phenomenon. It has occurred on several occasions in modern times (e.g., swine flu, Ebola), and COVID- 19 is not likely to be the last such occasion. The variants arise because some part of the DNA or RNA of the original organism has mutated resulting in a subtle change to structure that increases infectivity. In the case of the SARS-CoV-2, a change has occurred in the protein spike of a once animal specific coronaviruses which now enables it to gain entry to the cells lining human lungs. The change also makes the new virus invisible to our immune system, so we cannot immediately fight it.

## Why is COVID-19 a problem?

It is a problem because of several factors. Firstly it is highly infectious. This property was not immediately recognised and this delay, in China and elsewhere, has contributed to the spread of the disease worldwide, with Europe now being regarded as the epicentre for transmission. COVID-19 causes mild disease in the majority of infected individuals but severe disease occurs with increasing age. As COVID-19 is a newly emergent disease, humans have not been exposed to it before and, consequently, have not developed any degree of what is called 'herd immunity' from prior exposure or vaccination which can slow or stop the spread. Indeed, a vaccine has yet to be developed and it is likely to take at least a year for development, testing and distribution. To have any impact on the spread of the disease, it has been estimated more than 60 percent of a community would need to have been vaccinated against the disease prior to its emergence.

In comparison to SARS and MERS, COVID-19 is infecting significantly more people worldwide. For example, more than 8,000 people contracted SARS in the early part of this century, which resulted in 744 deaths (with no known cases from 2004 on) and about 2,500 people contracted MERS, of which 858 patients died.

In contrast, as of 17 March 2020, about 174,000 COVID-19 cases have been identified which, so far, has resulted in 6,800 deaths.

However, to give these figures some local perspective, it should be noted that by 2 May Australia had 6,783 cases, 93 deaths and 5,789 recovered. In comparison, in the middle of March we had had just 375 cases and 5 deaths. By 2 May Western Australia had 551 cases and 8 deaths (compared with 28 cases and 1 death in mid March). Over 46,000 Western Australians had been tested by 2 May.

*Sources Institute for Respiratory Health and updated Australian Government figures*

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## THE WORLD AND COVID-19

This world map below shows how far COVID-19 has spread. Over 200 countries are affected, some disastrously.

The information we see on the news each night tells us how many COVID-19 cases there are now in Australia and selected other countries. But it's easy to draw the wrong conclusions about other countries as they vary so much - by population size, how much testing is done, the age structure of the country and so on.





One dot per country, size related to number of cases on download date.

<https://covid19.who.int/> downloaded 3 May 2020

For example, look at this comparison between Australia, USA, UK and Italy for 23 April 2020.

Table 1	No. Cases	No. Deaths	No. recovered	No. Active cases	No. Serious, critical
USA	849,092	47,681	84,050	717,361	14,016
Italy	187,327	25,085	54,543	107,699	2,384
UK	133,495	18,100	N/A <sup>3</sup>	115,051	1,559
Australia	6,660	75	5,041	1,544	46

(Table 1) USA has many times more cases than the other three. Likewise for deaths, recovered cases etc.

Taking account of population size makes for quite a different picture

Table 2	Population	No. Cases	Cases/Million
USA	331	849,092	2,565
Italy	60	187,327	3,098
UK	68	133,495	1,966

<sup>3</sup> Yes, that's right, this figure is not available in the UK



Australia	25	6,660	261
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(Table 2) USA clearly has the largest population of the four, but the number of cases per million is actually significantly lower than Italy, and higher than UK or Australia. That's quite good for the UK, right?

However, taking account of the rate of testing of the population, your impression is again revised.

Table 3	No. Cases	Cases/ Million	No. tests	Tests/ Million
USA	849,092	2,565	4,326,648	13,071
Italy	187,327	3,098	1,513,251	25,028
UK	133,495	1,966	559,935	8,248
Australia	6,660	261	463,713	18,185

(Table 3) Although USA has the most cases of the four, Italy has the most cases **per million people**, but then again, Italy has tested a much higher proportion of the population than any of the other three countries, including Australia. You test more, you find more. UK has the lowest testing rate of the four. This suggests they might find even more cases if they tested more.

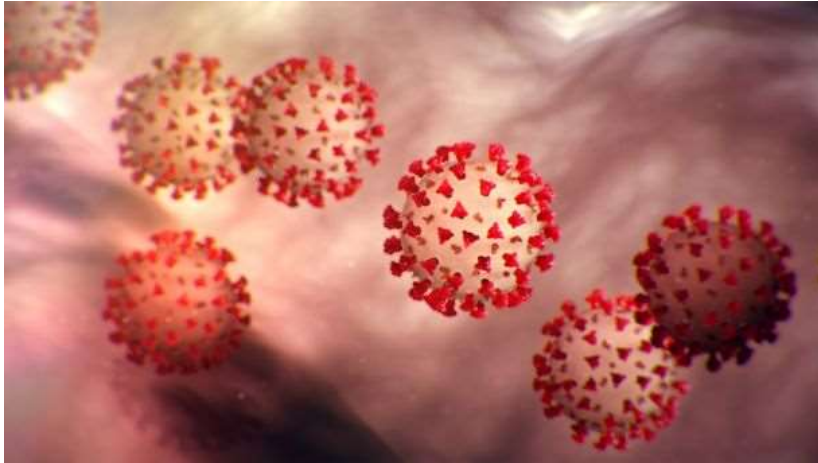
Australia has the lowest number of cases per million people (of these four countries) and we test for COVID at a higher rate per million than UK and USA, but not as much as Italy. Context matters.

*Jenni Ibrahim. Data taken from [www.Worldometers.info](http://www.Worldometers.info) 23 April 2020*

## LOCAL COVID 19 RESEARCH PROJECTS

The sudden emergence of the completely new virus COVID-19 has sent health researchers looking for answers to many clinical and scientific questions, such as, How do you treat people who get this virus? How is it spread and how do you prevent that? How well do people recover?

New fast tracked research funding has been needed urgently and State and Federal Governments have chipped in, along with philanthropic bodies, such as LotteryWest. Institute for Respiratory Health researchers have been well-placed to submit proposals to help fill the cavernous knowledge gaps about COVID-19.



In April two researchers with COVID-19 research proposals contacted L I F E. They sought input from us as regular users of health services. As we could not meet face to face a small phone teleconference

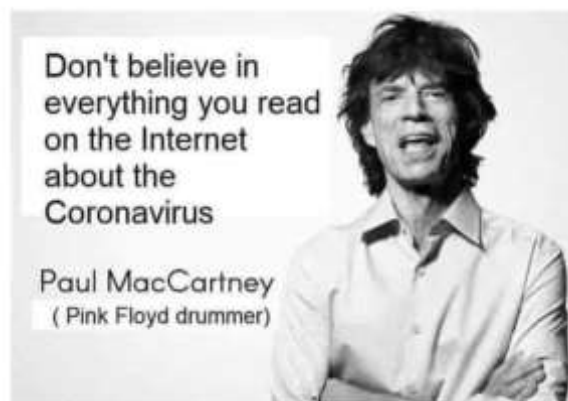
was quickly convened so we could hear from the researchers, ask questions, and give our views. Thank you to members David, Gaye and Brenda who agreed to take part. If you would like to be involved in any future research discussions that may arise contact Jenni E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) T 9382 4678.

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### 3: EVALUATION OF COVID-19 INFORMATION

#### FINDING RELIABLE INFORMATION ABOUT COVID-19

If you use social media such as Facebook, Instagram or Twitter you will have been flooded with information for weeks about COVID-19, not all of it reliable. Some information has been maliciously false, while some has been premature or accidentally wrong.



How can you find information you can trust? Firstly, stick to Government sources or sources using government data.

Follow these links to accurate and regularly updated information on COVID-19 in Australia and Western Australia.

[WA Department of Health](#)

[WA Health Frequently Asked Questions](#)

[Australian Government](#)

[Australian Government Frequently Asked Questions](#)

A second source of reliable information is local health research institutes, such as the [Institute for Respiratory Health](#) our parent body.

Experts from the Institute for Respiratory Health have put together some excellent information sheets about the virus and the pandemic. Extracts from an information sheet issued by the Institute on 17 March and from the updated information on the Institute website have been used extensively in this issue.

Other trustworthy sources include inter-Government organisations, such as the [World Health Organisation](#).

In this issue L I F E has cited information only from these sources listed above and also from [Worldometers](#), a website which uses COVID-19 data taken directly from each country's own official website. While there have been questions raised about the reliability of some countries' COVID-19 data, these are the official figures released by each government.

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## MYTHS

Here are just some of the myths we've come across in recent weeks. They are ALL untrue.

- 5G mobile networks DO NOT spread COVID-19
- Exposing yourself to the sun or to temperatures higher than 25C degrees DOES NOT prevent the coronavirus disease (COVID-19)
- Catching the new coronavirus DOES NOT mean you will have it for life. (You can recover from COVID-19).
- Being able to hold your breath for 10 seconds or more without coughing or feeling discomfort DOES NOT mean you are free from the coronavirus disease (COVID-19) or any other lung disease.
- Drinking alcohol does not protect you against COVID-19 and can be dangerous.
- The new coronavirus CANNOT be transmitted through mosquito bites.
- Hand dryers and UV light will not kill the virus. Wash your hands with soap.



- Flu vaccine and pneumonia vaccine will not protect you from COVID-19. You just won't want those respiratory conditions as well.
- Antibiotics - or any other medicine for that matter – won't treat or prevent COVID-19. Neither will garlic or rinsing inside your nose with saline water or spray.
- The virus can spread whether the weather is hot, cold, humid or dry – it's now in over 200 countries of the world.

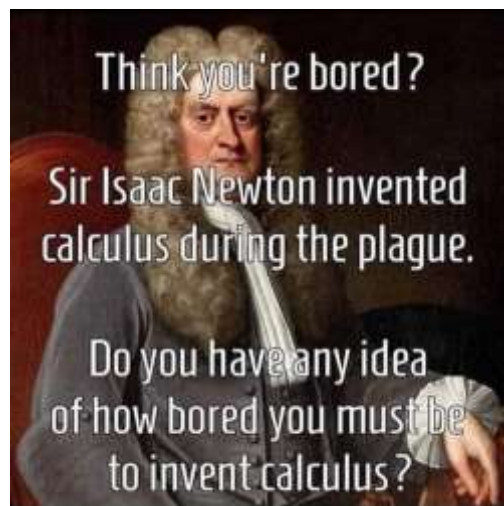
Source [WHO website](#)

## LAUGHS DURING THE PANDEMIC

At first it was the hoarding



After a month it's like...



**DAY 29 OF QUARANTINE  
AND I'M STUCK HERE WITH THESE 2 IDIOTS!**



I'm in love with the Spanish biologist who pressed by the media why it was taking her so long to find a cure for coronavirus. She responded – 'You give athletes €1 million a month salary and biologists €1800 a month. Go ask Cristiano Ronaldo to find you a cure' Enough said.

From Twitter: Andrew Melchior @melchiormelch





## Government spoofs



## Overeating - a risk of quarantine



**"Stop eating out, cook at home and you'll lose weight"**

**Quarantine determined that was a lie**

## The learning moments

**The curve is flattening. We can start lifting restrictions now.**

**=The parachutes have slowed our rate of descent. We can take them off now.**



*"Until now, I never understood why you got so excited when someone walked past the house."*



"I can't go out because of the virus" sounds weak, whiny and boring.

Try instead:

"I've sworn an oath of solitude until the pestilence is purged from the lands"

Sounds more Valiant and Heroic, people might even think you are carrying a sword.

## SOME INSPIRATION

Today was a Difficult Day," said Pooh. There was a pause.

"Do you want to talk about it?" asked Piglet.

"No," said Pooh after a bit. "No, I don't think I do."

"That's okay," said Piglet, and he came and sat beside his friend.

"What are you doing?" asked Pooh.

"Nothing, really," said Piglet.

"Only, I know what Difficult Days are like. I quite often don't feel like talking about it on my Difficult Days either.



"But goodness," continued Piglet, "Difficult Days are so much easier when you know you've got someone there for you. And I'll always be here for you, Pooh."

And as Pooh sat there, working through in his head his Difficult Day, while the solid, reliable Piglet sat next to him quietly, swinging his little legs...he thought that his best friend had never been more right.

*Contributed by Frances Hills (read her [personal cruise ship story](#) here)*



## CORONAVIRUS MUSIC

And songs were created

Watch [A Spoon Full of Clorox](#)

Sing along to [the Do Re Mi parody by Kiwi Robert Scott](#)

Listen to the [Coronavirus Rhapsody](#) to the tune of Bohemian Rhapsody

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## HOW TO FIT EXERCISE INTO MY L I F E

*Members' ideas about exercise, from the focused discussion held at the last L I F E meeting on 4 March, when it was still quite warm in Perth. Thank you to Gaye for white-boarding the discussion.*

*This discussion took place before the full impact of COVID-19 hit us in WA. It's even more important to exercise now. Isolating at home reduces our movement even more. Also check out our Exercise through Isolation online slide show [here](#).*



### **Getting the motivation, making a commitment**

Have a goal

Have a dog that demands walking!

Be scared into regular exercise – e.g. fear loss of mobility and independence, increased disability, fear the alternative

Start at an easy pace and build up as you get stronger

Understand why exercise is important in lung condition: your muscles become deconditioned and need more oxygen to break down the lactic acid resulting from movement

Avoid the downward spiral where the less you do, the less you can do

Find the best time of day. For some it's the morning, for others, after dinner during the warmer months. Other like to walk during the middle of the day when it's warmer (in winter).

### **What is best for me?**

Pulmonary rehabilitation physiotherapists recommend:

- Walk (20-30 mins a day, 3-5 days a week)
- Leg strengthening exercises
- Arm exercises with weights

Exercises that are aerobic, make you breathless. Help strengthen muscles and help move the mucus in your lungs

Add in [balance exercises](#) to prevent falls

Some people can motivate themselves to exercise on their own. Others need a group to keep motivated and regular.

Groups include: WA Health's Pulmonary Rehabilitation Program, Prime Movers, Living Longer Living Stronger, Mall Walking (see details under



**Useful Contacts** near the back of this issue)

Exercise and walk at your own pace. Better not to talk while you walk as it will slow you down and make it harder to breathe, even if it's nicer.

Pulmonary Rehabilitation Maintenance classes (currently paused during COVID-19) to keep you motivated and committed, and help you start exercising again when you've had to stop because of illness. In some areas it's hard to access. Speak to your respiratory specialist for a referral.

Exercise at home, but sometimes it's hard to keep motivated.

When it's too hot (or cold, or wet): shopping centres (e.g. join mall walking group or on your own), walk in the cool of the day, do step-ups at home (step up and down a step, starting on right foot, then starting on left)

Some found it hard to join an exercise group as they didn't feel welcome to start with.

Some groups have a coffee together afterwards, and this encourages many people to attend. The social aspect is important too.

Some people got some of their exercise doing gardening, while others did belly dancing! (On you Brenda!)

### **Where to walk?**

Bush, including a bush walking group, though this can be too steep for some



Coastal walks, near rivers and lakes eg Bold Park, Kings Park, Perry Lakes, Tomato Lake (Kewdale, see image)

In parks

Fremantle, around the old buildings

Shopping centres, with a coffee afterwards

Walking groups

In the neighbourhood where it's flat

Optus Stadium and the bridge over the Swan Matagarup Bridge



In the city – usually easy to get public transport to town

### **Best Tips for Others**

If you feel too weak to begin, start by preparing your muscles with some gentler home exercises or a Pilates class

Get started on something. Find out what is best (a physiotherapist or exercise physiologist can help)

Find opportunities to walk – to letterbox, to your car in a more distant carpark, to the bus or train stop

Join an exercise group or a choir

Don't give up!

Check out the new section in [Useful Contacts](#) in this issue

## L I F E CARD CLUB

If you're celebrating a birthday during the lockdown you'll certainly welcome a card from L I F E to help make it a special day.

L I F E member **Jan Mairorana** looks after our card club. We send a card for birthdays - or if we know someone is going through a tough time with a bereavement or illness. Let us know about other members. (Here she is at Christmas 2018). Please allow for the reduced postal service. Please let Jan know - T 9339 3617 or E [janjohn1968@bigpond.com](mailto:janjohn1968@bigpond.com)

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## HOW CAN I GIVE BACK?

Doing something that helps make the world a better place, feels good too. There's always something you can do - no matter how advanced your condition.



1. **Volunteer** for L I F E - help our L I F E group. Or another community organisation near you. Help in the Breath of L I F E mail out or join the L I F E working bee which helps the Institute for Respiratory Health's Clinical Trials Unit. Just speak to Sal at the next L I F E meeting or call her T 0409 336 639 E [salhyder1@gmail.com](mailto:salhyder1@gmail.com)
2. **Spread the word** with family and friends. Tell them about L I F E, the Institute for Respiratory Health and respiratory conditions. We have brochures, old issues of Breath of L I F E and business cards which have a space for your name and phone number. Contact us for some.
3. **Register with the Clinical Trials Unit** of the Institute for Respiratory Health to take part in the trial of a new respiratory medication. T 6151 0838
4. **Volunteer to be a research subject** in a medical research project described in Breath of L I F E or in your local paper
5. **Donate** to the work of the Institute for Respiratory Health. Call 6151 0815 or donate [online](#). Mention the Institute's important research into lung disease to friends and relatives who also might be interested to make a donation. Or make a bequest in your will.

## USEFUL CONTACTS

Please let us know of any others you have found helpful. Click on the [blue underlined links](#) to go to the organisation's website.



### **NEW COVID-19**

Healthdirect Helpline T 1800 022 222.

Coronavirus Health Information Line T 1800 020 080

[WA Department of Health](#)

[WA Health - Frequently Asked Questions](#)

[Australian Government](#)

[Australian Government - Frequently Asked Questions](#)

[HealthDirect COVID-19 symptom checker tool](#)

### **Respiratory**

[Flying with Oxygen](#) - L I F E's own practical guide endorsed by Prof P J Thompson, Respiratory Physician, Lung Health Clinic.

[Lung Foundation Australia](#) T 1800 654 301 (Queensland time zone)

[Pulmonary Rehabilitation](#) programs (scroll down to WA) or T 1800 654 301  
Need referral from a respiratory specialist who has admitting rights to a WA public hospital (even if you see them privately).

[Pulmonary Hypertension Network Australia](#) – a sister support group to L I F E

[Alpha-1 Association of Australia](#) for people with Alpha-1 Anti-Trypsin Deficiency – has an online forum, and on Twitter, Facebook, M 0410 108 104 T (07) 3103 3363 (Qld time zone)

[HealthyWA](#) - lung condition information from the WA Health Department

[BetterHealth](#) – lung condition information from the Victorian Health Department

[Asthma Foundation](#) WA T 1800 278 462

[Bronchiectasis Toolbox](#) for health professionals

[Active Cycle of Breathing Technique](#) (video) helps you clear your airways of phlegm



[Asbestos Diseases Society of Australia](#) (WA) T 1800 646 690 (08) 9344 4077

[National Quit line](#) – help to quit smoking T 13 78 48

## Exercise

**NEW** [Mall Walking](#) groups COTA T 08 9472 0104

**NEW** Living Longer Living Stronger programs in many areas conducted by physiotherapists, evidence based. Contact your local council or physiotherapist.

**NEW** [Strength for Life](#) programs in many areas, endorsed by COTA. Need GP referral. T 08 9472 0104

**NEW** [Stay On Your Feet](#) information and resources to prevent falls and keep Western Australians active, because falls are preventable no matter what age T 6166 7688 or Country callers 1300 30 35 40. Level 2, 297 Vincent Street, Leederville, WA

[Pulmonary Rehabilitation](#) programs (scroll down to WA) or T 1800 654 301 Need referral from a respiratory specialist who has admitting rights to a WA public hospital (even if you see them privately).

## Mental Health

[Connect Groups](#) – peak body for support groups in WA T (08) 9364 6909

[Act Belong Commit](#)- activities to promote mental health T (08) 9266 3788

[Beyond Blue](#) mental health support service T 1300 22 4636

[Australian Men's Shed Association](#) – find a men's shed near you T 1300 550 009

[Lifeline](#) 24 hour personal crisis support and suicide prevention association T 13 11 14

**NEW** [PORTS](#) (Practitioner Online Referral Treatment Service) referral by GP or other health practitioner, phone or online assessment, start 4-6 week face to face therapy, 2-4 week phone counselling or 8 week online course. Referral is free. T 1800 176 787 E [contact@ports.org.au](mailto:contact@ports.org.au).

**NEW** [Mental Health Care Plan](#) for those with a diagnosed mental health problem. Referral by GP, Medicare rebates, gap payment needed, by allied mental health care providers. Covers up to 10 individual and 10 group sessions per year.

## General Health

[Health Direct](#) look up reliable health information or speak to a registered nurse T 1800 022 222

[Better Health Channel](#) Victorian Government's health information website

[Cancer Council WA](#) T 13 11 20

[Health Report](#) with Norman Swan ABC Radio National (810 AM), listen to past programs on your computer or smartphone

[ABC Health Online](#) find reliable health news and information

[Independent Living Centre](#) (08) 9382 0600 Country callers 1300 885 886 choose and access equipment, technology and services for independence and wellbeing of people with disability and older people throughout WA. Centres at Nedlands, Westminster and Busselton.

## Seniors

[Council on the Aging](#) (COTA) voice of older Australians T (08) 9472 0104

[MyAgedCare](#) aged care services you may be eligible for. Speak to your GP

[National Seniors](#) voice of older Australians T 1300 76 50 50

[Seniors Services](#) guide database of services and activities for older Australians

[Seniors Recreation Council](#) WA T (08) 9492 9773. Runs Have A Go Day each year.

[The Move Into Aged Care](#) tools and resources supporting you and your family. Advocare is the WA contact.

[Advocare](#) advocating for Western Australians receiving aged care services at home or in an aged care facility T 9479 7566 Country callers 1800 655 566

[WA Elder Abuse Helpline](#) (operated by Advocare) 1300 724 679

[CentreLink](#) 13 24 68

[HaveAGoNews](#) read seniors' news online

[Computer basics guide](#) for seniors (free)

**NEW** [Aged Care Navigator](#) trials across Australia, incl. WA T 1300 025 298

**NEW** [Seniors Housing Advisory Centre](#) free Government service  
T 1300 367 057 (cost of a local call)

## Health Consumer and Carer Rights

[Carers WA](#) supporting friends and family who care for others T 1300 227 377

[Health Consumers Council](#) an independent voice advocating for patients in WA T (08) 9221 3422 and 1800 620 780

[Patient Opinion Australia](#) share your experience as a patient and ensure the message gets passed on to the right people T 1300 662 996

**NEW** [Voluntary Assisted Dying](#) – new WA laws explained by WA Health. Proposed to come into effect from mid 2021. Ask your GP for more information.

## Other

[TED Talks](#) watch videos of great speakers on a topic that interests you. Free

**NEW** [Recycling](#) in WA - tips from South Metro Regional Council  
T 9329 2700

[Do Not Call Register](#) – stop unwanted marketing calls to your home phone or mobile, renew every 2 years, market research, charitable organisations and political organisations excepted T 1300 792 958

[The Australian Bereavement Register](#) stop unwanted mail to a family member who has passed away T 1300 887 914

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## INSTITUTE FOR RESPIRATORY HEALTH

The [Institute for Respiratory Health](#) is a collaborative research organisation. It aims to improve the life of Australians living with respiratory conditions by bringing together world class researchers and dedicated clinicians to investigate, diagnose, treat and prevent respiratory conditions.

The Institute conducts and fosters innovative basic and clinical research and translates their work into improved treatments for people with respiratory conditions in Australia.

The Institute includes a [Clinical Trials Unit](#) and the community support group – [L I F E](#) for people living with chronic respiratory conditions.

[Membership](#) is open to community members, researchers, health professionals and research students and subscriptions fall due each 1 July.

[Your tax deductible donation to the Institute](#) or bequest supports respiratory research.



## About Lung Information & Friendship for Everyone (L I F E)

L I F E - a group for anyone with a chronic lung condition, their family and carers. It's run by, and for, people with chronic lung conditions. Started in 1992 as LISA, our name changed to L I F E in 2009. L I F E is the community support group of [the Institute for Respiratory Health](#). More about the Institute on page 27.

L I F E is also a member of [Lung Foundation Australia](#)'s network of respiratory self help groups T 1800 654 301. L I F E is extremely thankful for the support of the **Department of Respiratory Medicine** at Sir Charles Gairdner Hospital.



### Breath of L I F E magazine

Our magazine is published 4 times a year - March, June, September & December. It is distributed to all community members of the Institute, including L I F E members. Send your contributions to the editor, Jenni Ibrahim E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) 7 Ruislip St, W. Leederville, WA 6007. [Read it online](#).

### L I F E Membership

Join L I F E by becoming a community member of the Institute. Come to a meeting or contact Sarah at the Institute T **6151 0815** or E [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au). Membership fee of \$20 a year (incl. GST) is **due each 1 July**. Members' help and ideas are always welcome - magazine, speakers, social events. Please be sure to tell us if you change address.

**Seeking information  
about your lung  
condition and how to  
cope with it?**

**Like to meet others in  
a similar situation?**

**Join L I F E!**

### Contacts

**Phone** Coordinator **Jenni Ibrahim** T 9382 4678 M 0413 499 701 [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au)  
Deputy Coordinators **Sal Hyder** T 0409 336 639 [salhyder1@gmail.com](mailto:salhyder1@gmail.com)  
and **David Payne** T 0439 048 897 [perthmillwall@yahoo.com](mailto:perthmillwall@yahoo.com)

**Postal** L I F E c/- Institute for Respiratory Health, Harry Perkins Institute for Medical Research, 6 Verdun Street, Nedlands WA 6009

**Email** [life@resphealth.uwa.edu.au](mailto:life@resphealth.uwa.edu.au) **Web** [L I F E on the Institute website](#) [L I F E is also on Facebook](#)



### Meetings (cancelled during the COVID-19 pandemic)

(Usually) 1st Wednesday of the month from February to November from 12 - 2.30pm. Speaker from 1.00pm.

Level 6, Meeting Room 612A, Harry Perkins Institute Building, Queen Elizabeth II Medical Campus, Nedlands. Directions [here](#). Wheelchair and gopher accessible. Light refreshments. If you can, please bring a small plate to share. Buggy pick-up from the car park or bus stop, M 0481 438 731 (Mon-Fri 9am-4pm) or ask at Gairdner Voluntary Group Enquiries Desk just inside the main entrance in E block.

### COMING UP (subject to change)

<b>Wed 3 Jun</b> <b>TBC</b>	What are clinical trials?	Felicite Kendall, CTU, Institute for Respiratory Health – (postponed)
<b>Wed 1 Jul</b>	Seniors' Housing Options	Seniors Housing Advisory Centre speaker
<b>Wed 5 Aug</b>	Social meeting	Come and make some of our newer members feel at home
<b>Wed 3 Sep</b>	My medicines and me	Jo Armstrong, pharmacist at Sir Charles Gairdner Hospital
<b>Wed 7 Oct</b>	Stem cell therapies in COPD	Dino Aik Bee Tan, Ph.D. scientist at Institute for Respiratory Health, Stem Cell Therapy Unit