

## LEGISLATIVE COUNCIL

Tuesday 5 August 1986

The **PRESIDENT (Hon. Anne Levy)** took the Chair at 2.15 p.m. and read prayers.

## PETITIONS: PROSTITUTION

Petitions signed by 1 769 residents of South Australia praying that the Council uphold the present laws against the exploitation of women by prostitution, and not decri-  
minalise the trade in any way, were presented by the Hons G.L. Bruce, J.C. Burdett, B.A. Chatterton, C.M. Hill, and Diana Laidlaw.

Petitions received.

## PETITION: PETROL PRICING

A petition signed by 350 residents of South Australia praying that the Council urge the Government to make all possible efforts to remove the iniquitous position in relation to petrol pricing and asking it to strongly consider interven-  
tion to achieve realistic wholesale prices as a means of achieving equity for the country petrol consumer was pre-  
sented by the Hon. I. Gilfillan.

Petition received.

## PETITION: TIME ZONES

A petition signed by 1 650 residents of South Australia praying that the Council support the retention of Central Standard Time for the whole of South Australia and exempt areas on Eyre Peninsula west of 137° east and including the hundreds of Wilton, Warren, Charleston and McGregor from daylight saving was presented by the Hon. Peter Dunn.

Petition received.

## PAPERS TABLED

The following papers were laid on the table:

By the Attorney-General (Hon. C.J. Sumner)—

- Pursuant to Statute—*
- Acts Republication Act 1967—
- Schedules of Alterations—
- Adoption of Children Act 1967.
- Building Act 1971.
- Mining Act 1971.
- Rules of Court—District Criminal Court—Local and District Criminal Courts Act 1926—General Rules.
- Rules of Court—Supreme Court—Supreme Court Act 1935—Overseas Evidence.

By the Minister of Health (Hon. J.R. Cornwall)—

- Pursuant to Statute—*
- Fisheries Act 1982—Regulations—
- Western Zone Abalone Fishery—Licence Fees.
- Central Zone Abalone Fishery—Licence Fees.
- Southern Zone Abalone Fishery—Licence Fees.
- Rivery Fishery—Licence Fees.
- Northern Zone Rock Lobster Fishery—Pot Fees.
- Southern Zone Rock Lobster Fishery—Pot Fees.
- Spencer Gulf Prawn Fishery—SAFIC Fee.
- Gulf St Vincent Prawn Fishery—SAFIC Fee.
- Miscellaneous Fishery—Licence Fees.
- West Coast Experimental Prawn Fishery—Licence Fees.
- Investigator Strait Experimental Prawn Fishery—Licence Fees.

Sewerage Act 1929—Regulations—

Registration Fees for Plumbers and Certificates of Competency.

General Penalty.

Racing Act 1976—Betting Control Board Rules—Book-maker Risks.

Department of Transport—Random Breath Testing—Operation and Effectiveness in 1985.

Highways Department—Lease approvals.

## QUESTIONS

## CAPITAL EXPENDITURE

**The Hon. M.B. CAMERON:** I seek leave to make a short statement prior to asking the Minister of Health a question about capital expenditure.

Leave granted.

**The Hon. M.B. CAMERON:** I was very concerned to be told last night, in confirmation of information I received last week, that there is likely to be no capital expenditure at the Royal Adelaide Hospital for the next 10 years, or certainly very little, and that all capital expenditure in the health system has been slashed. This is very worrying when the Minister promised on 29 April that \$200 million was to be spent over the next five years on capital works in the State's health system. This, he said, included major upgradings at virtually all public hospitals to boost productivity, and new initiatives, such as the creation of one-day surgery facilities at Flinders Medical Centre.

The Minister said this at a South Australian Health Commission Future Directions workshop, which I am sure the Minister remembers and during which he tried to indicate that all the problems within the health system resulted from some actions between 1979 and 1982. I think that I was mentioned in his speech, as well, from what I recall. I am waiting with great interest to see whether there is any move by the Minister and the State Government to cut capital expenditure. I understand that the Minister was, to use a colloquial expression, done over in Cabinet in relation to this matter.

In September last year, the Minister announced that a \$7 million refurbishing program at the Queen Victoria Hospital would begin this year. The Minister has admitted today that that program has 'slipped a bit'. Can the Minister say when this project will commence? What other capital works programs in the health system will be delayed or cut? Will the redevelopment of the Lyell McEwin Hospital proceed and, if so, when? Will the Minister guarantee that the \$200 million announced on 29 April this year will be spent on the State's health system over the next five years? The Minister has said that a major redevelopment at the Royal Adelaide Hospital would be undertaken to replace the present operating facilities, and that a new hospital complex at Noarlunga would be operating by 1989. When will these projects commence? Will budget cuts result in these projects being delayed? If so, when was the original commencement date, and what is the commencement date now?

**The Hon. J.R. CORNWALL:** The Hon. Mr Cameron is rapidly getting himself a reputation for perhaps the most irresponsible person to have ever occupied a place in this Chamber. He is speculating on there being no capital expenditure at the Royal Adelaide Hospital in the next 10 years. That is a complete nonsense. It is mischievous at best and, at worst, malicious. The fact is that in the past two years I have specifically expanded the capital works planning unit, under the principal architect of the Health Commission. Following persistent statements to Treasury we were told that we really needed to get far more orderly

planning into our capital works program. We were asked to develop a five-year and a 10-year program.

For the first time in our history we now have quite clear programs for the next five and 10 years. Contrast that, Ms President, with the situation that used to exist when people were allocated capital works funding annually. We know precisely where we are going. As I said, it is quite mischievous and, I would suggest, malicious for the Hon. Mr Cameron to suggest that there will be no spending at the Royal Adelaide Hospital in 10 years. That is a malicious untruth.

Reverting specifically to the Queen Victoria Hospital, I notice that there was some speculation in yesterday's *Advertiser* that that hospital was likely to disappear altogether—the speculation was that it would be closed down. I read this morning in the same journal of record that it is on the capital works program for 1986-87. I do not really think that this sort of foolish speculation does anyone any good. I do not intend to tell the Hon. Mr Cameron or anyone else the specific details of the health budget or the welfare budget. However, let me say that anybody who speculates about cutting and slashing, in the welfare budget for example, might find their reputation does not stand up too well at the end of this month. I will say no more. With regard to the health budget, there will be savings, and those savings will be made particularly in the areas that are not directly concerned with patient services. That is the sort of thing that a responsible Government does in the times in which we live.

I now refer specifically to the mischief that people have been trying to create in relation to the Queen Victoria Hospital. It is very widely known that in Opposition Premier Bannon—then Leader of the Opposition—gave a specific undertaking when the Queen Victoria Hospital was under threat during the Tonkin interregnum that it would be saved by a Labor Government, that it would be kept and refurbished on the Fullarton Road site. That specific undertaking was given by John Bannon in Opposition, and it has been honoured in Government. Even given the very tight budgetary restraints under which the Government is by necessity operating, plans are proceeding apace for a major \$7 million redevelopment project at the hospital.

A design report was completed in February this year and it recommended redevelopment of 13 different sections of the hospital, most notably and specifically the delivery suite, the day surgery suite and the University Department of Obstetrics and Gynaecology. The design development stage was approved in March of this year and will be finalised shortly. That is a clear indication, may I say, that the project is, so far, running to budget. The next step is to submit the proposal to Cabinet for referral to the Public Works Standing Committee. Following a satisfactory recommendation from that committee, tenders will be called and actual work should begin, on all indications, in the 1987-88 financial year. I hope that my explanation has set to rest these quite inaccurate, negative and malicious rumours that have been generated around the place. Regarding the Noarlunga hospital and redevelopment at the Lyell McEwin Hospital, I am afraid that the Hon. Mr Cameron and everyone else will just have to wait.

### WORLD EXPOS

**The Hon. L.H. DAVIS:** I seek leave to make a brief explanation before asking the Minister of Tourism a question about world expos.

Leave granted.

**The Hon. L.H. DAVIS:** In August 1984 I asked a question in the Council about the New Orleans World Trade Fair, which I had visited in July. I pointed out that neither the impressive pamphlet being distributed to visitors nor the two continuous audio-visual displays contained any reference to Adelaide or South Australia. An officer at the World Fair admitted that many South Australians had commented on this omission.

Following the publicity of this fact, the then Minister of Tourism, Mr Keneally, was asked a question in another place by a Government backbencher. He said he had also visited the World Fair and 'was not pleased with the South Australian content in the Australian pavilion'. He went on to say, 'A lot of South Australia's features ought to have been included, but they were not. The South Australian point of view has been expressed clearly on that, and I am absolutely confident that it will not occur again... I agree with the matters raised by the Hon. Mr Davis.'

In early July I visited the Vancouver Expo. It is an enormous success, attracting 125 000 persons a day and with an anticipated attendance of 20 million from May through to mid October. I visited the Australian pavilion, which is expected to attract 2.5 million while the Expo is open. Each group of people first entered a holding area in the pavilion featuring large photos of each capital city, together with an audio-visual machine for each State which highlighted tourist attractions. Canadians, Americans, Germans and Japanese stood and watched the audio-visual from South Australia, which started off 'There's a South Australia you know and a South Australia you don't know'—it was one of the 'Enjoy' series of advertisements, produced for domestic consumption, being used to attract international visitors.

I asked an American standing next to me what he thought of the advertisement. His reply was a quizzical 'I don't even know South Australia!' Worse was to follow. The slides and audio-visuals in the Australian pavilion mentioned the Melbourne Cup, the America's Cup in Perth, the Sydney Dance Theatre, Joan Sutherland at Opera in the Park and many other activities and events. The Grand Prix was mentioned, but in no way linked to Adelaide.

The Gift Shop was also a disaster. There were books on Australia, Tasmania, Melbourne, Canberra, the Red Centre, Perth, New South Wales, Darwin, the Blue Mountains, the Snowy Mountains, the Sydney Opera House, the Gold Coast, Queensland and the Brisbane Expo in 1988. There was a display of the America's Cup and photos of Perth. But not a skerrick of information on South Australia.

There was by now a sense of *deja vu*. I questioned the enthusiastic support staff. Yes, indeed, many South Australians and Australians had made comments about the lack of publicity for Adelaide and South Australia.

*The Hon. J.R. Cornwall interjecting:*

**The Hon. L.H. DAVIS:** I will tell the Minister later. That is another story. Perhaps I will ask a question about it—it is a very good question. Any South Australian visiting the pavilion would share my feeling of disbelief and dismay at such a pitiful performance. My questions are as follows:

1. Following Mr Keneally's iron-clad assurance in 1984 that he had 'absolute confidence' that the fiasco at New Orleans would not be repeated again, why was Adelaide and South Australia not properly promoted at the Vancouver Expo to 2.5 million tourists over a five-month period?
2. Did the Minister know that there was an Australian pavilion at Vancouver?
3. What steps did she take to ensure that the fiasco of New Orleans was not repeated?

4. Did she make any inquiries about the Adelaide/South Australian content at Vancouver and, if so, when, and what was the response?

**The Hon. BARBARA WIESE:** We are not all as privileged as the Hon. Mr Davis, who seems to have lots of time every year for travelling around the world, visiting expos and having a good time.

*Members interjecting:*

**The PRESIDENT:** Order!

**The Hon. BARBARA WIESE:** If the reports are as the Hon. Mr Davis says they are about the South Australian content at the Vancouver Expo, I, too, am rather concerned. As far as assurances that have been given by previous Ministers are concerned, there is nothing much I can say about that.

**The Hon. L.H. Davis:** You should have known about it. You should get your act together.

**The PRESIDENT:** Order! There were no interjections during the question. I would ask that there be no interjections during the reply.

**The Hon. BARBARA WIESE:** Assurances given by previous Ministers are not my concern. However, I share the concern of the Hon. Mr Davis if it is true that South Australia is not being represented adequately in the Expo pavilion at Vancouver. I will certainly make inquiries about that, because I was not aware of the pavilion at the International Expo, so I am not aware of what arrangements have been made for South Australian content to be included.

I assume that the Australian pavilion has been coordinated by the Australian Tourist Commission, and whether or not the ATC has given each State an adequate opportunity to provide suitable information, I am not sure. However, I shall seek a report on the matter and bring back as much information as I am able to.

**The PRESIDENT:** The Hon. Carolyn Pickles.

*Honourable members interjecting:*

**The PRESIDENT:** There has been some concern regarding order of questions. There is nothing in Standing Orders regarding the alternation of members for questions. I, like my predecessor, have always taken the official view that questions should come alternately.

**The Hon. K.T. Griffin:** Your predecessor went along the front bench.

**The PRESIDENT:** Order! I am talking.

**The Hon. C.J. Sumner:** This has not happened in six years. It has not happened since I have been in this place.

**The PRESIDENT:** My predecessor frequently indicated that he would take questions alternately from each side of the Chamber. I intend to follow that procedure but will, of course, give precedence on the Opposition benches to the front bench members of the Opposition. The only person other than Ministers who has any recognised position in the Chamber is the Leader of the Opposition, who is given this particular status in the Parliament, and I would always give precedence to him as being the individual with official status in the Parliament.

**The Hon. K.T. Griffin:** They have changed the rules.

**The Hon. C.J. Sumner:** The front benches have the precedence. They have had it for six or eight years, ever since I have been here.

**The PRESIDENT:** I have called the Hon. Ms Pickles.

#### LEGIONNAIRE'S DISEASE

**The Hon. CAROLYN PICKLES:** I seek leave to make a brief explanation before directing a question to the Minister

of Health on the subject of legionella organisms at the Flinders Medical Centre.

Leave granted.

**The Hon. CAROLYN PICKLES:** As honourable members would be aware, the subject of legionnaire's disease and the discovery of the legionella organism at a number of locations in Adelaide has created a great deal of concern in the community. Last Thursday, the Minister made a detailed statement to the Council describing the intensive investigations undertaken by the South Australian Health Commission after an outbreak of legionnaire's disease in the southern suburbs in December of last year.

In the *Advertiser* last Friday, the Opposition spokesman on health, the Hon. Martin Cameron, was quoted as saying outside the Council that he had information to suggest legionella organisms had also been located in the Flinders Medical Centre. According to the newspaper report, Mr Cameron said that it was unknown when and where the bacteria had been found, but if there was a problem he would really like to know. To avoid any further harmful or irresponsible—

**The Hon. R.J. RITSON:** A point of order! Standing Orders quite clearly state that members shall not read a speech, but may use notes.

**The PRESIDENT:** There is no point of order. The honourable member is quoting, and one cannot quote without reading the quotation.

**The Hon. CAROLYN PICKLES:** To avoid any further harmful or irresponsible speculation, can the Minister say what the correct position is and has been at the Flinders Medical Centre?

**The Hon. J.R. CORNWALL:** It is quite correct, apparently—or at least as quoted in the *Advertiser*—that the Hon. Mr Cameron did say, somewhat remarkably, that it was unknown when and where the bacteria had been found at Flinders Medical Centre, but if there was a problem he would 'really like to know'. I immediately, of course, had investigations undertaken.

I am pleased to have this opportunity to clarify the position as regards the Flinders Medical Centre and to put to rest some of the fears engendered, quite irresponsibly, in the minds of the South Australian public on legionnaire's disease. As I said in my ministerial statement last week, legionella organisms are ubiquitous in the environment and can be expected—

**The Hon. C.M. Hill:** It is the same answer over and over again.

**The Hon. J.R. CORNWALL:** I will say it as often as I have to until the Opposition starts to act responsibly. The legionella organisms are ubiquitous in the environment and can be expected to be found in reservoirs, creeks, pipe water, drains, and household water supplies. The study by the South Australian Health Commission, also released by me last week, made the point that water temperature is not necessarily crucial to the control of the legionella organism.

With regard to the Flinders Medical Centre, I am informed by the hospital, following an immediate inquiry that I made on Thursday, that legionella has only been found once. That was in a cooling tower in December of 1979. The organism was present in low numbers and, just as importantly, was not of the type commonly involved in human disease. In other words, it was not a legionella species of any significant pathogenicity.

That was December 1979. As a result of the detection, the hospital's engineering and maintenance department altered their treatment method and no legionella have been detected since. That is over the subsequent period of almost seven years, including an examination carried out in Feb-

ruary of this year. No legionella organisms were detected at that time. That does not mean to say, of course, that they may not be detected at any time in the future, because it is a ubiquitous organism and we cannot guarantee that it will not occur in either the cooling towers or the hot water services of any public institution or any private dwelling, given the current state of our knowledge.

The tests of the Flinders Medical Centre's reticulated water as recently as June 1986 showed the water to be free of legionella, and regular annual tests of tap and shower water at the hospital have shown it to be of a very high standard.

There are no international regulatory standards for counts of total bacteria or legionella in reticulated water and authorities, as I said last week but repeat, do not advise changes in water handling unless a case of legionella is traced to the system. Nevertheless, the water standard is maintained at Flinders Medical Centre well above even the British recommendations for wholesome water. In relation to the one occasion when legionella was isolated at the Flinders Medical Centre in December 1979, we have been unable to find any record of a public statement having been made by the Liberal Minister of Health at that time. If she was informed, then it would seem that she acted responsibly according to the best professional advice that was available to her at that time.

#### SUPERVISION OF MENTALLY ILL PERSONS

**The Hon. K.T. GRIFFIN:** I seek leave to make a short explanation before asking the Minister of Health questions about the supervision of mentally ill persons.

Leave granted.

**The Hon. K.T. GRIFFIN:** On 26 February 1981 Allan Cyril Clarke, who had been charged with the murder of his mother, was found by a jury to be not guilty of murder on the ground of insanity. He had stabbed his mother while she was speaking on the telephone. According to the evidence given at the trial, a witness said that Clarke had been diagnosed as having paranoid schizophrenia and another witness described him as having bizarre religious and paranoid delusions. Justice Mitchell, as she then was, who was the trial judge, ordered that Clarke be kept at the Governor's pleasure in strict custody at Northfield Security Hospital. Her Honour also said that she believed that there was a deficiency in the law that a person known to be dangerous without medication could not be compelled to receive that medication. It is now 5½ years since Clarke was ordered to be detained at the Governor's pleasure.

A few days ago, the father of a 17-year-old girl, who was a voluntary patient at Hillcrest Hospital, criticised the Government for allowing Clarke weekend leave without supervision notwithstanding that the court had ordered strict security. Clarke apparently picked up the girl at Hillcrest, they caught a train to Gawler and then hitchhiked to Kapunda for the weekend. The father phoned Hillcrest Hospital on the Saturday but was told that Clarke had weekend leave and the hospital could do nothing about it unless he did not return by 9 o'clock on the Sunday night. The father was also told that Clarke was to have been released into the custody of his brother for the weekend leave, but obviously that supervision was not exercised and Hillcrest Hospital in its response did not appear able, or inclined, to do anything about it. The hospital also is reported to have said that Clarke's 'state of mental health is considerably better'.

The father has said publicly that he was not critical of Clarke but 'wanted the whole system exposed and steps

taken so this sort of thing cannot happen again'. A number of questions arise out of this matter about the extent of the leave given to Clarke, the supervision which the Government exercises, the powers of the Government when someone like Clarke is out of the institution, and the extent of the risk to the general public.

My questions to the Minister are as follows:

1. What supervision does the Government require and exercise in relation to Clarke's absences from Hillcrest Hospital and what procedures does it follow to ensure that that supervision in fact occurs?
2. If that supervision is not exercised, what steps does the Government take to remedy the default?
3. Is the Government satisfied that there is no risk to the public from the weekend leave, which in this instance was in fact unsupervised as I have indicated?

**The Hon. J.R. CORNWALL:** I think that either by design or by accident the Hon. Mr Griffin has left out a couple of steps here somewhere. Patients who are detained at the Governor's pleasure are placed in the first instance at Northfield Hospital. If, after a period, whatever that period might be (it might be 12 months, or it might be 20 years) it is the opinion of senior psychiatrists and the Parole Board that patients can be released under certain strict conditions, then that certainly does occur. Within the past 12 months there have been a number of cases where that has occurred. In the case of schizophrenic patients who need to be continually medicated and who particularly and specifically may need to be on Modecate, if they have shown significant improvement they can be released to either Glenside Hospital or Hillcrest Hospital.

As to the supervision and the procedures that need to be followed for weekend or any other sort of leave, that is a matter that is worked out for each specific patient. The regimen of treatment and other matters are designed by the senior psychiatric staff at the hospital. At this stage I cannot and will not comment on the procedures or supervision of a particular patient. I would be quite happy to provide that privately to the honourable member. I think that the particular person has a right as an individual to have his private details kept confidential to the extent that it is possible, consistent with the public interest and the protection of the public but, regarding the mental health legislation generally, it is conceded that South Australia led the way in the 1970s. We did have and now have a Mental Health Act that has been a paradigm for the rest of the country. Notwithstanding that, for a period of something in excess of two years we have been reviewing that legislation. It is my intention between now and the autumn session of this Parliament to introduce some very significant reforms to the mental health legislation and, at that time, we will take on board the experiences that have been gained during almost a decade of administration of the Mental Health Act. With regard to the particular details sought by the honourable member, I will obtain a report and give it privately to the Hon. Mr Griffin.

**The Hon. K.T. GRIFFIN:** As a supplementary question, at the same time as the Minister answers the questions, will he deal specifically with the third question: is the Government satisfied that there is no risk to the public in relation to unsupervised weekend leave?

**The Hon. J.R. CORNWALL:** With any area of mental illness, and particularly schizophrenia, it is never possible to be absolutely 100 per cent sure. I point out that schizophrenia is the most common chronic debilitating disease in this State and in this country, and certainly within the Western world (I cannot speak for the Eastern Bloc with any authority), but something like 13 000 South Australians

suffer from schizophrenia in varying degrees. From the advice that I have been given there are regimens of treatment that cause a very substantial improvement in patients. Quite clearly those schizophrenic patients who have shown tendencies to violence in the past are not allowed weekend leave or any other sort of leave if they are considered, in the professional opinion of their doctors, to be any sort of risk to the public. However, I would have to say that it is never possible to give a 100 per cent guarantee that there is no possibility under any circumstances that incidents will not occur. What I can say, and I can reassure the Council on this matter, is that, with the overwhelming majority of these patients, provided that they adhere to the regimen of treatment and to the drug therapy that has been prescribed, they present very little danger indeed.

The real danger is not with the patient who is under supervision at the psychiatric hospital but with the schizophrenic patient who, for whatever reason, takes himself or herself off medication. That, of course, occurs when people are not on an inpatient or regular outpatient basis. So, on balance, there is probably less likelihood of this particular patient reoffending than there is in the case of a schizophrenic who is not in regular contact with his or her treatment point and may take himself or herself off necessary medication.

#### CLERK OF THEBARTON COUNCIL

**The Hon. I. GILFILLAN:** I seek leave to make a brief explanation before asking the Minister of Local Government some questions about the sacking of the Town Clerk of the Thebarton council.

Leave granted.

**The Hon. I. GILFILLAN:** On 22 April this year, the Town Clerk of Thebarton council, Mr John Hanson, was sent on long service leave by the council without any explanation in relation to allegations which were circulating against him, and without any right of reply. I understand that this was in contravention of the municipal officers award. At the conclusion of his long service leave he was, without option, put onto a series of special leaves which expire at midnight tonight.

Last night at 9 p.m. a written notification of his sacking signed by legal representatives of the council was hand delivered to his home. Today he received a registered letter, a duplicate of the letter he received last night, but not signed. In April this year, the auditors' report on the Thebarton council found that the council's general ledger was out by \$59 000. Prior to that, confidential files had been stolen from Mr Hanson's office and he had notified police about it. Mr Hanson met with the Director of Local Government in January to discuss the way in which certain people were setting him up and completely abrogating his position as Town Clerk.

Last month a management report compiled by J.E.G. Raggart and Associates was given to the media in which a recommendation was made to sack Mr Hanson and censure the Municipal Engineer, the Administrative Manager of the Thebarton council, and the Deputy Town Clerk. The Town Clerk, Mr Hanson, was not interviewed by J.E.G. Raggart and Associates prior to the release of the report. My questions are as follows:

1. Has the Minister been briefed by her department of recent developments at Thebarton council? In particular, is she aware that the Town Clerk, John Hanson, has been advised of his sacking to take effect at midnight tonight?

2. What qualifications does the Acting Town Clerk have?

3. Is it true that the Minister should be advised of any person holding the position of Town Clerk for longer than three months if that person is not qualified to hold such position?

4. Is the Minister aware of the article which appeared in the *Advertiser* of 26 July 1986 and in which contents of a report, referred to as the Raggart report, about Thebarton council appeared?

5. Has the Minister seen a copy of that report and, if not, will she obtain a copy?

6. Is it true that the Acting Town Clerk was appointed as a result of recommendations by J.E.G. Raggart and Associates, and is this the same firm which prepared the management report which recommended the Town Clerk's dismissal?

7. What does the Minister propose to do about the allegations of interference in Mr Hanson's performance that the Raggart report states are 'not without foundation'?

8. Has the Minister made any attempt to speak with Mr Hanson, given that he spoke with the Director as early as January this year and, if not, why not?

9. Is the Minister aware that in May this year the Thebarton council passed a motion that the South Australian Auditor-General be appointed forthwith to act as Thebarton council's auditor and, further, that the audit encompass the 1985-86 financial year? Through inaction the council reaffirmed that motion on 29 July this year.

10. Does the Minister consider that the alleged actions involving the Deputy Town Clerk warrant the intervention of the police fraud squad?

**The Hon. BARBARA WIESE:** I wish to make a few points about the powers of the Minister of Local Government with respect to individual councils before I try to address some of the issues that have been raised by the honourable member in relation to the Thebarton council. First, it is the policy of this Government, and it is certainly enshrined within the Local Government Act, that councils should be as autonomous and independent as possible with respect to the conduct of their own affairs so that, as far as possible, we seek to stay out of any internal problems that might exist within local government authorities, whether they be faction fights within particular councils or industrial matters—that is, a disagreement between elected officials of the council and paid employees. That is certainly the policy that I have been following with regard to the long standing problem that has existed in the Thebarton council.

However, during the several months that the current dispute had gone on with respect to the position of the Town Clerk, Mr Hanson, officers of my department have been in touch with people at the Thebarton council from time to time. Officers of the council and elected members of the council have at various times contacted officers of my department to either brief them on current actions being taken or to seek advice about their rights and responsibilities as councillors or paid employees. Therefore, from time to time I have received reports about developments at the Thebarton council. So far there have not been any grounds, in my view, for me to intervene. There has not been sufficient evidence provided, for example, that the council has not been fulfilling its obligations, and there are some very clear directions within the Local Government Act about my powers to intervene; they are limited, indeed. So far, there have not been any grounds, or need for that.

I am not aware of the latest developments with respect to the sacking of Mr Hanson. I was not aware that he had been sent a letter notifying him of his employment ceasing. However, I can say with respect to a couple of the questions asked about his temporary replacement that a council in

these circumstances, where it chooses to either suspend or sack a Town Clerk, is able to appoint a person of its choice for a period of up to three months and, if that person is not qualified, at the end of that three months it must seek ministerial approval to extend the period of employment, if that is what it wants to do. I presume that that is the basis on which the Thebarton council has been operating with the employment of the Deputy Town Clerk in this respect. The honourable member asked a number of other questions. My shorthand is not as good as it used to be and I have not been able to keep a record of all the questions that he asked. However, I shall seek an up-to-date report on what is happening with the Thebarton council and bring back a reply as soon as I can on latest developments.

**The Hon. I. GILFILLAN:** By way of a supplementary question: I appreciate that the questions were long and in some detail but will the Minister give a firm undertaking that she will bring back a reply tomorrow in the best detail that she can to those questions? In relation to the question that the Minister has not answered, has she seen the J.E.G. Raggart report and does she consider that the allegations involving the Deputy Town Clerk warrant the intervention of the Police Fraud Squad?

**The Hon. BARBARA WIESE:** I have not seen the Raggart report, and I am not sure whether it is freely available. I was under the impression that the Raggart report had not yet been tabled at a council meeting. Whether or not that is correct, I am not sure. However, I shall look into that matter, along with other matters. I am certainly not prepared to say whether or not the Fraud Squad should be called into the Thebarton council until I have an up-to-date report on what is going on in the council. To suggest that I should reply to that question seems to me to be rather foolish. I repeat: I shall seek an up-to-date report on the current developments in the Thebarton council. If it is possible for me to bring back that detailed report tomorrow, I shall do so, and if not, I will do so as soon as possible.

#### ABORTION

**The Hon. DIANA LAIDLAW:** I seek leave to make a short explanation before addressing a question to the Minister of Health on abortion.

Leave granted.

**The Hon. DIANA LAIDLAW:** At the request of the Minister of Health the South Australian Health Commission established in October 1984 a working party to review the adequacy of existing services for the termination of pregnancy in South Australia. Some 20 months later in June this year the Minister released the working party's report, which contained 44 recommendations, and they include, just to name a few quickly, the appointment of a pregnancy services advisory committee, the establishment of a pregnancy advisory centre—in fact, four of them at public hospitals—the establishment of a youth and pregnancy services committee, and the formation of a community and professional education subcommittee of the pregnancy services advisory committee. The working party estimated that in this forthcoming financial year the total cost of its recommendations would amount to \$186 000 and next financial year, \$2.150 million. It is clear from these estimates and also from the report in general that the working party sees a specific need for the Government to approve its recommendations forthwith. I therefore ask the Minister whether it is the Government's intention to implement the working party's recommendations and, if so, will the total estimated costs for this financial year, which are \$186 000, be provided for in the forthcoming Budget?

**The Hon. J.R. CORNWALL:** The answer to the first question is, yes. The answer to the second question is, no.

**The Hon. DIANA LAIDLAW:** I ask by way of a supplementary question, how can the recommendations be implemented without provision of funding which was estimated at \$186 000 for this financial year?

**The Hon. J.R. CORNWALL:** They can't, Ms President. I would have thought that that was self-evident. We will try to find some funding in what is a very difficult budgetary situation, but quite clearly we cannot implement all the very good recommendations of that report in the 1986-87 financial year or implement the recommendations fully by the financial year 1987-88. Nevertheless, as I have said, it is an excellent report. It is a very balanced report and it is about as close to the ideal in striking a balance between pregnancy advice and a comprehensive service on the one hand and termination on the other. In other times I would be very pleased to implement the recommendations in full. The Hon. Ms Laidlaw may have noticed that I floated an idea quite recently for raising some additional revenue and that the response to that was somewhat less than enthusiastic. Those who were crying loudest were members of the Opposition.

**The Hon. Diana Laidlaw:** That was for welfare.

**The PRESIDENT:** Order!

**The Hon. J.R. CORNWALL:** The simple fact of the matter is that you cannot get blood out of a stone. One cannot have it both ways; one cannot call for severe budgetary constraints on the one hand while on the other hand urge the Government to introduce new services.

**The Hon. Diana Laidlaw:** I was not urging, I was asking what your priorities were.

**The Hon. J.R. CORNWALL:** I told you.

#### DIRECTOR OF LOCAL GOVERNMENT

**The Hon. C.M. HILL:** Did the Minister of Local Government publicly advertise the position of Director of Local Government when that office became vacant recently in her department and before the new appointment of Ms Anne Dunn was made and, if not, why not?

**The Hon. BARBARA WIESE:** No, I did not advertise the position of Director of Local Government after Dr Ian McPhail was appointed to the directorship of the Department of Environment and Planning. The reason I did not do that was that I considered that Anne Dunn was a perfectly good appointment to the position of Director of the Department of Local Government. She was available and it seemed to me that it would have been an enormous waste of time and money to advertise the position when I thought I had a perfectly good appointee who was ready and willing to begin immediately. I might say that all these things happened in the context of some very serious staff shortages within my department at that time. Having lost a director and a deputy director it seemed to me that it was very important to fill that top spot as quickly as possible. I think that Ms Dunn was an excellent appointment, and when she becomes well known in the local government community I am sure that everyone else will agree.

#### STANDING ORDER 14

**The Hon. C.J. SUMNER (Attorney-General):** I move: That for this session Standing Order 14 be suspended.

It is customary to move for the suspension of this Standing Order, which provides that the Address in Reply shall take precedence over all other business. I anticipate that the Address in Reply will be progressed as quickly as possible, but there may be need to introduce some Bills and proceed with them prior to the conclusion of the Address in Reply. I commend the motion which is in the form that has been adopted for many years in this Council.

Motion carried.

## SESSIONAL COMMITTEES

The House of Assembly intimated its appointment of sessional committees.

## ADDRESS IN REPLY

**The Hon. C.J. SUMNER (Attorney-General)** brought up the following report of the Committee appointed to prepare the draft Address in Reply to His Excellency the Governor's speech:

1. We, the members of the Legislative Council, thank Your Excellency for the speech with which you have been pleased to open Parliament.
2. We assure Your Excellency that we will give our best attention to all matters placed before us.
3. We earnestly join in Your Excellency's prayer for the Divine blessing on the proceedings of the session.

**The Hon. M.S. FELEPPA:** I move:

That the Address in Reply as read be adopted.

In doing so, I wish to express my gratitude to His Excellency the Governor for the speech with which he opened the second session of this Parliament.

I take this opportunity also to join you, Madam President, and His Excellency in expressing my deepest sympathy to the family and relatives of the former members for Burra Burra and Albert Park, the Hon. Mr Hawke and Mr Harrison, who died some time this year. From the outset, I will refer to a subject that is not only of interest to me but also current, and that is social justice strategy. However, before embarking upon the totality of this vast and very complex subject, I feel it should be examined and analysed briefly. First, what are we talking about? This is very important, because society changes and our ideals of social justice also change. From time to time society must stop and look at itself, re-evaluating the direction in which it is going and in which it wants to go. To do that, we as responsible representatives of society must look at ourselves critically and decide which road we intend to travel.

The idea of social justice and how to achieve it is certainly not new. In the history of human society there have been many times when this question has been addressed, and many solutions have been put forward, some good and some bad—but most were neither good nor bad. Let us look again briefly at the concept of social justice and what it means. What did it mean? What does it mean? Should we change it? In our culture, the concept goes back to Socrates and Plato, who first argued this concept in the dialogue *The Republic*. The first conflict is between those who think that might makes right and justice is expediency and those who think that power can be used rightly and wrongly and that justice cannot be measured by utility. Thrasymachus said in *The Republic* of Plato:

Justice is nothing but the interest of the stronger man.

The different forms of government make laws that are democratic, aristocratic or tyrannical with a view towards

their philosophy or interests and these laws made by them for their own beliefs are the justice that they intended to deliver to the people—their subjects. Again, Thrasymachus said further:

Whoever goes against the laws gets a punishment as being unjust.

I hope that a reading of this quotation will assist in viewing our future position on this very important concept of social justice. Having looked at the principles of justice, we cannot escape the fact that there is a letter of the law as well as a spirit of the law, and we cannot really divorce social justice from the concept of the law. Social justice, as we understand it, can be seen on the one extreme as rewards for the industrious and the frugal and on the other extreme as taking from the wealthy and giving to the needy. You, Madam President, will agree that both extremes are valid but not absolutely right. Many other factors must be considered. For example, how many are rich and how many are poor? How rich are the rich and how poor are the poor? Is it only a question of material wealth, or is peace of mind also important?

In short, it would appear to me that social justice also involves an element of quality of life, because our society collectively must have wealth and in order to use it more equitably for the benefit of all the members of our community we must certainly create a better system of distribution. Invariably in times of economic crisis or difficulty public concern and discussion turns to the threat of seeing one's accumulated wealth or lifestyle put under stress or diminished. When the 'well-off' people are threatened by the loss of non-essential items in life, equally the poorer in our community feel the threat of losing even the bare essentials of life. I am sure that this statement is not new; neither is it an idle one. We can easily recall the consequences on the poor of the depression. A nation under stress tends to have few resources left for those at the bottom of the economic pile.

The discussion in recent times has generally centred around the phrase 'social justice'. It is a phrase that well describes the lofty ideal of any Government and any community. Indeed, even the most devious and discriminatory Governments, such as the Government of Pretoria, South Africa, will ultimately claim that its goal is to develop and achieve a just and equitable society. To us in Australia, in this lucky and democratic country, that statement may seem to be quite fatuous and false. Many of us would perhaps be inclined to believe that the perpetrators and implementors of apartheid are simply not genuine. In other words, we may believe that they know that they are wrong but persist in their ways to protect their privileges, covering their actions with a great deal of pseudo justification. Of course, I do not compare the situation in South Africa with that in this country. In regard to a perspective of human beings, the two countries are at extreme opposites.

However, the comparison should serve to illustrate how easy it is to agree to lofty ideals and principles but how difficult it is to agree on the means to achieve them. For example, in Australia all Parties believe in equality of opportunity, equality of access to services and equality of a chance to life. We also agree that, by and large, there should not be greater discrepancies between those who are wealthy (the haves) and those who are poor (the have nots). All Parties agree that no-one in Australia should be poor. This country has enough resources and opportunities to allow everyone a fair chance in life, and those who do not have a fair chance temporarily have a social expectation of a right of support from the rest of the community.

We believe, however, that these supports, apart from the age pension and other long-term income maintenance, should be short-term and temporary. The underlying assumption is that in many people's lives there are moments when things simply go wrong. At this moment, therefore, a compassionate community should lend a helping hand to allow the individual to re-establish a more permanent and reliable life situation. In spite of this common ideal, the way in which each Party sets out to achieve them is clearly different.

Broadly speaking, the conservative Party tends to look at private initiative and enterprise as the main vehicle to achieve equality. It is usually argued that the combination of opportunities and willingness to take advantage of them is the way to achieve and maintain a just and equitable society. The Party of socialist ideology, instead, is generally not so persuaded and not so optimistic about the ability of all people to be able to take equal advantage of opportunities offered to them.

The Party of socialist ideology believes that, despite all the good intentions in the world, a complex and generally impersonal society like ours—and I stress this point—has too much competition built into its structures to allow the frailer members of our community to be able to compete effectively. There is a conclusion which I would like to draw from all that I have said so far and on which I shall elaborate later. The conclusion is that, particularly in time of economic stress such as the present one, the political Parties need to make a great effort at working together rather than undermining each other. There are moments when I am not so sure that the very structure of the Westminster system, the dual Party system, is ideal for these times.

A dual Party system of Government imposes on the Opposition, almost by definition, the role of being negative towards the Government's initiatives. Indeed, the very term 'opposition' describes what unfortunately is the behaviour of the Party which is not in power. It seems to me that even in the most difficult situation for a country, such as a war, the opposition system is not suspended. Fortunately, in this country we have an example of policies and programs which were achieved and worked out on a bipartisan level.

At present, to give an illustration, our immigration policy is supported in its goal and its intakes by both the Opposition Party and the Government Party. My contention is that, on a topic as vital as the achievement of social justice, all Parties should get together and develop a common bipartisan policy. I am strongly convinced that the community would welcome reasoned discussion and consultation between all Parties rather than the spectacle of the debacle which took place last week following the ventilation of policy by the Minister of Health in this place, the Hon. Dr John Cornwall.

Irrespective of political Parties and the Party details of the way in which that issue was raised by the Minister, one cannot fail to be dismayed at the way in which the subsequent public discussion took place. From the outset, I must congratulate Dr Cornwall for raising such an issue. It is true that the Minister has been unsuccessful this time in convincing the Government to consider his proposition, and has been equally unsuccessful at putting it across generally in our community, but I am sure that out in our community there are people who are as concerned as the Minister has been to try to help those members of our community who are less fortunate. I endorse the Minister's remark of last Tuesday, and I quote from *Hansard*:

I am not going to apologise for trying to do something to actively intervene to help that one child in six in South Australia who lives below the poverty line.

Social justice should be of interest to us all. It was, however, amazing to note that the subsequent discussion was minimal but was largely a witch-hunt for political details, such as the role of the Premier and whether certain persons were or were not involved in consultation.

The issue of social justice, as we know, affects so many aspects of our community, and it is very unfortunate that it generally becomes a focus of concern only in times of economic difficulties. Clearly, poverty these days has a new image, a new meaning and a new face. Professor Anderson in the 1970s identified the aged as a major component of our poor. In those years it seemed that the chances of life diminished with the advancement of old age. Perhaps it was a reflection of the attitude we maintained towards what makes a person worthwhile: that is, a person's worth is judged on a person's ability to produce goods for society. Perhaps it was also a different view of the role of society as a whole towards the aged. Whatever the reason, the 1900 Social Security Act, which established the first national legislation, clearly indicates that pensions are a privilege rather than a right. I would like to use a remark from the book written by T.H. Kewley, *Social Security in Australia*:

It is equitable that the deserving persons who during the prime of life have helped to bear the public burden of the colony by the payment of taxes and by opening up its resources by their labour and skills should receive from the colony pensions in their old age.

So to me, at least, the Act has a definite bias, not towards the right to every citizen to draw an age pension but towards the provision of a pension for the deserving poor and towards those who had earned it through their contribution to society during their lifetime.

The policy is clearly deficient in terms of modern times, but this perception of a pension as a privilege rather than a right has lingered to the present time. Even as early as the 1960s, the then Liberal Prime Minister and Treasurer, the Hon. Mr Holt, clearly stated in Parliament, in answering a question, that the old age pensions were 'bridging assistance' for those who had failed to provide for their old age or had provided inadequately:

In practice, the pension provides at one end of the scale a means of subsistence for people with little or no other resources, but at the other end it is a supplement to the savings of individuals to enable them to live in comparative comfort.

Today, the face of poverty has changed. The change has not been in terms of a reduction in numbers but, rather, in terms of the group of people involved. Indeed, the numbers have grown since the poverty inquiry chaired by Professor Ronald Henderson. Today, in this lucky country those who live under the poverty line represent the staggering figure of 2.5 million people. The change includes the aged, but perhaps in fewer numbers. It also includes a group of transients, who are those people moving into financial difficulties but who have the potential, with a little help, in time to move out.

The strategy plan for an attack on poverty should therefore look at not only initiatives aimed at those people who traditionally remain chronically and permanently poor, but also those who can successfully beat moments of a downturn in the economy as a whole and in their own financial situation. The new poor includes today single parent families. With divorce being as high as 40 per cent of all marriages, the problem remains very significant. It means also that a larger percentage of children live in single parent families. Many of these divorced people remarry, but the intervening period, plus those who never marry, maintain a constant pool of disadvantaged people. Typically, single parent families live below the poverty line. Our society seems to have an ambivalent attitude towards these fami-

lies. On the one hand, legislation protects the right to divorce and makes it so easy but, on the other hand, there are no safeguards or protections to ensure that the quality of life produced by the family is maintained. In this respect the maintenance payments scheme proposed by the Bannon Government, although insufficient in most cases to secure a level of life above the poverty line, is commendable.

Another group of modern poor are those people who belong to single income families. Unfortunately, our society is geared towards an economy of wages that reflects exclusively the work done by the worker and the need of industry. The vindication of the right by women to work and the high level of participation by them in the work force has reinforced this principle. It seems that our standards are gearing themselves more and more towards a lifestyle which presumes two incomes. As a result, families where two incomes do not exist tend to be poorer and they slip more readily below the poverty line. In the current discussion on wages and wage discounting the single income family must feel particularly threatened.

Discussions have also been directed at those wage equalisation initiatives that in the past helped to offset the drawbacks. Lately such discussion has included the suggestion that the 17½ per cent leave loading be eliminated. The most common argument so far advanced is that it is almost an anomaly that a worker should be paid more for doing nothing. Of course, this argument is a very simplistic one and tends to reduce human beings to simple robots. Those people who flaunt that philosophy must either do it with their tongues in their cheeks or have a very limited notion of human worth. Surely the reason for the 17½ per cent loading must be tied in with the need to create equality and to the right of a worker to a holiday break like everybody else. While the well-off worker generally can take an annual holiday, the average worker with an average income cannot afford to do that so easily. The weekly wage is so limited and barely sufficient to enable the worker to live from week to week so, without that extra, the possibility of a holiday would be remote.

There are some countries where a worker's wage is not only bound to the amount of work performed by the worker, but is also bound by the social responsibilities resting on the shoulders of the worker. To quote an example, the Italian Constitution states that the remuneration for the work should take into account the quality and quantity of work done as well as the responsibilities flowing from the dependants of the worker. It seems to me that a principle such as this, although not without difficulties in putting it into practice, is very proper. However, it reflects an enlightened approach to the human being, not looking at him or her as a machine only but, rather, as a person with a life beyond his or her ability to produce goods.

The other area of concern in relation to the modern poor is the problem associated with the introduction of credit cards. The easy access to plastic money is a temptation that is attractive to follow because it is so subtle. Credit cards give access to money which the person often does not own. Figures already show that a large number of debts are incurred that cannot be repaid by the user. These people (and it is usually those who can least afford it), pressured by their own poverty and the lure of easy money, are precisely those who tend to use these facilities unwisely. The result is a growing number of people being thrown into almost permanent insolvency over long periods of time when they attempt to meet debt repayments rather than to consolidate their financial position.

Having said that, I repeat that the struggle to achieve social justice should be part of the agenda of every political

Party. It was therefore heartening to hear the Premier (Hon. Mr Bannon) say some time ago at the State conference of the Australian Labor Party that the theme of this Government during its second term of office would be to develop a social justice strategy and equity for all South Australians. The Premier's statement was recently amplified in a speech by the Minister of Health and Community Welfare (Hon. Dr Cornwall) at the opening of the Social Welfare Research Centre.

Neither speech gave details of the proposed strategy, but that is understandable given the complexity of the topic. It is encouraging that other States are also involved in this exercise. Victoria and New South Wales have developed well reasoned principles and philosophies. We, as representatives of society in the Parliament, should not be afraid to tackle this issue at the legislative level. As I have said before, it is neither novel nor unthought.

The complexity of the task is rendered more difficult by the kind of free economy we have and the system of three levels of government by which Australia functions. These realities are to be encompassed and considered within the resolution of the problem. The strategy should take into account the necessary intervention of all levels of government and should also provide for long-term solutions as well as short-term remedies. Neither the State Government nor local government can achieve a strategy on its own; nor will they be able to resolve long-term problems without the collective cooperation of the Federal Government.

It was therefore fortunate that early in July, at the national conference of the Australian Labor Party in Hobart, a resolution was passed which translated the commitment of our Party to social justice into a strategy for an approach. This commitment at the national level paves the way for the coming together of all parties involved. It should now be possible for all Governments concerned to tackle—each at their own level—any issues which affect the development of a more equitable society. I believe that the Bannon Government should—and I suppose can—take the initiative to encourage such a coordinated approach.

Perhaps a word of warning is also necessary. It is often the case when initiatives are left to large committees, that such committees, representing every relevant or concerned body, end up being useless. They tend to generate much discussion at the committee level, and a lot of reports but little action. Consequently, each Government should maintain a commitment to separate action in the area of its competence. The suggestion of coordination, apart from ensuring that action is more effective and less costly, is also to ensure that things actually do happen. In fact, while committees are often used—and I stress the words 'often used'—to kill or delay initiatives, in this case a committee can be used to maintain pressure on each participant to go ahead with its own area of responsibility.

In this regard I wish to touch on some specific areas in which the State Government has competence and should maintain a high profile of action. South Australia has a Consumer Affairs Commission which is well regarded by its users. Consumer protection is an offshoot of action in the past few years in this State. It is a legitimate area of Government involvement, whereas in the past it was considered unduly intrusive. A fact of life, with which perhaps the business world has not yet completely come to grips, is that its own viability depends on consumer satisfaction and that the principle 'consumer beware' has now a new meaning. In other words, Madam President, while in the past the economic transactions took place almost exclusively between the seller and the client, today the protection of the consumer is taken over by a Government agency.

It is also a matter of recorded history that the two major Parties of our political system give a different emphasis to the role of a central watchdog on unfair trade practices. One should remember, for instance, the diminished role of our Consumer Affairs Department during the last Liberal Administration in this State. I will be precise on this point. I wish not to criticise members of the Opposition individually but to criticise their policy in this context. The functions and operations of the department were reduced and such action justified on the grounds that an economy fettered by too many regulations and controls is bad and militates against the well-being of society. In other words, we were led to believe that, if private industry were left to do its job in the competitive world of the market place, these very forces would ensure that it produced the best product under the best conditions for the user.

The argument is not correct, as all members in this Chamber would know, because with very little exception the ultimate goal of industry is profit. Elements related to that which are considered to be of basic importance are not necessarily given the same status as is profit. One is reminded of the many occasions on which dangerous toys, for example, have had to be withdrawn in spite of the potential lucrative market that they could generate. One is also reminded of the unscrupulous practice of moneylenders in times of plenty of cash, and in times of shortage of cash. In either case, the client suffers the brunt of the demand for the largest profit from the lowest expenditure.

One particular aspect of the work of our own Corporate Affairs Commission deserves some notice. The current legislation regulating bankruptcy seems to leave too many unsecured creditors without any redress. To say that it is part of our economic reality that only large corporations can secure their credit is to avoid tackling the responsibility a Government has towards the unsecured citizens.

I am sure that some members are fully aware of the case of Langwarra winery in the Riverland. In five years this winery, under different names and different financial and management structures, went into bankruptcy three times. The single common element of these consecutive companies was the common owner. The winery, in bad economic days of the Riverland, made a contribution to the industry that was appreciated by the growers. It was also appreciated by the owners of the company who made their money. However, the story ceased to have a happy note when the company fell into great difficulties. When eventually a receiver had to be appointed the ones who suffered the full brunt of the failure of the company were the growers. The principal of the company suffered much less financial loss; as a matter of fact, the assets accumulated remain outside the reach of current law. How is it possible, Madam President, to go to the growers in this instance and convince them of the justice of a system which, at times, allows the principal of a company to walk away with large amounts of money while they cannot secure a fair return for their produce?

In the case of the Langwarra Winery, while there were strong suspicions of a dubious financial practice, the Corporate Affairs Commission was able to pursue them only marginally. I am certainly not critical of the staff of the commission, but I suggest that the legislation be reviewed to ensure that the rights of all the clients of corporate organisations are better protected. In practice, in this case the matter was resolved not by the Government authority but by the growers themselves who formed a cooperative and were able to convince the Government to support them in their endeavour to buy out the winery. Faced with the prospect of yet another failure to receive any return for

their fruit, the growers picketed the winery preventing the receiver from having access to the produce—the wine.

In the meantime, farmers who were being faced with severe financial constraints that were beginning to affect intimately their families and their ability to purchase food, clothing and other necessary items, felt under threat. Many felt unprotected by the organisation and the Government from which they expected more protection in the first place. Ultimately, the sensible response of the Bannan Government was to agree as a guarantor to a loan which helped the growers buy out as a cooperative the winery itself, and this was a widely accepted initiative.

So, in the context of social justice this story serves to illustrate the need to be not only constantly on the alert but also to review these laws so that they can reflect more accurately modern standards and expectations of the community. As I have said, I refer to this example to show the direct connection between Government responsibility, the responsibility of industry and the necessity to update some of our laws.

I do not have much more to say, but my speech on social justice would not be complete without reference to why it is necessary—the reason is the obvious discrepancy that exists in our society. I have already mentioned that opportunities are mostly in favour of the 'haves'. Whatever strategy we implement must result in better distribution of our wealth. It is indeed ironic that in a country like ours with so much wealth there is still so much poverty. The reason for this poverty is not due to a lack of resources. It is a cruel reality in today's world that hunger and poverty are not due to limitation of our ability to produce. Almost one billion people in the world go hungry every day. The reason does not relate to the lack of food but to its bad distribution and its concentration in the hands of a few, and in the immoral way in which production is reduced artificially in order to maintain profits. A classic example of this state of affairs exists in the United States at the moment where farmers are subsidised for not producing grain, while millions of people in the world die starving every day.

Madam President, at the beginning of my speech I suggested the consideration of a policy for social justice which should be developed on a bipartisan basis and which should not be tied to the policies of one Party or another. Difficult as the task may seem, even if the agreement we reached were only partial, every progressive step would benefit our society, and would earn the respect of the population that we have been elected to govern.

While I am speaking in the spirit of social justice, I wish to raise one other matter for the observation of members who, like myself, have received. I would imagine, an abundance of letters from people concerned about the decriminalisation of prostitution. To my mind, prostitution is a victimless crime. Some women want to be prostitutes while others are forced into it because they do not have any marketable skills and would otherwise be living below the poverty line. Others use prostitutes to become wealthy, with the prostitute being the victim, while the client is free to look again for another prostitute who will become the victim of yet another 'entrepreneur'.

Is it justice that a client be regarded as a good citizen while the prostitute is classified as a criminal and is the target of members of our Police Force, who are only following the law, but wasting their energy and our wealth without adding to the collective wellbeing of the community. The Government should look at all these questions and, after investigation, come to a solution more in keeping with preserving the collective wealth of the community, and this should also be part of our social justice strategy. All societies

have struggled with similar issues. This is one of those questions that seems to bring together most elements of conflict and contention.

In today's society, in particular, the issue is closely tied to the newly established rights of choice by women. The issue is so delicate that one wonders whether a man can understand it completely, or whether indeed a man should put an opinion forcefully. It may seem strange that I have raised this issue in the context of social justice strategy. However, the fact is that social justice cannot be achieved without the protection of the freedom of the individual, the protection of the individual and of society as a whole. A totalitarian society will never be a just society.

My concern, therefore, in this matter is to protect the freedom of women and also to protect those people, who, with the common agreement of the parties, use the service provided. To give a woman's point of view on this subject, perhaps the only possible valid view is that of Portia, who said in *The Merchant of Venice*:

And earthly power doth then show likest God's  
When mercy seasons justice.

So, let us do justice to ourselves and others by looking much more closely at all these questions and many other related issues. Only then can we approach this very fundamental question of implementing a social justice strategy.

**The Hon. B.A. CHATTERTON:** I second the motion moved by the Hon. Mr Feleppa. Since the last sitting of Parliament earlier this year the world has experienced the greatest nuclear reactor disaster that has ever occurred. I believe that the scope of that disaster is not generally known in the community, and information is still only gradually coming out about how far and how wide an area in Russia has been contaminated with radioactivity. Only last week the *Guardian* carried a report as follows:

The Soviet authorities have finally acknowledged that large parts of Russia are no longer fit for human habitation after the Chernobyl disaster. They have withdrawn promises made to people living up to 50 miles north of Chernobyl that one day they would return to their homes.

I think it is worth repeating that the Soviet authorities have, in fact, declared an area of more than 50 miles uninhabitable from a single nuclear reactor disaster. The first reports of that disaster came from Swedish authorities, who had found high radioactive levels and could not explain them. First, they checked the radioactive emissions from their own reactors but, when these were found to be normal, they stated that they suspected that a disaster had occurred somewhere in Russia. As there were no Russian reports at that time, the world was forced to rely on evidence provided by the Americans, who have satellites that are so accurate that from outer space they can read objects as small as a car number plate. The American headlines and American press—

**The Hon. M.B. Cameron:** That's a bit of a worry.

**The Hon. B.A. CHATTERTON:** It is. The American headlines said that there were 50 000 dead at Chernobyl and that the Russians had dug mass graves and were burying the huge population killed in this disaster. From the American press there was no doubt that the Americans were gloating over the disaster, as they saw it as some sort of compensation for their own failure with the Challenger spacecraft.

**The Hon. M.B. Cameron:** Or Three Mile Island.

**The Hon. B.A. CHATTERTON:** Yes. The general tone of the American press was that the Russians were incompetent—and what else could we expect! Gradually, over a period of weeks the estimates of the number of casualties were gradually reduced. It was never explained how these extraordinary early estimates were arrived at from these so-

called super accurate satellites but, after about three weeks, the Americans were no longer challenging the Russian statements, which indicated after about 10 days that there had been two deaths at the reactor site.

European Governments were faced with a different dilemma. Their populations were more sophisticated and would not believe the American line that the Russians were incompetent: after all, Russia had put the first satellite and the first man into orbit, and it would be very difficult to convince European populations that the Russians were incompetent. On the other side of the coin, the Europeans had a huge nuclear program, which would be threatened if they admitted that a technologically competent country had experienced a disaster on that scale.

In general terms, the European Governments adopted two strategies. First, they distracted their populations with side issues, such as Russian secrecy about the disaster and, secondly, they played down the danger to the populations in their own countries. The first example I cite is the British Government and a number of Ministers who attacked the Russians for their secrecy about the disaster: it was said that that could never happen in Britain, that they would be perfectly honest with their population and tell them what had happened and what the dangers were.

This was rather undermined by the revelation that Britain's worst nuclear disaster had occurred at Sellafield in 1957 but was not reported until 20 years later. So much for British Government openness! This line was also rather undermined by the fact that only three weeks before the Chernobyl disaster there had been a very small leakage of radioactive material from one of the British reactors, and this had been reported in the British newspaper the *Sunday Observer*. However, the British Government had conducted a quite incredible smear campaign against the *Sunday Observer* for publicising the accident. The Government made a press release, which was backdated to try to show that it had announced this radioactive leak: yet, it was quite obvious from internal evidence on the press release that it had been released after the *Sunday Observer* had put out the story. So the British really did not have a very good record of honesty in reporting nuclear accidents.

The second difficulty that the British Government faced was its own very weak position. There are a number of Magnox reactors in Britain that use the same graphite moderators which caused the fire at Chernobyl. Admittedly, the British Magnox reactors are not cooled with water or steam (which was the cause of the explosive reactor at Chernobyl) but with carbon dioxide, which does not react with graphite and which, therefore, is intrinsically safer. However, what the British Government failed to explain to the public when it made this distinction and told people how much safer than the Russian reactors the British reactors were due to their design was that the Magnox reactors could lose their coolant and, more importantly, that the designers of the Magnox reactors had specified a 25-year life, saying that, given their knowledge of the materials used, they were not able to say that the reactors would be safe beyond that period. When they had been planned originally, it had been said that after 25 years there would be a complete review of their safety. Most of the Magnox reactors are now nearly 25 years old. There have been no reviews of safety, and none have been planned.

The second major strategy of the European Governments was to downplay the danger to their own populations from the radioactive cloud from Chernobyl. The other thing that was obvious was that there was no effective plan of action. One of the ways in which to counteract some of the effects of radioactivity is to use iodine tablets to displace the

radioactive iodine, one of the main products of fallout and one which can cause a great deal of damage. In Britain, there were no reserves of iodine tablets: they ran out quickly in the chemist shops. When chemists asked whether they could prepare other iodine tablets because they had considerable reserves of iodine compounds, the Government had no instructions available on how these tablets could be prepared by chemists. The Government gave vague warnings on the dangers of drinking milk and water, but it provided no alternative sources of non-contaminated water or milk, nor did it give specific advice to farmers as to whether or not their milk was at a dangerous level of radioactivity.

Perhaps one of the smallest incidents that occurred in Britain demonstrates just how little planning had gone into the possibility of a nuclear accident occurring. The Department of Environment had a special information hotline: for the first three days anyone who called the department in London on the special information hotline was put through to the drivers' rest room. Whether that was due to incompetence or conspiracy does not matter. It shows just how inadequate the total system of planning for nuclear disasters was in Britain.

*The Hon. G.L. Bruce interjecting:*

**The Hon. B.A. CHATTERTON:** That is quite possible. Finally, after about three weeks and persistent questioning—

*The Hon. M.B. Cameron interjecting:*

**The Hon. B.A. CHATTERTON:** No, it is not Britain: all the others are just as bad. After persistent questioning in Parliament, the British Government decided to ban the sale of lamb from certain districts in Britain. But that occurred after questions had been asked in Parliament and the Government had admitted in Parliament that it had known about the radioactive danger from this lamb for many weeks but had done nothing at all about it. Having actually taken the step of banning this lamb, the junior Minister of Agriculture, Mr Archer, went on television to try to trivialise the ban: he ate lamb chops to show essentially how safe they were.

Yet we all know that radioactive danger cannot be seen, cannot be smelled and cannot be tasted, and it was really a quite disgraceful exercise to trivialise it all by having this sort of public eating of these lamb chops. In France the attitude was very similar, if not worse. The French were quite indifferent to the whole danger of radioactivity. In fact, they called themselves 'an island of serenity in a sea of panic'. They, of course, have more at stake than, certainly, Britain, as France is more dependent on nuclear power than any other European country.

They were continually saying that other countries were panicking, but radioactivity stopped at the French border. What was so extraordinary was that this 'island of serenity' attitude was supported by both the Government and the Opposition, and by all shades of opinion in the press. It could not be sustained, and the Minister of Environment finally admitted at a large press conference that radiation did not stop at the French border and that there were dangers in France, and immediately banned the sale of all spinach and other leafy vegetables from Alsace, in eastern France.

He went on to excuse himself by saying that he had not wanted to create panic and, in fact, that the World Health Organisation had advised him not to tell the truth to the public because there would be a panic. The World Health Organisation never said whether this was, in fact, a true representation of its opinion. Most of the press gave much less attention to these statements at the ministerial press

conference than they had to the earlier statements that there was no reason for panic.

The only newspaper that had the honesty to admit that it had made a mistake was *Le Monde*. In Spain it was very simple: nobody discussed the matter because they were all watching the World Cup in Mexico. In Italy the Government appears to have been much more honest in its approach to the public, having told them very much more about the dangers that existed than did either the British or the French Governments. However, having initially made statements about the dangers, they said that all action would have to be left to local authorities; that they would be the people who would actually test the vegetables, the meat or whatever, and to ban any that were not safe. In fact, of course, the local authorities were not in any way equipped to do this: they did not have the equipment to do the testing or, really, the power or authority to do any banning. While superficially one might say that the Italian Government was more honest, the effective result as far as the population was concerned was just as bad.

Regarding some of the longer-term effects of the whole Chernobyl disaster on European populations, it is interesting, first, to see how little impact it has had at Government level. Only four weeks after the nuclear power plant disaster, the EEC's energy commission was seeking a resolution from member countries that the percentage of power generated from nuclear power should be increased by 5 per cent. This was strongly opposed by only one EEC country—Denmark—and was, of course, strongly supported by Britain, France and Germany. While it has temporarily been put on the back burner, I have no doubt that the combined economic power of those big three will eventually push it through. At a more popular level, there has undoubtedly been a much greater effect.

In Italy they are well on the way to getting the half million signatures necessary for a referendum on nuclear power. Those signatures have been collected in very large numbers, and those people are seeking a referendum to change the constitution in Italy as to whether they should continue with nuclear power or not—very similar in many ways to the referendum that was held in Sweden.

The British Labour Party, which was, of course, very gung-ho on nuclear power, has now changed its attitude somewhat and is suggesting that if it wins the next election it will review the nuclear power policy. It is obvious from what has happened in Europe that people have very little faith in the statements put out by the Governments and by the scientists on behalf of the Governments. Whatever games that the British Government might have played with banning lamb and trying to pretend that it was still safe, the population has decided on its own that it is not safe, and the sales in Britain of British lamb have dropped dramatically. Whatever they say, I do not think that people will be convinced any longer about the safety issues.

**The Hon. I. Gilfillan:** Can they buy South Australian lamb over there?

**The Hon. B.A. CHATTERTON:** They could well buy lamb from many other places, but I am sure they are not going to buy it from Scotland or the north of England. I think it is a great pity that this has happened, because the dangers for the future are very great. If people have no faith in what their Governments are saying, they have no faith in what the scientists are saying, they will certainly panic much more than was feared on this occasion.

I think that it is also very obvious that, in their own way, the European Governments manipulated the truth in a quite disgraceful way. Again, it is something that will continue to haunt them in the future. Of course, in Australia we can

claim that we are very much further away from nuclear power plants than are Europeans from the plants in Russia. Certainly, the Indian nuclear power plants are much further away than the one at Chernobyl, but I do not think that we should ignore all the lessons of the disaster that occurred in Europe.

I think that we should worry about the importation of food from Europe, because much of it could contain high levels of radioactivity. I think that we should plan for some of the more simple safeguards that were not adopted in Europe, such as the provision of iodine tablets and information to people. Most importantly, I think that the public should be told the truth and should not be patronised and have hidden from them what is happening, only because authorities fear that the public will panic. There are a lot of lessons to be learnt. I am not sure that we in Australia will learn them, but I hope that we do. I support the motion.

**The Hon. M.B. CAMERON (Leader of the Opposition):** It is nice to be back in the Council and to once again participate in what is democracy in South Australia. It has been a long time since the Council has sat.

**The Hon. Diana Laidlaw:** How long?

**The Hon. M.B. CAMERON:** I think that it is five months since the Government found that it could do without Parliament and that seemed to me to be a considerable length of time. Of course, as members would be aware, this makes the job of the Opposition very difficult because, during that period, it is necessary that we continue to test the Government and difficulties arise from that. As members would know, I have been the shadow Minister of Health for a reasonable period of time and it has been a very interesting task indeed. I must say that the Minister of Health's insensitive handling of his portfolio leads me to say, contrary to what the Premier said after the recent Robin Hood tax debacle, that the Hon. Dr Cornwall is the worst—not the best—Health Minister that this State has seen. He has presided over the largest rise in hospital waiting lists that South Australia has ever known and, if the Hon. Ms Pickles does not believe that statement, I suggest that she come down to my office and look at a few figures.

The Minister of Health has reduced morale in the system to its lowest point ever. He has created poor feeling amongst the public. I can only assume that the Premier is as insensitive as the Minister to public opinion. I have been appalled by the animosity displayed by people throughout the health system at every level towards the Minister. I understand that it has reached the stage where it is almost impossible to get people with the necessary qualifications to serve on hospital boards, because they do not want the Minister to arrive on their doorstep or to telephone them and abuse them in the middle of the night. If the Minister wants some examples of that, I will give them to him. I realise that I should not criticise the Minister without a motion of no confidence but, frankly, I find it impossible to speak on this portfolio without criticising him. His attitude and behaviour are nothing short of appalling. I do not need a formal motion to express my dismay over the general run-down of what used to be one of the best health systems in Australia. There has always been an enormous pool of goodwill in the medical profession and this is a leftover from the honorary system. If the Minister went about his activities in the right way, he would find plenty of people wanting to assist him with his problems but, instead of that, he spends his time in confrontationalist and derogatory politics towards the people who could help him.

The Minister loves to indulge in doctor bashing and to get stuck into individual doctors personally. The end result

is a very deep dislike for him wherever I move in the health field. In fact, I am yet to find an individual who has any time for him. I am delighted that he is Minister of Health, because it makes my job so easy. Long may he remain so, from my point of view, but for the sake of the State it would be better if he disappeared from the scene and went back to his veterinary practice.

There are thousands of South Australians, many of whom are in great pain, waiting for surgery, yet it took this Minister quite some time before he would admit that the situation even existed. During the October 1985 Estimates Committee he spoke of a major study having been conducted into waiting lists in metropolitan public hospitals. He said that a report on the study showed that waiting lists had not changed markedly during the period pre and post-Medicare. He virtually said that there was no problem at all, but I had received numerous complaints from people who were clearly waiting a longer time than necessary for operations. I decided to hold a waiting list hot line.

*The Hon. J.R. Cornwall interjecting:*

**The Hon. M.B. CAMERON:** It would be better if the Minister just shut up and listened, because he is the person—

**The ACTING PRESIDENT (Hon. G.L. Bruce):** Order!

**The Hon. M.B. CAMERON:**—who misled the Council on numerous occasions. We decided to hold a waiting list hot line in order to establish the truth and, as a result, the lines went mad. We have a file several inches thick that contains names and situations. Many were distressing, to say the least. We have heard examples of problems that the Minister left sitting in the suburbs while he pretended that there was nothing wrong. People were in tears when they described the pain that they were suffering and the frustration of being put off time and time again by hospitals which simply could not fit them in. Of course, it was not the fault of the hospitals but, rather, it was caused by Medicare and the Labor Government's policies. The truth was eventually forced out of the Minister of Health and, miraculously, out of the blue, 6 400 people appeared who were on waiting lists. I am sorry, we did not have waiting lists—they were booking lists. I am sorry, I keep forgetting. We have another little fudge called booking lists about which I will speak in a moment. There was a dramatic rise on the previous year when, apparently, waiting lists did not exist. It is now clear that there were waiting lists when he said that there were none. I do not believe that he did not have figures prior to his apparent realisation. I understand that the Health Commission in fact received monthly updates on waiting list figures. The commission must have been aware of the situation and I am quite certain that the Minister was also aware of it. It is always a good idea to tell the truth because, if you do not, it will eventually come out, as it did in this case.

Plenty of surgeons around town have kept me informed of the numbers on their lists and I was told in front of a Health Commission officer by hospital people that numbers on the ear, nose and throat list at the Lyell McEwin Hospital have risen since August from zero to 380. That is just one example of what was happening in the system. The Minister had to find a cure, but he found it in a hurry and he was caught out by neglecting to check his facts. His announcement about Saturday morning surgery was made prematurely and without sufficient consultation with the people concerned. In some cases, such as the anaesthetists at the Royal Adelaide Hospital, no consultation took place.

The problem of staff shortages appears to have been completely overlooked by the Minister in his desperate attempt to find a bandaid remedy. Hospital staff rang me

querying as to where the personnel would come from to perform these extra operations. I suspect that the announcement was made off the top of his head to try and cover up the fact that, for 12 months, he refused to admit that the waiting lists existed. Apart from getting hospitals off side, he did a good job of losing face with the public when they realised that they had been completely misled by his cure.

A leaked document I obtained showed that there were no firm plans whatsoever to begin Saturday morning surgery at the Royal Adelaide Hospital. It said that the recommendations for this surgery were not immutable or fixed and the hospital wanted suggestions. This was after the public announcement had been made.

**The Hon. L.H. Davis:** Disgraceful—misleading the public again.

**The ACTING PRESIDENT:** Order! The Hon. Mr Davis will have his chance.

**The Hon. M.B. CAMERON:** He also neglected to mention that the majority of heads of departments in the hospitals involved are opposed to the idea. I understand that the Saturday morning surgery is just not on and the smallest amount of checking by the Minister would have provided him with an accurate picture of the situation. The leaked documents also revealed some interesting figures relating to waiting lists. The document said that as at 16 December 1984 there were 1 703 patients on booking lists at the Royal Adelaide Hospital and this had been increased as at 16 December 1985 by 430, or 25.2 per cent, to a total of 2 133.

In particular, the document also states that, during the year to December 1985, there had been a very significant increase in the number of patients waiting for surgery for more than 12 months. The interesting thing about that document was that it was four pages. The first page talked about booking lists. That was obviously changed at the request of the Minister because on the second page it went back to waiting lists; it changed from booking lists to waiting lists on one page—it was just another attempt to fudge the whole thing. If the Minister had heard the tears and cries for help from people on hospital waiting lists that we heard, then perhaps he would have shown a little heart a little earlier and done something about it, instead of hiding from the truth. To say that the waiting list problem has not worsened since the introduction of Medicare is farcical.

Overcrowding in hospitals is Medicare-induced. The problem with Medicare is this: patients who found private insurance too expensive were forced to compete for elective surgery with pensioners and underprivileged and emergency patients, who had always relied on public hospital beds. With serious underfunding of public hospitals over the past several years, and overcrowding, the problem of lengthening waiting lists has become steadily worse.

Present measures to deal with the problem in South Australia—more money for extra surgery performed either out of usual hours in public hospitals or in the much more efficient private hospital system—have been precipitated because it has dawned on the Minister of Health that Labor's traditional supporters—pensioners, unemployed, underprivileged and workers unable to afford private insurance because of deteriorating economic conditions—are fast realising that the Medicare public hospital system is not working because of increased waiting time for elective surgical procedures.

I turn now to legionnaire's disease, which has come to the public forefront. Two people died and a number of others became ill during an outbreak of legionnaire's disease in the southern suburbs between December and January. Two Government departments issued warnings about the disease. A Department of Environment and Planning memo,

dated 22 February this year, warned of the risk of legionella contamination in the hot water system of the Queen Elizabeth Hospital. The memo pointed out that water temperatures at the hospital were lowered to 44°C in 1984.

In a statement last week the Minister indicated that, for 2½ years before the hot water temperature was lowered, the water temperature at the Queen Elizabeth Hospital was 55 degrees. I would be very interested to know why the temperature was lowered. Was it a cost-cutting measure as a result of budget restrictions? If, as the Minister claimed in his statement, that raising of the temperature of the hot water was unlikely to affect legionella bacteria, why was it done and why have there been negative tests for legionella since the temperature was raised? Obviously, it worked and should have been done previously. I quote from document No. 204 from the South Australian Department of Housing and Construction, which is headed 'The control of legionella pneumophila in cooling systems—an update on maintenance requirements' and which states that, in order to compile this update, available literature has been perused and discussions held with Dr Scott Cameron, South Australian Health Commission, Reg Walters and David Cunliffe, Engineering and Water Supply Department, and Mr Austin Johnson, Department of Housing and Construction (Commonwealth department). The document states:

Growth of the bacterium occurs in stagnant water when the temperature is 20°C to 45°C. The bacterium colonises at temperatures 30°-35°C. Hot water systems operated at storage temperatures of 60°C with distribution of 50°C will discourage colonisation of the bacterium.

That is a very clear statement. I congratulate the Minister of Housing and Construction for issuing that warning to people and I applaud him for his responsible and positive steps in doing this. The report contains sections on background information, for decontamination and people at risk. It states clearly that hospitals are sensitive areas housing people who are elderly and sick and who could be susceptible to the legionella bacterium. A very interesting situation arose, as I have said: that was that, in the only practical example of what occurs when one raises the temperature of a hot water system, the legionella organisms no longer existed. Despite what the Minister said in his statement, this is what occurred. I quote from his statement:

Following the illness and death of an immuno-compromised patient from legionella in May of this year the public health service recommended raising the temperature of the hot water supply to a tap temperature of 55°C. This occurred on 10 June 1986. Follow-up culture of the tap hot water are negative for legionella organisms.

Budget cuts are an area of great concern, particularly where there is a potential for a shortage of funds to affect the standards of patient care. I have an example of where a man could have died because a doctor failed to recognise that the spleen was ruptured and needed to be removed immediately. I must say that in normal circumstances I am wary of raising such matters because in medicine there are always difficulties associated with a diagnosis and because it is easy for people to make an inadequate diagnosis. However, in this particular case there appear to be some unusual problems. I quote from a letter from Mr Guy Blackmore of 101 Raglan Avenue, South Plympton, which states:

I have detailed below the circumstances surrounding my recent accident which necessitated the removal of my spleen. This being discovered only after investigations by two hospitals which is the point of this letter.

At approximately 12.30 p.m. on Sunday 13 July I fell over on board a yacht which was out of the water at Gulf Point Marina at North Haven. An ambulance was summoned and arrived at about 1 p.m. The ambulance had been dispatched by the Queen Elizabeth Hospital and it was to this hospital that I was taken in great pain and becoming greater with each passing minute.

Upon arrival at the hospital I was taken into an X-ray room and with great difficulty X-rayed in a lying down position in which it was almost impossible for me to breathe. I mentioned this fact to the X-ray technicians who were as rapid as possible.

The X-rays were studied by two or three doctors who all agreed there were no fractures showing and that I seemed to be suffering from soft tissue bruising only. I explained that I suffered from a blood disorder . . . which had caused my spleen to be enlarged and since the pain from the blow on the left side of my rib cage was now extending across to the right side of my stomach plus the fact that I felt as though I was bursting in the stomach area and it was becoming harder and harder to breathe. Did the doctor think I may have ruptured my spleen which I had been receiving treatment for because it was enlarged?

'Absolutely not', said the doctor, 'you would be suffering far more pain than you are if that were the case.' The doctor then asked how I was being treated for my blood condition and I said with regular venasections or blood lettings. At which point she pulled down my eye lids and after looking at their colour which my wife informs me was absolutely white said, 'I see they keep you anaemic.' To which I replied, 'No, they simply remove enough blood from my system to keep my red cell level normal.' I should explain my condition is simply that my bone marrow produces more red cells than are required and from time to time blood is taken from me to reduce this level to normal.

At around about this point I passed out and my wife said she would not take me home in that condition, to which comment the doctor replied and I quote, as I had returned to consciousness by this time, 'Well, there's no bed here for him.' The doctor then gave me two pain killers and a chit allowing me to have the following day off from work, which I have enclosed, summoned a wheel chair as I could no longer walk at all and had me wheeled out to the family car, with her final exhortation to have a good night's rest ringing in my ears.

The drive from the Q.E.H. to our home was agony at every bump and as soon as we arrived my wife phoned our local GP. A locum was standing in for him, it being a Sunday afternoon, but he was there none the less within half an hour. After a very brief examination he realised all was not well and arranged for me to be admitted to Flinders Medical Centre, which also happens to be our nearest hospital.

My wife drove me to the medical centre, this being quicker than waiting for another ambulance. I was again X-rayed. The haematologist who had been treating me for my [problem] was contacted. I was given an ultra-sound scan and within two hours of my arrival at Flinders Medical Centre my spleen had been removed by a surgeon who had been called in along with the rest of the medical team necessary.

In writing this letter it is not my intention to castigate or cause any particular grief to the young doctor at the QEH who would have been the direct cause of my death if I had taken her advice and gone home and slept the night away. There was over two litres of blood in my stomach at the time of the operation and there is only about 5 litres in your whole body. I hope that if you raise this matter in Parliament the system may be looked into. It appears that it is the policy here in South Australia at least and possibly all over Australia to place inexperienced interns in charge of casualty areas in all public hospitals and I know that as soon as I had my misadventure with the QEH people literally came out of the woodwork with equally horrible stories, not always with such a lucky ending as mine and they are not confined to a particular hospital, although I must confess the QEH seems to have more unfortunate stories circulating than all the others.

How can a doctor fresh from medical school with absolutely no experience to rely on be expected to make accurate diagnoses in the shortest time possible when road accident victims come in or people are too ill to describe their symptoms? Having spoken to some senior medical people during my convalescence I understand it would not necessarily be any more expensive to staff casualty areas with a preponderance of skilled medical people with a few interns gaining experience as watchers not the main players as is currently the case. Even if it is more expensive to staff casualty areas with skilled doctors instead of interns, so what? You might as well not have a casualty area if the people in charge are not competent to handle the emergencies they are confronted with.

I was lucky in my contact with these immature, inexperienced doctors in that I don't take a doctor's word to be the gospel although there are plenty of people who don't question what a doctor says, as you well know. I was also fortunate enough to be covered by private medical insurance and so was able to call on expert assistance in the shortest possible time on a Sunday afternoon. But what of the old folk who do as they are told and those people not able to afford private medical cover; they are cannon fodder under the present system and by the time any one realises

a mistake has been made, for them it could be too late. I think this present system of manning casualty centres with cheap, inexperienced doctors is one of the most inhumane disgustingly cynical acts I have come across and I hope you can bring it to the attention of the public at large.

Mr Blackmore indicated that I should use this letter as I saw fit. I am not sure when this situation occurred, but it appears that this inadequate funding has caused a shortage of middle grade doctors, such as senior residents and registrars in casualty. The whole system appears to operate on a shoestring in casualty, especially on weekends. To not have a second year resident or junior registrar on the premises at weekends is quite unacceptable, if that is the case.

The major hole in the system is the lack of junior registrars. It is leaving junior doctors in very awkward situations, involving some difficult decision making without adequate supervision. It all gets back to budget cuts, and from the information that I have received the situation could get worse. I understand that the budget will bring about very serious cuts in the health area. It is now common knowledge throughout the system that last week meetings were held with hospital administrators who were told that their budgets would be cut. A number of questions arise from Mr Blackmore's letter and these need serious attention: Why was he sent away from the hospital, in severe pain, when he had warned the doctors about his spleen? Why did the two or three doctors who examined his X-rays fail to identify the problem? Were they inexperienced? Are budget cuts to hospitals causing a lack of experienced medical staff to be available to assist junior doctors? Are there any requirements as to the availability of experienced medical staff in casualty sections of hospitals, especially on weekends?

They are very serious questions that need to be addressed. Incidentally, if there are to be budget cuts at the medical level, and that appears to be the case, that will make an absolute farce of the Minister's announcement that he would solve the waiting list problem, because the additional spending that he announced will, of course, disappear after the cuts. I hope that that is not the case, but the sources who have informed me have been impeccable in the past, and I am afraid that that is what will happen.

I want to say a few words about the autonomy of our hospitals. Very serious rumours have reached me that certain recommendations have been made to the Government to disband certain hospital boards and to replace them with overseeing bodies. This would follow in the wake of the New South Wales Government decision which meant the abolition of most public hospital boards in that State. Of course, this was a push by the Minister and the Health Commission in that State to gain more central control over the public hospital system. I have no doubt that the present Minister here would delight in doing the same thing.

Hospital administration needs to be freed from the bureaucratic controls being applied by the Health Commission. There is a real need for hospital autonomy and a key element of that would be the retention of hospital boards. Far too much red tape is already applied to our public hospitals by the Health Commission and, quite frankly, it is stifling initiative. If at the end of any financial year auditing shows that the administration is not up to scratch something should be done about it. In such cases, the administrators should be given very clear directions at the beginning of the year as to just how they should go about running the hospital in terms of finance and patient care and they should then be left to do it.

The day to day interference by both the Minister and the Health Commission should cease. Private hospitals are run extremely efficiently and they do not need the Health Commission to tell them what to do. It is ridiculous to have a

mirror image of the administration of public hospitals in the Health Commission. That certainly appears to be the case. According to people in the system the paper warfare has become horrendous and it has reached the stage where it appears that pieces of paper are more important than patients. It is time that the Minister took his nose out of the public hospital system and let the hospitals look after their patients.

There is a need for administration to be left alone. This does not excuse the Health Commission from the need to provide hospitals with essential information, but once it has done that the hospitals should run themselves, and the sooner that happens the better. If hospitals do not act on that information then there should be some interference, but not before. Hospitals need individual boards. One of the problems, however—and I have been told this fairly directly—is that people just will not stand for positions on the boards because of the way in which the Minister has gone around using his mouth as a slingshot at people. People are very wary about getting involved in the system and the Minister hits pretty indiscriminately at times.

The budget problems currently faced by the Royal Adelaide Hospital and Flinders Medical Centre are the result of insufficient independent control being given to administrators on hospital boards. The Health Commission set totally unrealistic budgets and then wondered why it was overrun. Budgets must be set in consultation with hospital administrators. They would then be realistic and the people who really know the situation can be left to run their own affairs. The President of the Australian Hospitals Association, Dr Barry Catchlove, backs up my views in a strategy paper dated 18 February 1986. It states:

Time and again it has been demonstrated that increased regulation is a useless mechanism for controlling the health professions and the health industry. The major role of the bureaucracy should be to ensure accountability. Managers and hospital boards should be given the responsibility for running hospitals. The hospital accreditation program, conducted by the Australian Council on Hospital Standards, is one means of ensuring that hospitals are run efficiently and safely. Hospital managers and boards should be appropriately rewarded for their efforts, and disciplined if found wanting. Most large hospitals have at least four or five senior executives and a board of management on which a wide range of skills and professions are represented. Staff skilled in all areas of finance, personnel administration, engineering and computers are available within many hospitals and certainly in all large hospitals. These officers, however, are constantly second guessed over every major decision by less experienced, less competent governmental and departmental/commission staff. There are numerous examples of costs escalating during delays in obtaining approvals to spend available money.

I want to refer briefly to the matter of obstetrics in country hospitals, a problem that arose in the past year. I have received an enormous amount of correspondence from country people who are alarmed at the Government's plans to close maternity beds at some South Australian country hospitals. Already Labor Government policies have made it hard in the health area for country people. The ideological battle being waged against country people by the Government is horrendous. In regard to maternity wards, it is possible that some hospitals and doctors in rural areas have not been involved in enough deliveries per year to guarantee the necessary standard, but that does not mean that the wards should be closed. It would be quite unjust to close maternity and surgical facilities in areas where the nearest alternative hospital may be hundreds of kilometres away. After considerable disruption and at some cost women would be forced to spend lengthy stays in the city or at a larger country centre. That just would not work, as some of those people would be unable to afford that sort of facility for themselves. I wonder sometimes whether people in the system really understand this.

If medical staff in country areas are not getting enough experience, why can they not be given annual experience at one of the larger metropolitan hospitals or in large rural centres? That would seem to be a logical and acceptable solution. People to whom I have spoken at the larger metropolitan hospitals, including gynaecologists, agree.

In June this year, with other members of the Legislative Council, I travelled to five of the State's Aboriginal communities. Frankly, I was shocked at what I saw. I had visited those areas previously, but I can only say that the situation has deteriorated. It seems to me that in many areas the Government has abandoned these communities and their problems. Petrol sniffing has reached an alarming stage indeed. The petrol sniffing that previously occurred at one community I had visited was nothing compared with the situation I encountered on my most recent visit. Five deaths have already occurred this year from petrol sniffing. At Amata, one of the communities we visited, 75 per cent of young people are petrol sniffers. Information provided to me by a senior member of the Amata community relating to a girls' class at the local school turning to petrol sniffing was wrong: I apologise to that community. It is extremely difficult when one is provided with information that is incorrect.

But that is beside the point. The situation remains that petrol sniffing is a killer, and the incidence among young people is continually increasing. These young people wander through the streets of a small settlement: we saw one of them frothing at the mouth. It was an absolutely dreadful sight. Those young people were acting like zombies. They go to school with cans and jars tied around their neck. How many Aboriginal children must die before there is a really serious attempt to wipe out this practice? I know it is not a simple problem and there is no simple solution, but nothing we have come up with to date has made one iota of difference. In fact, since Christmas there has been an alarming increase in the incidence of petrol sniffing at Amata alone: the number of the children who sniff petrol has increased from 45 to 70. That is an enormous increase. Action taken to date has just not worked.

Petrol sniffing is not the only problem. People in those communities suffer from Third World diseases that, quite frankly, should not exist in Australia, and I refer to syphilis, tuberculosis and trachoma. Figures for 1984 show that 15 per cent of the people there have syphilis, 37.5 per cent of the young children have skin infections, 63.9 per cent suffer from ear disease, and 57 per cent of the children up to nine years of age have follicular trachoma. If people living within a 200 kilometre radius of Adelaide suffered from these health problems, there would be a huge outcry, but it seems that in the case of Aborigines an 'out of sight out of mind' attitude is starting to prevail. As a member of Parliament and a person who has very deep feeling for these people, that bothers me.

I was informed recently that in one community, which I will not name, there is a higher incidence of that health problem than would be expected in a Third World country. If the Minister wants details, I can direct him to where he can obtain them. These problems must be addressed urgently. Frankly, these people are living in absolute squalor. Water is a very serious problem: in some areas the water supply is atrocious. At one community I was informed that children develop kidney stones because there is so much salt in the water. The Aborigines should not be neglected any longer. They need help desperately, but they do not need people coming in and just throwing money around.

The Department of Aboriginal Affairs comes in for a fair bit of flack. The department appears to have a strange

attitude towards funding. We were told at one community that a money for work system is operated so that people are paid, but the department is always a month or two behind, so that money must be borrowed, when it should be coming from the Government. There are interest charges on the borrowed money, and that is not included under the budget lines, so that the next year the budget is reduced by the amount of the interest. They are gradually slipping backwards. The advisor concerned was bemused about what he should do in this situation. He was trying to keep people supplied with funds so that they would continue to work, but he had trouble doing that.

Just before June people from the Department of Aboriginal Affairs arrived with extra money that they had found: they said, 'Can you spend this before 30 June?' These people had been pleading for money all year, but when it came to 30 June they were given extra money. After 30 June the Aborigines said, 'Where is the extra money for the next month?' They did not understand our stupid system or the way in which Governments work. That created difficulties for the unfortunate advisor, who had to try to explain the way in which our Government works and how expenditures are arrived at.

**The Hon. R.J. Ritson:** What has happened to the budget over the past few years?

**The Hon. M.B. CAMERON:** It was 10 per cent down on last year and it will probably be down 6 per cent this year. That is a very serious problem.

**The Hon. J.R. Cornwall:** That's the health budget?

**The Hon. M.B. CAMERON:** Yes.

**The Hon. J.R. Cornwall:** It has actually doubled in the past three years.

**The Hon. M.B. CAMERON:** The Minister should tell the people in those communities. I refer now to random breath testing. This does not appear to be a health matter, but the end result of the lack of random breath testing is seen in our hospitals. If anyone does not believe that, let them visit the hospitals on weekends or ask the Hon. Mr Gordon Bruce, who was a very conscientious member of the select committee on random breath testing, of which I was also a member. Frankly, I do not believe that the Government has been serious about random breath testing, and that is another reason why our hospitals are crowded. Other members of the select committee will recall surgeons in Victoria telling us that after random breath testing started working the silence in the casualty wards of the hospitals was quite dramatic. People were no longer pouring in in the numbers that had occurred previously. This concept really makes a difference to the hospital system if it works. We have very direct evidence of that from Victoria.

Statistics prove that South Australia is lagging behind in the number of people tested this year in comparison with the level in Victoria and New South Wales, although that was not what was intended by the select committee of this Council that considered the matter. In fact, we recommended that the figures be as close as possible to the New South Wales level. In South Australia, about 4.4 per cent of the State's population was tested from 1 January to 30 June this year, in comparison with 5.8 per cent of the population in Victoria in the same period and 10.9 per cent in New South Wales. South Australia records half the level of that in New South Wales.

This is not the fault of the Police Department: it is due to a lack of commitment from the Government. Police records indicate that 22 of the 44 drivers of motor cycles killed this year to 30 April had alcohol in their blood. This proves that people are largely ignoring the threat of being caught by a random breath testing station and, frankly, I

have not seen one for some time. I wonder where they are, and whether they have all disappeared off the roads.

Certainly, there is not the commitment that there should be. The percentage of alcohol related deaths is 10 per cent higher in South Australia than the national average. Random breath testing is a proven and effective way of stopping drink driving, but it can work only if the Government is prepared to provide more funding to enable more units to be set up. One only has to speak to the orthopaedic surgeons at the Royal Adelaide Hospital to hear the frustrations that they experience in treating an exasperatingly large number of road accident victims. Casualty departments are filling up, and one of the most direct ways of improving the situation and cutting down waiting lists is to be more serious about random breath testing.

One of the problems of waiting lists is that the casualties at weekends fill up the hospitals so that at Monday operating time the surgeons cannot proceed because there are no beds left. Anyone who wants proof of that can ring the Flinders Medical Centre or the Royal Adelaide Hospital and check it out.

They will find that that is the situation. I had a phone call from a person who was booked in for elective surgery on a Monday, and he went for five Mondays straight and for five Mondays straight he was cancelled, because there were no beds. You can imagine the frustration of that person getting ready for an operation, making arrangements at home and then finding for five Mondays straight that, because of weekend casualties, he could not be operated on.

Quite frankly, something has to be done about that. There are members opposite who know what is right and what should be done, who were on the select committee with me and who must be as appalled as I am by the failure of the Government to act. I would challenge all the Ministers—particularly the Minister of Transport—to spend a Friday or Saturday night in the Royal Adelaide Hospital casualty department, and I am quite sure that they would then move rapidly to increase the commitment to random breath testing.

During the past six months, there have been a number of highlights, one of which has to be the question of the waiting lists. The second, of course, is the Robin Hood tax. I do not wish to go into it too much. I think the public have seen it for what it is. It is the most crass move I have ever seen by a Minister in this State. It was incredible to see him make the announcement without any notification whatsoever, obviously, to people in the system, apart from the people at the top of each organisation. The Minister obviously has seriously damaged the potential for raising money for charity. He really has damaged what was, as I understand it, a very serious move by people in the system to assist through the community chest concept, and from now on I am afraid that, no matter what is done, whenever anyone moves in that field it is going to be the Robin Hood tax or another example of it. He has very seriously undermined what were very positive and serious attempts to assist. What did he do—try to bring in some sort of land tax. I have never heard anything like it. I could not believe it was serious. In fact, when I first read it in the *Australian* I thought 'Goodness me, there is a furphy!' It turned out to be not a furphy at all. In fact, I spoke to people in the office and they said that that would have to be nonsense; that is just flying a kite.

I must apologise to Jenny Cooper from the *Australian*, because she obviously had very good sources and was extremely accurate in what she reported. She had more knowledge of what was impending than I did. I just wonder

who advised the Minister. I would like to know who in the system was responsible for that piece of stupidity.

**The Hon. Diana Laidlaw:** Did he make it up himself?

**The Hon. M.B. CAMERON:** It is possible that he did, but it would be very interesting to know. It would be very interesting to obtain the file on the whole matter and to see exactly what went on. I am looking forward to the coming session, and I can assure you, Madam President, that the Opposition will be doing its best to test the Government, and no matter at all this session will go unchallenged, whether it is considered that we act responsibly or irrespon-

sibly—particularly the irresponsible side—and the Government will be tested to the full. I can assure you of that.

**The Hon. R.J. RITSON** secured the adjournment of the debate.

#### ADJOURNMENT

At 5.15 p.m. the Council adjourned until Wednesday 6 August at 2.15 p.m.