



DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

HANSARD

13 August 1991

Tuesday, 13 August 1991

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MR SPEAKER (Mr Prowse) took the chair at 2.30 pm and read the prayer.

MEMBER'S TRAVEL COSTS
Statement by Speaker

MR SPEAKER: Members, before we go to questions, I would like to make a statement. Members will recall that on Thursday, 8 August 1991, Mr Collaery asked me a question without notice calling upon me to investigate whether, having regard to section 14 of the self-government Act, Mr Moore has taken an allowance, a reward or some payment, directly or indirectly, in relation to services outside the determinations made by the Remuneration Tribunal under section 73 of the Act. In effect, Mr Collaery was asking me for a legal opinion on the interpretation of the self-government Act.

I draw members' attention to standing order 117(c)(iii), which states:

Questions shall not ask ... for a legal opinion.

I also draw members' attention to page 228 of *House of Representatives Practice*, second edition, which states:

Speakers have generally taken the view that, with the exception of determination of points of procedure between the two Houses, the obligation to interpret the Constitution does not rest with the Chair ...

Having considered the matter, I do not think I should answer the question and establish the precedent of having the Speaker giving a legal opinion on the operation of the self-government Act or interpreting a question of law. An exception to this practice could be where I was acting as a custodian of the privileges of the Assembly or ruling in relation to the operation of certain standing orders of the Assembly. Furthermore, the subject of the question does not come within any matter of administration for which the Speaker is responsible, as set out in standing order 115.

PETITION

The Clerk: The following petition has been lodged for presentation, and a copy will be referred to the appropriate Minister:

Police Offences Legislation

To the Honourable Speaker, the Chief Minister and members of the Legislative Assembly. The petition of the undersigned citizens of the ACT respectfully sheweth that:

the Police Offences (Amendment) Act 1989 (hereafter referred to as the 'move-on powers') has proven a resounding success and a useful aid to Canberra Police in curbing street crime.

Now, therefore, your petitioners request the ACT Legislative Assembly to pass the Police Offences (Amendment) Act 1991 to enable the move-on powers to continue in the interest of the safety of the ACT community.

And your petitioners, as in duty bound, will ever pray.

By **Mr Stefaniak** (from 128 residents).

Petition received.

QUESTIONS WITHOUT NOTICE

Casino Project

MR KAINE: Mr Speaker, I would like to direct a question to the Chief Minister. I go back two years, to when the Labor Party was very strong on putting a casino on section 19. Yet public statements made by the Labor Party in recent times indicate that section 19 has been totally abandoned as a possible site for the casino. I ask the Chief Minister: What community consultation has taken place; or, if there has been no community consultation, what has happened behind the scenes that would justify the Labor Party departing from its position on section 19 as a preferred site for the casino? If that position can be justified, given the present planning restrictions, what else does the Labor Party see as a possible or potential site for a casino?

MS FOLLETT: I thank Mr Kaine for the question, Mr Speaker. To answer briefly on what has changed, of course we lost government in 1989, as Mr Kaine should well know. The subsequent negotiations over the establishment of a casino

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under the section 19 proposal, as it was then, fell into his hands. Of course, there was then a very sorry story as a result of delay, lack of decision making and a typical Alliance approach to government whereby the Alliance apparently had insurmountable divisions within its own ranks. As a consequence, of course, under Mr Kaine's Government the section 19 proposal failed. Mr Kaine knows that full well. He himself instituted a further process to establish a casino in the ACT.

What I have done since resuming government is to continue with Mr Kaine's process. In doing so, we have continued with all of the mechanisms, timetables and so on put in place by Mr Kaine. So, it should not come as news to Mr Kaine to know that the preliminary submission process was concluded late in July and that, as a result of that process, the interdepartmental committee which had been established put forward a range of submissions expressing interest in establishing a casino in the Territory. Those proposals were assessed by the interdepartmental committee, which was formed to oversight the casino process - and this interdepartmental committee process was established by Mr Kaine. The interdepartmental committee brought forward a short list of recommended proposals, and that short list was approved by my Government for further development.

It is my Government's intention - just as it was Mr Kaine's Alliance Government's intention - not to involve itself any further in the selection process until the interdepartmental committee's final recommendations are put forward to it for consideration. I believe that that is appropriate. Mr Kaine was at pains, during his time in government, to stress the importance of an arm's length approach to decision making concerning the casino. I support that approach. It has been my Government's policy not to provide any information on proposals either remaining or excluded until the completion of the selection process. I do not propose to depart from that policy, and I am quite certain that, had Mr Kaine remained in government, that is the policy that he would have adhered to as well.

MR KAINE: I ask a supplementary question, Mr Speaker. I point out to the Chief Minister that, as she well knows, the process that the Alliance Government set in train did not preclude section 19 as the site. But you have deliberately precluded it by your public statements. So, is it not true - - -

Mr Berry: Is this a supplementary answer or a supplementary question?

MR KAINE: This is the supplementary question: Is it not true that, although you claim that you are at arm's length and are not going to intrude in the process, you in fact have, by precluding section 19 publicly from the whole process?

MS FOLLETT: Mr Speaker, I believe that, if members want to conclude or deduce from certain other statements made by Government that a particular site has been included or omitted, then it is open to them to do so; but I maintain that I will keep at arm's length from the further processes involved in the casino.

There are a range of proposals, and I expect recommendations to come forward to my Government later this year, which should put us well ahead of planning in other States, notably New South Wales and Victoria. I think it is very important that the ACT does, in fact, maintain that market advantage because I think it is quite clear that we have been planning it for longer and that the commitment in the ACT, as expressed within this Assembly, I might add, is towards the establishment of a casino here.

I repeat, for Mr Kaine's information and for everyone's information: I will not be discussing particular sites; nor will any of the members of the Government. If you wish to make your own deductions, that is entirely up to you.

Mail Deliveries

MR STEVENSON: My question is directed to Rosemary Follett. Constituents have drawn my attention to a number of cases in the ACT where mail has either been delivered late or not been delivered at all. Although I imagine that these are isolated cases, does the Chief Minister know how many complaints have been received by Australia Post in the ACT about mail that was either not delivered or delivered late? Will the Chief Minister bring this question to the notice of the Federal Minister responsible for the matter?

MS FOLLETT: I thank Mr Stevenson for the question, Mr Speaker. It is, of course, outside my portfolio and quite outside my sphere of influence. The postal arrangements are a matter for the Commonwealth. I can, however, tell Mr Stevenson that I have had no complaints whatsoever in my office. If Mr Stevenson has complaints about late delivery or non-delivery of mail, then I would be happy to hear from him on that matter and to take it up with the appropriate Federal Minister.

Secondary Behavioural Management Support Unit

MS MAHER: My question is directed to the Minister for Education, Mr Wood. Some high school teachers have told me that there are plans to close the secondary behavioural management support unit at the end of third term and that there will be no withdrawal program for its students during fourth term. Can the Minister comment as to whether or not this is correct?

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MR WOOD: Mr Speaker, I understand that it is the intention of the Education Department at this stage to close the Holder unit at the end of this term and to restructure programs at Dairy Flat from the beginning of next term. Obviously, Ms Maher knows my interest in this matter, since we visited some of these areas when we worked together on the Social Policy Committee. While I have concerns about futures, I have to say that I have not acted at this stage to impose another view on the Education Department. I am aware of the anxieties of high school teachers about the location of these students. They believe that they simply cannot be handled in their own schools, and that is a legitimate concern. Nevertheless, it is a secondary concern, because the major factor is the care of the students themselves - that handful of students who are currently being attended to at the Holder centre.

It is a matter about which I have had a brief conversation with the department, and I will engage in some more conversation to see that the programs that are implemented have a full range so that all students currently being attended to are encompassed within the program - not just the wider range of students that seems to be a part of the change to Dairy Flat. I am not necessarily rushing any development. I believe that it might be possible to wait until the end of the year, so that we can be confident that all the programs that are to be introduced will be comprehensive and what we all would want. It is a matter, Ms Maher, on which I will engage in debate with the department.

MS MAHER: Mr Speaker, I ask a supplementary question. Mr Wood, I find that answer rather "around the forest", actually; it was not a direct answer. The itinerant service which is now available to ACT schools consists of one part-time counsellor, three itinerant teachers and one special teacher's assistant. I feel that this will be inadequate to deal with those children who need to be taken out of the school setting. Will more resources be put into those schools to help them deal with these children, what sort of programs will be provided at Dairy Flat, and will there be full consultation with those schools and those teachers using the service?

MR WOOD: I am not sure that using the itinerant teacher program to handle those students will be enough to cover their needs. It is a matter that I will look at. Certainly, there will be discussions with the schools. But the point I want to make most clearly is this: It is the students concerned - that relatively small number of behaviourally disturbed students - who are the prime concern. They are the ones that I will be wanting to see have a program to suit them. At the same time, we need to attend to what is happening in the high schools, but that is at the second level of priority.

Hospital Redevelopment Project

MR HUMPHRIES: Mr Speaker, my question is addressed to the Minister for Health. Given the fact that the Health Minister has already announced to the media today the results of his review of the hospital redevelopment project, will he inform the house what effect the scrapping of the private hospital project will have on the total number of hospital beds, public and private, by the year 2000? Is it not the case that there will be 150 fewer beds available under his new plan than under the Alliance Government's hospital redevelopment project?

MR BERRY: I was, of course, going to mention this matter in my ministerial statement, and still will; but let me say this: A cornerstone of the Alliance Government's hospital redevelopment program was the establishment of a private hospital. It was a very strong indication that the Government was about squeezing the public sector to enhance the viability of a private hospital in the Australian Capital Territory. It is also clear that there is no demand for private beds in the ACT and there is very little interest in developing a private hospital.

Mr Humphries: How would you know? You have not gone through the process.

MR BERRY: You get the chance to ask the questions. Just let me put the answer.

Mr Humphries: You are not answering it.

MR BERRY: Mr Humphries said that I am not answering. I am not giving him the answer he wants. What I am doing is giving him an answer that is based on what he did when he was in government. We were left with a hell of a mess in the hospital system after the decline of the Alliance Government. Mr Humphries knows that Labor's initial promise to provide a community hospital at the Acton site was undermined by the Alliance. In fact, it was sabotaged as the Alliance poured millions and millions of the community's dollars into the fast-tracking of the closure of that hospital. As I have said, a cornerstone - - -

Mr Jensen: I raise a point of order, Mr Speaker. I draw your attention to standing order 118, parts (a) and (b), which say that answers to questions should be concise, should be confined to the subject matter and should not debate the matter. It appears to me that Mr Berry is in his debating mode at the moment, not the questioning and answering mode.

MR SPEAKER: Yes, I would certainly uphold your objection, Mr Jensen. Mr Berry, I am looking at standing order 118(b); I think it is relevant.

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MR BERRY: What, in effect, will happen, Mr Speaker, as the responsible Labor Government moves to look after our public hospital system, is that we will decide what the appropriate balance of public and private beds is in the ACT. We will decide - - -

Mr Humphries: That is not the question. How many beds in total?

MR BERRY: I will answer it the way I want to answer it. We will decide what the approved number of hospital beds will be. Impatient though the former Minister is, he has to accept that what he planned to do was to squeeze the public hospital system and reduce the number of services provided, in order that it would be attractive for somebody to build a private hospital in the Australian Capital Territory. Try as he could, he was unable to gain the sort of interest that would be necessary to build a private hospital. For the former Minister to now get up and say that he was going to provide an extra 150 beds is absolute rubbish.

Mr Humphries: Mr Speaker, I raise a point of order. My question was: How many hospital beds, public and private, will there be by the year 2000? I think Mr Berry has so far said not one word touching on that subject in the answer to this question, and he is taking up valuable question time.

MR SPEAKER: Would you draw your answer to a conclusion on the basis of the question asked, please, Mr Berry.

MR BERRY: Thank you, Mr Speaker. I do not believe that Mr Humphries was capable of providing an extra 150 beds in the private sector, and he is going to have to squirm a little bit while I answer this question the way I want to answer it. I can tell you this much: As far as this Government is concerned, bed members will not be made up of those that might have been approved by Mr Humphries in a private hospital.

MR HUMPHRIES: I ask a supplementary question, Mr Speaker. Does the Minister feel any sense of shame that he rises in this place unable to answer a basic question about an important statement he is making today; namely, how many hospital beds will his plan produce for the ACT within nine years?

MR BERRY: There is no sense of shame felt by this Minister. Mr Humphries is unable to cope with the fact that he was the one that undid, or attempted to undo, the provision of public hospital services in the Australian Capital Territory. He knows that the plan for public hospital beds in the ACT that he originally adopted was for about 700 in the Woden Valley Hospital and about 300 in the Calvary Hospital system. He also knows that the provision of an extra private hospital in the ACT would require the public sector to be squeezed in order for it to be made viable. He does not like that response.

So, I feel no shame at all about giving a commitment from the Labor Government to the provision of quality public hospital beds in the ACT. Also, in my ministerial statement, which I will bring to the attention of the house in due course, I will make it clear to Mr Humphries that it is only Labor in this Assembly that makes that commitment.

Bruce Stadium - Lease by Canberra Raiders

MR COLLAERY: Mr Speaker, my question is directed to the Minister for Sport, Mr Berry. Mr Berry, is it true that the \$1m lodged by the New South Wales Rugby League with the Australian Institute of Sport, in trust, pending the finalisation of negotiations for the lease by the Raiders of Bruce Stadium, has been returned to the New South Wales Rugby League? If so, when was it returned, to your knowledge, and why was it returned?

Mr DUBY: Don't look at the clock; there is plenty of time.

MR BERRY: Not quite. In fact, I had a look at the clock, and I reckon that I will need a lot more time than is available for this question. This is a very important question that requires an in-depth answer, because it is about the performance of the Alliance Government and, in particular, about the performance of the former Minister for sport. It was the former Minister for sport who was unable to clinch the deal. It was the former Minister for sport in the Alliance Government who muffed it, and left the negotiations in tatters. The Residents Rally failed again.

Mr Kaine: Who wrote the contract?

Mr Stefaniak: On 24 June 1989.

Mr Kaine: Who wrote the contract?

MR SPEAKER: Order, members, please!

MR BERRY: Thank you, Mr Speaker. It would be a pleasure to be able to rise and answer a question in this house with some silence from the people opposite. But they do not seem to be able to sit there quietly whenever I get to my feet.

The former Minister failed to clinch the deal; he had a lot of time to do it, and, of course, Labor was left to clean up the mess. At the time negotiations were proceeding the signs of difficulties in the Raiders' management area began to show. Of course, that further complicated the issue. But the most important part of my answer relates to the failure of the former Minister to clinch this deal. That meant that when Labor came into office we had a situation where there was a million dollars outstanding, if you like.

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Mr Kaine: Where is the million dollars?

MR BERRY: The million dollars was outstanding from the former Government. Of course, we moved quickly to accelerate those negotiations with a view to securing - - -

Mr Kaine: And they took their money back.

MR BERRY: The former Chief Minister, who had carriage of these matters, ought to giggle, because he is the one who is responsible for this. In real terms, there was a million dollars there that you failed to secure because of the vacillation of your sports Minister. You did the right thing when you sacked him, but you did it too late.

Mr Collaery: But I still left the million dollars behind. What did you do with it?

MR BERRY: That is right; you left it behind all right. You confused everybody. We were left with the situation where the negotiations had to be clinched within a short period of time. There was a deadline some time in July; I do not recall the exact date.

Mr Collaery: How about 7 July?

MR BERRY: That sounds about right. Of course, at that time the difficulties with the Raiders' management were emerging, and the New South Wales Rugby League became a little nervous about the handing over of the million dollars, because the program was that the money would go from the trust account to the Raiders and they would pay it to the ACT Government.

The negotiations were not completed by the deadline and, as it got more difficult in the management area of the Raiders, the New South Wales Rugby League decided to take its million dollars back. But I have to say that the New South Wales Rugby League recognises its commitment to the ACT Government for the provision of the Bruce Stadium for rugby league in the ACT and, of course, we will be dealing further with the New South Wales Rugby League with a view to securing either the million dollars or other satisfactory arrangements in relation to the Bruce Stadium.

Mr Jensen: You have to get a lease from Ros Kelly first.

MR BERRY: Mr Jensen interjects, "You have to get a lease from Ros Kelly first". What does he think we are, dills or something? Of course we know that we have to get a lease from - - -

Mr Jensen: Well, have you got it yet?

MR BERRY: Do you think we came down in the last shower, or something?

Mr Jensen: Paul did not have it when he signed the agreement.

MR BERRY: Cut it out. Of course we have to get a lease from the Federal Government; that is not the issue. The issue is that the former sports Minister failed to deliver the goods, and when he was given the bullet and Labor took over office we were left with another mess to clean up - just as we have had a mess to clean up in health, education and a whole host of other areas. For these people to start squealing about the mess they left behind is over the top, in my view. We will fix it, but we will fix it properly.

MR COLLAERY: Mr Speaker, I want to ask a supplementary question, but first I want to restate my question. When was the money paid back, to the Minister's knowledge? That was part of my first question. He has not answered that yet, Mr Speaker.

MR BERRY: The money has been taken back since we passed the deadline. The exact date I do not have in my mind now, but I will find out and I will pass it on.

MR COLLAERY: I ask a supplementary question, Mr Speaker.

Mr Berry: No, you can have only one.

MR COLLAERY: I have not asked my supplementary question yet.

MR SPEAKER: We have a supplementary question from Mr Collaery. That was part of his first question.

MR COLLAERY: Can the Minister assure the house and the Canberra people that he took advice from appropriate quarters, including the Government Law Office or the ACT Government Solicitor, as to whether the Commonwealth had any right to restrain, detain, injunct or otherwise maintain that million dollars in the trust account of the Australian Institute of Sport prior to the supposed deadline? I remind Mr Berry that he should consult his correspondence, and he will find that when the money was lodged there was no deadline in the correspondence from Mr Ferguson from the AIS.

MR SPEAKER: Order! You are debating the issue.

MR BERRY: I think, Mr Speaker, that Mr Collaery asked for a legal opinion. The issue of the negotiations has been outlined as I answered his question in the first place. I think Mr Collaery has to accept the responsibility for leaving this mess for the Labor Government.

Mr Collaery: I raise a point of order, Mr Speaker. This witness - this member - - -

Members interjected.

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Mr Collaery: Mr Speaker, I withdraw any imputation that Mr Berry is a witness yet. Mr Speaker, the Minister has been rambling on for the last nine minutes on this matter and he has not answered yes or no to a simple question: Did he ask for legal advice or, to his knowledge, did he - - -

Mr Connolly: This is not a cross-examination.

Mr Collaery: It is not a cross-examination yet.

MR SPEAKER: Order! That is not a valid point that you raise. Mr Berry or any Minister can answer the question in the manner they feel is appropriate.

Mr Connolly: I raise a point of order, Mr Speaker. Mr Collaery twice made imputations against Mr Berry. He said, "He is not a witness yet" and then he said, "He is not being cross-examined yet", both of which were imputations that Mr Berry in some way may find himself before a court. I would expect that that imputation would be withdrawn.

MR SPEAKER: Yes, I think there could be a misunderstanding. Please withdraw that.

Mr Collaery: Mr Speaker, may I address the point of order first, before you pass judgment on me, please?

MR SPEAKER: Please proceed, Mr Collaery.

Mr Collaery: Mr Speaker, Mr Connolly makes a fatuous point. I had already said that I withdrew any imputation that Mr Berry was a witness. I had already said that, and the conversation thereafter in this chamber proceeded on a jocular point. If Mr Connolly wishes to make that kind of fatuous point, I submit that you should not ask me to withdraw it. The fact is that the Rally has every intention in this Assembly of pursuing Mr Berry as a witness before the Estimates Committee and any other committee of this Assembly.

MR BERRY: Mr Speaker, do I have a question outstanding? I think I do.

MR SPEAKER: Just before we proceed, Mr Collaery, I would ask you just to withdraw the imputation.

Mr Collaery: Mr Speaker, I repeat my earlier withdrawal and I make no imputation against this Minister that he would be a witness in, as Mr Connolly now puts words in my mouth, any criminal or civil proceedings.

MR SPEAKER: Thank you. The imputation has been withdrawn.

MR BERRY: I am being pursued with so much vigour on this question that I am now forced to go to my written response. I mentioned earlier that we were left with a mess. Following my appointment as Minister for Sport, I directed my departmental officials to finalise negotiations with the

Raiders as a matter of urgency. As a result, fundamental progress was made on the resolution of all outstanding issues and the ACT Government Solicitor's Office, which you would be interested in, was in the process of finalising the detailed wording of the agreement for the improvements made to Bruce Stadium.

Negotiations with both the New South Wales Rugby League and the management of the Canberra Raiders will be recommenced once the financial management position of the Raiders becomes clear in the next few weeks. I am confident that the interests of the ACT can be protected when negotiations recommence shortly. I am sorry for repeating myself.

In the meantime, the Raiders will continue to hire the Bruce Stadium on the same basis as has operated for the 1991 season. I am sure that all members of the Assembly wish the Raiders well and hope that the current financial difficulties can be overcome so that their success on the football field can be repeated this year and in future years. Negotiations have been suspended until the financial and management situation of the Raiders has been clarified. The Raiders' financial situation has also meant that the \$1m being held by the Australian Sports Commission has been returned to the New South Wales Rugby League. They were right when they wrote this.

Mr Kaine: So, you blew the million. Let us be clear about this.

MR BERRY: You wait for the rest of the answer; it covers that. Advice from the ACT Law Office indicated that there was nothing that the ACT Government could do to prevent the \$1m being repaid to the New South Wales Rugby League by the Australian Sports Commission. Discussions have been held with Mr John Quayle, the general manager of the New South Wales Rugby League, who has confirmed the league's obligation to the ACT Government in respect of the hire of Bruce Stadium and the payment of \$1m.

Canberra Nature Park - Noxious Plants

MR STEFANIAK: Mr Speaker, my question is addressed to Mr Wood in his capacity as Minister for the Environment. It relates to the Canberra Nature Park located near the Federal Golf Course. Mr Wood, what steps are you taking to ensure that a proper program is undertaken to eradicate the noxious plants, including briar, hawthorn, blackberry and cotoneaster, which are all non-native and have no place in a supposedly Australian nature park?

MR WOOD: Thank you for the question. There is a continuing program around the whole of the Canberra Nature Park to eradicate the species you mention and other varieties. I cannot give you the precise details of the part of the nature park that you mentioned. It may be that

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such work is part of an activity by a local group, although I am not aware of one in that area. For example, I was at The Pinnacle on Sunday - rather than at the Raiders match, I might say - where a local group has done a great deal of work, not only by planting trees but also by eradicating the introduced pest species. I will come back to you on the details of the area that you mention.

MR STEFANIAK: I ask a supplementary question, Mr Speaker. I suppose he was watching magpies of different sorts. I had a look there, Mr Wood, and it has been pointed out to me that those noxious non-native plants used not to grow there when old Charlie Russell was allowed to graze his cattle there. Will you look into letting Mr Russell again graze his cattle in that park?

MR WOOD: No, that matter has been resolved. Mr Russell has done very well in Canberra over the years by virtue of the leases he has had and the way he has been able to graze his cattle. But that time has come to an end. The cattle do have a degrading influence on the environment, and there are balances, I know. But we have come to the conclusion that he graze only a certain number of cattle and that will not change. That will bring about an improvement, in general, to the care of the land that you mentioned.

Ms Follett: I ask that further questions be placed on the notice paper, Mr Speaker.

Intellectual Disability Services

MR CONNOLLY: Mr Speaker, I wish to add to an answer I gave to a question I took on notice from Ms Maher on Wednesday, 7 August, when Ms Maher asked about future options for the disabled persons who are presently using Sharing Places. In short, Ms Maher, the Commonwealth disability services program has indicated a willingness to enter into further negotiations on this, as a follow-up to the letter that I sent to the Deputy Prime Minister, Mr Howe. We have had some optimism that that may provide respite, at least, for the four additional places. I will table a more comprehensive answer for Ms Maher's information.

Postnatal Depression

MR BERRY: On 7 August Mr Moore asked me a question in relation to the new obstetric block and postnatal depression sufferers. I am pleased to advise the Assembly that provision of services for mothers suffering postnatal depression has been considered in the context of the principal hospital redevelopment program. The new obstetric building under construction on the Royal Canberra Hospital South site comprises all single and double rooms with en suite facilities. Each ward will have private lounge facilities and interview rooms. Facilities will

also be available to allow family members to stay overnight if required. In addition to these physical facilities, the nursing staff at the hospital are experienced in the management of postnatal depression, and other health professional staff with expertise from areas such as obstetrics, psychiatry and psychology will also be available if needed.

The provision of postnatal services generally is presently being discussed by a working group in the Board of Health, and a representative of the ACT Postnatal Support Group has also been consulted. As the new obstetric facility comes on line at the end of October 1991, I am confident that the Royal Canberra Hospital - that is, the one on the Woden Valley site - will be prepared to cater for the needs of women suffering postnatal depression. I seek leave to have my answer incorporated in *Hansard*.

Leave granted.

Document incorporated at appendix 1.

Intellectual Disability Services

MR CONNOLLY: Mr Speaker, I believe that, when I gave that additional material in answer to Ms Maher, I mentioned that I would table the document. I should have sought leave to have the answer incorporated in *Hansard*, so I would like to correct that.

Leave granted.

Document incorporated at appendix 2.

AUDITOR-GENERAL - REPORTS NOS 7 and 8 OF 1991

MR SPEAKER: I present, for the information of members, the following papers:

Auditor-General's Report No. 7 of 1991 - Audits to 30 June 1991, dated 13 August 1991.

Auditor-General's Report No. 8 of 1991 - Lack of Auditor-General's Independence, dated 13 August 1991.

Motion (by **Mr Berry**), by leave, agreed to:

That the Assembly authorises the publication of the Auditor-General's Reports Nos 7 and 8 of 1991.

Motion (by **Mr Berry**) proposed:

That the Assembly takes note of the papers.

Debate (on motion by **Mr Kaine**) adjourned.

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**TREASURER'S ADVANCE
Paper**

MS FOLLETT (Chief Minister and Treasurer): Mr Speaker, for the information of members, I present the following paper:

Audit Act - Statement of expenditure from the Treasurer's Advance, dated 13 August 1991.

In accordance with the provisions of the Audit Act, I have tabled an explanatory statement concerning an increase in the appropriation to the Treasurer's Advance in 1990-91. The Audit Act anticipates the potential need for the Treasurer's Advance to be increased to ensure the effective management of ACT Government programs. The Act requires that, within six sitting days of the advance being increased, the Chief Minister table in the Assembly a statement setting out the facts upon which the increase was approved by the Executive.

I am therefore required to table this statement in the Assembly today to set out the facts surrounding the increase to the Treasurer's Advance by the Alliance Government in the 1990-91 financial year. I am advised that, on 4 June 1991, the Alliance Government Ministers were satisfied that sufficient moneys were available in the Consolidated Revenue Fund to meet an additional appropriation of \$65m. I am informed that the major part of the increase was intended to facilitate the payment of superannuation funds to a trust account established for this purpose. These funds were being held in the consolidated fund to meet future superannuation liabilities. In the end, only \$36.4m was transferred, although further superannuation funds remaining in the consolidated fund will be paid to the trust account in 1991-92.

I am also informed that, at the time the increase was endorsed, Ministers were also aware of additional requirements by some programs for funding from the Treasurer's Advance. In the end, \$14.8m was made available to enable programs to meet obligations to the end of the financial year. However, savings were available in other areas to offset the bulk of these requirements. A statement setting out particulars of all expenditure that remains as a charge to the Treasurer's Advance for 1990-91 will be tabled in the next sittings for the information of the Assembly.

I move:

That the Assembly takes note of the paper.

Debate (on motion by **Mr Kaine**) adjourned.

PAPERS

MR BERRY (Deputy Chief Minister): Pursuant to section 6 of the Subordinate Laws Act 1989, I present the following subordinate legislation in accordance with the schedule of gazettal notices for determinations:

Business Franchise (Tobacco and Petroleum Products) Act - Determination of fees - No. 76 of 1991 (S78, dated 9 August 1991).

Liquor Act - Determination of fees - No. 70 of 1991 (S73, dated 1 August 1991).

Motor Traffic Act - Determination No. 71 of 1991 (S74, dated 1 August 1991).

LEGISLATION PROGRAM - BUDGET SITTINGS 1991 Ministerial Statement and Paper

MR BERRY (Deputy Chief Minister), by leave: It gives me a great deal of pleasure, Mr Speaker, to present the Labor Government's legislation program for the 1991 sittings. I recall that during the course of the last Government we had a period in which we were unable to gauge what the Government's plans were due to the absence of a legislative program. I also recall that it was withdrawn from public view, because of a fit of pique by the then Minister when leave was not given for him to place the matter on the table in this place.

Anyway, that is history now, and here we are, with a Labor Government, and we have got ourselves a legislation program which members can watch closely. This follows the practice introduced by the first Follett Government and, of course, followed, with the exception that I have referred to, in subsequent sessions of the Assembly by the Alliance Government.

The legislation program provides the titles of legislation proposals and identifies the responsible Minister and the priority that has been given to each proposal. A number of legislation proposals identified in the program were initiated by the previous Government and appeared in that Government's program. I take this opportunity to once again acknowledge the progress made by Mr Kaine and his colleagues, but I have to say that that progress was offset by some tardiness in many respects.

Members should be aware that this program is dynamic in character. I seem to have heard that somewhere before. Proposals may be added, or removed, at any time. This is a reflection of the necessity for the Government to be responsive to moves and shifts in the requirements of legislation. Of course, that will happen from time to time, as members will acknowledge. Similarly, the priority given to proposals may be altered as circumstances demand.

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The legislation program has been grouped under three categories of priority. The first priority category describes those legislation proposals which have been accorded the highest priority for drafting by the Government. The Government intends to introduce as many Bills classified as first priority as possible before the conclusion of the budget sittings. In relation to legislation falling into the second and third categories of priority, some will be introduced into the Assembly during the current sittings because of ease of drafting or because, for other reasons, substantial progress has already been made.

Mr Speaker, I present the Labor Government's legislation program for the 1991 budget sittings and trust that members and the public find the document to be informative and helpful. I move:

That the Assembly takes note of the paper.

MR KAINE (Leader of the Opposition) (3.17): Mr Berry's motion will facilitate the matter, Mr Speaker. I would have sought leave to make a statement on the matter anyway, whether he moved that motion or not. I am most gratified, as the former Chief Minister and Treasurer, to see the Alliance Government legislation program being put into effect by the Labor Government. When one reads through this document one is struck not only by the similarity of the program but also by the similarity of its breakdown between first, second and third priorities. It is incredibly similar to the one which the Alliance Government was working to and which the Minister claims we did not have. But, since this is virtually a duplicate of it, it is a bit hard for him to really sustain his proposition that we did not have a program.

Mr Berry: You have a better memory than I remember you having, Trevor. You remember the detail of it.

MR KAINE: My memory is very good, Minister. In my own portfolio, for example, the Gas Bill rings a bell. The same goes for amendments to the Audit Act, amendment to the Cooperative Societies Act, amendment to the Gaming Machines Act, amendment to the Stamp Duties and Taxes Act, amendments to the Taxation (Administration) Act, the Liquor Tax (Assessment) Bill and so on. This is just the first half dozen items on your program. They were all in my legislative program. But, as I said, I am very pleased to see that the Labor Government has recognised that there was essential legislation which we had set in train and which it is pursuing.

Indeed, on that point, I note that last week the Government introduced eight Bills, all of which were on the books in the hands of the Alliance Government before we lost government. I see that they are now proposing to produce another eight later this week. I am sure that when they

come we will discover that they are eight more of the ones which are in this legislative program and which were prepared and ready for tabling before we lost government. It is significant, however, that a very major Bill that was on the books and ready to be presented before we lost government - specifically, the Land (Planning and Environment) Bill, which is included in this list - has still not been tabled.

The Government is now hedging and will not even tell us when it intends to table it. They talk about priorities. While we were in government they made much of the fact that this Bill was an enormous priority. In fact, they accused us of procrastination and taking too long. Notwithstanding the fact that we were involved in community consultation - familiar words, I am sure - in order to get that Bill right, they made much of the fact that we took a long time to bring the Bill forward. I do not see it coming forward. They have now been in government nine weeks, yet this very important Bill that was ready to be tabled at the time that we lost government still has not been brought forward - and, of course, the urgency and the heat seem to have gone out of it a little bit. Now it is not so urgent.

I wonder whether they are going through any kind of community consultation process before they table it. The answer to that question is no. They make much of community consultation; they do none of it, although they put it about that they are the consultative party and that they are really into community consultation. That is the reason why I asked the question about the section 19 casino proposal. They are very good at changing their mind on policy issues. They talk about community consultation, but I do not recall the Labor Party asking anybody whether it should change its view about whether or not a casino should be built on section 19 - or indeed about the whole question of whether or not there ought to be a casino. They claim to be implementing the program that the Alliance Government put in place, and indeed to a certain degree they are. But they are also prone to set aside those bits of it that do not suit them, without any explanation whatsoever.

The Opposition will be watching this program - very largely our program, which the Labor Government has now espoused as its own - with very great interest to see whether the Government accords the same degree of importance and priority to some of these matters as we did. I would just like to note, for example, the Adoption Bill. That is a very important matter, and, again, one on which we undertook a great deal of community consultation to make sure that we had a Bill that was acceptable to all of the players in the game.

That Bill is listed, I see, on the legislative program of the Labor Government. I will be watching with great interest to see how quickly they bring it forward and whether or not they change it - and, if they do change it, whether they do so without this community consultation that

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they talk so much about. We spent a great deal of time consulting. The former Attorney-General spent a great deal of time consulting on this issue with community groups of all kinds, and we will see whether this Government can really live up to its claim, which I think is very often spurious, that it engages in community consultation on these issues. The fact is that it is a good legislative program. It ought to be; it was put together by the Alliance Government.

MR COLLAERY (3.23): I endorse the comments made by Mr Kaine. In order not to detain the house, I will not repeat them. I remind the house of the legislation program tabled by the Alliance Government on 2 May 1991. I have a copy of that, and I will seek leave to table it. Members can compare it. There are some oddities and other matters. I am pleased to see that the Public Corruption Bill remains; but, of course, it has been relegated by the Labor Government to second priority, whereas the Bill was due to be introduced on 30 May, the day after I was dismissed.

I do not see the ACT Boxing Control Bill there, and I draw to the attention of the Minister for Sport the need for him to consult the Sports Office and pay close attention to the absence of adequate medical supervision and adequate sin-bin-type controls over boxing in the Territory. It raises another important question for the people in the Territory as to whether they want to continue to support boxing at all as a sport; but I do not see that Bill, on a quick glance over the program. That may seem a small issue; but lives are at stake in that sport and there has been community pressure, particularly from the medical profession, for the Government to look at that matter.

Another interesting omission, which I merely note without saying anything further, is the Superannuation (Legislative Assembly Members) Bill. I do not see that there. Members may correct me. I note also that the Government has altered the title of the discrimination legislation to "Human Rights and Equal Opportunity Bill". I do not object to that, but I call upon the Government and the Attorney to get that Bill up immediately. I see that legislation on age discrimination will, as our Government intended, be brought in at a later date in a separate Bill, due to the complexities of the matter and the fact that the Standing Committee of Attorneys-General is looking at the complications of age discrimination law and superannuation funds, which have been predicated for many years on men and women having different contributions and different retirement ages.

I am pleased to see that the Government is bringing in, no doubt at Mr Berry's request, the amendment to the Motor Traffic Act to provide for wheel spinning. Of course, we saw one of the greatest wheel spinning efforts ever in

question time today, when I think we got four or five questions up over the 30-odd minutes. The Associations Incorporation Bill is there. That is a very important piece of legislation.

I hope that the Government will bring forward as quickly as possible a great range of Bills which were drafted, approved by the Alliance Government in many cases, or for which the drafting instructions were already given. I say to the Attorney that the Wills (Amendment) Bill could be brought in tomorrow, with great applause from the legal profession and the community, because it makes necessary amendments to the Act.

Over and above those comments, all I am acknowledging is that the titles of the Bills to be moved are there. We do not know the substance and we do not know what the Labor Government will have done to the Bills as already drafted or instructed. I cannot think of many Bills there, ironically, that a Labor Government would disagree with. But I note that, without consultation with the Assembly members, to my knowledge, the Labor Government has dropped a superannuation Bill from the program. That is interesting. It is a matter that surely required consultation with members. I am not stating a position on that Bill at this stage.

I note that a Fair Trading (Petrol Prices) Bill is there. I suggest to the minority Labor Government that it move very carefully, in line with comments made by the Prices Surveillance Authority and the Trade Practices Commission over many years about the dangers of price control arrangements in industries where the fundamental dynamics are often outside the economic influence of the legislature and, in this case, outside the influence of this country. We need to be extremely careful about passing a Bill which cannot reach beyond the ACT borders and certainly cannot get behind any refinery gates, because they are all located outside the ACT. Mr Connolly should bring in very quickly the Confiscation of Proceeds of Crimes Bill. That is an effective copy from the Commonwealth in many respects.

Much of this should be done now, and not teased out over a period of weeks to give the suggestion that they are Labor initiatives. Nevertheless, I believe that the Government will give credit where it is due. There are Bills which are very urgent. The Remand Centres (Amendment) Bill, which seems to have slipped, should be brought in immediately. I say that to the Attorney, through you, Mr Speaker, because that will avoid tragedies similar to ones which have happened in the Territory whereby sentenced prisoners have not been able to be held at the Remand Centre due to legal problems. In the case of the tragedy of Kirran Sen, which members know only too much about, a person who had a form of illness was taken to Goulburn Gaol and perished in that gaol.

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I call upon the Government to bring in those Bills and a few other self-evidently very urgent Bills as quickly as possible. I am sure they would receive immediate support on the floor of this house and could be passed straight away. They are small Bills and they involve lives. I finalise my comments by saying that this program will tell the Canberra community that there is a stable, hardworking Assembly in this place, and I believe that this program, as did the Alliance's program, does great credit to the great range of public service advisers that support legislation; and, in effect, this continuing raft of legislation reflects the development of self-government - and there it is.

Debate (on motion by **Mr Humphries**) adjourned.

HOSPITAL REDEVELOPMENT PROGRAM - FEASIBILITY STUDY Ministerial Statement and Papers

MR BERRY (Minister for Health and Minister for Sport), by leave: Mr Deputy Speaker, you will recall that last week I outlined the commitment we have as a government about the need to develop and to maintain an accessible and affordable public hospital system in the ACT. I spoke of our significant concerns about the previous Government's hospitals redevelopment project and our reasons for carrying out an urgent review of the project, focusing on the future of the Acton Peninsula.

The Government recognises fully the importance of providing a comprehensive and high quality hospital system in considering the results of the study and in assessing a strategy for the future. We have decided to proceed with the redevelopment of the Woden Valley Hospital as the principal hospital. It was a Labor idea and we are pleased to proceed with it. Labor adopted this proposal as policy in 1989 and we remain committed to the concept of a principal hospital at which a full range of specialist services and modern hi-tech equipment are available. We know that the community is behind us on this goal. We have always expressed our support for that concept.

The redevelopment of Calvary public hospital will also proceed. We have moved to acknowledge the special value of the Acton Peninsula as a site for public health care facilities. These decisions have not been easy ones, but we believe that they are the best possible for the community.

Mr Kaine: They should have been. They are the ones we took a year ago.

MR BERRY: If you listen for a little longer you will know that they are not.

Mr Kaine: You have not changed anything, as far as I can see.

MR BERRY: If you wait, the speech goes on and on. We have inherited many problems in our public health system. We have inherited problems with the health budget - a \$17.3m blow-out in the Alliance's health budget. The Labor Government, of course, is committed to containing both capital and recurrent costs. There are deficiencies in the coverage of the present system and many competing demands for additional services. We recognise that opportunities presented for savings in the future might give scope to redress some of these deficiencies; but, in the meantime, we have to live within our budget.

Like many other Canberrans, I would have liked to see a community hospital retained at Acton. However, the previous Alliance Government has committed all available funds to the principal hospital, and the fast-tracking of the overall hospital redevelopment program has put this Government in the position of deciding not whether to retain a community hospital at Acton but whether to reopen a hospital there. Let us face it, they set out to sabotage the Royal Canberra Hospital, to see it closed before the next election, to take us past the point of no return, no matter what the cost. I think that is the key to what occurred during the period of the Alliance Government.

Our independent review has shown that the capital cost of reopening a community hospital at Acton is now more than \$30m. The review shows that the cost of providing comparable services at Calvary Hospital is considerably less and, in any event, that money is already committed. There are also recurrent cost advantages in using to their full capacity the Woden Valley Hospital and the Calvary public hospital, which the Federal Government provided decades in advance of demand. The review shows that the recurrent cost of running and reopening a community hospital and spreading services between Woden, Acton and Calvary would now be at least \$16m a year.

One of the great scourges of the Alliance Government was the way it set about fast-tracking the closure of Royal Canberra Hospital. The Government committed massive funds to that outrageous act of closure. They were funds that the community could ill afford, and it was a gross political act. At no stage did the Labor Party promise to reopen a community hospital at Acton. I have outlined the costs of undoing what has already been done and what is committed. We have always said that our preferred position was to stand by our original promise, but the conservatives opposite clearly set out to reverse that. We do not have to test our memories too much to recall that the Residents Rally were right behind us on that proposal in 1989, as were the then No Self Government members.

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The period of the Alliance Government robbed us of the chance to deliver that hospital. We simply do not have the money to hold onto another hospital, now that so much has been committed to closing it. However, the Acton Peninsula provides a wonderful site. Its lakeside setting is ideal for convalescence and treatment for people not requiring acute care support. The fact that there will be a dramatic increase in Canberra's aged population by the year 2000 suggests that this is where our priorities should lie.

The Government has decided that the Acton site should remain in public ownership and be used for public purposes. In particular, during the redevelopment cycle we will locate on the site non-acute public health facilities, including rehabilitation and aged care, convalescent facilities and the Queen Elizabeth II home for mothers and babies.

With the change of health use on the Acton site from acute care, consideration will be given to the additional use of the site for nursing home facilities in the future non-institutionalised use of the site. But we have to consider the Commonwealth guidelines in the process of considering the future of a replacement for Jindalee, and, along with our concerns about providing funds in the current budget, that was a concern of the Government in deferring a decision in relation to Jindalee to some time in the future. It is appropriate that it be considered in the context of the new uses for the Acton site.

These developments will be integrated into our overall planning priorities. Our primary responsibility is the provision of excellent health facilities at a price the community can afford. That is what places us in stark contrast to the Alliance Government. Despite the massive funding commitment by the Alliance to fast-tracking its hospital redevelopment project, it is not well known that the many additional facilities which have been promised are not included in that project and will have to be paid for by additional funding over and above that already committed by the former Government.

The Alliance Government's project includes provision for a birthing centre at Woden Valley Hospital. We applaud that decision and will ensure that the facility is provided, but it was not originally costed as part of the hospital redevelopment.

Mr Humphries: It was never meant to be.

MR BERRY: Mr Humphries says that it was never meant to be. I am glad he has said that, because many of the add-ons that were promised by his Government were not costed, and they sought to keep that from the public view. That is why it needs mentioning in the context of a new approach to the delivery of public hospital services in the Australian Capital Territory.

Other desirable facilities such as a hospice, convalescent facilities and a modern nursing home are not part of the Alliance Government's project and additional funds will have to be found. The funds involved are considerable: For a new hospice, \$2.1m in capital, with recurrent costs of \$2.3m a year. Of course, they were drastically underestimated by the Alliance when they put forward their proposal.

Mr Humphries: Rubbish!

MR BERRY: Did you cite recurrent costs of \$2.3m a year? I say that you did not.

Mr Humphries: You have changed it; that is why.

MR BERRY: Because we examined it properly; that is the proper value.

Mr Humphries: Are they 1989 dollars or 1991 dollars?

MR BERRY: There is an amount of \$1.7m for a convalescent centre and recurrent expenditure of \$1.2m a year. That is a bit different from what you have been saying, too. So, get your figures right, old son.

Provision of modern nursing home facilities could result in savings in recurrent expenditure, but at a capital cost of \$5m. There are too many ifs and buts in your figures; that is the difficulty. With cost blow-outs in health expenditure and massive commitments to the redevelopment project, funding for these additional facilities can be found only over time. However, we have made a start by adding a hospice, to be located on the Acton site, on the 1991-92 forward design program. This will enable construction to commence next year. So, that puts that to bed.

I have also asked the Board of Health to look at other short-term measures to reduce the time people are waiting for elective surgery, particularly by enhancing the availability of day surgery procedures. That is a priority for this Government. The former Government allowed the hospital waiting lists to blow out by a massive amount, causing a great deal of discomfort and pain in the community. This is what the former Government was about. They created a monster for the Labor Government.

It will be difficult to redress the waiting lists for surgery which were created by the former Government - waiting lists which almost doubled in that 18 months. That is a disgraceful performance by any measure, and the Labor Government is now making a commitment to do something about it. We are not going to be able to do it in five minutes, because it has become entrenched in the hospital system through the mismanagement of the former Minister.

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The Alliance Government strategy also included a new 150-bed private hospital. Tenders were called earlier this year. A prime greenfield site on the banks of Lake Ginninderra was to be used. There was much community concern about the use of that site. Whilst the Labor Government agrees that there is a place for private hospitals, we cannot accept a strategy such as that of the former Government, based on forcing people into the more expensive private system at a time when they are less able to afford it.

Mr Humphries: It does not cost us anything.

MR BERRY: Mr Humphries says that it costs us nothing. When I say "us", I talk about the community. Everybody knows that it costs more because the people out there who have to use the services have to pay more to use them or they have to buy expensive private hospital insurance so that they can get into those more expensive beds. We know that people are dropping off private insurance because of the difficulties they are experiencing in the economy.

The real problem for the community has been in the area of public beds. Clearly, there is no demand for such a facility in the current environment. Our private hospital beds are underutilised; you cannot deny that. There are 95 approved private beds in the ACT which are unused because there is no demand for them.

Mr Humphries: That is rubbish. Why do they want to build more, in that case? Why did John James ask for another 50 beds a few months ago?

MR BERRY: This former Minister still bleats about the need for a private hospital. There is no demand; there is very little interest - other than from the former Minister on philosophical grounds, no more than that.

Mr Doby: Rubbish! There is a big demand on the public beds.

MR BERRY: Of course there is a demand on the public beds because there are too few of them and there are inadequate services, which was brought about by the former Alliance Government. The people who want services in our hospitals are not demanding private beds, otherwise the 95 that are not being used now would be in use. Let us stop kidding ourselves. Anybody who takes that argument has been snowed; they have been conned. We are committed to providing sufficient public hospital beds to meet demand from our community. We see no need for such a private hospital facility and we will not proceed with the proposal.

We believe that the demand for private hospital beds can be adequately met by those currently approved for John James and Calvary hospitals. We recognise that in the future the space being used at Calvary Hospital for private beds may

be required to meet expanded demand for public beds. At that time we will review the need for additional private facilities if, and only if, the market has failed to adequately provide them.

We accept the conclusions of the independent review concerning Calvary Hospital. The benefits of maximising its use as a public hospital have long been recognised. They were recognised under Labor as well. We had intended to continue with the occupation of Calvary Hospital, but felt that for the foreseeable future Calvary would be able to offer those private beds that it had been able to provide for some time. It is well located to meet the needs of the growing population of the northern suburbs. The hospital was designed and built to provide about 300 beds. Although it has been operating below capacity, it has long been known that it has been well maintained.

It is important, however, that as Calvary becomes a major part of Canberra's public hospital system there will be a need to more closely plan, coordinate and monitor Calvary's operations within the overall system, as happens in the New South Wales area health arrangements, for example. Catholic public hospitals in other States play a major role in the provision of acute public hospital services. There is considerable potential for the hospital to make a more significant contribution here.

Mr Humphries: You have changed your tune, haven't you?

MR BERRY: Mr Humphries says that we have changed our tune. I can tell Mr Humphries that if he had a look at our original plan in 1989 he would find that Calvary Hospital played an important role. Mr Humphries says that we have changed our tune. We have had to change our tune because so much of the community's money has been committed to his redevelopment project to rob Labor of the chance of keeping a fully operational community hospital at the Royal Canberra Hospital site.

It is well recognised that the fast-tracking was about the closure of that hospital. You cannot unscramble the eggs, as everybody knows. The Alliance Government made it clear that it was prepared to pour any amount of money into closing that hospital before Labor won the next election. There is no question about that. That is what they were on about. That was a public position.

We were robbed of the chance. These members opposite sabotaged our chances. I include the No Self Government members, who previously supported Labor's plan to maintain a hospital at the Royal Canberra Hospital site. I include the Residents Rally members, who previously supported Labor's commitment to maintain a hospital on that site. Indeed, it was only because those members changed their minds that that hospital had to close.

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The Government is committed to creating a public hospital system which is available to every single member of the community. I plan to continue to maintain, improve and provide resources to secure a high quality public hospital system. I present the following papers:

Hospital Redevelopment Program - Feasibility study -
Ministerial statement, 13 August 1991.
Volume 1, July 1991.
Volume 2, July 1992.

I move:

That the Assembly takes note of the papers.

MR HUMPHRIES (3.49): We have heard a quite extraordinary statement from the Minister today, backing and filling, apologising, trying to justify, trying to retract. I do not think anybody here is convinced by this pathetic performance by the Minister, and I am quite certain that many in the community will not be.

Mr Berry declined to answer a question on this statement during question time, despite the fact that he had already released this statement, including the text of his speech, to the media at 1.30 this afternoon. He told the Assembly, in answer to my question, that he would be touching on the number of private and public hospital beds in the course of his statement. I think it should be noted in the record that he has not done so. He has arguably misled the Assembly in that regard, and he should acknowledge that fact when he rises to round off this debate.

Mr Berry has announced plans to do a number of things. He intends to close the Royal Canberra Hospital North.

Mr Berry: Mr Deputy Speaker, I raise a point of order. It has been alleged that I arguably misled the Assembly. I require that that be withdrawn.

MR HUMPHRIES: On the point of order, Mr Deputy Speaker: When I asked Mr Berry in question time how many beds there would be in the system by the year 2000, he said, "I will touch on that in my statement this afternoon". He has not got anywhere near touching on the number of beds in the public and private hospital systems by the year 2000. He therefore misled the Assembly in saying that he was going to do so in the course of this debate.

Mr Berry: I require that to be withdrawn, Mr Deputy Speaker.

MR DEPUTY SPEAKER: Yes, I would ask you to withdraw that, Mr Humphries. I am not of the view that you can say that he has misled the Assembly on that.

MR HUMPHRIES: In deference to you, Mr Deputy Speaker, I withdraw that statement. Mr Berry has announced a number of things today. He is going to close Royal Canberra Hospital North; he is going to proceed with the redevelopment of Royal Canberra Hospital South as a principal hospital; he is going to expand Calvary Hospital to 300 beds; and he is going to maintain and establish certain health facilities on the Acton Peninsula site. If that sounds familiar to members of the Assembly, of course, it is very familiar. It is in fact the policy of the Alliance Government, slightly rejigged.

Mr Berry: No, it is not.

MR HUMPHRIES: Mr Berry may disagree, but everybody out there in the community knows full well that he has cosmetically changed the Alliance Government's plans in order to make them look as though he has responded in some way to the litany of complaints he made while he was in opposition. The fact of life is that he has not. He has not changed those plans significantly and, as far as the public hospital component is concerned, the changes are so minute as to be indistinguishable from the Alliance Government's own plans.

The fact of life is that, in coming to that position, Mr Berry has wasted some \$50,000 in commissioning the study he has just tabled and two months in a time-critical process, merely to establish in the eyes of the world that the Alliance Government was right. That is a disgraceful performance by any government.

I could have told Mr Berry two months ago that the hospital redevelopment as planned by us ought to have proceeded. Everybody who looked at that process knew that that was the case. The people in Mr Berry's department, the people who conducted the inquiry he has just tabled - everybody knew that. Even Mr Berry knew that. But he had to go through this charade of having a public inquiry, and we are now \$50,000 poorer as a result.

I think that performance is quite disgraceful, and those in the community who have relied on the Labor Party for this information, who have relied on the Labor Party for some change in plan in the hospital redevelopment, would have been sorely disappointed. There are people in this community - and I see some of them in the public gallery here today - who strongly expected that Labor would do what it said, that is, reopen Royal Canberra Hospital North. That is what they expected. That is what the Residents Rally, to some extent, thought the Government would seriously consider doing when it supported them on 6 June this year. Both groups were forlornly mistaken. Labor has made no attempt to do that.

The report they have commissioned and tabled today is pure cosmetic presentation in order to deceive people into thinking that Labor has different plans from the Alliance Government in that regard.

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Mr Duby: They have axed the hospice.

MR HUMPHRIES: In many important respects, on the fringes of this plan there are important changes which detract from the quality of the system we are going to get, and I will come to those in a moment. The difference is mainly in the area of private health care. Some 150 beds are to be cut out of the system that the Alliance Government would have created by the year 2000. Under our plans, which were clearly tabled and were on the public record for some months, there would have been 1,300 beds in the public and private systems combined by the year 2000. We acknowledge that there is considerable pressure on the public hospital system in the ACT, and the only way of relieving that is by creating some alternative place where people with private health insurance can go for medical care. That, unfortunately, is to be undone by this Government.

Under the Berry plan there will be only 1,150 beds by the year 2000, give or take a few. Cutting 150 beds out of the hospital system, public or private, will put pressure on the public hospital system. It must do so. If it does not do so, if it does not increase the waiting lists in our public hospitals, for example, some extraordinary magic will have been worked. The fact of life is that if people cannot use private hospitals they will have to go to public hospitals. If you are sick you have to go somewhere.

On my calculations, at the present time in the ACT there are approximately 120 private beds at John James Hospital and something like 58 to 60 at Calvary Hospital. Those figures may be slightly out of date, but they are basically correct. That is a total of about 180 beds in the ACT. With the closure of Calvary private, which we would have to have if we expanded to 300 beds and which Mr Berry has announced the Government intends to do to provide the 1,000 hospital beds he has promised us, and with the scrapping of the private hospital project we had announced, that 180 private beds in the ACT will actually drop to 150 beds, assuming that John James is allowed to expand from its present 120 to 150.

What this Government is doing is closing private hospital beds in the ACT. Ms Follett shakes her head. You are closing private hospital beds. If you are going to close Calvary private and not replace it, you must necessarily lose private hospital beds. I would like to see Ms Follett explain to me how that is not the case. The fact of life is that there is a cut in private hospital beds whereas, under the Alliance Government there would have been a considerable expansion to allow people who wanted to take private hospital beds to do so.

If what Mr Berry said concerning the lack of demand for private hospital beds were true, we would not have seen over the last 12 months urgent and insistent applications by places such as John James for an expansion of their

facilities. Only last May or June, as I recall, I opened a large new wing at that hospital providing another 30 or so beds. If there is no demand for private hospital beds, what were they doing opening another 30 beds at John James? Clearly, there is demand. There is interest in doing that.

If Mr Berry had allowed the process of a private hospital in Belconnen to go through to the end of its normal course, he would have seen that demand. For ideological reasons Mr Berry decided that there was no case for proceeding with a private hospital, and that is disgraceful. The people in the ACT who use private hospital facilities - and there are a number who do so - are very poorly served by this Government's decision.

It is regrettable that we have seen a decision by this Government apparently to phase out the name "Royal Canberra Hospital". That is a name with some history in this Territory. It has some integrity and tradition attached to it. It is sad that it should be abolished by this Government. Describing a hospital as the Woden Valley Hospital is a purely descriptive title. It describes its location. As the principal hospital of the Territory, it is not properly described as just the hospital serving the Woden Valley. It does much more than that. It is the principal hospital for the whole Territory and it ought to have a name which reflects that fact.

As Mr Duby acknowledged earlier on, there are many casualties from this decision of the Government. The people who believed this Government when it said that it would reopen the hospital have been deceived. Other casualties are those who expected that other things would happen, for example, that a hospice would proceed quickly under this Government. That is not to be the case. We have seen it put back by this Government, if not entirely shelved. We hear that at some point in the future it is to go on the forward plan for the Acton site.

I am quite surprised by that. I took considerable advice from people concerned with the provision of hospices elsewhere in this country and I was assured that there was no way a hospice for the terminally ill ought to be separated from a functioning hospital. That is why the Alliance Government decided that the hospice was most appropriately located on a site such as Calvary. Yet Mr Berry's animosity towards the private sector and even towards suppliers of public hospital facilities is such that he is now going to say that we cannot afford to have a hospice on that site. That is also extremely regrettable.

Fast-tracking was not designed to cost money; it was designed to save money, and it still would save money if Mr Berry had allowed the process to proceed. I am not convinced that Mr Berry is not going to continue to fast-track this proposal. Mr Berry is short of money and he knows that fast-tracking is a very good way of finding money in the system. It brings on track, sooner than would

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otherwise have been the case, less costly options for hospital and health care. In other words, by consolidating facilities on, say, the principal hospital site more quickly, you get the savings produced by that process more quickly. The \$8.5m saving referred to by the Kearney steering committee in 1989 would come on track more quickly with fast-tracking. I see no reason why that should not continue to be the case under this Government. In fact, I would expect a very large element of fast-tracking to continue.

Mr Berry has indicated, I understand, that he proposes to close Royal Canberra Hospital North by Christmas of this year - - -

Mr Kaine: That sounds familiar.

MR HUMPHRIES: It does sound familiar. It is very familiar because it is our plan, and that was a plan that was produced under fast-tracking. How is it that we are abandoning fast-tracking but are still able to close the hospital by that time? Mr Berry continues to trot out this old furphy that in some way the previous Government miscosted its items; it got the figures wrong, it covered up particular items of its proposals, and it presented a false picture to the people of the ACT. He knows that that is untrue.

Mr Berry knows that the very same proposals he is now presenting as icing on the cake, if you like - the rehabilitation and aged care facilities at Acton Peninsula - are extraneous to the principal hospital development which was put forward in the Kearney report in 1988 and to the costings of those proposals put forward in 1989. They are separate; they are different. There is no way you can claim that to add those things, as the Alliance Government expressly did, as new items which would be separately paid for represents in some way a blow-out in the hospital redevelopment budget. In fact, I am proud that the hospital redevelopment budget remained on track throughout the entire time I was Minister. We are yet to see whether the present Minister can achieve the same thing.

Mr Berry said that he fully accepted the recommendations of the review he has tabled for us today. That is fine. But what about the previous reports? What about the many previous reports, which I assume have been largely endorsed in this document, at least from what I have heard about it? The Kearney report in 1988 said quite expressly that the ACT required some 200 private beds to be up to a reasonable capacity for its needs into the twenty-first century. Mr Berry, as I have said before, is cutting private hospital beds to achieve his goals. What about his acceptance of that report in its entirety in 1989? Clearly, Mr Berry is trying to force square pegs into round holes at a quite furious rate.

This whole process has been a disgrace. It has left the ACT \$50,000 and two months short of the goals set for it by the Alliance Government. I believe that Mr Berry has furiously attempted to rejig things and has not succeeded in any great sense. The people of the ACT will be the losers from this process. It is they whose money has been wasted.

DR KINLOCH (4.05): I must say that my heart has sunk as I have read much of Mr Berry's ministerial statement. There are a few areas about which we can agree and, although I would endorse much that Mr Humphries has said, I think there is too much axe-grinding going on on both sides of the chamber about what the Alliance Government did or did not do. On the question of private hospitals, on behalf of the Rally I would like to say that what we want is excellent hospitals. Frankly, I do not care whether they are private or public, provided we have enough of them and enough beds, looking to the next century and to a time when we will have a very much greater percentage of older people in the Canberra community.

However, there are some good items. I am glad to note the support for Calvary Hospital. That would seem to be very worthwhile, although I think there will be members of the Calvary Hospital community who will be distressed to find that the hospice they thought they would have is not immediately to be available there. I will come to that later. I do think the private hospitals discussion is a kind of smokescreen to cover over some areas that have not even been approached in Mr Berry's comments. In particular, I am very distressed, very sad indeed, to think that there will not be a community convalescent hospital. We really looked to the Labor Party to have that. I thought that was going to happen; I thought that was on the agenda. I am very distressed to find that it is not. I hope that those reporting on this event today will recognise that we are losing something we very badly need.

Mr Berry's statement has raised a number of questions about the delivery of health services in the ACT, not only hospital care but also general community health. I want to present the Rally's viewpoint on a number of issues. These views are derived from frequent meetings between doctors, health administrators and users, including a subcommittee of the Rally's executive, and I am very grateful to that committee. Professional specialists may recognise some of their own words in what I say. I am sure they would not object to my further projection of their views. I am particularly grateful to Professor R.M. Douglas for his public statements. This is a whole area that is not covered in Mr Berry's statement.

The Residents Rally's platform on health is centred on community health care, and again that reminds us of the need for a community convalescent hospital, especially for cost reasons. We wish to emphasise again and again the need for that, as for a hospice, on the Acton Peninsula, or

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wherever the hospice could be. We accept that at last Mr Berry has reversed his views and agreed that there will be a hospice eventually. Let us at least thank him for that. Let us hope that the plans are under way this week, and that the building begins not at some remote time in 1992 but as soon as possible in 1992. I will come to that in due course.

The entire ACT public health care system should be seen as an integrated whole in which various components complement rather than compete with each other. Mostly, what we have heard about is hospitals. Hospital care must be seen on a continuum with community and preventive care and not as an end in itself. To that end, there should be a new emphasis given to general practice and primary health care, with an increasing role for local GPs.

There is another area altogether apart from that but which relates to that. Originally there was considerable involvement of general practitioners in day-to-day health care services within hospitals. With time, these services have been whittled away and general practitioners pushed aside. The outcome of this separation is that hospitals have become divorced from community health care, with resultant costs and inefficiencies associated with poor communication and uncoordinated patient care. I was grateful to Mr Berry for turning up and giving a good talk at a meeting of the Community Health Association. I wish he could have remained throughout that meeting to hear the great concern about this matter. A well coordinated program involving GPs in preadmission examination could produce very substantial cost savings through reduced readmission, earlier discharge and much reduced family disruption and patient morbidity.

I come now to an area that I know Mr Berry is considering, but it does not appear anywhere in his statement. The principal hospital development should proceed at the Woden Valley Hospital, as previously planned, but without being blindly fast-tracked, with a divisional structure but as part of, I stress, a high quality specialist teaching hospital. The current proposals for a clinical school to be developed in association with the University of Sydney medical school should now be vigorously pursued. A decision should be made to implement it, if at all possible, so that the reorganisation of the principal hospital can take advantage of a university infrastructure from the very beginning. I am anxious to hear Mr Berry's views on this.

This would provide the best possible guarantee that care of the highest quality could be available throughout the ACT health system, which presently, and with present planning, lacks the stimulation and enrichment of a scholarly and teaching component in its structure. We need that clinical school. Of course, Calvary should continue to be redeveloped as a high quality community hospital which will

also serve an important teaching and training role in emergency care, general medicine and general surgery. Ultimately, at least one academic university department could be based at Calvary.

Let me say more on this Sydney University connection. I understand that Sydney University medical school may wish to be involved in and make a contribution to the ACT hospital system. That involvement may be timely if there is to be a revamping of the medical school from three clinical schools - namely, Royal North Shore, Nepean-Westmead, Royal Prince Alfred-Concord - to include one in Canberra dedicated to community medicine. The University of Sydney is so serious about this matter that a top team of six professors from their professorial board travelled from Sydney last week to speak with Mr Berry.

The Rally also believes that the Acton Peninsula should be retained as a health facility in a larger sense than we have heard today and should, as funds permit, become the health headquarters for the ACT and a centre for health promoting community activity, including that convalescent hospital. It could be the headquarters of an ACT-wide department of general practice and primary health care, in conjunction with the GPs, which could have outreach units within each of the teaching hospitals and an outreach both into private general practice and into the community health centres.

Ambulatory - that is, non-bed - geriatric and rehabilitation services could be transferred from Woden to Acton. Is it too late for this? This would make space available at Woden for early development of a general practice teaching presence in the new principal hospital and space for development of teaching staff from the University of Sydney. I hope that this will be taken on board.

The Queen Elizabeth II home for mothers and babies could be transferred from the city to Acton and housed in the ground floor of the obstetric block, if it is not possible for it to be incorporated in a new building on its present site. The present H block - and I want to be sure that the hospice happens as soon as possible - could be redesignated not only as a hospice but also as the headquarters for palliative care services. It could and should be the meeting point for general practitioners, community nurses and specialists in the management of patients who are terminally ill. There would be outreach from the palliative care service both into Woden and Calvary and into the community. This level of centralisation would not and must not detract from the delivery of suburban community health services.

Available vacant accommodation at Acton should be used in ways which reflect the functional development of a health centre in its broadest sense. Here again, we need that convalescent hospital. Activities which promote the health of the community should be housed there. You are also

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saving money with hospices and community convalescent hospitals because they free space in the main hospitals for the daily conduct of medicine. This does not necessarily mean an exclusive focus on disease and disease prevention, though Acton should certainly accommodate self-help groups and support groups for people suffering from cancer, arthritis, multiple sclerosis, and so on, but should include an emphasis on recreation, exercise, fitness and self-help: community health. This would complement the proposed linking of uses, including recreational access to Acton Peninsula, around West Basin to Commonwealth Park.

MR KAINE (Leader of the Opposition) (4.15): I do not intend to speak at length on this subject. I would simply like to note in fairly brief terms that, when you take out or eliminate the political rhetoric and all the hyperbole we have heard over the last couple of years and look at what the Minister has said today, you discover that what the Alliance Government initiated 18 months ago and set into effect was the right decision. The Minister has said that there will be a principal hospital at Woden Valley; there will be a secondary hospital at Calvary; and on the Acton Peninsula site there will be a convalescent facility, the Queen Elizabeth II home for mothers and babies, and some rehabilitation and aged care facilities. That is essentially what the Alliance Government set out to do 18 months ago. Despite all of the political ideology we have had fed to us over the last 18 months, that is exactly what the Minister has said today that he is going to do. There has not been one bit of change.

The Minister has acknowledged that we need a hospice. That was in our works program. This Government took it out. Now they say that at some future time they are going to put a hospice on Acton Peninsula. I reiterate the point made by Mr Humphries: All of the best advice available to the Alliance Government was that a hospice needs to be closely associated with a hospital, not on some remote site, and this is going to be remote from either of the two public hospitals. That is not the site for it. The only departure from the Alliance Government's policy is to relocate the hospice to what logic, sense and rationality suggest is the wrong place for it. That part of the Minister's decision is patently wrong.

He says, and I think we need to take issue with this, that we set out to sabotage the Royal Canberra Hospital, to see it close before the next election, to take us past the point of no return, no matter what the cost. I defy Mr Berry to demonstrate that our costings for the hospital reconstruction program changed by \$1 from the time we set it in train until the time we lost government. We made it quite clear that the original estimate in 1989 dollars was to be adhered to rigidly. There was to be no increase under any circumstances for that reconstruction project, and there was no increase up until the time we lost government.

I do not know whether Mr Berry is trying to tell us that the cost is now going to escalate under his management, but I suspect that it probably will. Although he makes much of the fact that our operating budget for the hospitals blew out last year, he conveniently ignores the fact that so it did during his ministry. There was an underlying weakness in the management systems of the operating hospitals, apart from the reconstruction of the hospital system, over previous years. He cannot deny that we took that in hand, we had it thoroughly investigated, and we set in train the mechanisms to get the management under control. I repeat that that was quite separate from the reconstruction of the hospitals; that was the operating costs. For him to assert that we were going to set about this no matter what the cost is patently a misrepresentation of the facts and he cannot justify it.

On the question of the balance between public hospital beds and private ones, I notice that, despite his responses to questioning during question time, he has not said what he intends the public and private hospital sectors to provide by way of beds 10 years from now. In fact, I am not even sure that he is clear on what he is providing now, because his statement does not say anything about that. He talks about 95 beds in the private sector that are unused. So what? What does that mean? What does it mean in terms of the evolutionary requirements of our hospital system over the next five to 10 years? He has not addressed that at all. We knew that the requirement by the year 2000 was something of the order of 1,000 beds in the public hospital system and about 300 additional beds that could easily be accommodated in the private hospital system at no cost to the taxpayer.

Mr Berry: That is rubbish. There is cost to the taxpayer.

MR Kaine: That is not rubbish. They are figures that were available to you when you were the Minister 18 months ago.

Mr Berry: That is rubbish, and you know it.

MR Kaine: It is not rubbish; it is facts. Our program was aimed to produce the 1,000 beds that are required in the public hospital system, supplemented by private hospital beds as needed by the community and at no cost to the community. But you have not addressed that. In your blind ideological approach to these matters you have not even addressed the question of how many beds the public hospital system is going to produce. You are very quick to criticise the Alliance Government, but you have not even addressed the problem yourself. I do not know and, I suspect, neither does anybody else. In fact, I suggest that even you do not know what you expect the public hospital system to generate in terms of public hospital beds, let alone what the total requirement is. If there is a requirement for more beds over the next 10 years than those two public hospitals can produce, you have no idea how they will be generated.

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I notice that you were magnanimous enough to suggest that if ever all of the available beds in the two hospitals were used up you would then consider the possibility of further supplementing the private hospital bed system. I suggest that it would be a little late. Once you have used up all the slack in the system it is a little late to start considering how you might provide more beds. You have to plan a little earlier than that. I know that the Labor Government is not strong on planning. They are not very interested in what might happen tomorrow or next year; they are only interested in the votes they can get today, so let us not be worried about all that other extraneous stuff.

To summarise, I make two points: First of all, what the Minister has outlined is for all practical purposes what the Alliance Government set in place 18 months ago, with one or two minor changes. It is noteworthy for the absence of any consideration of the total requirement for beds and how in the next few years they are going to be provided. I think Mr Berry is going to be hounded on that point for as long as he remains the Minister, which I suspect is not going to be very long.

MR DUBY (4.21): Mr Kaine's words could have come directly from my mouth. He beat me to the punch in outlining many of the things I was going to say myself. I shall not bore the house by repeating many of the sensible things he said. What is abundantly clear from the statement made today by the Health Minister is that in this document, in this statement to the Assembly, we have ringing endorsement of the Alliance Government's health policy. There is no doubt about that whatsoever. From the man who regularly attacked our redevelopment program and maintained that it was the worst thing that could possibly happen to the ACT health system, we have here today a ringing endorsement of that policy. However, it is an endorsement which unfortunately is couched in a lot of half-truths.

If one were to read this document one would think that many of the statements Mr Berry makes are Labor or Government initiatives. I shall read out some of them:

We have moved to acknowledge the special value of the Acton Peninsula as a site for public health care facilities.

For goodness' sake, what the heck did we do? What is different from our policy? It continues:

We have decided to proceed with the redevelopment of the Woden Valley Hospital ...

I will not go on and pick out more of the blatant half-truths in this document. What I would ask the Minister, quite frankly, is: Who is in government? Who is running this place? How is it that the Alliance Government was

able, with adequate planning, to guarantee the provision of facilities which you now say are going to cost a lot of money and simply cannot be afforded?

The remarkable thing about this is that I know where this is coming from. This is coming from the ACT Treasury. Whilst I have the greatest respect for the public servants, we all know their very conservative views when it comes to the provision of funding for community facilities. I find it remarkable that a supposedly socially progressive party such as the Labor Party has fallen for this line.

It was never suggested or implied by the Alliance Government that the provision of additional facilities such as, for example, a birthing centre, a hospice, convalescent facilities and a modern nursing home, would be provided as part of the cost of the hospital redevelopment program. We always knew that they were additional, and said so publicly on many occasions. We did say that we recognised the vital need for these facilities in the community and, as a result, that we would take responsible action; that these things were required and we would provide them; that we would find the funds to do that.

There is no doubt that a birthing centre would have been included. Mr Berry has admitted that he is going to go ahead; he is continuing with one great idea we had. There is no doubt in my mind that the hospice and the convalescent facilities that were promised by the Alliance Government would have been provided in this coming year. We had already made plans, against the advice of senior public servants, I might add, who said, "Where is the money coming from?". We simply said, "We will find the money. We will make the hard decisions and we will provide these facilities because they are so desperately needed".

I now see what is happening with this. I could not understand in the last few weeks exactly what was going on with the Government's announcements. They are going to do this; they are not going to do that; they are going to reinvent the wheel, et cetera. It is clear now that the public servants are running the economy of the ACT. They have clearly got control of the place, and these folk opposite simply do not have the guts to stand up and say, "This is what the people want and this is what shall be provided for them". Instead, they are listening to the harsh economic theories put forward by people in the ACT Treasury. I am very disappointed.

It seems remarkable to me that, even today, we have been referred to as the conservatives - "the conservatives", "the previous conservative Government". It is fairly apparent, when you look at what that supposedly conservative government, the Alliance Government, was going to implement and introduce to the community, that we are miles ahead of the Labor Party in terms of issuing directions to the public sector and saying, "This is what the people want. Get on and do it".

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MR COLLAERY (4.27): I rise to respond on only a couple of specific points. I heard my colleague Dr Kinloch speaking, and he said it all. Mr Berry said in question time, and he repeated the comment later, that the Alliance Government had sabotaged the Royal Canberra Hospital and we had closed it. The fact of the matter is that all informed sectors of the community, including informed voices in the Labor Party, accept that Royal Canberra Hospital was left to run down by previous Federal governments, in particular the Labor Government, and that Royal Canberra Hospital was also undermined by the opening of Calvary Hospital.

There is a certain illogicality in Mr Berry's speech. He says that we sabotaged it, but at page 2 of his statement he concedes:

The review shows that the cost of providing comparable services at Calvary Hospital is considerably less ...

In other words, Mr Berry is supporting the a priori case, that is, that any review would have shown at any point along the track, once Canberra was doomed as a result of the Calvary Hospital decision, that those costs would be lower. It is just a polemic for Mr Berry to blame our Government for taking a decision, on the best available advice, to decrease the number of hospitals in the Territory to two. Woe betide Mr Berry, as he now wears the mantle, if he goes against the best available advice in his work as a Minister.

The other point I wish to make is that, once again, Labor exercises a polemic. It says, "We will dedicate the Acton site to convalescent care". At the same time, with the other hand it takes away the funding to do that; similarly with the hospice, as my colleague Dr Kinloch and other speakers have indicated.

I rise simply to point up the hypocrisy of Mr Berry, who did not bite the bullet and take decisions, now saying that at no time did Labor promise to reopen Canberra Hospital. I think the impression given to many in the community was that the Follett Labor Government, with Mr Berry as its prime health spokesperson, would reopen the Canberra Hospital. They have taken a dive and, in doing so, they have made a mean little attempt to shift the blame to us. They have said that we torpedoed any chance of that; we sabotaged it. "Sabotage" is the new word. It used to be "atrocious". For two years in this Assembly Mr Berry's favourite word was "atrocious". It is now "sabotage". They say that we sabotaged the Royal Canberra Hospital.

The fact is that a lot of earnest and complex consideration went into the decisions we took. Whether in the final analysis they will be found to be absolutely correct or not is something that remains to be seen. I suggest to Mr Berry that the same may apply to his administration, and to any Minister in any government at any time. The undeniable

fact is that, supported by Mr Justice Rae Else-Mitchell's report on the assets and liabilities of the Territory, we were sold a run-down Canberra Hospital. It was so run down that, whatever the decision taken, we may well have found ourselves still facing the prospect of closing one of the hospitals in the Territory. It is simply not fair to blame those members of this Assembly who, on the best available advice, took decisions affecting the Acton Peninsula.

The blame I now lay on the Labor Government is that they gave every indication that they would support the Residents Rally's call for a hospice, convalescent care facilities, a birthing centre, et cetera. These calls were not only from the Rally but also from within the Alliance. I particularly remember Ms Maher pressing from day one for a birthing centre in the Territory and getting general support in the Alliance party room. Labor have decreased the net benefit to the community. They have stripped away the hospice and reinstalled a garbage dump. They have got rid of the convalescent care centre, which was to have a veterans input and was so important in providing a tranquil setting for the care of our veterans. They have thumbed their noses at a group - - -

Mr Berry: Why don't you read the speech?

MR COLLAERY: Mr Berry interjects. The fact is that that is all sophistry now; it is polemics. The moneys are not going to be put forward this year for a hospice. It is indeterminate, and next year it will be left to the government of the day to find the money and accelerate it, at extra cost. That is the hypocrisy of this Labor Minister's decision making. The hospice must be restored immediately. The convalescent care facilities can be funded and should be funded on the Acton Peninsula. We want some action, not words.

MR MOORE (4.33): It is with great sadness that I rise to comment on the Labor Government's turnabout on their promise to keep the Royal Canberra Hospital open. Clearly, members have not had time to digest the feasibility study in any great detail at this stage. However, in looking at the options in the executive summary in part one of the feasibility study, I note that option 5, the community hospital, would mean a recurrent cost of \$189.47m and a capital cost of \$181.24m - in other words, an increase over the current system of some \$16.9m to \$17m in recurrent costs and some \$27m in capital expenditure.

Because we have only just got this statement I have not had time to put my hands on the document that was the basis of the decision by the Labor Government in 1989 for retaining Royal Canberra Hospital. As my memory serves me, those figures are not so different. In 1989 an extra \$17m recurrent expenditure and some \$30m capital expenditure was required. Those are figures that I shall check and, if I am mistaken, I shall come back to the Assembly and clarify

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the point. However, I believe that they are in that order. Yet we now have the Labor Government saying that because of this extra expenditure we are going to have to make a different decision.

Prior to the time that this feasibility study was tabled, I had taken some advice. I had sought to determine just what would be the response of the Labor Government. I certainly understood that there would be some explanation if the process was to continue as the Alliance Government had set it in place - fast-tracking it and ensuring that the damage was already done and that it was past repair. If it is a function of this value, it is appropriate that we look very carefully at those figures and try to determine why the change in attitude of the Labor Government. That is something I shall do over the next few days.

Granted Dr Kinloch did refer to Professor Douglas and thank him for some assistance that he and others had given the Rally, but Dr Kinloch read almost word for word - some of you would have heard me in the chamber echoing his words - from the document prepared by that member of the Health Board, somebody who is trying his very best, and with the very best intentions, to see whether he can continue the process and obtain the best health facilities for Canberra.

The reality is that people in Canberra believe that the Royal Canberra Hospital should remain open as a hospital. With a financial imperative - and it is exactly that - and with difficult financial circumstances, we have a Government making a very short-term decision. How long will it be before this community requires more public beds? Where will they come from? The obvious spot is the Royal Canberra Hospital site. The refreshing part, the saving grace, is that at least while it remains a health facility we will be able to reintroduce the Royal Canberra Hospital on the Acton Peninsula as a hospital. The reality is that we could have gone for a general medical-surgical hospital, that option being \$11m extra recurrent and \$20m extra capital, rather than the community hospital.

I find it difficult to understand why it is that this Labor Government has lost its will. How easy it is in opposition to criticise. How difficult it is in government to do it. It is, of course, a criticism I can quite easily level at myself. It is something I have long taken time to be careful about. When I make suggestions, when I make criticisms, I try to account for them in financial terms.

It is for that reason that I shall take the time to read carefully through the feasibility study documents and then try to understand why this turnaround has come about, why it is that the people of Canberra seem to be being sold out by such a turnaround. I will have no hesitation, having read these documents, in presenting a Bill to the Assembly - it could take almost the same form as the Bill presented to this Assembly by Rosemary Follett some time ago - to re-establish the Royal Canberra Hospital as a hospital on the Acton Peninsula.

MR STEVENSON (4.39): I quote from Rosemary Follett's speech on 28 March 1990:

Royal Canberra Hospital is very much a strength of Canberra's health system. It is a hospital which has the confidence of Canberra people, a hospital which in fact has the affection of the vast majority of Canberra people, and as such we had decided, in keeping with our election commitment, to retain Royal Canberra Hospital.

We know of course that members of the Alliance Government gave that same commitment and it was worthless. Their commitment on this matter, as on so many other matters, was hollow, an absolute sham.

Rosemary continued a little later on, in response to an interjection from an Alliance member:

... people ... can go anywhere they like - except to Royal Canberra Hospital. Send them to Woden, only another 20 kilometres. Send them to the private hospital; send them to Calvary where they cannot get all the services they might require. What sort of a public hospital system is that? It is a disgrace.

She continued:

I conclude by saying that the Labor Government gave a clear commitment to retain Royal Canberra Hospital.

Indeed, we all know what happens as a standard in Australia when politicians or political parties make promises. There is a methodology that is followed prior to being in a position to do something about a particular action. They say, "We will do what the people want". In this case, "We will keep Royal Canberra Hospital open". In the case of New South Wales, Mr Greiner said, "We will not allow a tunnel to be built under Sydney Harbour". It goes on and on and on. Dozens of such statements must have been made by both the Labor Party and the Liberal Party in Australia's recent history.

Mr Kaine: And some say, "We will abolish the Legislative Assembly".

MR STEVENSON: Indeed. Give me the numbers, any time you want to put it up to a vote. You give me eight and let it be decided on mine. We will see how soon it is abolished. But do not talk about it; give me the opportunity. Make it count on my vote, and see whether my vote will make the difference.

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The Labor Party had the opportunity, as you had, to honour the will of the people. What has Rosemary Follett done? She has reneged on her promise. What is the justification for politicians reneging on promises? I have never heard of one that did not tie up with, "Oh, it is too expensive now. We did not know any of this. We did not realise. If only we had known, we never would have made the promise. It only matters what the people want when we have the money", and so on.

Some 50,000 people in Canberra, of an electorate of 170,000-odd, signed a petition saying, "We want Royal Canberra Hospital kept open". That is a fairly simple message to members of this Assembly. It was not "if it is feasible"; it was not "if you think it might be okay", or anything else.

Mr Kaine: It was not even "if we can afford it", which some people might listen to.

MR STEVENSON: We have surveyed that as well. The people want it kept open, even if there is an added cost. We asked them that. They still wanted it kept open. That is the policy that the people of Canberra have on the Royal Canberra Hospital. The role of members in this Assembly should be - it is legally - that they follow the will of the people that they accept the policy from the majority of people in Canberra and take the necessary administrative actions to implement that policy. We have a situation where the will of the people has not been represented but has been rejected.

Mr Moore mentioned that he would be perfectly happy to introduce the Bill that Rosemary Follett introduced to keep the Royal Canberra Hospital open or to reopen it. Indeed, I am of absolutely the same mind. The only changes needed to the Bill, I believe, are some changes to the list of services contained in the schedule. If there are enough people in this Assembly who will now do what the people want, and if the people of Canberra, in the valiant way they have done in the past, go along to their members, who knows, the Liberal Party, now being in what they call opposition, may well say, "Yes, under the circumstances, and looking at what we have dragged out from under the bed, we now see that the Labor Party is wrong and it should be maintained". It would be a good day if the Royal Canberra Hospital were kept open.

Who knows what will happen to the site once the hospital is closed? The suggestion that it will be maintained for community health services was not the promise the Labor Party made. They promised to keep it open as a hospital; the people want it kept open as a hospital; they should keep it open as a hospital. Indeed, no doubt a Bill will be introduced in this Assembly to do that, and anyone who cares about the will of the people of Canberra will vote to keep it open.

MR JENSEN (4.46): Mr Speaker, I wish to speak very briefly. During his speech Mr Berry said:

Mr Speaker, at no stage did the Labor Party promise to reopen a community hospital at Acton.

As Mr Stevenson has already indicated, if we go back to 6 June 1990 we will find, on page 2136 of the *Hansard*, a Bill called the Royal Canberra Hospital Bill 1990. It was introduced into the Assembly by Ms Follett. It seems to me that that Bill was designed specifically to reopen the Royal Canberra Hospital. On page 2137 of the *Hansard* of 6 June 1990 - that is interesting; it was 12 months to the day prior to the change of government - Ms Follett said:

This Bill is yet another demonstration of the fact that the Labor Party sticks by the promises it made to the Canberra community at the election last year.

We have here a situation where Mr Berry has indicated to this house that the Labor Party made no such promises. If the Labor Party did not make such promises, why did Ms Follett say that on 6 June 1990 and why did we see this Bill put forward at the time? Was it really just a political stunt on the part of the Labor Party, because they knew full well that they really did not mean to reopen the Royal Canberra Hospital when they got an opportunity?

Once again, I think it is important sometimes to remember, in a parliament such as this, that there will be occasions when, if you are not awfully careful, the boomerang will whiz back your way and take your head off very quickly. It seems to me that in this case the now minority Labor Government have been caught at their own game, caught at the game of seeking political expediency. That is all they were trying to do. They were not really trying to reopen Royal Canberra Hospital, because they knew that the numbers were not there. In fact, what they were saying in this *Hansard* effectively was, "We are just taking political points and nothing else". That is what we can expect from a Labor Government that, unfortunately, has no real commitment to the community of the ACT.

MR BERRY (Minister for Health and Minister for Sport) (4.49), in reply: This issue is one of concern to the community. There have been some half-truths in the course of debate. I will start with Mr Jensen. Mr Jensen talked about what happened a year ago, but he very carefully structured his speech to avoid telling the Assembly how much money had been committed by the Alliance Government to the hospital redevelopment project and to the fast-tracking. I ask Mr Jensen whether he knows. I do not think he does, but I think he has very carefully avoided raising the issue, because that is the very reason that Labor has been robbed of the opportunity to reopen Royal Canberra Hospital. The fast-tracking and the commitment of massive amounts of the Territory's funds to the

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redevelopment project adopted by the Alliance Government are the very reason that Labor was unable to continue with its original plan, which it decided upon in 1989. You have to accept that, whether you like it or not.

Nobody wanted more than I to keep an acute care hospital open on the Royal Canberra Hospital site. Nobody was more anxious than I to avoid the closure of that hospital. For Mr Jensen to climb on his soapbox and talk about the Labor Party's position without mentioning the facts does no service to the Assembly. Mr Jensen should have talked about the expenditure of money by the Alliance Government, a Government of which he was a part. He was acting quite contrary to the announced policies of his own party and of the elected members of his own party. I make one exception to that, Mr Speaker: Mr Moore has always stood by the Residents Rally policy in this matter; the Residents Rally members who joined the Alliance Government did not. They are the same Residents Rally members who pressured me, when I was the Health Minister in 1989, to retain a hospital on the Royal Canberra Hospital site.

That level of hypocrisy of the Rally showed all the way through their speeches. I was most concerned at Dr Kinloch's statement because he seemed to ignore what was said in my speech on this matter. I said:

... we will locate non-acute public health facilities, including rehabilitation and aged care, convalescent facilities and the Queen Elizabeth II home for mothers and babies on the site.

That is our clear commitment. It will be considered in the context of the redevelopment timetable.

It is all very well for the Residents Rally to bleat when they themselves are the main cause of the closure of the Royal Canberra Hospital. It is very interesting, too, that the Residents Rally's most recent policy was to have a major trauma hospital on that site. Indeed, that was amongst the options examined by the review team, but it is described as non-viable. Let us be honest about it, Residents Rally members. Give us your real position, state all the facts, and I am sure you will get some support from the Labor Party. I do not mind serious criticism, but you have to be fair dinkum about it.

Mr Stevenson went on with his usual rhapsody of half-truths and referred to Rosemary Follett's speech. But he, too, avoided the issue.

Mr Stevenson: On a point of order, Mr Speaker: Mr Berry's statement about half-truths is not true. Perhaps you might ask him to withdraw fully, Mr Speaker.

MR SPEAKER: Mr Stevenson, I am afraid I was distracted at the time. I will have to review the *Hansard* on that issue.

MR BERRY: Mr Speaker, if I can help you, I did say "half-truths". It has been said throughout the debate, but if it really offends Mr Stevenson I will half withdraw it.

MR SPEAKER: Which half are you withdrawing, Mr Berry?

MR BERRY: The half.

Mr Stevenson: Was that a qualified withdrawal, Mr Speaker?

MR SPEAKER: No, I think it is accepted.

MR BERRY: Mr Stevenson talks about truth. It is all right for him to try to seize upon an electorate on this issue. It is very easy for somebody to do that without touching on the facts. Mr Stevenson, too, avoids the issue of how much money was spent by the Alliance Government in moving to make sure that their redevelopment project could not be reversed. Nobody will cop that sort of rhetoric and those sorts of furrphies.

There was some discussion of private hospital beds and the total number of beds which might be required in the ACT by the year 2000. It is a matter of record that the number of unused private hospital beds is 95. That is a fair indication that there is no interest in the private sector in more private hospital beds, unless that can be created by some sort of artificial shortage in the public sector, and that is not something that Labor is about. We have made our position clear in that respect. We have said that there will be no new private hospital in the ACT. The market clearly is not there.

For members of the Liberal Party to say that you have to satisfy the market, that people have to exercise their choice, is really putting a misleading argument to the people of the ACT. The market is not there. The most important point about Labor's plan in this respect is that the cornerstone of the Liberals' policy on these hospitals has been removed. There will be no new private hospital along the lines promised by the Liberals.

Mr Humphries: Wait till February.

MR BERRY: Mr Humphries says, "Wait until after February". I hope that he is not banking on being able to participate. I think No. 5 on the Liberal ticket will be a bit hard.

Mr Kaine: He will be there, and so will Nos 7 and 8.

MR BERRY: Bill will be happy with that, but I will bet that he is not banking on it either.

Mr Kaine: Yes, he is. He knows that he has got it made.

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MR BERRY: I do not think he is enthused by being No. 8. Mr Speaker, the plan by Labor is about providing quality public hospital services. It is in stark contrast to the plan adopted by the Alliance Government. That was a plan which was based on squeezing the public sector and forcing people into private hospital beds. It is true that this is an ideological decision, and that is what separates us from the Liberal Party. We are ideologically committed to a better public hospital system. We will not injure our public hospital system to prop up the private sector.

We recognise that the private sector has a place in our community; but we know that many of the beds that are already approved in the private sector are not being utilised, so the proposition that there should be another private hospital is patently silly. That is why that proposition has been dropped. We will provide enough flexibility within our proposal to ensure that there are adequate beds for the people of the ACT to the year 2000.

Mr Humphries: With 150 cut out of it, that is very likely, isn't it!

MR BERRY: Mr Humphries continues to ignore the 95 private beds that have not been used yet. He likes to ignore some of the facts, but we will provide a better system.

Question resolved in the affirmative.

SCRUTINY OF BILLS AND SUBORDINATE LEGISLATION - STANDING COMMITTEE Report and Statement

MR COLLAERY: Mr Speaker, I present report No. 13 of 1991 of the Standing Committee on Scrutiny of Bills and Subordinate Legislation. I seek leave to make a brief statement on the report.

Leave granted.

MR COLLAERY: Report No. 13, which I have just tabled, details the committee's report on 14 pieces of subordinate legislation and 12 Bills that have been presented to the Assembly. I commend the report to the Assembly.

HIV, ILLEGAL DRUGS AND PROSTITUTION - SELECT COMMITTEE Authorisation to Present Interim Report

MR MOORE, by leave: I move:

That the Assembly authorises the Select Committee on HIV, Illegal Drugs and Prostitution to present an interim report on a feasibility study on the controlled availability of opioids.

This is a fairly mechanical motion that will allow us to present a report based largely on information provided to us by the National Centre for Epidemiology and Population Health and the Australian Institute of Criminology on what is commonly referred to as the heroin trial.

Question resolved in the affirmative.

Sitting suspended from 5.02 to 8.00 pm

**AUDITOR-GENERAL - REPORT NO. 8 OF 1991
Ministerial Statement and Paper**

MS FOLLETT (Chief Minister and Treasurer) (8.00): Mr Speaker, I seek leave to make a short statement in relation to Audit Report No. 8 from the Acting ACT Auditor-General, which was tabled in the Assembly earlier this afternoon.

Leave granted.

MS FOLLETT: I thank members for that courtesy. Mr Speaker, Audit Report No. 8 tables correspondence between me and the Acting Auditor-General in relation to his request to be appointed to the position. The most recent letter from the Acting Auditor-General, dated 30 July 1991, concluded with this sentence:

I make it clear that I am seeking a term appointment to early July 1992 and await your response.

This report No. 8 has been tabled without awaiting that response. I have in fact written to Mr O'Neill, on 12 August 1991, with my response. The Auditor-General did not await that response. To complete the record, I table my response of 12 August.

Mr Speaker, the correspondence indicates that Mr O'Neill was first appointed by Mr Kaine to act as ACT Auditor-General from 1 July 1990 to 30 June 1991. That appointment was announced by Mr Kaine on 18 June 1990. Mr Kaine said:

Mr J.S. (Jim) O'Neill, previously group director within the Australian National Audit Office, has been appointed to act in the position of ACT Auditor-General from 1 July 1990 to 30 June 1991.

This was the situation with which I was confronted when I became Chief Minister again on 6 June 1991. No public process to select a permanent Auditor-General had been initiated. I moved to correct this unsatisfactory situation in accordance with my clearly stated policy to advertise vacant agency head positions and select on merit. This policy was adopted in the recent filling of the position of Chief Executive Officer to the Board of Health and is being followed for the position of Territory

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Planner. I therefore put steps in train to advertise the position and follow a merit selection process. This approach was outlined in my earlier letter to Mr O'Neill which is included in his report.

There are legal requirements which require a break of one day in an acting appointment beyond 12 months and because there was no process in train I decided to extend the acting appointment until after the merit selection process was completed. This extension of the acting appointment was not at pleasure but until the office is permanently filled. As indicated in my letter to Mr O'Neill of 12 August, I was prepared to consider a fixed date appointment, but expected that that be no later than October or November 1991. Mr O'Neill would have been aware of this if he had awaited my reply.

Mr Speaker, on coming into office this Government inherited a most unclear and unsatisfactory situation. The acting appointment announced by Mr Kaine in June 1990 was about to end. There was no process in train for choosing a permanent appointee and I moved quickly to rectify this position.

Mr Speaker, I conclude by reiterating my belief that the Acting Auditor-General's independence has in no way been affected by this situation. His reports to date stand testimony to this.

Mr Humphries: Are you going to move that we note that statement or something? We would rather you did, so that we can debate it.

MR SPEAKER: Order! There is a debate coming up on the report.

MS FOLLETT: Yes, Mr Speaker. Perhaps I could clarify that. The report would automatically go to the Public Accounts Committee and they would report upon it. I leave it to you if you want to speak separately.

MR SPEAKER: You may wish to make a statement, by seeking leave.

Mr Humphries: No, I do not.

MR KAINE (Leader of the Opposition), by leave: Mr Speaker, I must say that I was quite astonished to read the report from the Auditor-General on this matter. I notice with some dismay that the Chief Minister refers to the situation she inherited from the previous Government. The situation was that as Chief Minister I was well aware that this appointment expired on 30 June, and before the no-confidence motion against me that I lost I had initiated action to review the Auditor-General's appointment. There

is no question about that; it is on the record. It was my intention, clearly stated, that that matter should be resolved before his then appointment expired. I find it quite astonishing now to discover the facts as presented by the Auditor-General.

There is no questioning his integrity in this matter. He has established his integrity for all to see. When he says that his position was left totally unclear on 1 July, as to whether he was the Auditor-General or whether he was not, and that he was not informed until some time around the 23rd of the month as to what his position was, I believe that what he says is true. That matter should have been resolved long before that. It should have been resolved before the end of the month of June, not into the third or fourth week of July.

There is no question that this Government and this Chief Minister have been quite out of order in not resolving that situation before now. To leave the Auditor-General in the position, as he points out, of being totally dependent on the whim of members of this Government as to whether he has tenure or whether he has not is totally unacceptable.

Ms Follett: I have done the same thing you did, Trevor.

MR KAINE: You did nothing of the kind.

Ms Follett: I did.

MR KAINE: You did nothing of the kind. The Auditor-General, under the Alliance Government, was given a temporary 12-month tenure appointment and the reasons why it was a temporary 12-month appointment are explained in his own report. All that was required, if you had some doubt about whether you wanted to give him a tenured appointment or not, was for you to give him another 12-month or six-month or three-month tenured appointment - not to put out a day-to-day commitment where you, as Chief Minister, can withdraw his warrant as Auditor-General at any time it suits you, at any time he upsets you, at any time he says anything that you find unacceptable. That seems to be the terms under which he is currently appointed.

It is totally unacceptable. It would be unacceptable in any environment. It is totally unacceptable where the Auditor-General has a duty and a responsibility not to you but to this Assembly. For you to give him an appointment which is so tenuous and which rests entirely on your whim as to whether his tenure continues or not is totally unacceptable in any circumstances. You have the opinion of a number of other auditors-general throughout Australia as to what they think of it. Their opinion is a proper professional view.

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I believe that for the Auditor-General of the Territory to get to the point where he has to put a report to this Assembly to set out the circumstance and the predicament in which he finds himself is totally unacceptable. It is typical of the procrastination of this Government and its inability to make a decision about anything. We saw an example this afternoon. Mr Berry sat on a report for some time before he deigned to tell this community or this Assembly anything about his \$50,000 report on the hospital.

Mr Berry: I take a point of order, Mr Speaker. Mr Kaine was given leave to make a statement in relation to the Auditor-General.

MR Kaine: And I am making it, Mr Speaker. This procrastination, this inability to make a decision about anything, is typical, and it is quite appalling that our Auditor-General is put into this situation. It is time for the Government to rectify it. All that is required to rectify it is to give him a tenured appointment, even if only until the end of this current fiscal year, during which time you have ample time, if you so desire, to go and find somebody else for a long-term appointment.

Mr Berry: Don't be so angry; just read the letter.

MR Kaine: I have read from cover to cover the report which the Auditor-General has submitted to this place, and he shows you lot up to be in a pretty poor position, quite frankly - an appalling position. You have a total lack of understanding of what the office of Auditor-General is about. Obviously, you totally misunderstand the fact that he is required, as a statutory officer, to be totally independent of your influence, not subject to your whim as to whether you can fire him or not from day to day. Get your act together.

Mr Connolly: So, why did you appoint him for 12 months, 18 months out from an election? A 12-month trial period; that is what you did.

MR Kaine: Get your act together. Don't you tell me. I am telling you, Mr Connolly: Get your act together.

Mr Connolly: You appointed him for 12 months, 18 months out from an election.

MR Kaine: Exactly; and he was up for reappointment on 1 July, and you lot screwed it up. You screwed it up. You did not even have the decency to tell him what his status was until 23 July. No, do not throw the onus on me. Accept the responsibility yourself; that is where it lies. You are the Government; you have a responsibility to

rectify this situation. All I am suggesting to you is that you do it and you put yourself in line with governments right throughout Australia who understand and recognise the role of the Auditor-General, what his responsibilities are, and to whom he is responsible. He is not responsible to you. He should not be subject to your whim. Rectify the situation and do it quickly.

MR COLLAERY, by leave: I thank members. Mr Speaker, surely the issue is not the personality but the principle involved. The first thing that Mr Kaine did was to have the courage to appoint an Auditor-General for this Territory's government, and he did that. I am pleased to see that it was done. He made an appointment that the Labor Party did not make. We desperately needed an Auditor-General during the period of the Follett-Whalan Government and we did not get one. We got an Auditor-General who has fearlessly thrown himself into issues that have not always pleased administering Ministers and senior public servants. I make no comment on those issues; they can await the debates on the various reports that he has tabled.

But, Mr Speaker, in the New South Wales Parliament, only a couple of months ago, a major issue was taken up about the independence of the New South Wales Auditor-General. In fact, there was correspondence in the national press - in particular, the *Australian* on 18 June 1991 - which no doubt competent politicians in this arena should be aware of, particularly by Mr McGuinness, where he talked about the true independence required of the Ombudsman and the Auditor-General in our process of government.

Members of the Labor Party interject and talk about giving him an acting appointment and seeing how he performs. Those are very cheap comments when one considers that the Director of Public Prosecutions was appointed to a senior government position by agreement across this floor, without this very prudent merit selection process - the practice that Ms Follett says she will follow for all senior positions. The fact is that you do not relegate positions like judges, like ombudsmen, like auditors-general and solicitors-general - positions of ultimate public trust of that nature - to a selection and merit process, "As I do for all SES positions", I heard Ms Follett say.

Ms Follett: No, you did not.

MR COLLAERY: Or words to that effect. That shows a classic myopic lack of appreciation of the separation of powers that is required and the necessity for governments to put themselves in a position where ombudsmen and auditors-general can be as candid as they like about the workings of government.

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Mr Speaker, on 6 June, a group of members in this Assembly tabled a self-government reform charter which called quite explicitly for independence for the Auditor-General. Ms Follett is on notice that a significant number of members in this Assembly - and she is in a minority government in that regard - wanted to see independence for the Auditor-General. I find it difficult to believe that she could not put her mind to the request of quite a number of members of this Assembly - it was publicised as well - that there be an independent role created for our Auditor-General.

To talk about advertising it for merit review and to leave the current Auditor-General up in the air is unsatisfactory even for a day. It is unsatisfactory because only today - and probably tomorrow - I was about to move a motion to refer an action of the Follett Labor ministry in paying certain air fares for a member to the Auditor-General for investigation. That followed a decision by the Speaker that he would not take the issue on. That motion to refer it is in my papers here now.

Ms Follett: I raise a point of order, Mr Speaker. That is surely a reflection on the Speaker.

MR COLLAERY: Not at all. Just sit down and take your medicine - through you, Mr Speaker.

MR SPEAKER: I do not accept that as a problem, Ms Follett. He was making the point that I did in fact make that statement today. That is valid. I stand by my decision.

MR COLLAERY: The fact is, Mr Speaker, that I am anxious to move a motion that the action of Ms Follett and her ministry in paying that sum of money for Mr Moore's air fares be thoroughly investigated by the Auditor-General, if not the Australian Federal Police, because we have seen similar investigations under way in Tasmania - - -

Mr Connolly: I take a point of order, Mr Speaker. Mr Collaery says that a matter should be investigated by the Australian Federal Police. He is clearly making an imputation of criminal conduct on the part of Ms Follett and all the members of her ministry. The reflection against you was a far less serious matter than a direct imputation of criminal conduct. His call for an investigation by the Australian Federal Police should be withdrawn.

Mr Collaery: Mr Speaker, may I address that point of order? This is the second time we have had this histrionic performance from Mr Connolly today. My words did not impute criminal conduct. I said, "by the Auditor-General or perhaps the Australian Federal Police". The police force was delegated in Tasmania to investigate similar issues, but I propose to refer it to the Auditor-General. The point of my remarks was that it is relevant to this debate. I believe that it should be referred to the Auditor-General.

Mr Connolly: Mr Speaker, I take a point of order. Is he going to withdraw the imputation of criminality, or is it open slather in this place to accuse members of criminal behaviour? If you want to so rule, and they are the rules of the game; fine.

MR SPEAKER: Thank you for your observation, Mr Connolly. I am not legally trained. I will take that matter on notice because I do not believe, on the opinion that was presented by the previous Attorney-General, that there is a case to answer.

Mr Connolly: I take a point of order, Mr Speaker. He said that an action of the executive government, of Ministers, should be investigated by the Federal Police. He is saying that the Executive Government has indulged in criminal behaviour. If you are prepared to establish ground rules that a member of this place can accuse other members of criminal behaviour and that can be reported in the *Hansard* and on the front page of the *Canberra Times*, then you, Mr Speaker, are setting a standard for this Assembly that is lower than that which applies in any place in Australia. If you want to rule that way, you can rule that way. The allegation that members of the Executive Government have indulged in criminal behaviour that warrants investigation by the police should be withdrawn. I think all right-thinking members of this Assembly would agree with me, and you should, because you have been in government in the past.

MR SPEAKER: I will take advice on that, Mr Connolly.

Mr Collaery: I may be able to assist you, Mr Speaker. Perhaps if I could rejoin to Mr Connolly's remarks just for a moment to assist your consideration outside the chamber. Firstly, Mr Speaker, there has been no imputation made. A body has to investigate it and I named two possible bodies. I prefer the Auditor-General. Secondly, Mr Speaker, Mr Connolly has referred to allegations of criminal conduct. This is histrionic. No-one has made that allegation. The Australian Federal Police investigate dog bites, for instance. Certainly, this is somewhere in that realm. We have a government which has been leading its members on the leash somewhere to vote in this chamber.

MR SPEAKER: Thank you for your observation, Mr Collaery.

Mr Berry: I seek leave to make a short statement.

MR SPEAKER: I would like to address the point of order, first, if you would not mind, Mr Berry. Mr Collaery, having considered the way that the imputation has been received by Mr Connolly and others, I would ask whether you would withdraw the statement implying that the Federal Police would be looking at activities that have been interpreted as criminal. I am not a lawyer, I must admit, and I take advice from both of you.

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MR COLLAERY: Mr Speaker, I will make it easy for you. I am not implying or imputing to these members - and I withdraw, unreservedly - any imputation of criminal conduct, as Mr Connolly puts it. Nor did I allege any matters of criminal conduct. I referred to the Australian Federal Police as a body that might be the appropriate one to investigate payments that seem to be irregular. That is the extent of the concern that I have in this chamber. I believe that the principle of free speech in this chamber requires us to speak very frankly and candidly of a situation. That situation has arisen in this chamber and you, Mr Speaker, advised that you were never approached to pay those air fares. They have been paid by a Labor ministry for another member of this chamber. I have withdrawn it, Mr Speaker.

MR SPEAKER: Thank you, Mr Collaery.

Mr Berry: I seek leave to make a statement in relation to this matter.

MR SPEAKER: I am not sure that Mr Collaery had finished his statement, Mr Berry.

MR COLLAERY: Mr Speaker, if I may continue, the Labor Government was on clear notice, on absolutely clear notice, that a significant group of this Assembly were concerned not only about the tenure of the Auditor-General but also about that of the Ombudsman and the judges and magistrates of our courts in the Territory.

Mr Speaker, there is a lot to debate in Ms Follett's letter to the Auditor-General. It sets the Auditor in a position where he would not be aware or have any knowledge of his situation until late October or early November. Mr Speaker, that covers the period of important work of the Public Accounts Committee of this Assembly, which will act on the Auditor's reports. Clearly, it is unsatisfactory. If Ms Follett has a problem with the present Auditor-General, surely that should be dealt with in the conventional manner across the floor outside the chamber, if that is necessary. She should inform us or the party leaders as to whether she is seeking to fill the position or otherwise approach appropriate people, as is the tradition elsewhere in the country for appointments of this nature.

If Ms Follett is going to adopt this process for the appointment of an Auditor-General, will she do the same for judges, for example? I am not aware that the Commonwealth Auditor-General's position has ever been filled by an open, public, advertised merit selection process, like SES positions. The Auditor-General has a particular role in the separation of powers. That has been supported.

Mr Kaine: It is a statutory office.

MR COLLAERY: As Mr Kaine interjects, it is a statutory office. The whole idea of an Auditor-General is to dictate that, if there are any financial scandals within government or within executive government, they be revealed candidly and without fear or favour by the Auditor-General. Mr Speaker, I would like to feel more comfortable about Mr O'Neill's appointment before I referred to the Auditor-General the matter I mentioned earlier that produced Mr Connolly's extraordinary reaction.

Just to get the record straight, I will read from the letter from Mr O'Neill to Ms Follett of 7 June. He said that he was told that a Remuneration Tribunal determination on salary would be made. He then wrote:

The Act provides that an acting appointment cannot be longer than 12 months therefore my acting term expires on 30 June 1991. Last month, in the absence of any Tribunal determination, the then Chief Minister -

that is Mr Kaine -

advised me that he was taking action to make my appointment permanent in the knowledge that I would retire in July 1992, but events have overtaken that.

He went on to address the issue. It seems clear, of course, that it was open to the Chief Minister, if she had some ambivalent feelings about the current occupant, at least to respond to him with that courtesy and advise that she appointed him for a set period so that he would have tenure within the process of current inquiries and investigations.

MR BERRY (Minister for Health and Minister for Sport), by leave: Once again Mr Collaery has been off on one of his corruption fantasy trips. He has embarked on another course of innuendo and smear. In fact, besides Dennis Stevenson, he is the biggest smear merchant in the place, I suspect.

Dr Kinloch: Mr Speaker, I raise a point of order. Neither of those comments need be made. I ask that they be withdrawn.

MR SPEAKER: Yes, I think you are trying to incite further reaction, Mr Berry.

Ms Follett: Mr Speaker, speaking to the point of order, we just had a lengthy debate from Mr Collaery over his views on whether the Federal Police should be called in to investigate actions of my Government. If that is not a smear, I do not know what is. In the event, all that Mr Collaery withdrew was any imputation of criminal activity. He did not withdraw the smear. Mr Berry has quite rightly referred to that as a smear tactic, and it is. He should not be required to withdraw it.

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Dr Kinloch: Mr Speaker, my point of order is related to two members of the Assembly being referred to as smear merchants, as if they were in some kind of competition with each other on such a matter. I do not think it is suitable for this Assembly.

MR BERRY: Well, righteous indignation from Hector Kinloch aside, I think the term "smear" is quite appropriate to what has just been undertaken by Mr Collaery, and we have heard the same sort of approach from Mr Stevenson. I think it is a quite appropriate tag.

Mr Collaery: I take a point of order, Mr Speaker. An enormous level of sensitivity, post-dinner sensitivity, on the part of the Labor side of this house, is making a mountain out of a molehill. The fact is that a seemingly innocuous reference to a proper investigatory body of payments which are unusual to a member of parliament has produced this reaction and, Mr Speaker, allows this gentleman across the way to call me a smear merchant. That is inappropriate conduct when we are talking about investigating the use of government funds.

Mr Connolly: Even though you think the police should be investigating it, and me.

MR SPEAKER: Order!

MR BERRY: I am not inclined to withdraw it.

Mr Collaery: Mr Speaker, through you, there is an interjection saying that I think the police should inquire. I said that I believe the Auditor-General should. But he is somewhat disabled at the moment.

MR SPEAKER: I think the remarks made are regrettable and I would ask that Mr Berry withdraw that. I do not think we are getting anywhere with this continuing - - -

MR BERRY: Mr Speaker, I am not inclined to withdraw them unless you order me to; and I do not believe that I should be ordered to withdraw them, because my view is that they are quite appropriate in the light of the members' behaviour.

MR SPEAKER: Mr Berry, there was not a member named by Mr Collaery. He was making a general statement against an action, and in this case you are making an accusation against him. To resolve the issue, I would ask you to withdraw that and, please, let us get on with it.

MR BERRY: I am not inclined to agree with your request, Mr Speaker. I will only withdraw it if you order me to. You create the precedent, Mr Speaker. This is a little bit like "furphy", I suspect.

MR SPEAKER: I will review the *Hansard* and take advice. Let us get on with it. Please proceed.

MR BERRY: We have also been lumbered with half-truths and spite, continuing spite, about Mr Moore's departure from the Residents Rally.

Mr Jensen: It has nothing to do with it.

MR BERRY: You are biting again. If it has nothing to do with it, why do you bite all the time? Why do we have these obsessive accusations about some sort of wrongdoing in relation to Mr Moore? It has just got to the stage where it is over the top. The innuendo - - -

Mr Collaery: I take a point of order, Mr Speaker. There has been absolutely nothing that merits Mr Berry putting on the record that there has been some suggestion of wrongdoing by Mr Moore. That should, in Mr Moore's absence, be withdrawn. I stand in defence of Mr Moore on that point. No-one has suggested that there has been any wrongdoing by him. Mr Berry is on the record as saying that someone has suggested that. I ask that he withdraw that imputation.

MR SPEAKER: Yes, I uphold your objection, Mr Collaery. There was no imputation against Mr Moore, other than that phrased by you, Mr Berry. I would ask you to withdraw that.

MR BERRY: I withdraw that, Mr Speaker; but I will say that I am sick and tired of the spiteful approach that has been coming from Residents Rally members in relation to Mr Moore. It is not my job to defend Mr Moore; he is quite able to do that himself. But the trouble with the behaviour of Residents Rally members is that they interfere with the legitimate business of this place with all of their spiteful rantings.

Mr Speaker, the first half-truth that we heard tonight from Mr Collaery was in relation to an auditor in the ACT. He said that we did not have an auditor. Well, we did have an auditor. We had the Commonwealth auditor. That is another untruth. I think those sorts of things have to be rectified on the record. These rantings from Mr Collaery have to be scrubbed from the record. He is not approaching the issues which were raised by the Chief Minister in relation to report No. 8 which we received this afternoon.

The Opposition benches seem to be suggesting that the Labor Government warmly embraces patronage as a means of selecting people. We are not going to do that; it is a hundred years dead. All of these sorts of positions are quite appropriately advertised and filled on merit. There is no argument that can carry any weight that would cause this Government to deviate from a course of merit selection for people in these sorts of positions. It is outrageous to suggest that the Government should just reappoint and reappoint and reappoint.

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That might have been the choice of the former Government, but it is not the way that this Government operates. One has to be careful, of course, that one does not prejudice Mr O'Neill in his application for the position, if he chooses to apply. But we are not the ones who raised this issue; it was the members opposite. They heard the Chief Minister's response to the report from Mr O'Neill. I would have expected that they would have the commonsense to accept that merit appointment is an appropriate course in this case, but they will not accept that. It seems, therefore, that they argue for us to warmly embrace patronage. Well, we are not going to do it.

Mr Kaine: I seek leave to make a statement on this matter, Mr Speaker.

Leave not granted.

Motion (by **Mr Kaine**) agreed to:

That so much of the standing and temporary orders be suspended as would prevent Mr Kaine from making a further statement on the matter.

MR KAINE (Leader of the Opposition) (8.32): Thank you, members. I think the debate of the last few minutes has been most regrettable. Some things have been said that perhaps would have been better not said. I do not believe for a moment that the position adopted by Mr Collaery is quite as out of order as the Government would have us believe. What he was saying to us was that he had proposed to refer a matter to the Auditor-General but the Auditor-General's position is so unclear as a result of this report. The Chief Minister's response does little to clarify it, to be quite clear. I have the Chief Minister's letter and it does not clarify the position.

However, setting aside whether Mr Collaery is correct or incorrect in what he said - I notice that the Government is very sensitive about it, so I presume that they are very sensitive about this whole issue - the real crux of this matter, I think, is the following statement made by the Auditor-General in his report:

... from 23 July 1991 my occupancy of the position of Auditor-General is a day to day proposition at the whim of the Government.

That is an accurate statement. Despite what the Chief Minister might now wish to say, that is an accurate statement. It is unacceptable and it must be rectified quickly.

For Mr Berry to rage on about patronage is absolute rubbish. Nobody is asking the Government to exercise patronage. I would refer back to the Chief Minister's own comments, referred to here in the Auditor-General's letter of 28 June. He reminds the Chief Minister of her statement as to sacking of agency heads. I quote:

In principle I believe that those positions should be advertised and there should be a competitive process for them -

fine -

but with eight or nine months to go in government, that's clearly not on. The people there, I believe, have the right to continue there for the life of this Government.

What has changed, and why have you singled out the Auditor-General for this special treatment? There are other agency heads whose tenure is the same as that of the Auditor-General. Let us be clear; why has the Government singled out the Auditor-General? The Chief Minister has not explained that. She has not explained why she has singled out the Auditor-General for special treatment.

The fact is that the Auditor-General is the one statutory officer who should not be singled out for this special treatment. He is the only one of those agency heads who is responsible, by virtue of his position, to this Assembly, not to the Government. The Chief Minister can do what she likes about the rest of her agency heads. They respond to her. They are SES officers, part of the public service, part of the Government Service and responsible to the Government. But the Auditor-General is not in that general category. Yet he has been singled out for special treatment. None of the Government - Mr Connolly in his rage; the Chief Minister; Mr Berry, in his defence of his position - have attempted to explain why the Auditor-General has been specially singled out for treatment.

Mr Connolly: Tell us who is in the same position. Who else's appointment expired on 30 June?

MR KAINE: All you had to do was reappoint him. In the Chief Minister's own words, "During the life of the Government these people should continue in their jobs". They are not my words; they are not Mr Connolly's words; regrettably, they are the words of the Chief Minister. Yet here we have the position where the Auditor-General has an appointment on a day-to-day basis at the whim of the Government. It is not good enough.

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MS FOLLETT (Chief Minister and Treasurer) (8.37): I seek leave to make a statement under standing order 47, Mr Speaker.

Leave granted.

MS FOLLETT: Mr Speaker, a number of members have totally misrepresented me on this matter. I think it is extraordinarily regrettable that both Mr Kaine and Mr Collaery should choose such intemperate language and intemperate attitudes to deal with a sensitive matter to do, in effect, with staffing. The first issue which I wish to take up is Mr Kaine's most unlovely expression that I had "screwed it up". They are his words, not mine.

Mr Kaine: So you did.

MS FOLLETT: They are most regrettable words, Mr Speaker.

Mr Kaine: All you had to do was reappoint the Auditor-General.

MR SPEAKER: Order!

MS FOLLETT: Thank you. They are most regrettable words and in my view they are not parliamentary; but I think that, given Mr Kaine's extraordinarily agitated state at the time, it would have been unwise to challenge him on them. The fact is, Mr Speaker, that both Mr Kaine and I have followed precisely the same course in relation to the filling of the position of Auditor-General. Mr Kaine made an acting appointment of Mr O'Neill.

Mr Kaine: But you have not.

MS FOLLETT: I have made an acting appointment of Mr O'Neill.

Mr Kaine: The circumstances were a little different, Chief Minister. You have to admit it.

MS FOLLETT: Mr Speaker, if I may be heard: I am fed up with Mr Kaine continually interrupting.

MR SPEAKER: Order!

MS FOLLETT: Mr Kaine made an acting appointment of Mr O'Neill with a fixed time of expiry, namely, 30 June 1991. I have made an acting appointment of Mr O'Neill with a date of expiry - and I will quote from the instrument of appointment - "ending when the office is filled". Mr Speaker, any suggestion that I have filled that position at my whim or at the whim of the Government is absolutely untrue. The only difference between what Mr Kaine did and what I have done is that Mr Kaine put a finishing date and I have said "when the office is filled".

If Mr Kaine would care to look at the later letter that I have sent to Mr O'Neill, I have in fact entertained the idea of putting a finishing date if that will make him happier, or Mr Kaine happier. I am quite prepared to entertain that. That is the only difference between what I have done and what Mr Kaine has done, and the hysteria opposite is out of all appropriateness to this situation.

Mr Speaker, Mr Collaery made a statement in passing, and I will quote again: "If she has a problem with the present Auditor-General ...". Mr Collaery, I have no problem with the present Auditor-General, and I wish to have that on the record. As I said in my statement, I believe that the present Acting Auditor-General conducts his role in a totally appropriate and totally independent manner, and no action that I have taken or failed to take will change that. He continues to act as Auditor-General, as he did under Mr Kaine.

Mr Kaine finally asked why I had not taken the same action in relation to all agency heads. The fact is, Mr Kaine, that no other agency head's acting appointment expired on 30 June 1991. Mr O'Neill was perhaps in the unfortunate position of being the only person to whom that situation applied. Mr O'Neill was the only person who was, in effect, out of a job because Mr Kaine had put an end date on his acting arrangement - 30 June 1991. So, there is no question of this situation applying to any other agency head. It clearly does not. For Mr Kaine, in his hysterical fashion, to imply that I had somehow singled out Mr O'Neill for special treatment is misleading; it is a gross overreaction and it is a total lack of objectivity in a situation that I think requires a cool head and total objectivity.

So, I claim to have been misrepresented on those points, Mr Speaker. I hope that all members will take my explanation of them in a spirit of open-mindedness, not with the total histrionics that we have had so far in this debate.

ELECTRICITY AND WATER (AMENDMENT) BILL 1991

[COGNATE BILL AND STANDING COMMITTEE REPORT:

WATER SUPPLY (CHEMICAL TREATMENT) (REPEAL) BILL 1991
SOCIAL POLICY - STANDING COMMITTEE - REPORT ON WATER FLUORIDATION]

Debate resumed from 7 August 1991, on motion by **Mr Berry**:

That this Bill be agreed to in principle.

MR SPEAKER: Is it the wish of the Assembly to debate this order of the day concurrently with the Water Supply (Chemical Treatment) (Repeal) Bill 1991 and the Standing Committee on Social Policy report on water fluoridation?

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There being no objection, that course will be followed. I remind members that in debating order of the day No. 1 they may also address their remarks to order of the day No. 2 and Assembly Business order of the day No. 1.

MR HUMPHRIES (8.42): It is perhaps unfortunate that we return to the subject of fluoride, after having visited it on previous occasions in fashions which I think did little credit to the Assembly or its standing in the community. It is regrettable in some ways that we have had to return to it tonight, for what I hope will be the last time for some period to come.

Mr Doby: Ever.

MR HUMPHRIES: I would not be quite so confident as to say "ever", but certainly I hope that it will be for some time to come. Mr Speaker, what could be mildly described as a blizzard of information is circulating in the public arena at present about fluoride and its effects on the public and on public health. That has led, in other places as well as the ACT, to a certain scientific polemicism on this subject. In particular, I note that the committee quoted in its report one P. Cullen who suggested that the emergence of "advocacy science" - that is, a trend whereby scientists select evidence to support their position - is a threat to the traditional approach of science that is motivated by a search for truth. It is undoubtedly, I think, Mr Speaker, a trend which has emerged in this debate.

We have seen very widely differing arguments emerge about the effects of fluoride, based on similar bodies of evidence. We are entitled to ask ourselves exactly how that occurs and exactly why it is that people with apparently major and quite respectable credentials in this area should find themselves in such violent disagreement about the sets of data that they are using to make these sorts of comments. I think the issue has absorbed enormous resources, and certainly time, both of this Assembly and, in particular, of the Social Policy Committee. The Social Policy Committee awaited the report of a working party of the NHMRC, which reported in November last year, before it made its report. I think that is a very valuable step to have taken, given that that working party report says some very interesting things about the whole question that that standing committee had to consider.

I would like to quote a few paragraphs from the first and second interim reports of the NHMRC working party. The first report said:

The application of 1 ppm fluoride to water has provided a public health measure of apparently great efficacy. Repeatedly, in observational and experimental studies, in which caries experience has been monitored, the standard index of decayed, missing and filled teeth or surfaces in which

children who have been exposed to fluoridated water supplies has fallen substantially, and the reported differences between fluoridated and non-fluoridated areas have led to the inference that fluoridated water was the key determinant of the fall.

In the second report, of November 1990, the major conclusions included:

In the assessment of the Working Group, the aggregate evidence establishes that fluoridation of water to around 1 ppm has, in the past, conferred a substantial protective effect against dental caries. The evidence for this protective effect is strongest in childhood, reflecting the preponderance of research in this age-group. In recent decades, the magnitude of the beneficial effect of water fluoridation appears to have decreased, as the pattern of dental disease has changed and as fluoride has become widely available from a number of discretionary sources. Nevertheless, water fluoridation continues to contribute to the prevention of dental caries, and therefore to provide an important, community-wide, and readily achievable, foundation to dental public health.

Another important conclusion, apart from the fact that drinking water was the best medium in which to provide fluoride, was:

There is no evidence of adverse health effects attributable to fluoride in communities exposed to a combination of fluoridated water (1 ppm) and contemporary discretionary sources of fluoride.

For example, that is in toothpaste and things like that. Mr Deputy Speaker, that is a fairly clear, unambiguous, quite direct and quite apparently compelling statement by the NHMRC working party. When I read that section of the report - it appears relatively early in its deliberations - the question that crossed my mind was: How can our Standing Committee on Social Policy do better than that report? On what basis, scientific basis in particular, could the working group in effect be overruled by evidence that came before the standing committee?

If the subject of that standing committee's consideration had been the ACT electoral system or school closures or section 65 of the self-government Act, I would have no hesitation in preferring the expertise of those worthy members of the Social Policy Committee who deliberated on the subject of fluoride. But, as it happens, the working party, consisting of people of eminent qualification - - -

Ms Maher: Are you saying that we are not?

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MR HUMPHRIES: No, Ms Maher, I am not saying that those people who sat on the Social Policy Committee are not of eminent qualification.

Mrs Nolan: Watch it.

MR HUMPHRIES: I am going to watch it very closely, Mrs Nolan. I do not believe that any members of the Social Policy Committee of our Assembly hold chairs in the departments of clinical and experimental pharmacology at any university in the country, nor do they hold any professorships of social and preventive dentistry or professorships of occupational and environmental health. Regrettably, none of those qualifications were present in the Standing Committee on Social Policy. As I said, Mr Deputy Speaker, if the subject for debate had been the electoral system or something of that kind, I would have preferred members of the Social Policy Committee - - -

Mr Duby: But you do not have to be a doctor to be a good Minister for Health.

MR HUMPHRIES: Indeed, Mr Duby; but we stray from the subject. Mr Deputy Speaker, the fact is that the people who conducted this research on behalf of the National Health and Medical Research Council are eminently qualified in their area. They presented quite firm, quite apparently conclusive recommendations about the use of fluoride in water supplies in this country. I think the onus with those recommendations fell very heavily on the standing committee of our Assembly to indicate in which ways that working party had erred, where it had been mistaken and what flaws in its thinking or its approach to the issue had been exhibited in its report. I looked for that evidence in the rest of the report of the standing committee.

Mr Stevenson: How far did you go?

MR HUMPHRIES: I looked through the entire report, Mr Stevenson, including to the end of your dissent, painful as it was. I have to say that I found nothing to satisfy me that that onus on the standing committee had been discharged. There are different views about the evidence in relation to fluoride, and in Mr Stevenson's dissenting report, under the following heading, he asks: When experts disagree, who do we believe?

That raises a very interesting point. It is very difficult for lay people, such as those in this Assembly, with respect, with little scientific qualification - I think I say it without any contradiction - to sit down and say, "Yes, we can sift through this mountain of scientific evidence about fluoride and come to a conclusion which is better than that reached by the peak scientific research organisation in this country and similar bodies elsewhere in the world".

The evidence before the committee was much the same as that before the NHMRC working party. It came to a different view, however. Which view are we to prefer - that of the working party or that of the Standing Committee on Social Policy? I think that, because of the onus that I suggested was placed on the standing committee, it is better to prefer the view of the NHMRC working party. For example, the report discusses, particularly around pages 100 and 101, the reasons for the recommendation that the concentration of fluoride in the ACT water supply be reduced to 0.5 parts per million, and the arguments for that are gone through in some detail. There is a discussion of the levels and modes of fluoridation or non-fluoridation in other countries and the sorts of foods and topical applications where fluoride is available in this country and elsewhere, and then there is some discussion of the scientific evidence, presumably the same as was before the NHMRC working party.

The words on page 101 appear to be with respect to a discussion of other surveys that indicate what effect would be had on children's teeth if levels of fluoride were reduced. I quote:

Expressed in another way this -

that is, the reduction of 15 per cent in fluoride levels -

would equate approximately to 215 more affected teeth per thousand 12 year-old children after a period of 5 to 10 years.

The committee goes on to say:

However until research is conducted on this issue Australians like the rest of the world can only speculate on the effects of such a measure.

That is, reducing fluoride levels to half their present levels in the ACT. It continues:

With the acknowledged effects of other sources of fluoride, the comparatively high socio economic position of the population and the quality of dental services in the ACT, the Committee believes that a reduction of fluoride concentration to 0.5 ppm would be unlikely to have a significant impact on dental health.

I do not see in this report the basis for that statement. I see discussions of possible sources of support for that view, but I do not see any conclusively proven view established either on the basis of any research directly into that question or on the basis of any sifting of medical and scientific information by other researchers, a peak body or some other equivalent organisation, to establish the case for reducing the level of fluoride from one part per million to half of that level. It appears to

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me, with the greatest of respect to the members of that committee, to be a decision based more on the spirit of compromise than on the desire to effect some scientifically valid position for the ACT.

When I read those sections that I have just quoted I had to ask myself: Why did the Social Policy Committee take a different view entirely from the National Health and Medical Research Council working party, based on the same evidence? The working party had a different view. Its view was presumably very thoroughly researched, yet it took a quite different view. Why should that be?

I also notice, however, that on the next page of the report the standing committee hedges its bets slightly by saying that the ACT Government should urgently seek NHMRC funding to establish an independent study on the effects on dental health of a reduced level of fluoride in the ACT water supply. It seemed to me, with respect again, to be an acknowledgment that there was some doubt, some lack of conclusive proof, that the position they were proposing - in other words, a reduction of the level from one part to half a part per million - was not well based on any scientific research. I have to say that my view is that the heavy onus placed on the Social Policy Committee was not discharged by the sources that were quoted in that report.

There was then discussion on some of the other arguments put forward by various people against mass medication and the compulsory fluoridation of water supplies, such as the argument that civil liberties were breached by the compulsory fluoridation of water. The submissions were not attached in their entirety, but there were some interesting summaries of what some of those submissions argued were the civil liberties arguments against fluoridation. They included: Interfering with freedom of religion; promoting or further moving towards socialised medicine; undertaking mass medication without the consent of the people; it being a step in the direction of socialism - an argument which would normally appeal to me, except that I could not see the basis for it; depriving people of the right to take personal care of one's body; not adhering to the 10 standards set up by the Nuremberg War Crimes Tribunal for experimentation on the lives of human beings; and a measure to extend the omnipotence of big brother government.

Those arguments have been well canvassed in the past, including in this place. They were addressed by the Social Policy Committee. It wisely copped out and said that the committee was divided on whether or not fluoridation of public water supplies infringes civil liberties. It is an argument that I think would be impossible to win one way or the other, and I think it was wise for them to have avoided the issue in that fashion.

As I indicated, I also looked through Mr Stevenson's dissent. I again indicate that there is a welter of information, much of it quoted by Mr Stevenson, much of it purporting to establish that fluoride is harmful in varying degrees. I consider some of it to be hard to understand in terms of its combination of scientific facts with semipolitical or moral comments.

Mr Stevenson: Which part was that?

MR HUMPHRIES: Mr Stevenson asked which part that was. He refers, for example, to the activities of apparently secret societies of dentists - - -

Mr Doby: On what page?

MR HUMPHRIES: This is on page 279. There is apparently a society called the Delta-Sigma-Delta organisation which is exclusively male; it has English freemasonry connotations; it is led by a grand master; it displays its own coat of arms and requests its members to take an oath of secrecy.

Mr Stevenson goes on to say that this organisation has effectively infiltrated parts of the Australian Dental Association and strongly influences its policy and, in effect, he suggests, in fairly explicit terms, that much of the activity of that body, with respect to fluoridation, is attributable - - -

Mr Stevenson: It was a quote from the *Labor Star*, Mr Humphries. Why not give the correct quote?

MR HUMPHRIES: No, that is not the case. The bit that I am quoting is above that, as I understand it, Mr Stevenson. It is alleged that there is some kind of conspiracy at work here, producing the view among dentists that fluoridation is good for people's teeth.

As Minister for Health, I spoke to a great many dentists about fluoride. When I spoke to them I had in mind the argument that dentists, when being educated in dental schools around the country, were heavily influenced by accepted thinking on this question and were inclined to accept knowledge handed down to them from their elders and their teachers. That is not the sort of experience that I encountered when I was at university; there was a very strong spirit of questioning when I was there.

I find it very hard to imagine that dentists are somehow so different that they would accept, blindly and without their consideration, arguments that fluoride is effective in the prevention of dental caries. Frankly, Mr Deputy Speaker, the belief that I encountered in most dentists, that fluoride was effective in preventing dental caries, was very much a matter of conviction produced by years of working in the field. I have no doubt at all that most dentists come to that view through their experience and their observation of the way in which fluoride affects children's teeth particularly.

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As I indicated, I found some aspects of Mr Stevenson's report hard to follow and a little bit lacking in substance from a scientific point of view. But I go back to the question that he poses in that report: When experts disagree, how do you decide? To people who are not qualified to enter that field and fully sort the information into chaff and grain, the answer must be that there should be some process of assessment of that information at a level of peak scientific or research organisations.

In the Australian context that means, in my view, the NHMRC. I am prepared to accept the advice of that organisation. It is very clear; its views are not dislodged, in my view, by the recommendations of the standing committee. I do not wish in any way to denigrate the work of the standing committee. It has obviously done a very good job in spending so much time sifting through so much evidence, but I believe that it needs more than the consideration of a couple of sources to dislodge many years of work in this area.

Mr Deputy Speaker, the policy of the Liberal Party is also quite clear. It was recently determined by the Liberal Party convention. It is that fluoride should be added to the water supply at levels recommended by the National Health and Medical Research Council. That was considered at a policy convention in June this year. It was carried after considerable debate and I believe that it binds my hands, even if there was some disagreement on my part with that policy, which there is not. Mr Deputy Speaker, I am not sure what will happen to this motion, and particularly the proposed amendment. But I believe that it is incumbent on us to put behind us the damaging effect that this debate has had on the Assembly and its work over the past two years. I therefore intend to support these Bills.

DR KINLOCH (9.02): First of all, I want to take issue with Mr Humphries in saying that it is regrettable that we are returning to this discussion on fluoride; it is quite to the contrary. I believe that when an historian looks at the history of the ACT Legislative Assembly he or she will look at this whole episode as a great learning experience. He or she may also look at the media seizing on something in a trivial way and then trivialising it.

By contrast, let us consider what we did. We found ourselves in a situation in which, I think it would be fair to say, we may have acted overhastily; but we then emerged very properly, I felt, from that. We set up an inquiry which, again very properly, took about 16 months to report. So, overall, I believe that this Assembly can stand up proudly and say that we have done well by this issue on behalf of the people of Canberra. We had problems with it at first, and we tried to act as best we could. Those problems were perceived; we then tried to correct them, and I believe that we are correcting them. Here we are

tonight, having carefully taken our proper time, addressing the report and the proposed Bill. I hope that I may have two bites at this cherry in due course; I hope that we will also look at the proposed amendment.

I believe that the committee has come to proper conclusions. Mr Humphries has rightly quoted differences in the views of the committee members. There is no doubt that there was a range of views on the committee. For a long time I felt that the tentative conclusions of the NHMRC working party would be what I would conclude. But we now have the final draft of the NHMRC report, and we also have statements by at least one member of the NHMRC who differs with the NHMRC working group report. Furthermore, I want to make this very clear point: I am in no doubt whatsoever - and I join with the dentists in agreeing - that fluoride added in certain proportions to the water is beneficial for the prevention of dental caries. Some members of the committee and some members of the Assembly may have some doubt about that, but the bulk of the committee favours it.

But that is not the issue. It may be an excellent treatment for the prevention of dental caries, but what else is it doing? What is the beneficial dose of fluoride? What other parts of the body or elements of health might it be affecting? You cannot think only about the undoubted beneficial effect of fluoride on the prevention of dental caries, which I do not doubt for a moment. There are other factors.

Mr Humphries rightly asks - indeed, it was the central question for me at the time: How can we do better than the NHMRC? I do not believe that it is a question of our doing better. It is one of looking at the clues in the NHMRC final report, not just the working party report, and also at what essentially are disagreements within the body of the NHMRC. By the way, there are dentists, statisticians, biochemists and experts in public health on that body. We should ask: What are those clues? What should we conclude from them? I believe that we may well be doing a great many people a favour, when I get to my second bite of the cherry later in these proceedings, when we come to the question of the level of fluoride in the water. By and large, there is no question that almost all the committee members agree fundamentally with the NHMRC report.

I now want to turn to that final report in which worries are indicated. These are not heavy worries. I agree with Mr Humphries that they are saying things such as that they remain unconvinced that the amount of one part per million should be changed. There is that kind of comment in a number of parts. So, let me turn to them. I am looking at pages 114 to 117 of this draft of the final version of the report, items 9.2.1, 9.2.6, 9.2.7 and the fourth point of 9.3.3. Pages 114 to 117 contain the conclusions and recommendations and general summary. In talking to one of the members of the NHMRC, I was advised to look at those pages in particular, which I did.

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Other members of the committee also recognise the point at which members of the NHMRC group realised that it was not a simple task. It was not just to endorse this report; it was to look at the implications of it. On page 115 it is stated:

While, on the available evidence, there is no justification for lowering the fluoride concentration in drinking water, public health prudence requires that this option be kept in mind in the course of future public health surveillance and evaluation.

Notice the warning sign. A majority of that committee has obviously decided to stick with one part per million, but they are putting the other side of the equation as well:

... public health prudence requires that this option be kept in mind in the course of future public health surveillance and evaluation. Whereas avoidance of excessive individual exposure in young childhood is best approached by controlling the intake of discretionary fluoride, avoidance of excessive exposure of the community to lifetime cumulation of fluoride would, if required, be best approached -

listen to this -

by reducing the concentration of fluoride in drinking water.

That comes from the NHMRC report, at page 115. There is a particular concern which I will come to again later, with my other bite of the cherry, but on page 116 it is stated:

In children, there is a need for effective control over discretionary sources of supplementary fluoride, to avoid excessive intake in some individuals.

Again, notice the warning sign. It continues:

Avoidance of high individual intake of fluoride in childhood can best be achieved by control of discretionary sources of fluoride.

That is continued. The warning that we received, from within the report, in our investigations and in other material, one of which I will refer to, was to worry about the period from 1964 to the present. In 1964, in the ACT we were operating on one part per million, but by 1991 there had been all kinds of additional, supplemental areas of fluoride intake, which was pushing the overall intake to levels well above one part per million. It is not just the

one part per million in the water. The consideration that one has to have is for the total intake of fluoride. Those dangers are flagged on pages 115 and 116. Point 9.2.7 states:

If, in the light of future health surveillance, there were any future need for a community-wide reduction in long-term exposure to fluoride in adults, this would be best achieved by reduction in the concentration of fluoride in drinking water.

That is from the NHMRC report. Our committee, which met for many, many hours over long periods, was very concerned about this particular level of fluoride. There came that point in our discussions at which - I want to stress this very much - it was not a political compromise. It was not somebody saying, "Let us take half". By contrast - I hope others will speak to this - we are listening to such advice as the following statement which is from a person who is on the NHMRC. Listen to this:

A significant reduction of the fluoride level to between 0.5 and 0.7 ppm, however, would probably result in only a relatively small decrease in protection.

That is from a working paper by Professor Robert M. Douglas and Alison Hill, *Fluoridation of public water supplies and public health: an old controversy revisited*, June 1990. It is this particular report, emanating from Canberra, I stress, with Canberra circumstances, which especially led us to wonder about the one part per million. I am going to stop here because I want to come back to the other matter later.

MS MAHER (9.13): I rise to speak briefly on this issue. In principle, I support the Electricity and Water (Amendment) Bill 1991, which allows for the permanent addition of fluoride to our water supply. The issue of water fluoridation, as all members are aware, has been a very contentious one. During its inquiry into fluoridation, the Social Policy Committee, of which I am a member, received extensive information on the issue, held public hearings and heard many arguments for and against fluoridation. Subsequently, after long deliberations, the committee made four recommendations, two of which the Government has supported. In my view, the two major recommendations, which the Government has not supported, were: To reduce the level of fluoride in the ACT water supply to the lowest level which would achieve maximum effect, that level being 0.5 parts per million; and the other related to research, which I will comment on later.

Mr Deputy Speaker, the beneficial property of fluoride has been scientifically proven, and I believe that there is sufficient data to substantiate the arguments as to why we should continue to add fluoride to our water supply. The question remains: At what safe and effective level should

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fluoride be added? The Government has presented its Bill to add fluoride at one part per million on a permanent basis. Although I agree with the permanent addition of fluoride to the water supply, I would argue that the level should be 0.5 parts per million. The committee recommended that level as the lowest level of maximum effect, and I stress that this was not a decision of compromise, as Dr Kinloch has already said. This recommendation was supported unanimously and arose from the research and evidence presented to the committee.

Since 1964, when fluoride was introduced, the sources of it have increased - for example, fluoridated toothpaste, reconstituted dried foods and drinks, the increase in bottle-fed babies and also its topical applications. Therefore, the level of fluoride ingested has also increased. Reducing the level of fluoride to 0.5 parts per million would counteract this increase. This argument has been supported by Ms Alison Hill and Professor Douglas, who conducted a study at the ANU National Centre for Epidemiology and Population Health, to which Dr Kinloch has already referred. May I add that Professor Douglas was also on the NHMRC committee to which the Government refers in its response.

With regard to research, Mr Deputy Speaker, I think the ACT is in a fortunate situation in that it has the unique opportunity to carry out comprehensive research in this field. Moreover, there would be greater scope for research if the level were to be reduced to 0.5 parts per million. I might add, as Dr Kinloch has pointed out, that one of the issues arising from the inquiry, which has also been endorsed by the NHMRC, was the fact that there was a lack of Australian research into water fluoridation. As I said in my speech of 12 February this year, the ACT could become a world leader in this field. I would urge the Government and other members to support Dr Kinloch's proposed amendment to the Bill, therefore supporting the committee's recommendation that "the concentration of fluoride in the ACT water supply be reduced to 0.5 parts per million". I agree also with the recommendation to seek funding for a major study, which Mr Humphries read out earlier and which is on page 102 of the report.

Mr Deputy Speaker, I would like to conclude by saying that being a member of the committee that inquired into water fluoridation in the ACT was not the easiest task that I have undertaken since I have been in this Assembly. The committee members participated in hours of discussions, both private and public, and received mountains of information, much of which was of a technical nature. I believe that the recommendations in the report were made out of genuine concern for the community, and I adhere to those recommendations.

MR STEVENSON (9.18): Fluoridation is the compulsory drugging of entire communities by the state. It is one of the medical and political frauds of the century. The World Health Organisation's International Agency for Research on Cancer stated:

The major uses of sodium silicofluoride have been reported to be ... as an insecticide, fungicide, bactericide and rodenticide ... Sodium silicofluoride is widely used as a fluoridating agent for municipal drinking-water ...

The current president of the ACT division of the Australian Dental Association, Dr Carmelo Bonanno, said in October 1989 that the fluoride that is used as a rat poison is different from the chemical used for fluoridation. Is that true? Certainly not. But it is one of the many false claims commonly used to mislead the public, by those who promote artificial fluoridation.

What is the truth? How long has this truth been known? In 1957, Dr Ludwik Gross, renowned cancer research scientist, said:

Fluorides are violent poisons to all living tissue because of their precipitation of calcium. They cause fall of blood pressure, respiratory failure, and general paralysis. Continuous ingestion of non-fatal doses causes permanent inhibition of growth.

At the same time, in the United States the director of the Cambridge Medical Centre said:

Artificial, or inorganic, sodium fluoride is a highly toxic, protoplasmic poison, 15 times stronger than arsenic.

The dangers of artificial fluoridation are well known in Europe. As a result of these health and also legal concerns, most countries there have rejected artificial fluoridation.

Proponents of artificial fluoridation would seem to believe that one milligram of fluoride taken daily, either in tablet form or ingested in one litre of fluoridated water, enters the body, circulates in the bloodstream and somehow finds its way to the teeth. They ignore any evidence that fluoride can have a cumulatively adverse effect on bones and that it can and does accumulate in the heart, the brain, kidneys, parathyroid gland, and other cells and tissues of the body. Alternatively, they would seem to accept without question, as most dentists do, that, on swallowing a glass of artificially fluoridated water, the fluoride magically detaches itself from the water, does not enter the stomach or pass into the bloodstream, but remains in the mouth of the person and busies itself solely with hardening the enamel of the teeth. This is not science; it is dangerous nonsense.

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In their submissions to the ACT fluoride inquiry, the Australian Medical Association, the Australian Dental Association and the National Health and Medical Research Council once again gave their unfailing and longstanding support to the practice of artificial fluoridation. Let us look at exactly what these bodies are advocating when they approve of the drug fluoride being dispensed in this way: Firstly, the patient is not consulted or examined before receiving the drug; secondly, the medical history, individual susceptibility, chronic illness or possible allergic or other reaction of the patient is not determined; thirdly, the strength of the dose is not related to the age, weight or size of the patient; fourthly, the patient is not informed of any adverse side effects caused by the drug; fifthly, the state of the patient's teeth, or even whether they have any, is not considered; sixthly, there is no check on the total intake of the drug which the patient may already be ingesting from other sources; seventhly, the drug has not undergone testing procedures that are now legally required to check the safety of any new drug before its use; eighthly, the dose of the drug is determined by how much tap water the patient drinks - in other words, the patient's thirst - not by a competent physician on a case by case basis; and, ninthly, the drug is administered compulsorily, even against the patient's will.

Sir Stanton Hicks, the noted Australian professor of pharmacology and physiology, spoke on the matter of medical ethics. He said:

I submit that medication of a whole populace variable in individual response, regardless of individual age, state of teeth, of general health, rate of consumption of water, and so on, is quite unscientific and unethical, and that passive acceptance of the right of a government or municipal authority to implement such medication through its water supply is to sacrifice a fundamental principle of medical practice.

Dr Edward Hamlyn was the medical adviser to the House of Commons All Party Committee on Freedom of Information in 1978. He showed how even doctors can be misinformed. He stated:

Since first hearing recommendations by medical authorities that fluoride should be added to those public water supplies alleged to be deficient in fluoride in order to reduce tooth decay in children, I had always assumed that such authorities could be relied upon. I was far too busy to get involved in the fluoridation controversy and readily accepted what the "experts" said. I also accepted the view that people who were against fluoridation were cranks and I never bothered to listen to what they had to say, or read what they wrote.

... my curiosity to discover the truth soon led me to realise that my medical teaching had been quite incorrect. All the data I had been given on fluoridation by the medical authorities was basically untrue. The data had in it sufficient truth to make it credible, but was so slanted and curved as to lead one to a conclusion which was entirely false.

Let us look at some of the important data on fluoride. Two scientists, Dr Dean Burk and Dr John Yiamouyiannis, compared the cancer death rate of the 10 largest fluoridated cities in the United States with that of the 10 largest non-fluoridated cities that had comparable cancer death rates from 1940 to 1950, a period during which neither of those groups of cities was fluoridated. That gave them a good basis to start with. In other words, all things were even to the time of fluoridation. What did the data show? It showed that cancer deaths were the same in the 20 cities before fluoridation, from 1940 to 1950; after 10 cities were artificially fluoridated there were many more cancer deaths in the fluoridated cities than there were in the unfluoridated cities.

Some proponents of artificial fluoridation claim that the Burk and Yiamouyiannis studies were not valid because they had not allowed for age, race and sex. However, in a Supreme Court verdict, in the decree of Justice John Flaherty in the Supreme Court of Pennsylvania in the United States he addressed the question of the Burk and Yiamouyiannis study. He said:

Point by point, every criticism defendants made of the [Burk and Yiamouyiannis] study was met and explained by the plaintiffs. Often, the point was turned around against defendants.

That is the pro-fluoridationists. He continued:

In short, this court was compellingly convinced of the evidence in favour of plaintiffs.

The trial brought into my Court experts on the subject of fluoridation, and I meticulously considered the objective evidence. In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and a review of the evidence will disclose that there was no convincing evidence to the contrary.

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The question is: Were there any groups in Australia who tried to mislead the public by claiming that Burk and Yiamouyiannis had not allowed for differences in age, race and sex? In a media release of 26 June 1979, Dr Michael Henderson, the Deputy Secretary-General of the Australian Medical Association, wrote:

Yiamouyiannis has failed to take proper account of existing differences in age, sex and race ...

In the submission of the Australian Dental Association to the 1980 Victorian inquiry it stated:

The general criticism was that Burk and Yiamouyiannis dealt basically in crude cancer statistics, and did not take into account many factors related to cancer mortality, such as age, sex, race ...

In the submission of the National Health and Medical Research Council to the Victorian inquiry it stated:

By far the most important of the criticisms of Yiamouyiannis and Burk (1977) is of the inadequacies of the procedures ... and [they] did not allow at all for race and sex.

Dr Graeme Dunn, president of the Dental Health Education and Research Foundation, in an official letter of 11 June 1979, said of Dr Burk and Dr Yiamouyiannis:

The true story of these charlatans is beyond belief.

Dr B. Levant, speaking as the chairman of the Australian Dental Association's fluoridation committee, was reported in the *Melbourne Age* of 29 August 1977 as saying:

Dr Levant said Dr Burk was an eminent biochemist whose "profound qualifications" were not in the cancer field.

Dr Dean Burk, now deceased, was one of the world's leading biochemists, with 50 years' research in cancer. He was co-founder of the United States National Cancer Institute and was with that institute for 35 years. He received a number of major international awards for cancer research. He was a member of some 20 leading scientific organisations, and wrote the texts *Cancer, Approaches to Tumor Chemotherapy* and *Cell Chemistry*. Dr Burk published a prodigious 200 scientific, medical papers on cancer alone. He said:

Everything causes cancer? Perhaps. Conceivably, even a single electron at the other side of the universe. The real question is, how likely is any one particular cause? In point of fact, fluoride causes more human cancer death, and causes it faster, than any other chemical.

Doctors Burk and Yiamouyiannis showed irrefutably that there are at least 10,000 cancer deaths in America each year due to fluoridation. In 1972 the then Federal Health Minister, Dr Everingham, gave what he believed was the reason for the refusal by authorities to acknowledge the truth about the dangers of artificial fluoridation. He said:

... authorities in Australia, USA, the World Health Organisation and elsewhere are engaged in inaccuracies which I can explain only as probable face-saving reactions, conscious or unconscious, of a sort quite common in orthodox professions and bureaucracies.

The evidence that the NHMRC, the ADA, the AMA and many politicians would rather the public did not know is contained in my 177-page dissenting report. It was not my work; I simply compiled the evidence from eminent scientists all over the world. This report contains the names of more than 1,000 doctors, dentists, scientists, researchers and others who are opposed to fluoridation. It also contains the names of 11 Nobel Prize winners who show their concerns about the health dangers of fluoridation. Those Nobel Prize winners were not in the field of humanities; it was medicine and chemistry.

When we look at compulsion we see that artificial water fluoridation is compulsory mass drugging with an extremely toxic chemical. This is undemocratic and violates the individual's freedom of choice in medical treatment and the right to care for one's own body and one's family's bodies.

Debate interrupted.

ADJOURNMENT

MR DEPUTY SPEAKER: Order! It being 9.30 pm, I propose the question:

That the Assembly do now adjourn.

Mr Berry: I require the question to be put forthwith without debate.

Question resolved in the negative.

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ELECTRICITY AND WATER (AMENDMENT) BILL 1991

[COGNATE BILL AND STANDING COMMITTEE REPORT:

WATER SUPPLY (CHEMICAL TREATMENT) (REPEAL) BILL 1991
SOCIAL POLICY - STANDING COMMITTEE - REPORT ON WATER FLUORIDATION]

Debate resumed.

MR STEVENSON: The major worldwide improvement in children's teeth in developed countries over the last few decades is a global phenomenon. It has occurred equally in non-fluoridated, as well as artificially fluoridated, areas and was occurring before fluoridation began. There was a 60 per cent reduction in dental caries in Sydney from 1964, I think it was, to 1970. But 58 per cent came before 1968, when Sydney water was fluoridated; 2 per cent came between 1968 and 1970. The suggestion that it was due to fluoride is totally misleading and appalling when you look at the so-called establishment people who use the information.

One of the clearest facts to prove the nonsense of fluoridation is that most children in developed countries have better teeth. Perhaps in excess of 80 per cent of children throughout the world have rather good teeth. When we look at the number of children in the world who receive artificial fluoridation, we understand that it is less than 5 per cent. So, one needs to go no further than that simple fact.

Industrial fluoride waste emissions are major environmental pollutants of the air, water, land, and now our animal and vegetable foods. Artificial water fluoridation greatly increases the existing pollution and human intake levels. Fluoride is not an essential element. Dental caries are not caused by a lack of fluoride. The main cause of tooth decay seems to be the ingestion of too much sugar and refined carbohydrates. Indeed, the only countries in which children's teeth are getting worse are those where they have an increased use and importation of sugar. That is not surprising.

Mr Humphries mentioned earlier that I asked in my report: When experts disagree, who are we to believe? Before people have a chance to look at the compelling arguments against artificial fluoridation, they quite often say, quite reasonably, "Who are we to believe when we have contrary scientific opinions?". (*Extension of time granted*) Dr Colquhoun explains the answer that Mr Humphries did not give:

... if you do not know who to believe, you should follow your doubt and we should not be imposing it compulsorily on the whole population if ... experts cannot agree among themselves.

Mr Humphries talked about some requirement of medical people to determine what must be the simplest decision that anyone can make: Should government have the right to force everyone to take a drug? He did not explain to us why you need a four-year degree in medicine to work out whether or not you can force me or anybody else to take a drug. At the end of the all-party report are listed the names and locations of the people who made some 160 submissions. I looked at that and thought that was interesting, but it did not give who was for and who was against fluoride. So, I thought I would do it. I listed them all and found that 141 people who made submissions to the inquiry were against fluoride and only 19 were for it.

Mr Humphries: It is not an opinion poll, Dennis.

MR STEVENSON: It is not an opinion poll. We could talk about opinion polls, but I will do that a bit later. In summary, may I quote a past president of the American Medical Association, Dr Charles Heyd. He stated:

The plain fact that fluorine is an insidious poison, harmful, toxic and cumulative in its effects, even when ingested in minimal amounts, will remain unchanged no matter how many times it will be repeated in print that fluoridation of [the] water supply is "safe".

MR WOOD (Minister for Education and the Arts and Minister for the Environment, Land and Planning) (9.36): Mr Speaker, it must be two years since this matter was first raised in this Assembly. No doubt the speaker who follows me can give us the date on which that occurred. I remember Mr Prowse standing in a position that is now on my right and displaying a large photograph, that was truly quite alarming, showing one or two people - I think there were several photographs - with teeth in a very bad state. My response then, as it remains today, was to indicate that literally thousands of photographs can be displayed showing the bright smiling faces of children and young adults who have mouths full of excellent teeth. That is substantially the result of the addition of fluoride to our drinking water.

Perhaps the most vivid memory of the long process we went through in that committee was of a very pleasant, kind and courteous gentleman who must have been in his seventies and who came to explain to us that we should not add fluoride to the water because some years before he had gone through a period of debilitation, loss of energy and a range of other symptoms which he attributed to fluoride. I cannot pass judgment about that. He said that that was the case, and I was in no position to dispute it. But I noted his teeth and afterwards I said to him, "You have false teeth. Tell me about them". He said, as well as I can recall, "Oh yes, of course. Where I came from in Victoria, all the

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people had false teeth by their early twenties". It struck me that there was a message of some sort in that, which clearly is that fluoride used in water or topical applications reduces the rate of dental caries.

A matter of concern to the committee was the repeated claims that we heard about the effect of fluoride on health. I acknowledge that quite a number of people came to the committee - indeed, we sought them out and asked them to come - and explained to us health problems that they believed had arisen because of the use of fluoride. I am not resolved in my view on that. While matters have been pointed out to me, I am not convinced that there is extensive scientific validation of the points that they raised. But obviously we listened to what those people said.

The committee came to a conclusion that fluoride should be added to the drinking water because it was beneficial for dental health. It was not a unanimous decision, bearing in mind Mr Stevenson's position in the committee; but that recommendation was subsequently made. After that we had to decide at what level the fluoride was to be added to the water. Members of that committee know, and the minutes of the committee record in brief, the debate that occurred on that. The minutes record how we had at first established that our recommended level would be one part per million, the level that is currently imposed.

After debate, consideration and reconsideration, that recommendation was, as we know, amended to read 0.5 parts per million. I am quite comfortable with it being within that range of 0.5 parts per million to one part per million. I have no difficulty with the addition of fluoride anywhere within that range. I believe that it provides benefits for teeth without imposing any risks on the health of people who consume the water.

I am well aware that in Australia, as in the United States, the premier scientific bodies that advise governments on these matters have recommended that the dose should be at the rate of one part per million. I have read their reports, and I accept those. So, any recommendation that the level be at that rate is one with which I obviously have no difficulty, because that remains consistently the quality advice that is given to government. The committee had its reasons for supporting the rate of 0.5 parts per million, but my position is not in any way of difficulty for me.

I believe that one of the outcomes of the committee report could well be the need to look at the total fluoride intake. We do not know, because it was never evaluated, the level of fluoride intake of Canberrans before 1964 when fluoride was introduced. We do not know what the level is today, but I think there is little doubt that it is more now than it was then. That is one of the reasons for the recommendation of the committee that we should look at the

extent to which unfluoridated toothpaste is readily available to the community. At present only fluoridated toothpaste is easily available. Unfluoridated toothpaste is to be found; but it takes some searching, some knowledge, to find it. Part of the overall scheme of what we should do is that if people want to reduce the level of their total fluoride intake they can do so by changing their toothpaste.

Mrs Nolan: It costs a lot of money.

MR WOOD: It costs a little more, Mrs Nolan. I went shopping with you once when we bought you some non-fluoride toothpaste, in Kings Cross in Sydney, as I recall, Mrs Nolan. I know that you pointed out the cost. It was not our fluoride inquiry that we were there for; it was the HIV inquiry that took us to Kings Cross. While it may seem a trivial matter, the committee accepted that it was important that non-fluoridated toothpaste be readily available, because the toothpaste that we use day and night, or at whatever periods we use it, containing fluoride does increase our level of fluoride intake. So, let us proceed down the path of making other toothpaste more readily available. I welcome the Deputy Chief Minister's indication that he will do so.

As Dr Kinloch pointed out, this has been a long debate. It may be that tonight, or on the resumption if it is not concluded tonight, it will be the conclusion of the debate. The whole effect of it, certainly for me, has been to confirm that fluoride is very useful. I am very happy to see it at the rate of one part per million.

MR PROWSE (9.44): Fluoride is a highly toxic cumulative poison. I do not care whether it is 0.0001 parts per million or five parts per million; it is cumulative. I cannot understand why simple lay language such as that cannot penetrate to those who are making statements. It is cumulative. It does kill bacteria, Mr Wood, and that is why it does have an effect on dental caries.

Mr Berry: That is not it.

MR PROWSE: It does not kill bacteria? That is a learned statement from the floor! Fluoride does kill bacteria. That is why it has an effect on teeth. But why swallow it? Why not use it as a mouth rinse, if that is what you wish to do? You do not have to swallow the stuff and then affect every tissue in your body. That is the point that we will raise again and again: There is no need to swallow the junk. Mr Wood and Mr Humphries, in his learned dissertation on this, have stated that there are no ill effects. This is the situation that I cannot understand, once again.

Ms Follett: You just voted for him as leader.

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MR PROWSE: There are some people who cannot read the text. I will table this document in a moment. It is a study that was reported at volume 16, No. 4, of the *Journal of Dental Medicine* of October 1961.

Mr Stevenson: On a point of order, Mr Deputy Speaker: The noise from the other members is getting rather loud in this area.

MR DEPUTY SPEAKER: Mr Stevenson, if it gets louder I will shut them up. Continue, Mr Prowse.

MR PROWSE: The study, which was reported in the *Journal of Dental Medicine*, volume 16, No. 4 - for those who could not hear - is titled, "Prenatal and Postnatal Ingestion of Fluorides - Fourteen Years of Investigation - Final Report". I put it to you that I have identified this document on a number of occasions. Mr Humphries and Mr Wood claim that they know of no ill effects. The NHMRC had the audacity to claim that it knew of no ill effects, even though Professor Douglas was aware of this report.

The text of this report indicates that a test was done over 14 years on a number of people in a very controlled, double blind study in which the participants were given doses of calcium fluoride at the rate of one milligram, sodium fluoride at 1.2 milligrams, and $\text{Na}_2\text{PO}_3\text{F}$ at 0.825 milligrams. All of those gave an equivalent of ion availability of one part per million of fluoride ions. So, it was a very well controlled test done over 14 years. For the record once again, in case these people cannot understand that there was an adverse effect, I will read from page 194 of the *Journal of Dental Medicine*, because obviously dentists are the epitome of all knowledge on the health effects of fluoride. It states:

One percent of our cases reacted adversely to the fluoride. By the use of placebos -

that means that tablets that had no fluoride in them were given also -

it was definitely established that the fluoride and not the binder was the causative agent. These reactions, occurring in gravid women and in children of all ages in the study group, affected the dermatologic, gastro-intestinal and neurological systems. Eczema, atopic dermatitis, urticaria, epigastric distress, emesis, and headache have all occurred with the use of fluoride and disappeared upon the use of placebo tablets, only to recur when the fluoride tablet was, unknowingly to the patient, given again.

If anybody can say that there is no evidence of adverse effects on a scientific basis, they have not listened; they will not see. There are none so blind as those who will not see. I suggest that Mr Humphries and Mr Wood have

joined that group, and unfortunately so has the NHMRC. It is held up as the epitome of all science in our community. Unfortunately, it is made up of human beings with failings. As I have said, Professor Douglas, who was a member of the NHMRC committee, is aware of and has reported on this particular report. So, for it and these members of this Assembly to claim that the NHMRC could find no evidence of ill effect is absolute rubbish.

Mr Humphries: They have; that is what they said.

MR PROWSE: They said that, and I challenge it. You should look further, because I presented this to all members of the Assembly in my opening speech on this issue. If you have not read it, you choose to ignore it, as others have done.

Mr Duby: Should this not go through the Chair?

MR PROWSE: That is the point that I would make, through you, Mr Deputy Speaker. Another of the papers that Mr Humphries and Mr Berry have held up to us as the authoritative documents as to why we should have fluoride at the rate that they recommend is this report from the study conducted in the United States, "Review of Fluoride - Benefits and Risks - report of the Ad Hoc Subcommittee on Fluoride of the Committee to Coordinate Environmental Health and Related Programs, Public Health Service". This has been thrown up to us as the reason why we should stick with fluoride at one part per million. I think I have destroyed the NHMRC argument; but, if I have not, it remains for the learned member opposite to read this report in the dental health journal.

Mr Collaery: Who did you call "learned"?

MR PROWSE: Through you, Mr Deputy Speaker: We are all learned, in different degrees, unfortunately.

Mr Berry: Some of us are more learned than others.

MR PROWSE: That is what I am saying. The Government was relying on the report from the United States to support some of the claims for fluoride efficacy in control of dental caries. I do not argue their position; I am not involved in that issue at all. I am not particularly interested one way or the other. They do recognise here, though, the research on the risks of fluoride. This is in the report that Mr Berry has submitted to us as the reason why he has taken such a strong stand on the rate of one part per million.

They recommend research into the risks of fluoride. They say that the community that is investigating fluoride should develop a method of quantitatively identifying dental fluorosis that is specific, reliable and acceptable to the public. In other words, they have not done that yet. They also recommend the continuation of the study of

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dental fluorosis and that they should conduct analytical epidemiological studies of osteosarcoma, in other words, bone cancer. They have not done it; they should conduct it. They recommend that they should evaluate the scientific merit of conducting further animal cancer studies; they should conduct analytical epidemiological studies to determine the relationship, if any, among fluoride intake, fluoride bone levels, diet, body levels of nutrients such as calcium, and bone fractures. So, we are looking at another thing they have not done. This is the world authority on fluoride. We do not do any original research in this country, I might add. None has ever been done, to my knowledge. Yet the body that is supposed to be the be-all and end-all on fluoride information has not done the studies.

It recommends that studies be conducted on the reproductive toxicity of fluoride using various dose levels including the minimally toxic maternal dose. So, it would be looking at the effect on mothers of a minimal dose that is toxic. These studies have not been done, but here are people saying, "It is safe. Let us put it in the water. It is good stuff". It may be good for teeth, and it may be good for bones - I doubt that - but it is certainly not good for soft tissue, and I will repeat that ad infinitum. I seek leave to table the article from the *Journal of Dental Medicine*.

Leave granted.

MR PROWSE: We have been told in the past that this debate is so technical that mere mortals like members of this Assembly cannot understand it. That is absolute rubbish. There is nothing so technical about the debate on fluoride that every member of the community who can read cannot understand it. It is easily understood because it is all in lay terms. There is no long discussion that is relevant to this debate on the medical terminology and scientific molecular studies of this. We are looking at the basic information that can be presented and represented to all members.

There is a recommendation that there should be funding for research into the hypersensitivity of fluoride. I could not agree more. The World Health Organisation recommends that before fluoride is introduced into the water supply of a community the total intake from all foods and other sources should be established. That has never been done in Australia, let alone the ACT. We keep going back to these peak bodies, such as the NHMRC and the World Health Organisation, and we use them as the reason why we can do these things, but we do not follow their instructions. We have never done a study in Australia as to the source of fluoride in our food and other areas such as air, particularly around furnaces and those sorts of things. So, people who suggest that they know what level is best for us are fooling themselves. They do not fool others who have actually researched this basic topic.

As I said before, if the NHMRC can find no evidence of ill effects of fluoride, the problem is that they based their conclusions on error. They did not find it because the NHMRC study was nowhere near as detailed as the study that this Social Policy Committee has conducted. The Social Policy Committee inquiry into fluoride in the ACT is the most significant investigation into fluoride that has ever been conducted in this country. If anyone puts down the members of this committee and their findings, they do not understand; they have not read the research. Have a look at the research that has been conducted in Victoria, Tasmania and other places.

The NHMRC report was based on several people sitting down and reviewing the literature. It depends which documents you read as to how much research you have done. They did not call in experts from overseas. They did not call in witnesses from interstate. The NHMRC people reviewed the literature. We know how much there is of it. What double blind study was done so that they ensured that references from both sides of the argument were reviewed? I cannot assure you to the degree that I would like to, but I am confident that they did review the literature that was supporting the case that they presented. That is the statement that I will stick by, and I have said it before. In case you did not see a report recently - I have mentioned this before also - a Dr Eric Reynolds from Melbourne University dental research school has spent 12 years working on the discovery of casein phosphopeptides.

Mr Kaine: What are they? I thought you said that there was not any science and technology in this.

MR PROWSE: They are little wriggly things that Dr Reynolds has been researching for 12 years. This is a by-product of milk; it is a casein extract. This product has now been proved to affect dental caries. The headline is "Chocolate could soon be good for your teeth". They intend to put it into bread, milk and all sorts of other foods that are now coming onto the market. Here we have a product which can affect dental caries and which is not a toxic cumulative poison. I think we should look to those sorts of avenues rather than stick by this old hat idea of fluoride; it is past its time. Other countries are now pushing to remove it from the water supply. It is the story of the 1960s: Put a chemical in the water and everyone will be happy. That is now changing, and we should push as hard as we can to lead the way in the ACT.

Mr Kaine: Are you saying that we should eat more chocolate?

MR PROWSE: No, it is not in the chocolate yet. (*Extension of time granted*) Mr Wood made a point that there are lots of photos of children with big smiles and lovely white teeth because there is fluoride in the water. It is obvious, then, that there are no photos of children in Brisbane with big white smiles; they must all have dental caries! It is

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quite obvious that his statement is incorrect. There is no fluoride in the water supply in Brisbane, but teeth there are on a par with teeth in Melbourne and just slightly worse than those in the ACT, only, I suggest to you, because of the socioeconomics of the area.

Mr Humphries raised the issue of Liberal policy. I was not going to mention it, but I will mention philosophy first. The philosophy of the Liberal Party is freedom of choice and individual responsibility. I think that is absolutely wonderful.

Mr Kaine: Now read the policy.

MR PROWSE: The Liberal Party supports fluoridation of water supplies. There has been an interjection from Mr Kaine. We are playing into this quite well, fortunately, because I have here a copy of the Liberal policy. If you ring the executive of the party they will fax you the policy that says that we support the continued fluoridation of the ACT water supplies.

Mr Kaine: You are against the policy.

MR PROWSE: That is right.

Mr Kaine: You are arguing against it.

MR PROWSE: I am arguing against it; but I am not going to vote against it, because I am going to move later that we put in 0.0001 parts per million. Mr Humphries has misled us slightly on what the policy is. But I come back to the philosophy. There is a very small group within the Liberal Party, who I claim to be the socialist left of the Liberal Party, who support fluoridation, against their own philosophy.

Mr Kaine: The majority do; they determine the policy.

MR PROWSE: Again, there has been an interjection that the majority do. A well-known lobbyist invited a number of dentists to join the Liberal Party so that they could push this policy through.

Mr Kaine: He is getting into Mr Collaery's conspiracy class.

MR PROWSE: I will not go any further, but I will provide the proof of that statement if Mr Kaine would like it. My statement to the Liberal Party members at a recent duck shoot which was held at the Academy of Science was that I will support party policy, and I do so by supporting the 0.5 parts per million, by not moving for the total cessation of artificial fluoridation.

I will raise another point. Dr Spencer, who is a member of the NHMRC, has some misgivings about that report as well. Again, Mr Humphries has been misled, I think, by the title of this committee. Dr Spencer suggests that there should be a methodological process for collecting information and that we should look to the misclassification of the information, the lack of control, the analytical approach and all this to achieve more accuracy for the NHMRC.

So, once again, as I see it, Mr Humphries has been shot down in flames because he keeps repeating this allegiance to this group of people who, I claim, have misrepresented the case.

MR MOORE (10.04): Mr Deputy Speaker, I am delighted to have this opportunity to speak on the fluoride issue. It has been some years, I think, since the issue was first raised in the Assembly. It does seem a rather long time ago. It seems to me that a great deal of work has been done by a committee of this Assembly, and it is entirely inappropriate for the small group that forms the minority Government to come back with a Bill that does not fit in with the recommendations of the committee that has done all that work. With that in mind, I am delighted to see that we do have a minority government, rather than a majority government. This will provide a very refreshing example of a decision that affects the Canberra community being taken by a majority of members of the Assembly, rather than the way things have been done in the past. With that, I indicate that I shall be supporting the amendment foreshadowed by Dr Kinloch.

MRS NOLAN (10.06): Mr Speaker, I also intend to be very brief in my remarks this evening as this debate has gone on for a considerable time. I have to say that I consider myself one of the few in this Assembly that have studied this subject in some detail. I, along with Mr Wood, Ms Maher, Dr Kinloch and Mr Stevenson, was a member of the Social Policy Committee that produced the report that is part of this debate this evening.

I, as my committee colleagues are aware, was the member of the committee who moved the motion to have the level of 0.5 recommended in the report. At that time the Liberal Party policy was, as expressed in paragraph 4.8:

We support the continued fluoridation of ACT water supplies. National standards limiting the concentration of fluoride in oral products will be adopted as they are developed.

Since then, the party policy has changed, and that happened during a convention meeting that I attended. I obtained a copy of the NHMRC report entitled "The effectiveness of water fluoridation", and I read that in some detail. This report was not available in full when the committee made

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its report and recommendations. We did have a small version of it; but, since that point in time, I obtained a copy and read it in detail. Nothing in that report has really changed my view.

I wonder how many other members have read this report in detail and also the Social Policy Committee's report. I am quite sure that some have not spent the amount of time studying this subject that I certainly have spent on it, and I am sure that all of my colleagues who were members of the Social Policy Committee have spent a similar amount of time.

There is no doubt that times have changed since the 1960s, and I do support the retention of fluoride in the water supply; but the level must be reduced. There is no doubt that fluoride is now more readily available in many more forms than it was in 1964 and I would like to just briefly remind members of a few of those additional sources: Soft drinks; ready to drink fruit juices - which were almost non-existent in 1964; tea, processed foods, vegetables, toothpastes, some medications, teething gels, soups, sauces, pastas; and so the list goes on.

I would like to remind members of a statement Mr Wood made when, as committee chairman, he handed down the report on 12 February. It is certainly a statement that I agree with.

Mr Moore: It is a shame he is not in the house at the minute.

MRS NOLAN: He is not in the house, and that is unfortunate. His comment was:

I took the view that was presented to us that it is, nevertheless, sensible to keep any additive at the lowest level that will achieve maximum effect. That really is the basis of my decision to support fluoridation at half a part per million. We do not need to put in any more. We are now getting more fluoride into our system. Why do we need to put more fluoride into the water than we really need?

I think that very much sums up what we are talking about here this evening. It is unfortunate that Mr Wood now cannot support those words, having said them on only 12 February this year.

There is one other point I think it is important to make at this point in time and it relates to one of the other capital cities of Australia. I think most of us are aware - or, if we are not, all of us should be aware - that there is one capital city in Australia that has always added less than one part per million to the water supply, and that is Darwin. It has only ever added 0.7 parts per million to the water supply, and I understand that Darwin

has had fluoridation since 1972. Certainly, the latest information I have available to me - and that was information I sought out only within the last week - shows that, again, there have been no adverse effects in relation to children's teeth and, by comparison, they are at a better standard, one could say, than they are here in the ACT. I am readily able to supply that information to any member who wishes it. As I said, that information has been obtained just in the last week.

There is one other comment that I want to make and that relates to the government response to the committee report and the four particular recommendations. The last recommendation was that:

The ACT Government urgently seeks NHMRC funding to establish a major independent study on the effects on dental health of a reduced level of fluoride in the ACT water supply.

Of course, given that the Government has produced a Bill which provides for the level to be one part per million, one can see that it did not agree with that recommendation. However, it is very interesting to note what the NHMRC has recently agreed to in terms of the development of proposals on a range of fluoridation issues, including:

Increase ... the support for dental public health research and evaluation in Australia.

It goes on to give much more detail, but there certainly has been a lack of data available over a long period of time in Australia. Given the amount of research, reading and detailed consideration that this particular Social Policy Committee put in, I would have thought that it would have been very much in the best interests of the Government to adopt its recommendation.

I will be supporting the amendment that will be put forward today for a level of 0.5; that is, in line with the recommendation from the Standing Committee on Social Policy. I do so, as my colleagues who will be supporting the amendment mentioned, on the basis of a very genuine concern for the Canberra community. I believe that today we are receiving much too much fluoride - in all sorts of levels and from all sorts of sources. I think that, 30 years down the track, it is well and truly time that there was a reduction. The change to 0.5 would go some way towards that. I hope that some studies will be done at the same time, but I am quite sure that there will be no adverse effects as a result of reducing the level in the water supply. I ask each and every one of you here just to stop and think about the levels of fluoride that you and your children are taking in today, because they certainly are quite significantly higher than they were some years ago.

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MR BERRY (Minister for Health and Minister for Sport) (10.14), in reply: Mr Speaker, the first thing I want to touch on is in Mr Wood's opening comments in the report. In the second paragraph of the preface he says:

Our major difficulty has been to separate fact from fiction. Indeed I sometimes wondered if fluoridation was being made the scapegoat for every ill, real or imagined.

I was inadvertently involved in a test in this chamber when this debate was on many moons ago. I reported to the Assembly that it had been alleged that some prankster had interfered with the water supply of the Speaker. I have to say, Mr Speaker, that the moment that you thought that your water supply had been tampered with, one could see that there was a change in your behaviour. I observed that personally. I think that that sort of thing has been going on in relation to fluoride for far too long, and it makes this whole debate a bit silly.

One other issue we need to take up here is the credibility of, in particular, the Liberal Party. Some others we do not have to worry about too much because soon they are not going to be here. In respect of those others, though, it is very interesting that most of the people opposing the retention of fluoride in Canberra's water supply at the level recommended by the National Health and Medical Research Council will not be here after the next election. What is also interesting is the damage that is being done to the credibility of the Liberal Party. The Liberal Party members were elected to this place because of their commitment to uphold the policies developed by the party. It is seen as a party which develops its policies, and its elected members are expected to adhere to those policies. What will happen now is that our kids will be condemned to have rotten teeth by the rotten apples in the Liberal Party.

Mr Duby: Does the Labor Party have a policy on fluoride?

MR BERRY: My word it does; we have one here in this Bill. The Leader of the Opposition ought to send these two people outside, because they are not complying with the wishes of the elected members. Send them outside; send them upstairs into the sin-bin for a little while, while we get this sorted out. The rest of Canberra is being condemned by these two people who are not going to be back. They will not obey the rules, Trevor. A bit of discipline is required.

At the heart of this legislation is the Government's commitment to maintaining a high level of public health, especially for children. I think they are the ones that have been left out. The addition of fluoride to community drinking water has been a controversial issue since it was

first mooted in the early years of this century, when a lower incidence of dental caries was noted in communities that had a natural occurrence of fluoride in their water supplies.

The ACT and surrounding region does not have natural fluoride occurring in its rivers and streams in appreciable quantities. So, we have been able to gauge for ourselves the effect that the addition of fluoride has had since it was first introduced to the community water supply in September 1964. In 1950 the Commonwealth Government started a school dental service in the ACT. Since that time, several generations of children have grown up with both fluoridated and unfluoridated drinking water.

I do not know about you people; but, speaking just from my family's experience, I know that I was reared in a place that had no fluoride in the water, and I have a mouth full of amalgam to demonstrate that. I had a mother who used to threaten me with a toothbrush three times a day. Of course, we looked after our teeth in our family. My children, who were reared in Sydney and in this town, with fluoride in the water, did not take that much care of their teeth - I was not as tough on them in that respect as my mother was on me - but there is just no evidence of caries. The difference is absolutely amazing; it works. And they look all right to me; they seem to be coping.

That is anecdotal, but dentists and other health professionals and parents have seen the change in the general level of dental hygiene in children in our own community. I have seen it, dentists have seen it and I think most people recognise it. The original decision in 1964 to add fluoride to Canberra's water supply was made on the recommendation of the National Health and Medical Research Council, which was then, as it is today, the nation's peak medical scientific body.

It is no wonder that the private member's Bill introduced into this Assembly in 1989 to remove fluoride from our water supply was greeted with condemnation by dentists and parents, many of whom had grown up in the pre- and post-fluoridation period and who had seen for themselves the benefits to oral health that the introduction of fluoride had brought about. As a result of the outcry, the Government legislated to have fluoride returned to the water supply on a temporary basis and the Assembly instructed the Standing Committee on Social Policy to examine the matter and report back to the Assembly.

Also, the NHMRC formed an expert working group to report on the question of fluoride. The report of the standing committee was tabled in the Assembly in February 1991 and the NHMRC report was submitted to and accepted by the 111th session of the NHMRC in June. The Assembly had legislated in February to extend the period that fluoride would remain

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in the water until 31 August, so as to have the benefit of the NHMRC report and subsequent community discussion on the issue. Both reports recommended continuation of fluoridation of Canberra's water supplies.

Further, they both addressed the problem of ingesting extra fluoride from supplements, especially fluoridated toothpaste and infant formulas, and also recommended that further research be done on the effectiveness and level of fluoride addition to public water supplies. An apparent difference in recommendations was the concentration at which fluoride should be added. The standing committee recommended 0.5 parts per million, or 0.5 milligrams per litre. The NHMRC report maintained its previous recommended level of one part per million, or one milligram per litre.

The terminology in the Bills before the Assembly is expressed in milligrams per litre as this is considered a more accurate expression of the level of concentration. However, the NHMRC recommendation was qualified by the clause, "subject, as in the past, to modulation in accordance with climatic variation".

A similar report, prepared by the Department of Health and Human Services in the United States and titled "Review of Fluoride - Benefits and Risks" recommended inclusion of fluoride in community water supplies in a concentration ranging from 0.7 parts per million to 1.2 parts per million. This report qualified the level of concentration with the clause, "depending on daily air temperature for a geographic area".

So, it can be seen that both reports from the scientific bodies qualified their assessment of the concentration according to local climate conditions and the two Australian studies supported fluoridation of community water supplies within the broad range of the report from America.

The Government has decided to accept the recommendation of the NHMRC, but this is not to be seen as a denigration of the recommendation of the standing committee with its lower preferred concentration. The NHMRC recommendation has been accepted primarily because it is the peak scientific research body in the field in Australia, and governments have consistently accepted the recommendations of this world renowned body on this and other matters. It is only a matter of fortunate coincidence that another scientific study had come up with a similar conclusion at about the same time.

These Bills, therefore, are to repeal the legislation that allowed reintroduction of fluoride pending the receipt and discussion of the standing committee and the NHMRC reports, as they effectively expire on the 31st of this month, and to amend the parent legislation to allow fluoride to be reintroduced to the water on a permanent basis, without the need to go to a referendum.

However, it would be cavalier of the Government to reinstate fluoride without addressing other recommendations of the report of the Standing Committee on Social Policy, as well as those of the NHMRC report. The standing committee particularly targeted fluoridated toothpaste. It wants to make toothpaste manufacturers make unfluoridated toothpaste available at prices comparable to the fluoridated variety. Also, it wanted the manufacturers to stop making fluoridated toothpastes enticing and palatable to children by the addition of colourings - other than white - and flavours.

The NHMRC report went further than commenting on toothpaste and was concerned with the total ingestion of fluoride through supplements, and included infant formulas. The NHMRC also wanted to see a public and professional education campaign on the use of supplements where water supplies were fluoridated.

When I introduced the Bills into the Assembly last week, I said that the Government would be addressing these issues at the first available opportunity. In this regard, I will be raising the matter at appropriate venues with a view to encouraging other States and the Northern Territory to take note of and action on the recommendations of both the standing committee and the NHMRC reports.

The standing committee's fourth recommendation becomes somewhat redundant in the light of the Government's decision and the NHMRC report. It requests the ACT Government to seek urgent funding from the NHMRC to establish a major independent study on the effects on dental health of a reduced level of fluoride in the ACT water supply.

The Government has stated its preference for the one part per million level; so the study cannot take place, especially as it is believed that no other water supply in Australia is fluoridated at this level. The NHMRC report confirmed its previous recommendation that one part per million was its preference and that communities that did not have a fluoridated water supply should be encouraged to fluoridate at the recommended level. In paragraph 3 of its major conclusions, it stated:

There is no evidence of adverse health effects attributable to fluoride in communities exposed to a combination of fluoridated water (1 ppm) and contemporary discretionary sources of fluoride. The increased total fluoride exposure in recent decades has been associated with some increase in the occurrence of dental fluorosis - predominantly in those individual children with a history of high total ingestion of fluoride, mostly from discretionary sources. While it is conceivable

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that some isolated cases of skeletal fluorosis may be occurring in individuals with either a high long-term intake or a particular metabolic susceptibility, no cases have been reported in Australia.

This major conclusion reiterates the NHMRC's previous viewpoint, although it is possible that it might consider funding a major independent study of a community that decided to opt for a lower level.

As I said in my opening remarks, the Government's commitment to maintaining a high standard of public health is at the heart of the legislation. The fluoride debate in the community is unlikely to go away. Certainly, after we have finished debating the issue in this place it will continue to be a major topic of conversation in the community and in academic fields. There is a need to monitor the total ingestion of fluoride - from the water, infant formulas and toothpaste to the many proprietary fluoride supplements that are on the market today. This is an education process - the same as people who are overweight must be educated to monitor their intake of sugar and carbohydrates. It is an education process that is specifically recommended by the NHMRC report, and one that this Government will be encouraging in the Board of Health's dental services as well as in the private sector.

The Government looks to the greater community good. It has been clearly shown that fluoride added to the community water supply in the concentration of one part per million has no deleterious effect on health. On the contrary, it has been shown to improve resistance to dental caries to a marked degree, especially in children. This has been demonstrated for nearly 30 years in our own Canberra community.

In conclusion, I would like to pay tribute to the members of the Standing Committee on Social Policy for the deliberation and research they have undertaken in this matter and thank them for their objective report, which includes the appendix setting out a dissenting view from one committee member. I have to say that I do not find much in that dissenting report convincing.

Mr Stevenson: You have not read it.

MR BERRY: I did, too.

Mr Stevenson: You have not read it, Wayne, and you know it. Would you like 20 questions?

MR BERRY: I have. I must say that I did not read it twice - and I am not prepared to take questions on it either. But I have to say, Dennis, that I know where you are coming from - I think.

I would also like to acknowledge the support from the general community, evidenced by the many calls and letters received in my office and also by other members of the Assembly, and to assure those who have presented an opposing viewpoint that their concerns have not gone unheeded. Mr Speaker, I commend the Bills. I think they deserve support.

Question resolved in the affirmative.

Bill agreed to in principle.

Detail Stage

Clauses 1 to 3, by leave, taken together, and agreed to.

Clause 4

DR KINLOCH (10.30): I move the following amendment:

Clause 4, page 2, line 10, proposed paragraph 74D(b), omit "1 milligram", substitute "0.5 of a milligram".

I think it would be unkind of me to go on at great length at this time of the night. Much has already been said. May I immediately remind Mr Berry and members of the Labor Party that the overwhelming majority here now supports fluoridation in the water. That is one of the outcomes of the committee report. The question now is: What percentage of fluoride in the water? There is no perfect percentage. This depends on, first of all, naturally occurring fluoride; secondly, temperature and climate; and, thirdly, the amounts of additional fluoride in a range of substances including tea, and, of course, fluoridated dentifrices - and Mrs Nolan has spoken well to that.

Furthermore, the amount of fluoride and the effect of fluoride are bound to vary depending on age, bulk, gender, body weight and state of health. What, then, is the principle; how do we arrive at what the best percentage is? At best, it is a well-informed guess. One obvious point of reference is the "Review of Fluoride - Benefits and Risks" by the United States Department of Health and Human Services. That department advocated a rate of between 0.7 and 1.2 parts per million. The report recommended that the US Public Health Service "continue to support optimal fluoridation of drinking water" - and there is a range of 0.5 there. So, that report recognises that you cannot neatly pick a specific point and say, "That is the best possible point".

There are two premises to consider as we come to this percentage question. One premise is that fluoride is a beneficial substance in relation to preventing tooth decay. Not everyone here agrees with that. The great majority

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here agree with that. I certainly agree with that. I have no doubt about that. The second premise is that excessive fluoride - fluoride in very large quantities, whether naturally or artificially occurring - is potentially dangerous. There is no doubt about that. If you had fluoride at 10 parts per million, or something of that sort - as naturally occurs in a few parts of the world - you can see the problems that are there. So, we are trying to find a point between zero and 7, 8, 9 or 10. Naturally, we would not go that high. So, the aim is to find that level of fluorine additive which gives the maximum protection at minimum risk. There is no perfect figure.

For Mr Stefaniak and me, that figure might well be in excess of one part per million. We can take it, Bill; there is a lot of us. For a baby - especially for a baby, and that is a part of our report that I ask you to look at - an anorexic girl, a very thin and frail aged person, and some of the people we, in fact, have had evidence from, it is not clear what might be the most acceptable dosage. Certainly, a dosage that is right for some people is not right for them. So, what you have to do is find the point which - let me stress it again - gives the maximum protection at minimum risk. As with all drugs, toxic substances or medications, you do not put people at risk if you can possibly avoid doing so.

We have heard recommendations from zero, or 0.0001, in Mr Stevenson's case, to 0.5, to 0.7, to 1.2, or more. What factors, then, relate to deciding on this percentage? First of all, one part per million was the amount in the mid-1960s, and a great deal has happened over the quarter of a century since then. Since then, there have been several changes. There have been dietary changes which have already been mentioned and which are mentioned in our report and in the NHMRC report. There is the question of cumulative intake of fluoride, which is something to consider. Data on that is disputed. Then there is the question already mentioned by Mr Berry, quite rightly, concerning fluoride in dentifrice and what to do about that. I appreciated his comments on that. Another factor is that since the 1960s there have been growing worries about the evidence. To do Mr Prowse justice, he has raised many of those questions, and so has Mr Stevenson.

I am not necessarily raising questions about specific pieces of evidence; but I will quote from the NHMRC working group on the effectiveness of water fluoridation, written earlier this year, after our report came down. This is a draft of the final copy. This is concerned with the nature of the evidence. This is a reason why we should look at the codes within the NHMRC conclusions. This is a very considerable point. On page 110 it states:

It is a matter for concern that the Working Group cannot point to a single ongoing Australian study which monitors adequately the impact and possible adverse consequences of this policy, and that in its pursuit of the terms of reference the Working Group has had to rely on: indirect analyses of very inadequate datasets, collected not for the monitoring of this policy but for other purposes; a limited number of Australian studies; and upon overseas investigations of these matters.

I will not quote the whole paragraph. It is the third paragraph on page 110. It says further:

Those recommendations and conclusions must be qualified by emphasising the current dearth of an adequate evaluative Australian database.

In receiving evidence, as Mr Wood has hinted, we pursued some of this; we wondered about that one part per million. It is such an arbitrary figure. How did it come to be that? Again, that is why we turned with care and consideration to, after all, something that is a study by local experts, including a member of the NHMRC. I quoted one part of that Hill and Douglas report earlier. I will now quote the last sentence:

With the almost universal use of fluoridated dentifrices in Australia, it may also be appropriate to revise downward the level of fluoride in the water supply.

We listened carefully to what we were told about that and we read that material carefully. We looked carefully at the working group's earlier comments and asked questions about those. So, there are problems about actual evidence, and I quoted on that from the NHMRC report; and there are questions about the statistical methods related to that evidence. It just so happens that in Canberra we have one of the world's experts in that field, and we also had him as a witness and he gave evidence. I am not saying that we accepted it all, but certainly that was another area of concern about the evidence that the NHMRC has and that we had.

In very recent years, some doubts were raised in connection with cancer. Here I have to disagree with Mr Stevenson. I believe that the NHMRC does try, in a tentative way - I stress, in a tentative way - to set aside those questions about cancer; but, in that same section about future monitoring and research, there is this urge in terms of public health to continue that research. This matter is by no means ended or certain or without question. The report in the *New England Journal of Medicine* suggests that that evidence is not conclusive, but that is always the way that these conclusions are

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I remind you again that there are, to some extent, disagreements within the NHMRC itself. They have had a majority and the majority has given a report. But you only have to read those final pages - I refer to them again; roughly from page 107 onwards - where you see some concern for looking at the figure of 0.5. To be sure, they do say, as Mr Berry has rightly said, that they do not see any conclusive evidence of damage from one part per million and therefore they are continuing with one part per million, but the clues are there. The warnings are there in those final pages, and they were re-emphasised to me again today. Therefore, I want to turn to our own Assembly report, pages 98 to 101, and especially to 10.127 on page 101. It says:

Some researchers believe that the level of deterioration in dental health would be insignificant if the fluoride level was reduced to 0.5 ppm.

(Extension of time granted) I ask you all to look at that whole paragraph. It says further:

However until research is conducted on this issue, Australians like the rest of the world can only speculate on the effects of such a measure.

I carry on from Mrs Nolan. That is why I want to draw your particular attention to page 110 of the final draft of the NHMRC report on that matter, and to the need for research. There is, to my mind, every good sense in going to a more careful level of 0.5 parts per million of fluoride, and it is essential then to monitor it and conduct research.

I would like to finish by quoting Mr Bill Wood's comments, and I pay tribute to Mr Wood for his chairing of this committee - a long, fascinating, and sometimes very difficult task. Mr Wood said, on page iii of our long report:

Those who quote this report, or seek to use it as evidence one way or another, should note that the recommendation for a level of 0.5 ppm is based predominantly on the ground that with fluoride provided to ACT residents from more sources than in 1964, it simply may not be necessary to retain the former level to achieve the desired beneficial result on children's teeth.

I noticed the careful way Mr Wood said that he could live with anything in the range of 0.5 to one part per million; I respect the difficulties he is in there. He and I and the other three members of the committee know very well why we have arrived at that 0.5 parts per million, and I confidently recommend it to the Assembly.

MR BERRY (Minister for Health and Minister for Sport) (10.42): I rise to oppose this amendment. It is a silly amendment that will not work.

Mr Collaery: A very, very informed comment.

MR BERRY: I just heard learned Bernard muttering in the background. But, as I work my way through this, he will come to understand from his training what I am talking about. The first thing I want to comment on is the lack of consultation there has been on this issue. There has been no attempt to talk to the Government about amendments that might be moved on the Bills that were put up. There was no attempt by the member who moved the amendment to approach the Government on this issue. There was no consultation at all.

Mr Jensen: You rang me and asked me which way we were going, and I told you.

MR BERRY: Indeed. Did you ring me? Not a chance. You did not even show me what you were up to. In fact, I must say that you were very hesitant in telling me, Norm. It was like pulling teeth. But they might be rotten in future, if you do not watch yourself.

The difficulty that you have goes something like this: The first thing that the members opposite are going to have to deal with is the problem I am about to outline. I have circulated an amendment that will fix the problem, but I will come to that in a moment. It is not mine - - -

Mrs Nolan: Whose is this?

MR BERRY: I will come to that in a minute. This is the correct way of doing what you are trying to do.

Ms Follett: Had you asked.

MR BERRY: Yes, had you asked. The first thing I have to talk about is consistency. If there was some consistency amongst the members who support this amendment by Dr Kinloch, perhaps they would not support it on the basis of section 65 of the Australian Capital Territory (Self-Government) Act. We all recall the righteous indignation that was expressed when Labor tried to move motions on schools, hospitals, the Lakes (Amendment) Bill and the Human Rights Bill. I will get to the reason at the base of this. I have been in consultation with ACT Electricity and Water, and I have in front of me a letter that I will read into the *Hansard*, Mr Speaker, and I will have somebody copy and circulate it for members' information. They would have been able to get access to this if there had been some consultation on the matter beforehand. It is a letter to my senior private secretary, which states:

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FLUORIDATION OF CANBERRA'S WATER SUPPLY

The following notes are to confirm our discussions this afternoon on the above.

1. Fluoride is added to Canberra and Queanbeyan water supply at two locations: Stromlo Water Treatment Plant (WTP) and Googong WTP. Stromlo WTP supplies 90 per cent of water and Googong WTP 10 per cent. The current dose rate is 1.0 mg/L.

2. Googong WTP can dose at 0.5 mg/L -

but let us not forget that it provides only 10 per cent of the water supply -

without modification of equipment.

3. Existing dosing equipment at Stromlo WTP can only dose at 0.5 mg/L to within acceptable tolerances at high flows i.e. approximately 60 per cent of the year. In order to dose at 0.5 mg/L new equipment will be required.

4. The Stromlo WTP - - -

Mr DUBY: It can accurately do it at one, but it cannot do it at 0.5? Mix it with sugar, mate.

MR BERRY: Come on; are you going to listen? Just let us get serious about it. If you want to do the job, you want to do it properly, and I am prepared to help you. It goes on to say:

4. The Stromlo WTP is being upgraded and automated and existing fluoride feeding equipment is not compatible with the proposed automation. Replacement equipment will be required at Stromlo regardless of fluoride dose rate.

Right? No tricks. It says further:

New equipment, estimated to cost \$200,000, could be commissioned in March 1992, provided funds are available.

I will now go back to section 65. Does anybody have pangs of conscience? No, not a chance. Where are you? Where is the senior law officer? There he is sitting over there. What is the senior law officer doing? It continues:

5. ACTEW have written to ACT Health Services re funding of necessary equipment. The A/CEO of ACTEW and the A/Secretary of Health have discussed the matter but it is yet to be resolved. Further discussions are proposed.

That referred to the former Acting Secretary of Health. So, the situation is that if we carry Dr Kinloch's amendment the Government will be unable to deliver, until March next year.

Mrs Nolan: Rubbish!

MR BERRY: You can say "Rubbish" all you like, Mrs Nolan; but the fact of the matter is that the Government is not going to be able to deliver. It is a silly amendment. You have not thought it through. You have this passionate drive behind you on this score, and you just have not thought about the issues. Craig Duby is laughing again, because he thinks it is a laughing matter. The only way that you can be guaranteed to have your wish, this Assembly's wish, implemented, in accordance with a law passed in this Assembly, is for you to pass the amendment which I have circulated - if you want to move it.

If you stick with the amendment that you have put in front of us, the Government will not be able to deliver until March 1992. Those are the facts. I will circulate a copy of this letter so that members can have a read of it. That is the advice from ACTEW, and you can take it or leave it. You can put your amendment up tonight and rush it through, and I can tell you that we are not going to be able to deliver until March 1992 - that is, if we can find the \$200,000 to do the job.

Mr Duby: I could put it in at 0.5.

MR BERRY: Craig, that would probably be a better job for you than this job here. We have a difficulty. It is a technical difficulty. It has arisen because we were not consulted in the first place. We anticipated difficulties with the approach that was likely to be taken and the Law Office, of which the former Attorney-General often sings the praises, has put together an amendment which will deliver the goods. In effect, it will ensure that we are given some breathing space to get in the equipment which can deliver the level that this Assembly might require as a result of its deliberations this evening.

I am telling you, on the expert advice that we have, that we cannot deliver. If you want to ignore that, it is entirely up to you. If you want to look like fools, it is entirely up to you. We have no pangs of conscience in respect of section 65. We are not concerned about that because we are not as wedded to it as you were - for a short time - but I would have thought that maybe there would have been some searching of consciences in respect of that matter. It appears that there has not been, but at the end of the day - - -

Mr Kaine: Did anybody ask the people of Queanbeyan whether they want their fluoride halved?

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MR BERRY: No. The people of Queanbeyan do not get considered in this. They are going to get 0.5 whether they like it or not.

Mrs Nolan: Check out the committee report.

MR BERRY: Queanbeyan are going to get 0.5 whether they like it or not.

Mrs Nolan: Check out the report.

MR BERRY: They are going to get what you want whether they like it or not. But I can tell you this much: According to my advice, they are going to get one part per million until March next year, irrespective of what you do. Those are the facts that you have to consider. You can take the sensible approach. If you want your 0.5 parts per million you have to, in my submission, do it the way that is suggested in that amendment. I call on members of the Assembly to have some commonsense in respect of this matter. If you must force this issue through, you have to do it properly - and if you do not do it properly you will look like a bunch of galahs.

I think this amendment - if Dr Kinloch is prepared to withdraw his and if somebody is prepared to move this one - sorts out your problems, and I am very happy to have helped.

DR KINLOCH (10.52): First of all, if there was any lack of consultation I certainly regret that. I cannot think that there was, since this recommendation was made in February. That is the first point. The second point is this: I went through channels to have this amendment drafted, and part of that going through channels was a telephone call to the drafting office which recommended this form. I accepted the form that was given to me. I understand that there is new advice. If that new advice is the proper way to go about it and has the effect of producing a level of 0.5, I would accept that.

MR COLLAERY (10.53): Mr Speaker, I stand to record my concern at the way Mr Berry took his cheap shots off us a few minutes ago. The fact is that the amendment was circulated in the chamber at 3.21 this afternoon and, as Dr Kinloch said, you have been on notice since February - although you were not on notice at that stage that you would be in government. The document that was obviously sent to the Minister's office this afternoon from ACTEW, probably in response to the circulation of the amendment - - -

Mr Jensen: It is dated tomorrow.

MR COLLAERY: I cannot read the time stamp on the fax. Perhaps Mr Berry can assist us in due course as to what time it was received. I simply refute, from this part of the house, that there has been a lack of consultation or that we have jumped in peremptorily to do it, because it is that type of peremptory action that has brought this Assembly into so much disrepute. I think it would be unwise to start accusing each other of knee-jerk, peremptory acts in this debate again, given what we have gone through nationally.

The advice that Mr Berry has - and I have no reason to question it - is that existing equipment at Googong can dose at 0.5 milligrams per litre without modification of equipment. It does say that. It says - - -

Mr Connolly: Yes, whose advice?

MR COLLAERY: Mr Connolly has not read it, and queries it; but it says in paragraph 2, "Googong WTP can dose at 0.5 mg/L without modification of equipment". The next point I wish to come to is to put on record my inspection last year of the Stromlo installation. I went there with officials from my office, and I found rusting, ancient equipment that broke down in front of my own eyes when I was watching this conveyor belt drop that white stuff all over the place. It spilled on the floor. It is on ledges. I watched as the conveyor thing broke down, and it all stopped going into the water for a while. I was told that the equipment was installed in something like 1964. I invite members to go out there and look at how dilapidated, old-fashioned and mechanical, and welded up and patched up that machinery is.

So, I say to the Minister for Health: If he has advice that this equipment needs to be replaced, may we know the tolerance levels at which it is operating at this stage? What is the margin for gross error on the other side of the scale, which this Assembly may, by majority, resolve on tonight? And, if it does so resolve, should not that equipment at Stromlo be modified, replaced or have something done to it before March 1992, because the community's health is at stake?

Consideration interrupted.

SUSPENSION OF STANDING ORDER 76

Motion (by **Mr Berry**), by leave, agreed to:

That standing order 76 be suspended for the remainder of this sitting.

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ELECTRICITY AND WATER (AMENDMENT) BILL 1991

[COGNATE BILL AND STANDING COMMITTEE REPORT:

WATER SUPPLY (CHEMICAL TREATMENT) (REPEAL) BILL 1991
SOCIAL POLICY - STANDING COMMITTEE - REPORT ON WATER FLUORIDATION]

Consideration resumed.

MR COLLAERY (10.57): I am indebted to Mr Berry. The amendment circulated by Mr Berry is obviously the result of advice from the Parliamentary Counsel on what a proper wording would be. That does not overcome the fact that the Government would be left without pressure on it on the important issue of whether the equipment at Stromlo at this stage is safe for the community. We have received no advice from Mr Berry to confirm that the equipment is out of date. It is not until this debate that I have chosen to talk about my experience of going to that place and watching the ancient operation of having that stuff drop into the water and break down whilst I was standing there.

So, I think we defer to advice, as far as I am concerned, if the amendment moved by Dr Kinloch does engage section 65 - if Mr Berry is correct in implying to the house that the Law Office's advice is that section 65 is engaged; because he has taken us by surprise. I happen to have my section 65 brief here, but it is an inch thick and we should have had an hour or so over the dinner break to consider this issue. There was some very equivocal wording from Mr Berry in his statement. If Mr Berry's advice is that he cannot, without spending \$200,000 of public moneys, reduce the dosage rate, then we must defer to the existing interpretation of section 65, in my view.

Mr Berry: It is up to your consciences, not mine. We are happy with our interpretation of it.

MR COLLAERY: Mr Berry indicates to the house that he is not standing by his reference to section 65.

Mr Berry: No, I am asking what you will do with your conscience.

MR COLLAERY: I am not going to give any credit to Mr Berry's further statement, other than to conclude by saying that the letter relates that "ACTEW have written to ACT Health Services re funding of necessary equipment". That is an issue, of course, that we can take up in another forum in the Assembly in terms of the minor works budget of Mr DUBY's former department. I think it is incumbent on Mr Berry not to play a smart alec role tonight and drop it on us, but to give us clear advice as to how quickly this equipment could be installed, and at what cost, to provide the minimum machinery necessary to safely reduce the dosage. I believe that Mr Berry needs to speak to that issue.

MR PROWSE (11.00): This has been presented, as I see it, as a furphy by Mr Berry, because, as the only engineer present in this chamber, I can recognise the error. As an electrical engineer who has studied - - -

Mr Kaine: I do not think you should extrapolate electrical engineering to fluoride, Mr Prowse.

MR PROWSE: Thank you for your observation, Mr Accountant. The situation is that the equipment at Stromlo "can only dose at 0.5 mg/L to within acceptable tolerances ...". To the fireman opposite, I say that that is a significant statement. I will tell him what it means, if he cares to listen. On any equipment you specify tolerances that are acceptable, and they are designated.

I have been caught unawares with this documentation of Mr Berry's. It would have been nice if he had circulated it to us, but the point is that I would assume that, on the standard rate of tolerances for equipment of this nature, you would come in with a tolerance of 0.02 parts per million or thereabouts. I am not saying that I am correct, but it would be a very small tolerance that you have to maintain for the equipment supplying this fluoride to the water. So, what we have here is a furphy insofar as it is suggested that this equipment cannot operate within the tolerances designated. All we have to do is give approval for the tolerances to be lifted, Mr Berry - to an opening up, so that it can come in to, say, 0.1, 0.01 or whatever the tolerance is. You can accommodate this problem simply by varying the tolerance.

There is no major problem. We are not going to see the tolerance vary by 0.5 parts per million. We might see the tolerance lifted from whatever it is at the moment to 0.1 parts per million. So, we can accept that. There is no need for this expenditure of \$200,000 on the basis of the variation in the tolerance. There certainly is no need to pull the equipment out altogether or spend another \$200,000. It has cost us hundreds of thousands a year to put fluoride in the water. But the point is that this is not a major problem. You obviously did not appreciate the significance of the wording there saying that the tolerance needs to be varied. There is no problem.

MR STEVENSON (11.03): In Part III, Recommendations of our report, it states:

the concentration of fluoride in the ACT water supply be reduced to 0.5 parts per million.

This report was tabled in February this year. This letter from ACTEW was passed around for the perusal of members of this Assembly at 10.45 tonight. I suggest that the gentleman that goes by the title of Health Minister is

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seriously lacking in credibility in this Assembly for doing such a thing. What he is trying to do - which is to put this matter off until after the next election - simply is not going to work. The fact that the Minister has tried to do this is an indication of the lengths to which he will go in order to make sure that people receive their compulsory dose of one part per million of fluoride, regardless of the will of this Assembly and regardless of the unanimous recommendation - five to nil - by the five members of the Social Policy Committee.

Mr Berry stood up and said that there had been a lack of consultation about Dr Kinloch's amendment to reduce the level from one part per million to 0.5. The lack of consultation has obviously come from Mr Berry. This is obviously a last-ditch, last-hour attempt to prevent this Assembly from taking the action that was recommended by the people on the committee and that is also the majority will of this Assembly. And Mr Berry says that it is on our heads. I personally think the attempt is deplorable. I do not think it has fooled anybody in this Assembly or anybody listening in the gallery; nor will it fool people when they read about it.

This particular Bill does two things: One, it prevents a referendum being held; and, two, it provides for the amount of fluoride in the water supply. It is obvious that in the last decades the amount of fluoride ingested by individuals in the ACT has increased greatly. I could go through the extensive scientific literature reproduced within this report that details the build-up of fluoride in an entire range of foods, and the natural fluoride occurring in various products, particularly seafoods, certain teas and others; but I think it will suffice to say that it is obvious and we all know that fluoride has been in the water supply in Canberra for 25 years.

In that time, it is not just a matter of people drinking the water. They eat bread which has been made using fluoridated water. They eat tinned foods which have been made with fluoridated water in many cases. There is a whole range of foods that have obviously caused an increase in the total intake of fluoride. Yet the Labor Party would suggest that everyone else in the Assembly is wrong in taking at least the logical step of reducing it, if not the sensible step of ensuring that it does not go in at all.

If Mr Berry is concerned about the amount of fluoride that is added or the tolerances of the equipment out at Stromlo, I suggest that we can very easily solve the problem by not forcing anybody in Canberra to take fluoride in their drinking water or the food chain until, let us say, March next year. I am perfectly happy to agree to not force anybody to take it. That would certainly solve the problem. That would not create problems with how much we are adding.

Mr Collaery made the point quite well. He talked about the equipment breaking down while he was out there. One of the reasons fluoride equipment breaks down so regularly is because of the - - -

Mr Humphries: Because it is toxic.

MR STEVENSON: Well, "toxic" is one word that could be used, Mr Humphries; but you should well know that the correct word is "corrosive". Fluoride is one of the most corrosive agents you can get. It is actually used for metal etching, such is the corrosive factor of it. So, as I said, little credence can be given to Mr Berry's suggestion that it cannot be done. Mr Prowse has indicated clearly the truth of the matter. Indeed, I also agree with a reduction of fluoride in the water supply, down to 0.5 and onwards.

MR CONNOLLY (Attorney-General, Minister for Housing and Community Services and Minister for Urban Services) (11.09): Members should be aware of what they are doing here tonight. They are dealing with a provision of the law of this Territory that imposes a very substantial criminal penalty. The Electricity and Water Act was amended by the legislation in 1989 to make it an offence for a body corporate to add a chemical to the water supply and it carries a penalty of \$50,000. There was then an exemption to say that that does not apply to the addition of fluoride at a set rate. We are now debating in this amendment whether the rate should be one part per million or a half a part per million.

Mr Stevenson: Or whether it should be there at all, I might suggest.

MR CONNOLLY: No, Mr Stevenson, at the moment we are debating whether it should be at half a part per million. Mr Berry has today tabled a letter from ACTEW engineers. So, the structure of the law is that it is a criminal offence to add anything to the water supply, but not fluoride at half a part per million.

Mr Duby: One part.

MR CONNOLLY: The proposal is that it be half a part per million. The advice that we got today, although I note that it is dated tomorrow, came from ACTEW, from my engineers. Mr Humphries says that he is not an engineer. I am not an engineer. I preside over a department which has lots of engineers. Mr Duby, the former Minister, was not an engineer, and I am sure that he took the same prudent course that I do, and that is that I tend to accept the advice of engineers.

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The advice of the engineers is that the existing equipment cannot guarantee that it can dose at a half a part per million. Mr Prowse says that "within acceptable tolerances" means that it might be around about a half a part per million, but a bit higher. But the advice of the engineers is that, in order to dose at half a milligram per litre, new equipment will be required.

If you go ahead and make it the law in this Territory that ACTEW is committing a criminal offence, with a penalty on each occasion of \$50,000, if it puts fluoride in the water supply at greater than half a part per million, or half a milligram per litre or whatever it is, an offence will have been committed, attracting a penalty of \$50,000, if it can be shown that there was 0.50001 milligrams, or anything above 0.5. What you are proposing is that it be an offence for ACTEW to put fluoride in the water supply above half a part per million.

You are told by engineers that the existing equipment does not allow us to say with accuracy that we are putting it in at that half a part per million. It is an offence to drive a motor vehicle above a certain blood alcohol limit. It is no defence to say, "Well, it is a bit of a tolerance thing that I was over .05".

Mr Prowse: You are wrong.

MR CONNOLLY: Mr Prowse says, "You are wrong". I am not wrong, Mr Prowse. You are creating a criminal offence of putting fluoride in the water supply at greater than a specific amount, whatever the amount is. I support one part per million; you support a half a part per million. Your proposal is that it is an offence to add fluoride to the water supply at greater than a half a part per million.

You are told by the engineers that the existing equipment does not allow us to say with certainty that we are within the tolerance. In other words, Mr Prowse, the existing equipment does not allow ACTEW to know whether, from day to day, they are obeying the law or disobeying the law.

Mr Jensen: Therefore, they are against the law now. Are they breaking the law now, Mr Connolly?

MR CONNOLLY: No, Mr Jensen, because their existing equipment is designed to put it in at one part per million.

Mr Duby: Not exceeding.

MR CONNOLLY: Yes, not exceeding; so it may be a bit under.

Mr Duby: It might be 0.7.

MR CONNOLLY: It may indeed. Mr Duby is quite right; it may well be under, but they can guarantee that it is not over. That is what the equipment is designed to do. They tell us that it can do it and I have no reason to doubt that. But they tell us that the existing equipment cannot guarantee that it is going in at the proposed new legal limit.

If you want to create a criminal offence that puts a major ACT statutory authority in a position where it does not know whether it is complying with the law, and in a fairly emotive field where there are any number of anti-fluoride advocates around the town who would be quite happy to test on any given day what the water fluoride levels are, be it on your own heads.

Mr Berry has brought this information to the Assembly, very shortly after it came to his notice. We are in a position where you are proposing an amendment to the criminal law. This is a criminal offence, attracting a substantial penalty. There is a high level of uncertainty. Mr Berry has given you an alternative wording that would allow your political point to be made to get fluoride levels down, but it would be done in such a way that you would not be putting the Electricity and Water Authority in a position where on any given day it is at risk of being in breach of the criminal law.

As a responsible Minister, I do not want to be in a position where a major statutory authority under my direction does not know from day to day whether it is complying with the law of this Assembly or not complying with the law of this Assembly. And it would not know because, as it has told the Assembly, its monitoring equipment cannot determine, within acceptable tolerances - in other words, cannot determine with any certainty - whether it would be within the law or not.

Mr Prowse told us about acceptable tolerances. When it comes to a point of law there is no acceptable tolerance. If the law says that it is an offence to put something in the water supply at greater than half a part per million, it is an offence. And, if the equipment puts it in at a half a part per million plus a little bit more, within acceptable engineering tolerances, it is still an offence. That is your fundamental problem.

If you want to go ahead tonight, if this Assembly wants to carry on in that fashion, it will be the laughing-stock of Australia once again. We in the Australian Labor Party think that would be a very sad set of circumstances. I am pleased to see that the responsible members of the Liberal Party also think that would be a sad set of circumstances. But, if the rest of you want to do that, be it on your own heads. You have been warned.

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MR JENSEN (11.16): I would have thought that if Mr Berry and Mr Connolly were fair dinkum they would have done what I am about to do, and that is to have the debate adjourned. I move:

That the debate be now adjourned.

Question put.

The Assembly voted -

AYES, 12

Mr Collaery
Mr Duby
Mr Humphries
Mr Jensen
Mr Kaine
Dr Kinloch
Ms Maher
Mr Moore
Mrs Nolan
Mr Prowse
Mr Stefaniak
Mr Stevenson

NOES, 5

Mr Berry
Mr Connolly
Ms Follett
Mrs Grassby
Mr Wood

Question so resolved in the affirmative.

ADJOURNMENT

Motion (by **Mr Berry**) proposed:

That the Assembly do now adjourn.

Auditor-General

MR JENSEN (11.21): It is unfortunate that Ms Follett is about to leave the chamber because I was going to refer to something that was raised today which she is responsible for. Today we heard a debate in the Assembly about the position of the Auditor-General. I think it is appropriate that a couple of matters be placed on the record while the issue is still appropriate for members to consider. I will be brief. I will quote the definition of Auditor-General from page 21 of the *Penguin Macquarie Dictionary of Australian Politics*:

The official responsible to parliament for auditing the accounts of government departments and most statutory bodies. The Commonwealth and all state governments have an Auditor-General whose independence from ministerial control is protected by a specially appropriated salary and normally tenure to age 65 unless removed at the

request of parliament. Auditors-General and their officers have extensive powers to scrutinise, criticise, make suggestions and draw attention to breaches of law or regulations, but they cannot compel departments to comply with their findings. They report to parliament, which takes what action it considers necessary.

In the letter to our Auditor-General, Mr O'Neill, from the Federal Auditor-General, Mr Taylor, dated 29 July, a couple of points are made which need to be noted. Mr Taylor says to his colleague Mr O'Neill, in paragraph 1:

An indeterminate term of appointment whereby the occupant of the position of Auditor-General is literally at the pleasure of the Executive cuts right across the principle of independence which is an essential basis for the external audit of government enterprises.

Mr Taylor goes on to say, in paragraph 3:

It is clear that there is a misconception about the nature of the office of Auditor-General. The appointment of an Auditor-General is not the same as the appointment of an agency head. An agency head reports privately to a Minister. His or her first loyalty (within the bounds of the law and good administration) is to that Minister. The Auditor-General has a duty to the Assembly and to the public as a whole to report on audits which incidentally might embarrass the Public Service and therefore Ministers. This underlines the need for great care and sensitivity to be taken in such an appointment if public confidence in government is not to be harmed.

How, then, could this be achieved under the Act which governs the appointment of an Auditor-General, particularly when it was clear that the Auditor had written to the Chief Minister on 7 June advising that his term expired on 30 June 1991 and that the previous Chief Minister had proposed to appoint the Auditor-General until July 1992, when Mr O'Neill indicated he would be seeking to retire? As we can now see, there was a period, from 1 July to 23 July, when there was no authority for Mr O'Neill to act as Auditor-General. It would seem that during that period, in fact, the ACT did not have an Auditor-General.

If we turn to the ACT Audit Act of 1989, under which the Auditor-General can be appointed, we see that section 14 does provide for the appointment of an Acting Auditor-General for a period of no more than 12 months. It was this section that was used by Mr Kaine to appoint Mr O'Neill to the position.

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The same Act also provides, at section 7, that the term of office for the Auditor-General should be a period not exceeding seven years. So, it would have been quite appropriate for the Chief Minister to appoint the current Auditor-General, Mr O'Neill, for a specific period rather than for an indeterminate period, which is in fact what has happened, unfortunately. I therefore call on the Chief Minister to provide the Auditor-General with a fixed-date tenure as she has proposed in her letter of 12 August.

Question resolved in the affirmative.

Assembly adjourned at 11.25 pm