



## Michael Bernard Foley

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### ADDRESS-IN-REPLY

**Mr FOLEY** (Franklin) - Mr Speaker, I have been listening to most of the Address-in-Reply contributions and I would like to respond in somewhat the manner that I felt was addressed by Mrs Swan. I thought that was a very comprehensive, detailed and thoughtful address that clearly identified an issue - the economy - and went to some length to explore that. I felt then that given that one of my new portfolio areas or one of my redefined portfolio areas -

**Mr Polley** - Shadow.

**Mr FOLEY** - Shadow areas, thank you - was environment health I would tend to focus on environmental health today.

Four years ago a group of over 1 500 of the world's leading scientists - over half of them winners of Nobel Prizes - made a statement which they called the Domsday Alert. They made this statement as the United Nations General Assembly was looking at the consequences of the Earth Summit and in their 4-page declaration - or, more importantly, their 4-page warning - the scientists declared: 'We hereby warn all humanity of what lies ahead. A great change in our stewardship of the Earth and the life on it, is required, if vast human misery is to be avoided and our global home on this planet is not to be irretrievably mutilated'. That, as I say, was four years ago. They gave us thirty years to act. If we did not commence that process immediately we would be facing a very severe crisis. They go on to say: 'If not checked, many of our current practices put at serious risk the future that we wish for human society and the plant and animal kingdoms, and may so alter the living world that it will be unable to sustain life in the manner we know'.

That was a warning that I think far too few people heeded. It was a serious warning. Many people put their reputations as the world's leading scientists to that declaration and I think we as leaders of a small state in this planet have a responsibility to listen, to see what we can do. I believe that as I sat here listening to the Addresses-in-Reply there was a remarkable concurrence of opinion that we do have a time of change, that we are having to work together, that we have a responsibility. It is not just a responsibility to deal with an economy that is quite clearly unhealthy, it is a responsibility to deal with a society that is showing some very serious traits of illness or at least the beginnings of breakdown and we are also confronted increasingly with the fact that our planet and our State both need to have our stewardship of the environment much more clearly defined. It is our role to do that and it is very definitely our role to do that if we accept a responsibility for the health of the people in this State. I think the other day it was very clear in the debate about the Health budget that if we already allocate 25 per cent of our Budget to health we must recognise its importance. Maybe we need to redefine how

we bring that to the people of Tasmania and how we can ensure that in 30 years' time that dire warning has not come to pass.

What we must do first, I think, is to take stock of where we are and how we came here. Before we do that we have to acknowledge that we are part of an ecosystem. We must acknowledge the essential interconnectedness between humans and non-human life and their environment - which is our environment. Health is where perhaps this interface is most seriously addressed; the consequences of ignoring it are going to lead further and further into a demand on our Health budget and on to our community systems.

It is only comparatively recently that we have come to question the security of the very basis of which we live and indeed on which all life depends. The confirmation of climate change; the hole in the ozone layer - which the Minister for the Environment so eloquently discussed yesterday in his speech; Chernobyl - the combination of a lethal substance and human error; Bhopal - a combination of greed, exploitation of people who are in poverty, incompetence and a total disregard for human life and even in our own community, the tragedy that befell quite a number of our species with the *Iron Baron*; the situation up until a few years ago, the improving situation, of the sewer that we call the Derwent which is one of the most polluted rivers in Australia; and just recently the toxic gas escape into a suburban community in Hobart with EZ. All these suggest to us that environmental breakdown has a direct health impact. They have led to an understanding that we, as humans, live within a habitat and that habitat we are putting seriously at risk.

The same pressures which are giving us the phenomenal drop in biodiversity may realistically be expected eventually to mean the loss of the human species, along with other life forms. The arrogance with which we have decided that we are beyond the natural order where we can consider the destruction of species or putting them into a severely threatened state and yet stay outside it, I think is one of those things that is going to come back as part of the folly of the late twentieth century.

We need to define health within this context, we also need to look at the background. We have a traditional concept of health which is that health is related to disease. It is an interesting thing that the negative is how we have traditionally seen a concept: not that health is related to wellbeing but that health is related to the lack of wellbeing, and our responses consequently have been very much skewed in the direction of dealing with the outcome of a number of factors such as environmental, social community factors.

During the industrial revolution people moved from rural environments and they crowded into cities. The physical conditions provided a very healthy environment for infectious diseases but not for humans, and yet epidemics of disease were finally reduced to manageable proportions only when we looked at the environment in which people were living, and we improved housing and we began to build sewers and began to provide proper water supplies. It is interesting that when we look at the Western concept of health we see that is the past, and yet if we look in so much of the world the need for proper housing, proper sewage and water is still very much with us, and the diseases of the industrial revolution such as cholera are still with us, and growing. So it is quite clear that we have to remain vigilant with the old order as we look to the new.

In this first phase of public health, solutions to the epidemics lay in the hands of civic authorities - our local governments, in effect - who made decisions about urban renewal, about planning, about provision of basic services; a continuing program for governments such as ours, so it gives us a whole approach to the issue of health.

We come to what I have called the economic development era, and it is an era that encompasses the time that many of us have lived through; the era of prosperity, the era of the 1950s to the 1980s; an era when we started to develop much more the lifestyle diseases. We began to see a different approach to what is health and we began to attribute the responsibility more to the individual. Health was seen as something that we had to take responsibility for, and we took away to some extent the imperative that health should be the province of the civil authorities; we actually took that as a given that we had reasonable planning, we had reasonable housing, we had water and we had heat and shelter. And so we started to look at this middle decade, if you look at it in terms of health, we saw the beginnings of new diseases caused by new and quite often the outcomes of affluence. So we saw with changes of diet, with the changes of the forms of work with reliance on technology, and with increased legal and illegal drug use. We saw increased rates of heart disease, road deaths, lung and diet-based cancers.

All of these diseases led us to a greater dependence on a medical response, and we still work with that; and our concern in this House with how serious our capacity to deal with health is, is related very much to how well we can provide services to hospitals and to support services - a vital component of the health equation that must be seen in context. The time has come, I think, where we have to recognise that technological interventions, while they are there, are extraordinarily expensive, will become more and more the province of the few and unless we can address the causes of those diseases rather than allow ourselves to be operated on, at the end we are going to see a very severe deterioration in the health of the community.

More progressive concepts of health have come along and everyone, I think, in this House would be aware and quotes from the World Health Organisation which say in short that health is a matter of physical, social and mental well-being. So we have moved away from the sense that any health issue or disease issue is basically related to the physical body.

But we are only now coming to grips with the third phase of environmental health. It began I suppose as long as thirty years ago when many of us read Rachel Castle's *Silent Spring* in the early sixties, one of those definitive books that made the beginnings of a movement of which I am now a part and very proud to be a part, and I think basically after listening to the speeches in this House every one of us is a part, a recognition of how closely we are within our environment. That book was the beginning, I think, of a substantial influence on our society, followed with the ecologist's magazine 'Blueprint for Survival' in 1968. These, along with the document I quoted a few minutes ago have set a track for us. It would appear that we have not quite lived up to that, maybe we are in the health area, maybe that is our challenge as we move into the next millennium.

The early seventies saw the beginning of social recognition of the risks of environmental degradation. At this stage it was a matter of saving enough of the natural environment as a human resource for the future, that was our priority. It was a very

strong priority and it has seen substantial changes in the way people look at our environment. It hopefully will see a substantial change in the way people can deal with their own health and how the community is coming to grips with the health both of the individual and the community in which they live.

It was in the late eighties that the perspective moved again to the environment as a place where the human species is but one component. That is our new challenge, our new direction.

Environmental health - that area which I hope to be spending more time being involved with and working within this House to bring a greater understanding, a greater recognition and perhaps more resources - is the understanding that the health of the individual, the community and the planet are interconnected and that all health issues have to be understood in the context of society, the economy and the environment. Health issues facing us now have changed. We still have to deal with the health issues that are there that derive from all of those consequences of urban living, of change of lifestyle, but it is interesting that with every change in our environment we see a change in the way we deal with our health or a change in the way our health is affected. So we are suffering now from melanomas. I think everyone here would be very aware that the professional, the medical, the scientific communities are becoming very alarmed by the increase of infectious diseases, many of which have never been seen before, many of which we do not have any response to. We have seen that as our drug dependency grows so also does the capacity of the natural biological world grow to combat that and I think scientists have finally admitted that there are potential diseases that they have no concept of how they are going to deal with because these have grown out of a synthesis of the natural order and the chemical order, a frightening prospect that we are confronting and possibly leaving to our own children.

Social stress has become one of the serious health issues or the causes of health. It is going to become more and more serious; we are seeing populations expanding at a tremendous rate, urban concentrations beyond the capacity of human beings to cope with; we are seeing a stress on physical and emotional systems. Partly, I think, one of the areas we are not looking at, and was touched on by the minister today when we were talking about videos, is the stress of being interconnected with the whole of the planet and being aware on a daily basis of all of the stressful situations, of all of the natural and human disasters, that occurring, have a capacity, I think, as we have all seen how we can be affected emotionally. We probably have forgotten that this is a layering issue and every disaster - natural or unnatural - that we see, adds to the sense of stress and hopelessness. Those are going to be the challenges for the health professionals into the future.

I think that is the point that really is the exciting and perhaps slightly under recognised issue, that the newly emerging knowledge base from the environmental health movement and the sense of environmental health being a fundamental for our well-being is utilising knowledge from not only the three phases of public health, as I have mentioned, but also from professionals from across a wide range. The scientists who signed the document who stated that the health of our planet was in a state of stress came from every discipline and it will only be with every discipline working together and with us, as legislators, having the courage to take the advice of the people that we once respected - and should respect again - and acting quickly that we will be able to

achieve anything towards resuscitating our planet and allowing her to have time to recuperate.

We need to redesign our physical environment; we need to maintain hygiene as a response to global pressures. We need to retain as much of our biodiversity as is possible; we need to retain the connectedness between ourselves and our environment and every species on this planet. Every species that we lose, as we are in danger of losing now as a consequence of the rains in Lake Pedder, every one of those has a direct and fundamental impact on our future health.

We need behaviour change at the individual, national and global scales to alter the consumption and production patterns threatening sustainability of global ecological systems. Which comes to the point, I think, that is too often forgotten, that economies are merely mechanisms upon which we can structure our own ways of living. They should not be the end product to which we have to subvert our ways of living. If we can change economies around so that they are there for our well-being - and not the other way, where we are there for their well-being - then I think we will look at patterns of consumption, patterns of production, patterns of how we relate to our environment and hopefully address some of those serious problems that are showing themselves. I do not think there is anyone on the planet who has looked at it who could be not aware that the signs are there.

Environmental health is our new challenge and in Tasmania, because I think we have a leading and pivotal role in the environmental debate, it gives us, as a community, in this House the opportunity to be leaders. It requires further expansion of our knowledge; the knowledge base needs to include social, economic and environmental concerns in interpreting human and ecological interactions. We need to include the links between global, national and local scales; we need, above all, to be future oriented.

Social, economic and environmental sustainability are integrated and they are matters for the future. That, I believe, is what every member of this House came in here to do - to create a better future. We are all looking to the future. We must take the lessons from the past but we cannot sit in the present; we will just go backwards.

Environmental health needs to be more than just rhetoric. It needs to be implemented into the mainstream of public health practice. We need to operate also - and I think this is a critical issue and the issue I will just about finish on - on the precautionary principle. That principle states 'where there are threats of serious or irreversible damage, lack of full scientific certainty is no reason to delay action to prevent the damage'. I feel that this is where we, as legislators, over the last three to four decades have failed. We have been too ready to adopt, until it can be proven that something is wrong. I think that those people who have been dealing with such diseases as mad cow disease and any number of others would look at how we are looking at the recent escape of the rabbit virus with some alarm. More importantly, I do not think I have even been as chilled as sitting in the room with the scientists who are saying, 'We don't know all the consequences but we think this is better than not letting the rabbit virus loose' - the same sort of principle that let the cane toad loose. Just about every biological disaster that this country has known has come out of the sense, 'Well, at least it's better than the alternative'. That is causing us both physical and economic disaster. I think we know that; I think we have at last taken a stand. Interestingly, when it came

to Atlantic salmon the first thing that united the House since I have been here was that we all decided that the introduction of a species that could cause economic hardship had to be fought against. It was though underpinned by an understanding that that economic hardship would be dealt through the introduction of a disease. We took the precautionary principle there. It was an outstanding example, I think, of where all members recognised the connectedness and I just think we need to go a lot further.

Just in conclusion, I would say that environmental health is the linking of public health, our responsibility, the personal responsibility of each member of our society, the community responsibility - that wonderful thing that we have seen in the last two weeks when communities accept responsibility for each other - and environmental management. So we have a choice, I believe. We can continue on the path of the past, using limited resources, exploiting our environment, creating our own health problems to be dealt with in inappropriate technological or clinical interventions. We can think that we can save ourselves with both medical and other technological responses, or we can change ourselves and how we relate to our environment, and hopefully evade our present course of destruction. The choice is ours. We have been warned, the warning has been given and we have a responsibility.