

ENTER THE SUSTAINABLE TOURIST: A SUBMISSION TO THE STRATEGIC REVIEW OF HEALTH AND MEDICAL RESEARCH

FROM UNIVERSAL SOLDIER TO UNIVERSAL HOUSEHOLDER (IS DIS A SYSTEM?)

Seeing Steve Leeder at the Sydney Uni gym on Sunday after the meeting with those conducting the Strategic Review of National Health and Medical Research on Thursday prompted me to gather the following thoughts for you. Among other things, we discussed the importance of the ideal cultural movement from universal soldier to universal householder and the skills needed to make the transition. It was primarily noted that the householder's increasingly anxious management of a multiplicity of increasingly specialised and demanding trades persons and health professionals, with complex or unknown requirements, may make one feel more like dying to avoid the lot. On the other hand, one of my hot taps is still rusted shut and shit came up the laundry floor last week. The rubbish removal systems in this street seem based on long training in Sicily. They also seem the ones most likely to kill me. Somebody also cut the nozzle off my hose.

However, as was often pointed out to the meeting by those conducting it, this is a review of operations far broader than merely the operations of the National Health and Medical Research Council. It also takes in many related federal, state and university operations. At the Thursday meeting we were repeatedly also told that those running the review seek to implement our views. They are below and attached. More follow next week.

The meeting appeared to agree on the importance of supporting the direction of the World Health Organization (WHO) Declaration of Alma-Ata. This takes a regionally based, holistic view of development in which primary health care *'involves, in addition to the health sector, all related sectors and aspects of community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors'*. Sustainable development ideally follows in naturally related regional contexts.

The submission attached on women's health and small business direction, which was previously sent to many, addressed the Strategic Review terms of reference (TOR) 13, 1 and 8. I will do so again later, with relevance for others, particularly 12, which is related to *'the determinants of good health'* and to *'closing the gap'* between indigenous and non-indigenous people living in Australia – or naturally anywhere else. As a simple old woman one likes to start logically, by considering the *last, global*, term of reference below before the Strategic Review's *first, local* one. Think globally first to be the most effective part of the whole. (Throw away the donut and renew exercise, including work. Is the attached contract related to Sydney land and housing purchase Sharia compliant?)

To address the Strategic Review terms of reference well 'think globally, act locally' in more openly related organizational structures designed to mine and protect our common heritage better in regional contexts. For example, at Lake Cargelligo, (near

the historic, strategically vital, international and Australian desert development centre of Broken Hill), build a path around the lake which would give satisfying exercise to tourists and locals alike. Accompany the path with suitable native plantings and also build an amenities block with two water-wise toilets, a solar hot shower, a water tank and stained glass window. Justify, film and distribute the package as a model project.

If there are bureaucratic hold-ups in relation to the use of public land for the above amenities block project it does not matter because land can be purchased extremely fast and cheaply at Lake Cargelligo. If it already has an asbestos (fibro) shed on it, as is commonly the case, the demolition of the shed and the safe disposal of the asbestos is also a useful health and construction development exercise. The stained glass expert at Sydney Uni. is Beverley Sherry who works closely with a craftsman who she introduced at a recent meeting, but whose name I fear I have forgotten. Stained glass would be a wonderful medium in which to showcase Australian native animals and plants to tourists.

At the Strategic Review meeting many noted the vital importance for health of good infrastructure support in regard to the availability of water, ambulances, computers, etc. etc. Bill Ferris also pointed out the vital work done by the Flying Doctor Service in this infrastructure connection. One will need many clear and sensible accounting systems.

I guess many at the Strategic Review meeting would rather speak of the 'health system' than the 'health industry'. In my view, however, there are major problems with this.

Firstly, the Australian and New Zealand Standard Industrial Classification (ANZSIC) was not designed for fun and appears to have a vital role to play in related international classifications and financial controls. What exactly do health professionals think they are doing if it isn't work – bringing the Word of God? ANZSIC shortcomings may also be usefully investigated in specific regional contexts. If health professionals want to throw this classification system aside, as usual, they simply place us all further under the control of the nasty feudal tops which are also chock full of lawyers. Key Productivity Commission (PC) reports also supported ANZSIC industry development direction as necessary for transparency, cost reduction, and comparison of production outcomes.

On the other hand, for example, the Professor of Economics at the Australian National Uni. uses the word 'system'. This is discussed in the attached in regard to the symposium Resilience: Can our Environment keep bouncing back?, organized by the Faculty of Agriculture, Food and Natural Resources at Sydney University. This man, who is the ANU-UNESCO Chair holder in Water Economics and Transboundary Water Governance and Director for the Centre for Water Economics, Environment and Policy, seems a total nutter. I could not understand him or his website. I upset him by interrupting to ask how he defined a 'system'. He said it was 'anything you want it to be'. This is hardly a good situation from which to develop and question classifications. Try 'a project' instead.

Admittedly, however, I have huge sympathy with the view that *occupational* classification systems, unlike the ANZSIC industry classification system, are often more trouble than they are worth because they may largely reflect and protect the professional

interests and related powers of those who set them up ideally in order to reduce or eliminate all competition from outsiders. At the Strategic Review meeting, for example, I was amazed to find my views most in keeping with those of Ian Hickie. (He spoke about the extreme difficulties of operating any necessary and intelligent form of management involving the university, the government and the voluntary organization.) Nevertheless I regard the profession of being a psychiatrist as hopelessly arrogant and worthless because any judgment of a person's health depends on what the person says to the psychiatrist. It is hard to imagine a flimsier form of evidence. I'd back my mother's view every time.

The fact that the abolition of smacking children in homes and schools has led to drugging them instead has not made me happier either. The slap often seems more honest to me. In addition, it appears vital to constantly point out to lawyers, health professionals and those who call themselves 'feminists' that there is a major conceptual difference between talking to people and sticking things in their bodies. The two should never be confused. I, for example, am relatively happy to talk to anybody whereas anybody ever seeking to stick anything in my body against my will risks death.

I hope you will take the above and related matters attached into account. I will make further contact later.

Yours truly

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