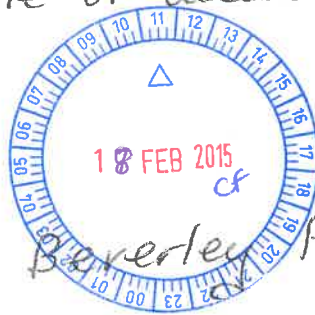


We are responding to Hon Micheal Ferguson's  
Green Paper on Health

We are not answering the set questions presented  
in the discussion paper for we believe that they  
will not portray the reality picture. Therefore we  
are submitting our thoughts and experiences (we could  
write a book but we are keeping this brief)  
We are more than happy to discuss things in depth.

Sorry this is handwritten in messy writing, and  
it is full of spelling mistakes and grammatic errors  
but we don't have the time or access to anything  
better



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NB. We could NOT  
find an address etc  
where to send this  
submission to in the  
discussion paper.  
Therefore we are  
sending it to PO Box  
125  
Hobart

February 16 2015

Beverly Rubenach  
P Rubenach

Once upon a time in the small rural town of St. Marys, on Tasmania's East Coast people felt secure with the present and confident for the future. They felt secure because everyone was treated as an individual and the community took an interest in the health and well being of all its citizens from the youngest baby to the oldest resident. People worked together and looked out for each other - they were community.

A person could be born and die in their own home town, if they so wished for there were family and friends to care.

Then in 1927 this security and confidence was increased for a hospital was built at St. Marys. Now the sick, who could not be treated at home, no longer needed to take the long, tiresome journey to Campbell Town hospital but could be treated close at hand. What a blessing! They were secure in familiar surroundings!

Families now knew that if they could not cope with the long term care of their elderly or disabled these people would be cared for locally at St Marys hospital. They could remain part of their local community surrounded by friends and family. It was a second home for there was no sense of isolation from the loved and familiar environment of their town/district.

This hospital cared for the community and in return the community cared for their hospital, with pride people donated time and goods to ensure its prosperity.

The hospital was fairly self sufficient. There were verdant gardens within the hospital grounds - vegetables, fruit, flowers. It was known that gardens promote well being (body, soul and spirit) and well-being promotes health.

Patients could stroll around the hospital grounds surrounded by trees, shrubs and flowers and lawns. They could gaze at the familiar plains and mountains and feel at home. Patients who could not stroll were taken outdoors frequently to receive this wonderful Nature healing.

• there was a gardener dedicated to producing wonderful nutritious fruit and vegetables. This produce daily went from garden fork to dinner

fork so all the food was oozing with life and goodness.

- the hospital cook would place an order for the day with the gardener and all produce was delivered and prepared on arrival (totally fresh and no transportation costs)
  - Kitchen staff prepared simple, delicious, nutritional meals for both patients and staff. Yummy!
  - On occasions if the hospital garden produced excess food it was either sold or made into preserves etc
  - people often donated their own garden produce to the hospital if it was something the hospital garden did not grow so meals were varied and interesting.
  - The hospital even had its own laundry facilities.
- \* For decades the St Marys Hospital operated in this way and people felt secure for this was community - community where a sense of belonging was paramount. Everyone was part of community whether in hospital or out of hospital. It was home!
- Oh the hospital may not had all the modern technology of a city hospital but it catered for the needs of the people. - local needs were understood
- Personalized love and care was more beneficial to everyone's health and well being than any state-of-the-art technology in the world.

NB City hospitals were only for serious or/and absolutely necessary treatment

But changes came to the hospital all in the name of progress and economic improvement/savings.

- the laundry facility went and laundry was done elsewhere
- the vegetable/fruit garden and the gardener went. Now instead of fresh vegetables from garden to plate (vegetables oozing with life and nutrition) there were preprepared vegetables (from goodness know where and goodness knows how old).
- vegetables that needed: chemicals washed off before they could be cooked.

With these changes jobs were lost! Local pride within the community began to fade! A vital part of the community had diminished all in the name of progress and economic gain/savings.

But worse was to come. The governing powers of the day decided that more "progress" was needed and more economic gain could be had if St. Marys did not have a hospital.

Fear and disbelief rippled throughout the community. The question on everyone's lips was, "How is this possible?"

The most vulnerable were the hospital's elderly/disabled residents. Should this government decision be executed they would be re-located - uprooted from their familiar and loved home town - deported, isolated from family and friends to live their remaining years in a strange place. This threat worried many, many people for so many were closely connected to these dear, treasured people by family or friendship connections. The soul of the community was fast withering!

\* People were taken from St. Marys Hospital and re-located against their will. Some residents lost the will to live. They could not bear the thought of leaving their precious home town. NB So great was the impact on the community that a Legislative Council Inquiry was conducted to examine many aspects of this loss of St. Marys Hospital and the impact on patients etc. That uprooting of the community's most vulnerable citizens is a sad and regrettable part of the St. Marys district's history. The anguish and suffering experience by these dear, vulnerable people will remain engraved in the hearts and minds of those who witnessed this callous government act done in the name of progress and economic gain/savings.

\* But that event stirred up community passion and rallies, meetings and all night vigils sent forth a clear message to the powers of the day.

\* A Health Centre was salvaged from the ruins but the ruined lives of the effected vulnerable was unsalvageable.

\* This Health Center had limited operational hours and this caused suffering and distress to many. For example our mother/mother-in-law, Linda. Linda had terminal bowel cancer. She had a colostomy. At times blockages would occur and she would suffer horrendous projectile vomiting (the vomit contained faeces). Medical help was needed on such occasion. Unfortunately most episodes happened during the night when no help was available at the

newly established St. Marys Health Centre. Linda's family (including her grandchildren) had to watch helplessly as she endured hours of misery until the Center opened week ~~day~~ mornings. After receiving simple treatment Linda would be back home within a hour having a cuppa and toast.

\* Prior to the "progressive, economic saving measures" being introduced St Marys Hospital provided 24 hour, 7 days a week care for sufferer such as Linda.

NB Loss of services always results in suffering and heartache for those in need and their caring

families/friends. Put people first - God created people - mankind created money/economics.

\* Linda's story is just 1 example of many stories experience by rural people when services are reduced or withdrawn? - so STOP this callous act! Our son, Tim who has a disability/severe epilepsy has experienced the trauma of lack of rural services

### Fix the Health Problem by:

1. Having more and varied services for rural communities

X Sick people cannot travel to city centres for treatment without it further damaging their health. Fatigue is the main damaging effect.  
- the sick need rest not stress!

As it was once upon a time visits/consultations to city hospitals should only be for very serious illness and for treatment that cannot be procured at a well equipped rural hospital. (Once upon a time surgery was performed at St. Marys Hospital eg tonsils removed, appendix removed, teeth extracted, babies delivered)

2. Have more better equipped and adequately staffed rural hospitals (not medical centres only).

a) Having more rural hospitals would stop the congestion / long waiting lists in city hospitals

- b) help reduce the cross spreading of infections (which is a major problem in larger hospitals) because there are few patients to contract infections in small rural hospitals.
- c) Isolation also stops/reduces the chance of infectious diseases spreading so rural hospitals are a great benefit. (diseases such as Ebola will most likely come to Tassie so be prepared - have rural hospitals.)
3. Make sure services are "delivering the goods" that they are being funded to do

For talking to many people it seems that some services are claiming to be providing services eg to the East Coast residents but instead of coming to the area patients receive a doctors referral then must travel to the city to get help. The services need to come to us NOT us to them. (It seems that the more mergers that occur the more this "come to the city" mentality is happening)

WB some people like our son Tim are too sick to travel most of the time. He might be well enough 2 or 3 days a year and this never coincides with appointments. Therefore he misses out on vital medical help.

This situation also applies to carers. Carers cannot "just drop tools" at an hours/days notice and attend their own medical appointments for they have to be replaced by someone to care for the person they care for (In Tim's case he needs 2 full time carers 24 hours a day, 7 days a week)

Sometimes carers can call in family members for an hour or two but not for 6-8 hours or so to travel to the city. Local, rural services would allow carers to better attend to their health needs.

\* Rural areas need in home visits service especially for the disabled / elderly / carers.

4. Move mental health facilities to the rural areas. Peaceful rural settings must have a <sup>more</sup> positive effect on well being than noisy city settings

Rural facilities can offer more in the way of practical therapy eg gardening. Once upon a time wise health practitioners knew these things, well

being (body, soul and spirit) promotes health  
Well being is a cure and preventative - well being comes from  
community as it was once upon a time.  
5. Get rural hospitals operating as they were  
once upon a time with their own gardens producing  
fresh food oozing with life  
(such hospitals could have food supplied from  
community gardens run by work for the dole  
schemes)

6. The government establish alternative medicine  
health centres/hospitals in rural areas. Give it  
a try! Give people a chance of herbal medicines and  
alternate therapies (there are many such therapies  
available with skilled people to perform them - many  
such people live in rural areas because they want  
alternative life styles and many wonderful herbs exist eg medicinal  
cannabis.  
Alternative health centres could be a money  
raiser for the government. eg have so many public  
health patients and so many international/interstate  
patients who pay handsomely for treatment in  
rural settings (where food is served from garden fork  
to dinner fork and practical therapies such as  
gardening, nature strolls are available).

✗ Once upon a time it was very fashionable for  
the wealth and prominent to go to rural health  
retreats and this could be revived. Just remember  
that we poor people want it also. Alternative  
medicines/therapies are usually more economical  
than using conventional pharmaceutical medications  
and hi-tec therapy eg maggots being used in  
Africa to treat hard to heal wounds. - Time honoured  
treatments still work well in the 21st century! Come  
on! Be truly progressive - change the health system!

Bring more hospitals and health services  
back to rural communities. Create well being  
and employment. Put people first. Remember  
God created people - people created money \*People  
matter!



7. More education and awareness of illnesses is needed eg Lyme Disease.

Our eldest daughter contracted Lyme Disease almost five years ago after being bitten by a tick near Selborne. The bite got infected and she was treated with antibiotics but no one seemed to know about Lyme Disease at that time. Her health began to decline and she was diagnosed with possible chronic fatigue. She soon used up all her sickness leave from work. Then she had to reduce her working hours because she could only walk with difficulty and much pain, she was always extremely tired and could not concentrate.

After seeing a TV documentary on Lyme Disease she and her G-P organised for blood tests to be sent to Brisbane. But because it was, by now, 2 years since she was bitten by the tick any bacteria had moved out of her blood stream and entered her organs. (By now she was on heart medication and she was getting progressively worse in all areas) Blood tests were sent to America (cost over \$2,000) and Lyme disease was determined. She has been off work for over a year relying on a small sickness benefit from her health insurance. She received treatment 2 years ago and this is ongoing and expensive. The doctor believes it will take at least 2 more years for Sarah to recover.

\* Had Lyme disease been recognised as existing in Tasmania and people educated about the advisability of having a blood test if bitten by a tick (must be within 6 weeks of being bitten) people like Sarah would not have to suffer long term physical and economic hardship from loss of employment. Set up appropriate blood testing for Lyme Disease in Tasmania. If detected within the first few weeks it can be stopped by a month's course of antibiotics. If undetected and untreated victims get progressively worse (can cause insanity and death).

Lyme disease can imitate MS and chronic fatigue and several other illnesses so quick, correct diagnosis is vital. It is the government's health department etc responsibility to educate the public about this debilitating disease that can be cured if detected early.



## 8. More preventative measures eg for carers.

- We are 67 and 68 year old respectively and we are full time carers for our 28 year old son, Tim
- Tim contracted bacterial meningitis at 5 months of age. This caused Acquired Brain Injury (ABI) 11 months later he developed severe epilepsy because of the ABI.
- Tim needs 2 people caring and supervising him 24 hours a day, 7 days a week. He cannot be left alone even for a minute in case he falls and injures himself.
- We receive 25 hours a week support workers in home but because 2 carers are needed this translates into only  $12\frac{1}{2}$  hours a week (unless 1 of us assists 1 worker)
- We have 24 hour away from home respite from Tim 2-3 times a year.
- In 28 years we have had only about 8 days away from Tim.
- Tim has to have in home respite because of his high needs / high risk needs.
- We only get 3-4 hours broken sleep every night as Tim has night time seizures and lots of sleeplessness.
- We suffer physical, emotional and economic stress
- We are typical of hundreds of full time carers  
We NEED HELP so we can keep on caring for as long as possible.

Think what it would cost to have a person with such high needs and high risk in a group home and we would both be eligible for old age pensions.

We are saving the government a huge amount of money each year we care for our beloved son  
so help - roll out the full NDIS package to help people like us.

Introduce a combined ISP for disabled people and their carer when the carers need care in the family home  
"Kill two birds (or in our case 3 birds) with one stone"

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