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SITTING DAYS—2008

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RADIO BROADCASTS
Broadcasts of proceedings of the Parliament can be heard on the following Parliamentary and News Network radio stations, in the areas identified.

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FORTY-SECOND PARLIAMENT
FIRST SESSION—SECOND PERIOD

Governor-General
His Excellency Major General Michael Jeffery, Companion in the Order of Australia, Commander of the Royal Victorian Order, Military Cross

House of Representatives Officeholders
Speaker—Mr Harry Alfred Jenkins MP
Deputy Speaker—Ms Anna Elizabeth Burke MP
Second Deputy Speaker—Hon. Bruce Craig Scott MP

Members of the Speaker’s Panel—Hon. Dick Godfrey Harry Adams MP, Hon. Kevin James Andrews MP, Hon. Archibald Ronald Bevis MP, Ms Sharon Leah Bird MP, Mr Steven Georganas MP, Hon. Judith Eleanor Moylan MP, Ms Janelle Anne Saffin MP, Mr Albert John Schultz MP, Mr Patrick Damien Secker MP, Hon. Peter Neil Slipper MP, Mr Peter Sid Sidebottom MP, Mr Kelvin John Thomson MP, Hon. Danna Sue Vale MP and Dr Malcolm James Washer MP

Leader of the House—Hon. Anthony Norman Albanese MP
Deputy Leader of the House—Hon. Stephen Francis Smith MP
Manager of Opposition Business—Hon. Joseph Benedict Hockey MP
Deputy Manager of Opposition Business—Mr Luke Hartsuyker MP

Party Leaders and Whips
Australian Labor Party
Leader—Hon. Kevin Michael Rudd MP
Deputy Leader—Hon. Julia Eileen Gillard MP
Chief Government Whip—Hon. Leo Roger Spurway Price MP
Government Whips—Ms Jill Griffiths Hall MP and Mr Christopher Patrick Hayes MP

Liberal Party of Australia
Leader—Hon. Brendan John Nelson MP
Deputy Leader—Hon. Julie Isabel Bishop MP
Chief Opposition Whip—Hon. Alex Somlyay MP
Opposition Whip—Mr Michael Andrew Johnson MP
Deputy Opposition Whip—Ms Nola Bethwyn Marino MP

The Nationals
Leader—Hon. Warren Errol Truss MP
Chief Whip—Mrs Kay Elizabeth Hull MP
Whip—Mr Paul Christopher Neville MP

Printed by authority of the House of Representatives
## Members of the House of Representatives

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<td>Zappia, Tony</td>
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**PARTY ABBREVIATIONS**

ALP—Australian Labor Party; LP—Liberal Party of Australia; Nats—The Nationals; Ind—Independent

### Heads of Parliamentary Departments

- Clerk of the Senate—H Evans
- Clerk of the House of Representatives—IC Harris AO
- Secretary, Department of Parliamentary Services—A Thompson
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<td>Deputy Prime Minister, Minister for Education, Minister for Employment and Workplace Relations and Minister for Social Inclusion</td>
<td>Hon. Julia Gillard, MP</td>
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<td>Treasurer</td>
<td>Hon. Wayne Swan MP</td>
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<td>Minister for Immigration and Citizenship and Leader of the Government in the Senate</td>
<td>Senator Hon. Chris Evans</td>
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<td>Special Minister of State, Cabinet Secretary and Vice President of the Executive Council</td>
<td>Senator Hon. John Faulkner</td>
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<td>Hon. Simon Crean MP</td>
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<td>Minister for Foreign Affairs</td>
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<td>Hon. Nicola Roxon MP</td>
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<td>Hon. Lindsay Tanner MP</td>
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<td>Minister for Infrastructure, Transport, Regional Development and Local Government and Leader of the House</td>
<td>Hon. Anthony Albanese MP</td>
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<td>Minister for Innovation, Industry, Science and Research</td>
<td>Senator Hon. Kim Carr</td>
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<td>Minister for Climate Change and Water</td>
<td>Senator Hon. Penny Wong</td>
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<td>Hon. Peter Garrett AM, MP</td>
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<td>Minister for Human Services and Manager of Government Business in the Senate</td>
<td>Hon. Robert McClelland MP</td>
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<td>Minister for Agriculture, Fisheries and Forestry</td>
<td>Hon. Tony Burke MP</td>
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<tr>
<td>Minister for Resources and Energy and Minister for Tourism</td>
<td>Hon. Martin Ferguson AM, MP</td>
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[The above ministers constitute the cabinet]
Minister for Home Affairs     Hon. Bob Debus MP
Assistant Treasurer and Minister for Competition Policy and Consumer Affairs     Hon. Chris Bowen MP
Minister for Veterans’ Affairs     Hon. Alan Griffin MP
Minister for Housing and Minister for the Status of Women     Hon. Tanya Plibersek MP
Minister for Employment Participation     Hon. Brendan O’Connor MP
Minister for Defence Science and Personnel     Hon. Warren Snowdon MP
Minister for Small Business, Independent Contractors and the Service Economy and Minister Assisting the Finance Minister on Deregulation     Hon. Dr Craig Emerson MP
Minister for Superannuation and Corporate Law     Senator Hon. Nick Sherry
Minister for Ageing     Hon. Justine Elliot MP
Minister for Youth and Minister for Sport     Hon. Kate Ellis MP
Parliamentary Secretary for Early Childhood Education and Childcare     Hon. Maxine McKew MP
Parliamentary Secretary for Defence Procurement     Hon. Greg Combet AM, MP
Parliamentary Secretary for Defence Support     Hon. Dr Mike Kelly AM, MP
Parliamentary Secretary for Regional Development and Northern Australia     Hon. Gary Gray AO, MP
Parliamentary Secretary for Disabilities and Children’s Services     Hon. Bill Shorten MP
Parliamentary Secretary for International Development Assistance     Hon. Bob McMullan MP
Parliamentary Secretary for Pacific Island Affairs     Hon. Duncan Kerr MP
Parliamentary Secretary to the Prime Minister     Hon. Anthony Byrne MP
Parliamentary Secretary for Social Inclusion and the Voluntary Sector and Parliamentary Secretary Assisting the Prime Minister for Social Inclusion     Senator Hon. Ursula Stephens
Parliamentary Secretary to the Minister for Trade     Hon. John Murphy MP
Parliamentary Secretary to the Minister for Health and Ageing     Senator Hon. Jan McLucas
Parliamentary Secretary for Multicultural Affairs and Settlement Services     Hon. Laurie Ferguson MP
SHADOW MINISTRY

Leader of the Opposition  
Hon. Brendan Nelson MP
Deputy Leader of the Opposition and Shadow Minister for Employment, Business and Workplace Relations  
Hon. Julie Bishop MP
Leader of the Nationals and Shadow Minister for Infrastructure and Transport and Local Government  
Hon. Warren Truss MP
Leader of the Opposition in the Senate and Shadow Minister for Defence  
Senator Hon. Nick Minchin
Deputy Leader of the Opposition in the Senate and Shadow Minister for Innovation, Industry, Science and Research  
Senator Hon. Eric Abetz
Shadow Treasurer  
Hon. Malcolm Turnbull MP
Manager of Opposition Business in the House and Shadow Minister for Health and Ageing  
Hon. Joe Hockey MP
Shadow Minister for Foreign Affairs  
Hon. Andrew Robb MP
Shadow Minister for Trade  
Hon. Ian Macfarlane MP
Shadow Minister for Families, Community Services, Indigenous Affairs and the Voluntary Sector  
Hon. Tony Abbott MP
Shadow Minister for Agriculture, Fisheries and Forestry  
Senator Hon. Nigel Scullion
Shadow Minister for Human Services  
Senator Hon. Helen Coonan
Shadow Minister for Education, Apprenticeships and Training  
Hon. Tony Smith MP
Shadow Minister for Climate Change, Environment and Urban Water  
Hon. Greg Hunt MP
Shadow Minister for Finance, Competition Policy and Deregulation  
Hon. Peter Dutton MP
Manager of Opposition Business in the Senate and Shadow Minister for Immigration and Citizenship  
Senator Hon. Chris Ellison
Shadow Minister for Broadband, Communications and the Digital Economy  
Hon. Bruce Billson MP
Shadow Attorney-General  
Senator Hon. George Brandis
Shadow Minister for Resources and Energy and Shadow Minister for Tourism  
Senator Hon. David Johnston
Shadow Minister for Regional Development, Water Security  
Hon. John Cobb MP

[The above constitute the shadow cabinet]
SHADOW MINISTRY—continued

Shadow Minister for Justice and Border Protection; Assisting Shadow Minister for Immigration and Citizenship
Hon. Chris Pyne MP

Shadow Special Minister of State
Senator Hon. Michael Ronaldson

Shadow Minister for Small Business, the Service Economy and Tourism
Steven Ciobo MP

Shadow Minister for Environment, Heritage, the Arts and Indigenous Affairs
Hon. Sharman Stone MP

Shadow Assistant Treasurer and Shadow Minister for Superannuation and Corporate Governance
Michael Keenan MP

Shadow Minister for Ageing
Margaret May MP

Shadow Minister for Defence Science, Personnel; Assisting Shadow Minister for Defence
Hon. Bob Baldwin MP

Deputy Manager of Opposition Business in the House and Shadow Minister for Business Development, Independent Contractors and Consumer Affairs
Luke Hartsuyker MP

Shadow Minister for Veterans’ Affairs
Hon. Bronwyn Bishop MP

Shadow Minister for Employment Participation and Apprenticeships and Training
Andrew Southcott MP

Shadow Minister for Housing and Shadow Minister for Status of Women
Hon. Sussan Ley MP

Shadow Minister for Youth and Sport
Hon. Pat Farmer MP

Shadow Parliamentary Secretary Assisting the Leader of the Opposition and Shadow Cabinet Secretary
Don Randall MP

Shadow Parliamentary Secretary Assisting the Leader of the Opposition in the Senate and Shadow Parliamentary Secretary for Northern Australia
Senator Hon. Ian Macdonald

Shadow Parliamentary Secretary for Health
Senator Hon. Richard Colbeck

Shadow Parliamentary Secretary for Education
Senator Hon. Brett Mason

Shadow Parliamentary Secretary for Defence
Hon. Peter Lindsay MP

Shadow Parliamentary Secretary for Infrastructure, Roads and Transport
Barry Haase MP

Shadow Parliamentary Secretary for Trade
John Forrest MP

Shadow Parliamentary Secretary for Immigration and Citizenship
Louise Markus MP

Shadow Parliamentary Secretary for Local Government
Sophie Mirabella MP

Shadow Parliamentary Secretary for Tourism
Jo Gash MP

Shadow Parliamentary Secretary for Ageing and the Voluntary Sector
Mark Coulton MP

Shadow Parliamentary Secretary for Foreign Affairs
Senator Marise Payne

Shadow Parliamentary Secretary for Families and Community Services
Senator Cory Bernardi
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The SPEAKER (Mr Harry Jenkins) took the chair at 12 pm and read prayers.

MAIN COMMITTEE
Private Members’ Motions
The SPEAKER—In accordance with standing order 41(h) and the recommendations of the whips adopted by the House on 28 May 2008, I present copies of the terms of motions for which notice has been given by the members for Sturt, Werriwa and McEwen. These items will be considered in the Main Committee later today.

DENTAL BENEFITS BILL 2008
Cognate bill:

DENTAL BENEFITS (CONSEQUENTIAL AMENDMENTS) BILL 2008

Second Reading
Debate resumed from 29 May, on motion by Ms Roxon:

That these bills be now read a second time.

Mr HOCKEY (North Sydney) (12.01 pm)—I appreciate the undivided attention that so many members of the government are giving to the debate on the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008! The coalition certainly understands the burden of dental disease in our society. It is thought that the rate of tooth decay in adults in Australia is close to 100 per cent. Worldwide estimates for the prevalence of severe periodontal disease generally range from 10 to 15 per cent. There is a complex interplay between dental disease and general health. Each impacts on the other. Diabetics, for example, get more dental disease, and chronic dental disease can make diabetes worse. Anybody whose illness prevents them engaging in good oral hygiene is at risk of significant dental disease. Those with gout, arthritis in the hands, depression or other mental illnesses, dementia, neuromuscular disorders, and drug and alcohol dependency will be at higher risk of dental disease.

On the flip side, dental disease causes problems in its own right. Fifty thousand Australians are hospitalised each year with preventable dental disease. Dental disease directly contributes to other complex medical conditions, such as cardiovascular disease and some cancers. Oral, gastrointestinal, lung and pancreatic cancer are all linked to tooth disease. Being unable to chew your food can cause malnutrition and advancement of chronic disease. If dental disease is not a direct cause of these disorders then it may be a major contributor. Dental disease can be destabilising in other ways. There are Australians out there suffering severe chronic dental pain every single day. This pain keeps them out of the workforce, affects their relationships with their families and affects their relationships with their colleagues.

It was after recognising the strong link between dental disease and complex health conditions that the coalition government decided to introduce dental care into Medicare. It was also, I might add, a direct result of the failure of the state governments to do what they are tasked with doing, and that is to provide dental care through the public hospital system to those most in need. From November 2007, patients who were assessed by their GPs as having complex medical conditions became eligible to see a private dentist and receive $4,250 worth of treatment over two years. The need for this sort of service has been palpable since the program started. The uptake in the first two months of Medicare dental in November and December 2007 alone was 16,000 services. Then in January 2008, according to Medicare, 20,443 services were administered through the scheme.
In February 2008, 40,497 services were administered and, in March 2008, 94,617 services were administered. The total number of dental Medicare services administered from July 2007 to March 2008 was about 172,000. We discovered through the estimates committee of the Senate that in fact the total number of services to date is well over 300,000. Yet the Minister for Health and Ageing said on 2 March that only 13,000 services had been provided in four years. I am not sure which planet she is on, but this planet is earth and even her own people are talking about dental services in excess of 300,000 under the scheme introduced by the Howard government.

Also contrary to the assertions in this House by the Minister for Health and Ageing, these figures show an approximate doubling of dental Medicare services each month. These figures were available to the minister in March when she spoke in parliament about the poor uptake of Medicare dental as justification for axing this vital program. Either the minister for health inadvertently misled the House or she simply does not understand that a program that doubles in intake each month and has a total uptake of up to 300,000 services, or even over that, is not an unnecessary program. It is in fact the scheme which saw countless needy Australians access the dental care they needed. It was a scheme which finally allowed those weighed down by chronic dental pain to get their teeth fixed. It was the only opportunity for pensioners to get their teeth fixed up, if they had substantial dental problems, so that they could eat a balanced meal.

I am talking about real people with real illnesses—people like Chris Planer. Chris is a 28-year-old man who had cancer on the floor of his nose and the roof of his mouth. After therapy for his cancer, Chris was able to access Medicare dental to have restorative dental therapy. This is an interesting fact. The Insight program on SBS has footage of Mr Planer actually claiming his dental rebate from a Medicare office, even though on 12 March the Minister for Health and Ageing insisted quite firmly that Chris was not entitled to make such a claim. It is quite concerning the Minister for Health and Ageing seems to have slashed a program that she did not understand. The minister believed that people like Chris Planer could not benefit from the scheme. The minister believed that Australians did not want to or need to access dental care through Medicare. Over 300,000 services were delivered through the Howard government’s scheme, and that does not suggest it was an unnecessary or unwanted program.

The reason the Medicare dental program was so popular is that the average Australian could get little access to dental clinics run by their state Labor governments. Of course, waiting times to get into dental clinics are state secrets. Despite several attempts to obtain this information from a variety of sources, the states have not been forthcoming with their data. What a surprise. So with thanks to Ms Clara Pirani, an investigative journalist from the Australian, the most accurate guideline we have is from 2005. At that stage, Ms Pirani found that there were 650,000 Australians on waiting lists for dental care across the country. More than 20,000 Australians were joining the queue each year. Waiting lists for treatment were up to four years.

Let me go through some of the numbers. I quote these from the information provided to the Australian newspaper: there were 197,810 people on dental waiting lists in Victoria, 167,367 in Queensland, 68,691 in South Australia and 20,701 in Western Australia. In my own state of New South Wales, which the honourable member at the table, the member for Charlton, is familiar with, there were 181,453 people waiting for dental...
services. That was in 2005. At that stage, we saw 650,000 Australians on dental waiting lists, but that number was growing at the rate of 20,000 per year. So we can assume today, if the trend has continued, that around 700,000 Australians are waiting four years for treatment for painful, debilitating and even dangerous dental conditions.

Waiting too long for dental treatment can mean the difference between treating the tooth and having to have the tooth pulled out. It is these vulnerable Australians who need an alternative to hanging around for years in a state government waiting queue. They need another way to stop the cycle of pain, being unable to eat and being unable to get on with their lives. They need a way to stop their dental disease making them sicker. Medicare dental was the best way forward for vulnerable patients in need to access a dentist for treatment. This government has sought to axe the program unceremoniously, leaving 650,000 Australians languishing.

Today fewer than 10 per cent of dentists work in public dental clinics. I say it again because it is a very interesting stat: fewer than 10 per cent of all dentists work in the public system. Over 90 per cent are in the private system—this is clearly different, obviously, to doctors and general practice providers, many of whom do work in the public system. Therefore, even if you throw more money at public hospitals and the state government system, which this federal government is doing, unless dentists are prepared to work 24 hours a day, seven days a week in order to address the backlog or there is a movement of dentists from the private sector to the public sector, the waiting lists are going to remain very significant. It is unrealistic to expect that the Labor state and territory governments could manage dental disease across the whole country, even if they put in an enormous injection of capital and even if they could pull a rabbit out of the hat and start managing their hospitals efficiently. Does anyone here truly believe the state governments are going to manage their hospitals more efficiently, let alone attract more dentists to the public hospitals to provide the sort of treatment that patients expect? So I ask the obvious question: where are all the dentists who will be moving into the public system going to come from?

One thing people are not going to do is turn to their private health insurance for the provision of dental cover, because, as we know, the Rudd government has taken a baseball bat to private health insurance as well. There is a concerted attack by the government on private health insurance providers—that is, of course, unless they are buying the private health insurance providers, as we saw in the Financial Review on Friday with Medibank Private’s purchase of AHM for $300 million. Can you believe it? Not only do the government oppose privatisation; they support and fund nationalisation—the buying of a private health insurer by a very committed public private health insurer, Medibank Private.

Private health insurance is obviously not going to be the answer for people with severe and chronic dental pain because of the initiatives that came out of the government in the budget. The Medicare levy surcharge threshold was raised from $50,000 to $100,000 for singles and from $100,000 to $150,000 for families. In this one budget measure, the mask that the Prime Minister wore to the election came off. The Prime Minister made firm assertions prior to the election that he supported private health insurance. What we discover now, from the mouth of Medibank Private alone, is that this initiative by the government in the budget is actually going to cause between eight and 10 per cent of the members of Medibank Private to leave, which will in turn put significant
upward pressure on private health insurance premiums.

Just to remind you, Mr Speaker, because you are a very wise man, the Medicare levy surcharge formed part of the coalition’s three key policy pillars to support private health insurance. They included the private health insurance rebate, the Medicare levy surcharge and Lifetime Health Cover. These three pillars saw private health insurance taken up by almost 10 million Australians—in fact, somewhere around 9½ million—or 44.6 per cent of the population by March this year. That is the highest level of private health cover since the introduction of Medicare.

When the coalition came to government in 1996, private health insurance membership was around 35 per cent. Under the Howard government it increased from 35 per cent to nearly 45 per cent. Before the election, the current Prime Minister, the member for Griffith, told the Australian people, ‘Don’t worry—I’m the same as the Howard government on private health insurance.’ Then, out of the blue, came this initiative. Driven by the Prime Minister’s office, we understand, the Medicare levy surcharge will be changed, with the government saying, ‘We will spin it to Australians as tax cuts, but in fact it is a budget savings measure because we are paying out less in the 30 per cent private health insurance rebate and the net impact on the private health insurance industry is of no concern to us.’ That is what the government said. Well, it is going to be a concern to the government, because there are going to be significant premium increases.

My understanding of private health insurance is that the Department of Health and Ageing and the various statutory bodies that advise on these things are actually involved in quite micro details relating to the content of policies that can be offered to customers of private health insurers. Therefore, not only does the government control the impact of various macro policy initiatives on private health insurance uptake; it has significant impact on policies offered to consumers. On the one hand, consumers are going to be looking for private health insurance to fill the gap in the absence of Medicare dental, because this government has now abolished Medicare dental without any subsequent support for those who still need dental work. At the same time, if those people go to their private health insurer to take out a policy that will provide them with coverage for potential dental disease, they are going to have to pay higher premiums as a result of this government’s policies.

So I do not know what the narrative is from the government in relation to better dental care for Australians. It is certainly more rhetoric than it is substantial policy. When it comes to policy initiatives, there is no doubt that those people who want to invest in their own health care through taking out private health insurance are going to get no easy passage from the Rudd government. I think what we can look forward to—and we do not look forward with any great hope or pleasure—is private health insurance premiums under the government increasing dramatically as a result of their budget initiatives. Furthermore, their proposal to put more money into the public hospital system to address public hospital waiting lists is going to have minimal impact. They are going to set up a screening program for teens which in part duplicates some of the programs that already exist in some of the states. Thanks to the Rudd government, parents will receive funding for a voucher to find out that their 13-year-old child has dental problems, but they will receive no funding to get the problem fixed—whereas under the Howard government up to $4,250 was available for those people with chronic dental problems to
get them fixed as soon as possible by a private provider given that the public system has a shortage of dentists.

We see a shortage of good health policy narrative from the Rudd government. There is going to be a direct attack on the private system as a result of various government initiatives, with the net impact on the public system of driving people from private health and private dental care, even with the assistance of Medicare, into a public system that is already under enormous strain. The public dental clinics are simply unequipped to deal with another influx of dental patients. When it comes to chronic dental problems, it is vitally important that all age groups have access to emergency care—all age groups: not just teens, even though they are vitally important, but pensioners and self-funded retirees who are unable to afford treatment for their chronic dental disease.

Labor’s election promise was for two initiatives. One was the Teen Dental Plan. Prior to the election Labor promised $510 million over three years, but the budget delivered $490.7 million over five years, a dramatic reduction. For the Teen Dental Plan, the Rudd government is going to provide ‘up to’—these are new words—$150 per eligible teenager for a voucher towards an annual preventive check. So we actually do not know how much each child will realistically receive by way of vouchers. Eligible teenagers include those aged 12 to 17 years in families receiving family tax benefit part A and teenagers in the same group receiving youth allowance or Abstudy.

Labor’s own press release prior to the election of 2007 clearly stated that a comprehensive check-up will cost $290. Maybe they are subsidising the check-up of the top teeth and not the bottom teeth, or the front teeth and not the back teeth. How beneficial it would be if a teenager did not have 50 per cent of their teeth because then they would get all of their teeth covered! It is ironic but sad that the government promised the Australian people better dental care but have failed to deliver it in their own budget.

If the dentist finds dental disease, including dental challenges in particular patients, what can the dentist do about it under Labor’s plan? Frankly, the dentist has two choices: he can direct patients’ parents to the nearest queue at the local public hospital dental clinic—there the child can wait up to four years for treatment while the problem gets worse—or he can offer to fix the problems himself for a fee. This is the question that a lot of parents are going to be asking: how will they feel if they cannot afford to have their children’s dental problems fixed once they have been identified? These are the same parents who are already under enormous financial strain at the moment. I think both sides of the House agree that families and households are under enormous strain with rising petrol prices, rising grocery prices and rising interest rates or rising rent—rising interest rates and rising rent are fingers on the same hand. Then along comes this government voucher, which does not cover the full cost of a check-up for the child, and obviously if the child does have a dental problem then there is going to be an enormous obligation on the parent to do something about it. Very few parents would identify that their children have health problems and then refuse to do something about them. Now that the government has abolished Medicare dental—taken dental out of the Medicare system—there is no safety net.
The Teen Dental Plan is an example of a program that is doomed to fail. It does not cover all of the costs. It duplicates the system that is meant to be provided by some states. It does not provide any services; it simply identifies the problem without putting the money in place to fix the problem. Ultimately, all it does is give people vouchers. It does not mean they are going to have better health care. The flip side is that the government say they are going to provide additional money to the state governments to address the hospital queues, to address the demand for dental services in the public hospitals. Yet, as I said, unless you have an enormous movement of dentists from the private sector to the public sector then you are simply not going to have the people there who can address the waiting list.

We should for a moment as individuals think about what a dentist provides. If you go into a dentist surgery, you will see an enormous amount of equipment. Let us compare a dentist with a doctor. The cost of the equipment in a dentist surgery is enormous. They have everything from X-ray machines right through to the highly specialised equipment for all sorts of treatments. I do not know about you, Mr Speaker, but I have certainly heard the fearsome sound of a dentist’s drill. My experiences at the dentist have never been cheap; rather, they have been, like so many others, pretty expensive exercises.

Mr Combet interjecting—

Mr HOCKEY—Well, it is a danger. Dentists in the private sector have these huge costs associated with their businesses. Ultimately, dentists, like all other professionals, are businesspeople; they are running a small business and they have to charge for their costs. The Howard government scheme of Medicare dental actually did address some of that challenge. The new government scheme says, ‘No, we’ll do it all out of our public hospitals,’ which can only be described as ‘challenging operations’ under the existing system, let alone when more people pour into the public hospitals in search of dental care.

I say finally on this bill and more generally on health: the Prime Minister said before the election that the buck stops with him. He said that he will do something about hospitals in Australia. The coalition will keep him to his word. The now Prime Minister said, ‘We will fix the hospitals.’ He committed, ‘If the hospitals are not fixed by 2009’—not ‘if in 2009 the government does not have a plan to fix them’—‘then the buck stops with me.’ ‘We will have a referendum,’ the Prime Minister said, ‘to take over the hospitals from the states.’ We are in the process of supporting a number of government initiatives in relation to health, but the government is on notice that, when it comes to that promise, we will hold the Prime Minister accountable for every single word and we will ensure that he honours his commitment to the Australian people to fix the health system.

But on the form that has been shown by the government to date—with the sustained attack on private health insurance, which is going to put more people into the public hospitals; with the demolition of Medicare dental, which is going to put more people into the public hospitals; and with the flimsy commitments of the government to ongoing demands from the states in relation to better accountability in statistical collection and in the day-to-day operations of the hospitals—I can see no way the Prime Minister is going to meet his commitments to provide Australia and the Australian people with better quality hospitals and better health services. I expect that in 2009 and beyond the Prime Minister’s words that ‘the buck stops with me’ will come back to haunt him.
Mr GEORGANAS (Hindmarsh) (12.30 pm)—I rise to speak on the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008, but before I do I would like to make some comments on the contribution of the member for North Sydney. We too could sit here and not tackle the big problems and not tackle health. We too could sit here, wipe our hands of issues, blame the states and play the blame game, as we saw for 11 long years. During those 11 long years we saw that one of the first acts of the Howard government when they came to power in 1996 was to axe the existing Commonwealth dental scheme. At the time, the Keating government was putting $100 million per year into the states and into the Commonwealth dental scheme. The very first act of the Liberal conservative government of 1996 under the leadership of John Howard was to axe that scheme that ensured that Australians were getting the dental care that they deserved. Even today, we see, from the bowels and the depths of opposition, the opposition continuing to play the same game that they played in government. They continue to wipe their hands and they continue to blame the states at every opportunity instead of looking towards the future of Australia and tackling the problems that we have, like health. For 11 years we have seen this area disregarded.

We know that these bills are the first step in delivering on our election promise—our commitment to improve the important area of dental health. This first step is the establishment of the Teen Dental Plan and the Commonwealth Dental Health Program, which will improve dental health by providing additional funding to the states and territories to reduce public dental waiting lists. We are just not sitting and blaming the states for the increasing list of 650,000 people around our nation who are waiting for some form of dental care. For example, in my electorate there are over 25,000 people aged 65 and over. The majority of them are on a Commonwealth pension. Many of these people need dental care and have been on waiting lists for two, three or four years. In the last four years since I was the elected member for Hindmarsh, I have regularly seen constituents in my office and heard horror stories of their not being able to eat their food because their dentures did not fit and of waiting for years to get their first appointment.

We also have in the electorate of Hindmarsh over 7,000 teens, some of whom will be able to benefit from this teen dental health plan. From 1 July 2008, the government will provide up to $150 per eligible teenager towards an annual preventive check-up. That is $150 more than the opposition’s policy or the former government’s policy for those teenagers. Under their policy, those people received nothing unless they had a chronic illness or disease. That $150 annual preventive check-up is for teenagers aged between 12 and 17 years in families receiving family tax benefit part A and teenagers in the same age group receiving youth allowance or Abstudy. The government’s dental program is specifically tailored to assist families who are struggling with the cost of taking their children for dental check-ups. We understand that these new dental programs have to assist those in the most financial need. Those dental check-ups at those early stages will prevent the costs from ballooning out. For the last 11 years there have been no check-ups for those people who cannot afford it; therefore, gum disease and dental diseases have become more severe and more costly to treat.

These new measures will cost $490.7 million over five years. There is an extra $290 million over three years for the reintroduction of a Commonwealth dental health program—a total of $780 million to ensure that Australia’s dental needs are met and that the
waiting list of 650,000 people is reduced. The former Howard government cut over $1 billion in dental care from the state and territory governments. As I said earlier, $100 million was lost to dental health per year—year after year after year—for 11 years. That money was there under the Commonwealth dental scheme and was the real money that was taken out of dental care which caused those lists to balloon out to 700,000, or 750,000 in some cases, over the last 11 years. We all know what the former government’s attitude to dental health was. All of us who are now on this side of the House made speeches when we were on the other side. We continually asked questions about this very important issue. We are all too familiar with the wanton disregard it exhibited towards the Australian population’s capacity to maintain dental health and thereby maintain their ability to eat properly and ensure that their health was in check. We all remember too well the Howard government’s callous and almost spiteful rejection of any suggestion that the former government should make a real contribution to dental health in Australia, as it was obliged to do under section 51 of the Australian Constitution. If you read that section of the Constitution, it is quite clear that dental health is the responsibility of the Commonwealth. The former government was very spiteful and callous in this particular area over those 11 years. As I said, questions were asked in those days only to have the government members at the time wipe their hands and say, ‘Nothing to do with us—it’s a state issue; speak to your state mates.’ They were the answers we were consistently getting until some stage in 2007 when the Howard government finally woke up and realised that there was a problem in this area. It put together a policy which did not even get close to the reality of this area. The policy was that you had to have a chronic illness before you would even be looked at. There were 650,000 Australians waiting on the dental care list, the majority of them pensioners who did not have illnesses; they were just pensioners who wanted dentures or needed some form of dental care.

The Howard government pretended to be the best mates of senior Australians, but we all know that was not the case. They denied them even the recognition that their dental health was an issue that they as a federal government should have been concerned with. Instead, we saw the blame game and again for every question that was asked, every time the issue was raised, the message was clear: ‘Don’t look at us. We have nothing to do with this. This is a state issue.’ This was instead of tackling the issues as a federal government that has been put there by the Australian people should have been doing. Of all the evidence that exists of the former government’s disregard for senior Australians, their belligerent refusal—in this place and in the media—to acknowledge their responsibility in the field of dental health surely must be at the top of the list.

The area of dental health typifies the previous government’s approach to federalism. Their approach was simple and that was to blame the states. Whatever the federal government may have as their priorities, whatever health outcomes they may desire, they were always too ready to simply brush any dust from their hands and walk away without so much as a second glance. This is one area that the previous government got very seriously wrong where their natural inclination to curl up into a little ball and pretend no-one could see them was noticeably harmful to their public perception.

I have to say that the good people of Hindmarsh certainly made this point to me over three years. I have probably said this in this place before but, of all of the surveys
and invitations for people to comment that I extended throughout my electorate over the years, there has probably been no one issue that demonstrated an intensity of feeling, a uniformity of opinion, and a very real substantial and immediate need than the issue of dental care, especially among the older residents of Hindmarsh, of which there are many.

I would like to draw your attention to the story of a constituent of mine who was interviewed by a weekly newspaper earlier last year. In the article dated 10 June 2007 titled ‘Forced to be a DIY dentist’, we read of the story of a retired toolmaker, a gentleman who worked all his life, paid all his taxes, supported his family and now, in retirement on a pension, looks to living his life with his wife in peace and dignity. We read of his shrinking gums and his misfitting dentures and how he had to wait over two years to get the dentures professionally adjusted. We read of his ongoing battle day after day to do that which each of us here takes for granted—that is, to eat. As the dentures did not properly fit, they kept on slipping within his mouth, causing ulcers. So, as the story unfolds, we read of this gentleman’s desperation building to the point that he felt he was forced to take matters into his own hands. He took his dentures and set to work on them himself with files and abrasive paper in the hope that he would be able to manipulate the plastic to the point that they actually fit well enough for them to be useful and enable him to chew food. This was a pensioner in my electorate. He was not covered by any policy that the former government had because he did not have a chronic illness but nevertheless his health was subjected to horrors because of this.

Some may say that this story, even as I have been giving an account of it here, is pulling at heartstrings and not a serious matter of public policy. I disagree. Older Australians, especially those who we all represent within our electorates and certainly the ones that I represent in Adelaide’s western suburbs, do not take their own dental care lightly. They do not laugh off their rotten teeth and focus on what people opposite may consider serious issues. They do not take kindly to being taken for granted, dismissed and having their concerns trivialised. They do not react favourably to those who simply will not listen to their concerns, understand their needs and develop appropriate policy in response.

We have been speaking here about the Rudd Labor government’s commitment to dental care made in the lead-up to the 2007 general election and the fulfilment of that commitment. We have been speaking about the $780 million investment over five years into the dental health of a nation, which will include people like the pensioner who I just spoke about. We have been speaking about the 650,000 people who have been on waiting lists around the country for an inordinate length of time. Of these 650,000, by far the majority are our older Australians—those who, in many cases, may have worked all their lives, paid their taxes and fought in the war, and as governments we have an absolute responsibility to ensure that we provide them with adequate health care and part of that is a dental scheme.

With these bills, the Rudd Labor government makes good on its election commitment. It makes good on the commitment and the promises we made before the election to give 1.1 million teenagers dental check-ups each year and improve the dental health of seniors in a more effective and timely manner than Australians have seen for over a decade. This Rudd Labor government is looking after the interests of all Australians.

Just last weekend in the suburb of Flinders Park I was holding a series of street corner
meetings where I meet people in my electorate. Of all the things that people commented on, the one topic they were most pleased about was the Rudd Labor government’s actions in relation to having, for example, seniors concessions for public transport and the like recognised by states. Previously, when seniors visited a different state their concession card was not acknowledged. This is just another area where Labor have heard what seniors have been saying and have acted upon it. It is an area where we have looked at federalism and instead of wiping our hands and saying, ‘It’s got nothing to do with us,’ we have actually acted upon it and ensured we have made a better policy for Australia.

For 11 years we heard silence from the other side on this issue. Continuously in this House the then opposition would ask questions about dental care, about what the government were doing and about whether they were tackling the list of 650,000 people who were waiting—suffering with pain through bad dental hygiene. Every time it was raised, again, we had the blame game. That is all we heard. Again and again they reverted to that. Even with them in opposition today we hear that the blame game still exists. There is hardly any policy, but the blame game still exists. It seems to be one of the policies that have survived over time, and I assume we will continue to see it. For example, in a question in writing on 13 June 2006—nearly two years to the day—the then Minister for Health and Ageing, Mr Abbott, was asked:

... will the Government reinstate the Commonwealth Dental Scheme, or introduce a comparable scheme ...

His reply was that, no, the Commonwealth had no responsibility. He blamed the states and then continued by saying that plans to assume extra responsibility in this area were zilch. That was his answer: ‘No, no way’. And we heard that time and time again. They wiped their hands and walked away from it.

Today we see the opposition have the audacity to come in here and try and lecture the government on dental care. We constantly raised the issue of dental care in opposition—constantly. Day in and day out, in my three-year term, I must have made dozens of speeches on it. And constantly we heard the same answer. The answer was always: ‘No. It is not our issue. We wipe our hands. It is not our responsibility.’ Then they would go on and we would again hear more blaming of the states. As I said, even today from the bowels of opposition, we hear the same engagement in the blame game instead of working together with the states and ensuring that we work hand-in-hand and complement one another in all ways wherever we can, especially in areas where the most vulnerable are in need. And this is an area where the most vulnerable are in need. Dental care is a very important area.

The difference between the former government’s policy and our policy is that our policy, the $290 million policy, will give one million people who would not have seen a dentist under their policy the ability to see one. That is the difference. I do not know how you can have a go at that, when you have a million people who otherwise would not be seeing a dentist. There is a change of government. There is a new policy. And now those same million people will be able to see a dentist. I cannot see how that is a bad thing—those one million people would otherwise not have the ability to see their dentist. The former government’s policy was for people with chronic illnesses only. So if your grandmother, who is aged in her 90s, needed new dentures but did not have a chronic illness, she had zilch hope of seeing a dentist. She would not have been able to access the scheme. That was the former government’s policy.

Numbers are easy; we can all count. Again, I go back to the one million people
who will be receiving treatment under our policy. Under the former government’s policy there was no treatment. So this policy means that there will be more consultations compared to the previous policy, under which very few people met the criteria and were able to gain access. What we on this side of the House are doing in government is ensuring a modern health system for a modern Australia. We need to ensure that we have reforms in place. The former government continuously, for 11 years, refused any form of reform to health. They were not interested in any sort of reform. And it gives me great pleasure to speak today on the many initiatives that this new government is putting in place to ensure that the most vulnerable Australians have adequate access to health care, such as the Commonwealth Dental Health Program. It is so important to Australians’ wellbeing and to their good health.

This Labor government recognises the need for greater investment in and reforms of Australia’s health system. That is why we are doing what we are with this bill, which is injecting $780 million to ensure that people’s dental needs are met and that the waiting list of 650,000 is reduced. Over the last decade, we saw the amount of Commonwealth investment in health services drop by $1 billion, if you consider the $100 million that was going into the Commonwealth dental scheme every year. I am very pleased that we have reversed the first act of the Howard government, which was to get rid of the Commonwealth Dental Health scheme. We have reversed that and will be introducing it and ensuring that people get the care that they need.

Mr ROBERT (Fadden) (12.50 pm)—The government has announced funding of $780 million over five years for two new dental programs, $490 million for the Medicare Teen Dental Plan over five years and, of course, $290 million over three years for the Commonwealth Dental Health Program. I note with interest that the Minister for Health and Ageing, in her second reading speech on the Dental Benefits Bill 2008, said:

These significant commitments will help ease Australia’s dental crisis, end the blame game, and start addressing the parlous state of Australia’s dental health—the dire state of which should be laid—apparently—at the feet of the Howard government: they closed the Labor government’s previous Commonwealth Dental Health Program and refused point-blank to work with the states on addressing this growing problem for a decade.

I think the minister forgets that, notwithstanding the Constitution, section 51(xxiiiA), it is a widely recognised convention that provision of public hospitals and public dental health is a requirement of the states. To what point does the Commonwealth government continue to bail out failing Labor states?

In 1996, when the Howard government came to power, it inherited $96 billion of debt, over $8 billion in interest payments and a $60 billion unfunded super liability. Contrary to what the then finance minister said—that the budget was in surplus—the budget position at the time when the Howard government took control of the Treasury benches was $10.5 billion in the red and going south. I cannot imagine a more parlous economic and financial position for an incoming government to inherit, as opposed to the Rudd government and what they have inherited with an $18 billion surplus and, indeed, $22 billion in the forthcoming financial year.

A range of programs were scrapped to meet the deficit that was faced. In the last 12 years, the $96 billion debt, interest payments and putting $60 billion into the Future Fund equates to approximately $200 billion that was needed to get the country back to ground zero. Is it any wonder that the Howard gov-
ernment knocked the Keating dental plan on the head—a plan that was providing dental services that were the direct responsibility of the states? Faced with a $200 billion hole that took 11 years to rectify and pay off, the previous government turned Australia’s economy into what is being heralded as the miracle of the OECD. The Keating dental plan was but one of the causes of the ‘parlous state’—to use the words of the health minister—of the economy that this country inherited from the previous Labor government. The minister went further in her second reading speech to state:

Latest estimates still remain at about 650,000 Australians languishing on public dental waiting lists. Thirty per cent of Australians are reported to have avoided dental care due to the cost of services.

It is interesting that a Labor federal minister points out the ‘parlous state’ that Labor state governments have left Australian people in.

To widen the context, in my home state of Queensland as per the first-quarter results of Queensland Health, which end at the end of April this year, the waiting list has 36,030 people waiting for elective surgery. There are 159,000 people in Queensland waiting to get on the waiting list for elective surgery. There appear now to be, in the minister’s own words, ‘650,000 Australians’—and let us say one-sixth or around 100,000 of those are in Queensland—‘languishing on public dental waiting lists’. They languish and they wait because Labor state governments, who are directly responsible for dental care and for elective surgery waiting lists, are not addressing the situation.

The issue of elective surgery is only one point of the spectrum. There are no published figures for people waiting to speak to specialist physicians—none at all. Indeed, my discussion with one of the 20 professional physicians in Toowoomba last week indicated that if someone has a category 1 complaint—the most serious—the earliest this physician would be able to see them would be in three months time. Anyone with a complaint less serious than that, at present, will never be seen. So, if you have less than a category 1 requirement for a physician in Queensland, you will never be seen—and the member for Hindmarsh comes in and lectures our side on the responsibility of taking care of the Australian people!

In the 2007-08 budget of the previous government, $384.6 million was committed over four years so that patients could have access to dental treatment in the private sector. This was meant to complement and take the pressure off existing state dental services, not to supplant them. It is, after all, a state responsibility. There are clear lines of responsibility and delineation. Previously, to be eligible for the Medicare dental benefit, a person needed to be managed by a general practitioner under specific chronic disease management and multidisciplinary care plans. Patients would need to be referred by their general practitioner to a dentist. Thus it dealt with dental issues that were impacting on general health. If dental issues were compounding general health issues, that quite naturally and seamlessly came under Medicare and, therefore, came under the purview of the federal government. It was a federal responsibility. Labor’s plan—$290 million over three years—is simply the Keating subsidy plan re-enacted. The spectre of Keating haunts us still, perhaps not from the treasury bench—and we can all be thankful for that—but nonetheless it haunts us.

Over three years it is $95 million per year—but let us look at what the states actually spent in 2005-06. Considering 650,000 people ‘languish’—in the minister’s own words—on waiting lists, the state spent $515 million. That was it. Considering the ‘parlous state’ of Australians’ dental requirements, there was only $515 million. Individuals
spent $3.5 billion in that one year—seven times what the state spent. Likewise, in the five years of the Medicare Teen Dental Plan the government will provide $150 per eligible teenager in families receiving family tax benefit A, Abstudy or youth allowance. Since family tax benefit A continues to be means tested, dental care is not universal. Clearly, many people will miss out. Dental benefits are payable in respect of dental services rendered as part of an episode of hospital treatment and vouchers will be issued. But a question remains. Labor’s own policy wording in previous years indicated that more than $150 is needed for a dental check-up. Furthermore, if all of these eligible teenagers take their vouchers, present them and receive their annual preventive dental check-up, what then? What if the results are, ‘You need urgent work,’ ‘You need a filling,’ or ‘You need a crown,’ or they need any of those other dental things? What then? People turn up to get their check-ups and there is nothing left for them. People with complex medical and dental requirements now simply know what they have always felt: there is a problem. But there is nothing left to assist them.

The previous government’s plan dealt with dental issues within the strategy of Medicare, taking care of those with complex medical requirements and enabling them to receive the dental care they needed. That plan was scrapped on 30 March; up until then, the government would honour those payments through to 30 June. But that means that from 31 March until whenever Labor’s new policy is implemented people will be left in the lurch.

Let me inform the House about the impact of what this government has done, using the example of a constituent, Benjamin Boulton-Wright. Benjamin was born with a very complex congenital heart condition called tetralogy of fallot and is under the care of Cameron Ward, a cardiologist at the Mater Children’s Hospital in Brisbane, and Dr Sue Maloney, Director of the Gold Coast Hospital. Ben has endured more than eight cardiac surgical procedures since his condition was first diagnosed, at birth. His condition was life threatening. His is a complex case, hence the complex care plan that the local doctor has instigated. Ben needs to be monitored for life due to his heart abnormality. His parents also need to be vigilant about his teeth and ensure optimum dentistry as he can develop a condition called infective bacterial endocarditis, where his heart can become enlarged due to bacteria lodging in his heart valve. It can be fatal. He must have a full course of antibiotics before and after any operations on his teeth, bowels or any other part to prevent such a condition from developing.

Hence, when Benjamin had a sore gum and it was found he had an issue with a particular tooth, it was suggested that a complex care plan be initiated for this allied health requirement—dentistry—as a new federal government plan was available that had just come into effect, in November 2007. It meant that Ben’s family, as a ‘heart’ family, could access dentistry for up to the amount of $4,000 through the government scheme for families who have children with chronic health conditions such as Ben’s. Ben had also accessed five free speech pathology lessons under the scheme as he had a range of speech pathology issues. It is interesting that the family also paid for more speech pathology as there is a state government public waiting list of over 12 months. Mr Deputy Speaker: is there anything in the medical and dental areas, in the parlous situation under Labor state governments, that does not have a waiting list attached to it?

Ben was referred to a paediatric dentist who examined him, said that he had a few issues that needed to be addressed and advised that, given his complex heart condi-
tion, surgery needed to be done in a hospital. The surgeon in question operates out of a private hospital, Alamanda, on the Gold Coast. Ben was admitted, albeit for a day procedure, because there was no way he could be given intravenous antibiotics in a dentist chair. It turns out that the previous Howard government legislation did not permit the rebate of up to $4,000 to be provided if something occurred in hospital as opposed to day surgery. This was an unintended consequence, I am sure. It perhaps was not envisaged by the previous government that there could be a case of a small boy with a congenital heart defect where it could be fatal if dental procedures were done in a chair and therefore he had to be taken to a hospital for surgery. I suggest that not only was it an unintended consequence but that if I had written to the previous health minister and explained this to him I would have received a sympathetic hearing. So you can imagine my incredible surprise when this issue was brought to the attention of the current health minister, who got an acting assistant secretary to write back, saying:

Thank you for your letter of 24 March ... to the Minister for Health and Ageing ... concerning your son's — Ben's — dental treatment. The Minister has asked me to apply on her behalf.

I am sorry to hear of your son’s medical conditions and the difficulties you have experienced in receiving clear information about the operation of the Medicare dental scheme.

The Medicare dental scheme for people with chronic conditions and complex care needs was introduced by the previous government ... This scheme was based on an earlier dental program that was difficult to access for patients and not supported by most dentists.

Well, it is good to see government departments taking up Labor’s rhetoric. The letter went on:

The previous government’s scheme did not cover dental treatment provided to an admitted patient, either in a hospital or a day-hospital. Unfortunately, this means that the dental treatment provided to your son in January ... was not covered ...

The rest of the two-page letter goes on with Labor’s rhetoric about how terrible the last government was and how good the new one is—I am sure a worthwhile use of an acting assistant secretary’s time in the department.

So here we have a small boy with a congenital, perhaps fatal, heart condition who needed dental treatment. Under the previous Howard government plan he could receive it—up to $4,000—if it occurred in a dentist chair. If it did not, I remain confident that I would have been able to speak to a coalition minister and get some sense on the issue. Under Labor’s policy, the eight-year-old boy is eligible for nothing, even though he has a complex and potentially fatal heart condition. It is not until he turns 12 that he may get a $150 voucher to have his teeth looked at and be told, ‘You have a problem,’ but nothing to assist after that. With 650,000 people on the waiting list, he would perhaps not be seen for many years given the parlous dental conditions under Labor state governments across the country, particularly in Queensland. The minister in her second reading speech pointed to how parlous and dreadful things were and how the new government was doing something but, when presented with the case of a little boy with a dreadful heart condition who needed to receive dental care in hospital because of the possible impact on his life, got an acting assistant secretary to write back to say, ‘Sorry, we’re not prepared to help you with your $1,200 costs, but let me give you the rhetoric on how the last scheme was terrible and the new one is going to be good.’

If that is what Labor brings to the table then I am appalled. We are now faced with Labor state governments with waiting lists
that are astronomical, with waiting lists to
see physicians that people will never get to,
with waiting lists for dental treatment na-
tionwide, as the minister said, at 650,000 and
a Teen Dental Plan that says, ‘Here is a
voucher to have a look at your teeth, but
nothing more.’ You can have your teeth
looked at and, yes, there is a problem and
then you are back on the state government
waiting list. Whereas the previous Howard
government’s position was: if you had a con-
dition that impacted medically upon you,
then it came under the Medicare scheme and
there was up to $4,000 to assist you to work
through that.

Dental care remains a state responsibility.
I believe that this concept of ending the
blame game came about from a report com-
missioned by the coalition and I believe that
its author may well have been the member
for Fairfax, the current Opposition Whip. I
believe that the term used, ‘stopping the
blame game’, referred to the states and they
were to stop blaming the federal government
for all of the things that were wrong and
were the responsibility of the states. Clearly,
that phrase has been hijacked by the Prime
Minister and his team of merry men and
women. But the bottom line is: dental care is
a state responsibility. The Labor state gov-
ernments must stand up and accept their re-
sponsibility and treat the people of Australia
with the requirements and with the care that
those people expect. The previous Howard
government’s dental plan provided for an
eight-year-old little boy with complex care; it
provided for people who required dental care
for complex conditions that were affecting
their health. This plan simply picks up the
old Keating model and provides vouchers for
teenagers to say that there is something
wrong, with nothing more.

Mr SYMON (Deakin) (1.09 pm)—I rise
in strong support of the Dental Benefits Bill
2008 and the Dental Benefits (Consequential
Amendments) Bill 2008 which will enact the
Rudd government’s 2007 election commit-
ment for a Teen Dental Plan. I welcome this
bill for a Teen Dental Plan because it repre-
sents another way that the Rudd government
is beginning the process of reinvesting in our
health system for the long term. It begins the
process of turning around 11 years of chronic
neglect in this key area of health, an area that
for some reason was never treated with the
seriousness that it deserved. If there is only
one thing we know about the previous gov-
ernment’s record in dental health it is this:
they never believed it should be treated as a
key area in health and attract the long-term
investment it deserves.

Like so many other areas in health, the
Teen Dental Plan reflects how this govern-
ment has a completely different attitude in
this area. At a cost of $490 million over five
years the Teen Dental Plan is another critical
plank of this government’s plan to ease the
cost of living for the working mums and
dads of Australia and my electorate of De-
akin. This plan forms a critical first step in
the Rudd government’s long-term plan to
provide broader dental coverage for Austra-
lian families through Medicare. It is a critical
first step to restore the federal government’s
role in dental health care in this country, and
it does so by looking at the situation on the
ground in teen dental health. It looks at what
working families are going through out there
in the real world and what the health experts
are telling us about what is happening in this
area. The Teen Dental Plan looks at these
critical things and identifies that there are
both the short- and long-term challenges to
be tackled if we want to get this right. In the
short term we need to address the immediate
need of working mums and dads to get their
teenage kids in for a preventive check-up as
soon as possible. In the short term we need
to give working mums and dads a way of
getting around that financial hurdle so they can get their children into the dental chair.

In the long term we need to re-invest in preventive dental health precisely at a time when teenagers start to develop chronic dental problems. A preventive approach in this area is critical. Not only does it avoid far more costly dental treatment, it will also take pressure off our health system further down the line. For example, identifying the early signs of a tooth cavity can be the difference between a simple dental cleaning or a major tooth extraction involving surgery and a range of medicines—not to mention lost time at work or study, especially if a parent has to take time off to take their teenager to the dentist as well. Ask anyone who has persisted with a slowly developing toothache—there is absolutely nothing worse. It affects your ability to eat, to sleep, to concentrate, to live. And yet, somehow the importance of prevention seems to have eluded the Howard government.

This is the best way to move forward in dental health and this is the best role a federal government can play when it actually cares about the dental health of its young people. How refreshing it is to see a new federal government being prepared to play that role, compared to what we have seen in this country over the last 11 years. In fact we now have an entire generation of young Australians who have never experienced government support in dental health. What we saw was a steadily evaporating role from the previous government, a government that thought investing in dental health was just another line item that could be cut without consequence. This attitude was no more obvious than when the Commonwealth Dental Health Scheme was scrapped by those opposite in 1996. In fact this was one of the previous government’s first orders of business and shows just how important they felt investment in dental health was.

What were the consequences? Public dental waiting lists blew out to 650,000 around the country. That is the legacy of the previous government in this area: a nation of people with toothaches. When they scrapped the federal contribution to the scheme, along with that came the view that dental health was somehow an area of health not as important as the rest. And while on the topic of those waiting lists, the Teen Dental Plan will build on Labor’s $290 million plan to provide one million extra dental consultations to help clear that backlog. Together, both commitments total $780 million over five years to restore and improve dental health in Australia, underpinning that this funding is a shift in the climate in dental health. The average working family, like the many thousands in my electorate of Deakin, can start to see that their federal government does have a major role to play in dental health. Up until now they have been left wondering why they could get government support for a medical check-up on their children’s tonsils or a sore throat, but not for getting their teeth done right next door!

From 1 July 2008, the Teen Dental Plan will help those working mums and dads with the cost of living by slashing the cost of a trip to the dentist for their teenage kids. This is a plan set to benefit 1.1 million teenagers nationwide, as well as those parents that shoulder the cost. It will provide $150 per eligible teenager aged 12 to 17 to get that yearly check-up and keep their teeth in good health. The check will include an oral examination and, if clinically required, X-rays, a scale, clean and other preventive services.

While many primary school children receive school dental services, these services are not as widely available to teenagers. And what the statistics are telling us is that most chronic health problems begin in the teenage years. So by targeting teenagers, the Teen Dental Plan builds upon that process of den-
tal health coverage and encourages our young adults to continue to look after their teeth once they become more independent. Under the Teen Dental Plan, families will receive a voucher advising them of their eligibility for a dental rebate of $150 to take their teenager to the dentist. And if they are eligible they will be able to take their children to the dentist, get them a check-up and have $150 per child reimbursed through Medicare.

Once real-time eligibility systems are fully established, the dentist may also bulk bill the patient. And what that means for the average Deakin family with two kids aged 13 and 16 is that if they receive family tax benefit part A they will get back $300 a year for both children through Medicare. And according to the 2006 census of population and housing, there are 7,917 people aged 12 to 17, constituting seven per cent of the population, in Deakin. That is almost 8,000 children in my electorate alone that may already be showing early signs of tooth problems. That also represents thousands of working parents that are juggling the family budget and trying to find that $300—or more—for a dental check-up. And as things have stood until now, there has been nothing in place to help get them that check-up. These families have resigned themselves to the idea that the federal government does not want to know them when it comes to their kids’ teeth.

I know, as I get around my electorate in Melbourne’s outer east, that the cost of living is biting hard. With the cost of groceries, petrol and the mortgage continuing to spiral, that is $300 less that a family has to worry about finding from the budget. I am yet to meet a parent from Deakin who tells me this is not a good idea, that it is not needed or wanted.

As we all know from experience, a trip to the dentist is certainly not a cheap proposition any more. The cost of even a basic check-up these days can reach almost $300. Add on the cost of extra work, like a basic filling for a cavity, and it is climbing towards $400. According to the 2006 census, the median family income in Deakin is $1,266. Without the Teen Dental Plan a Deakin family on that income with two teenagers would eat away almost 50 per cent of their week’s budget on a visit to the dentist for two teenagers. When you take out money for the mortgage repayment, groceries to feed two teenagers and themselves and the cost of running two cars in the outer east, not much is left over.

So it is very easy to understand why so many families with teenage kids that are dealing with day-to-day pressures like bills, the mortgage, groceries, petrol, and school costs often avoid a trip to the dentist. The prospect of a $300 out-of-pocket hit for a single child, when there could be two or three kids of a similar age needing exactly the same treatment, is just too much for the weekly budget to bear. So, when the sums are added around the kitchen table, the trip to a dentist is bumped down the list of priorities. This is a decision made under financial duress. It is a decision made against the better judgement of many families. But, many families simply have no choice because the car always needs petrol, the cupboard always needs filling and the bills always need to be paid. The visit to the dentist goes down that list. And all the while those parents are left wondering if avoiding a check-up will cost them even more in the long run when their children develop cavities because they were not detected early on.

These are the worries parents have because of the trade-off many are forced to make. And their worries are valid. The statistics are telling us that neglecting our teeth during teenage years is now a very serious problem for us as a nation. The statistics
show us that there is a big relationship between poor dental health and people not getting a check-up because they simply cannot afford it. According to the Australian Research Centre for Population and Oral Health report, *Australia’s dental generations: the national survey of adult oral health 2004-06*, as many as one in three Australians avoid the dentist just because of the cost involved. Tooth decay is Australia’s most prevalent health problem. Gum disease ranks fifth, and one-quarter of the Australian adult population are experiencing dental decay because they never had it treated.

One in six Australians aged 15 and above are at a point where they cannot eat certain foods because of problems with their teeth in the last 12 months. Furthermore, a report published by the Australian Health Policy Institute in 2001 reveals that Australia now ranks second worst in the OECD for dental health, and the situation for our teenagers is deteriorating rapidly. There is a fourfold increase in dental decay between the ages of 12 and 21. It also shows that almost half of teenagers now show some sign of gum disease. The pattern is easy to see—and so is the link between helping parents get their teenage children to the dentist and preventing those long-term dental problems.

The question then is what the federal government can do in response, considering the statistics are so telling. The right response, the one that addresses the link between improving teenage dental health and making check-ups more affordable, is here in the provisions of these bills. Aside from tackling the immediate dental health concerns for teenagers by removing the financial barrier for parents, it highlights the benefits of preventive health. It teaches our teenagers how important it is in the long run to address a health problem before it becomes a problem. It encourages our teenagers to keep their teeth in good health at a time when they are most likely to experience dental problems and, of course, at a time when they are becoming more independent and having to work these things out for themselves.

The Teen Dental Plan is a strong reflection of the Rudd government’s plan to invest in preventive health care across the board. It does this through helping working families and restoring the long-term vision in the way that we deliver health services in this country. It is an important part of putting dental health right again in this country. In concert with the Commonwealth Dental Health Program, the Teen Dental Plan will replace the previous government’s failed dental scheme—a scheme that was narrowly targeted and far too complex in its referral and its eligibility requirements; a scheme that did in the Commonwealth Dental Health Scheme and caused a 650,000-person waiting list blow-out; and a scheme that basically dropped the ball in dental health and told the states, ‘It’s your problem now.’ I know in my state of Victoria the state government has been working extremely hard to pick up the slack over the last nine years. In my electorate of Deakin in December 2007, waiting times for public dental services were 14 months for the Whitehorse local government area and 20 months for the Maroondah local government area. I note this because it is the legacy in dental care left to us by the former government. It is a telling sign of the state of things left to us by the previous government that we stand here and talk about these things today when debating this bill.

Finally, we have a federal health minister and a federal government that have a plan to work with the state governments. They will clear the backlog and make sure our teenagers get the check-ups they need to relieve pressure on the health system down the line. This was a major election commitment that was extremely well received in my electorate of Deakin. As I travelled around my elector-
ate during the campaign, I spoke to many families and parents that were staggered about why they had never been offered any Medicare relief for basic dental work. They could not understand why they could go to the doctor and get payment back through Medicare, yet for another health service such as the dentist there was no payment back. To them it made absolute sense to cover basic dental with Medicare relief because the dentist is where the hip pocket gets hit hard. Your teeth are just as important a health issue as anything else you would go to the doctor for and then claim by using a Medicare card. In keeping with their logic, and our election promise, I strongly commend this bill to the House.

Mr WINDSOR (New England) (1.24 pm)—I expect that everybody in this place will be supporting the Dental Benefits Bill 2008 and Dental Benefits (Consequential Amendments) Bill 2008, but I do have some specific issues that I would like to raise in relation to dental health. I listened quite intently to the last speaker, particularly towards the end when he was suggesting that people find it difficult to understand why they can go to a doctor and be covered under the Medicare arrangement, yet in most cases they cannot go to a dentist and achieve the same outcome. I think there is an issue of priority that is developing in health care. I understand it has been based, historically, on the state-Commonwealth relationship when Medicare was first drawn up. At that particular time the states wanted to maintain some degree of control over dental care, so dental care was not included with the rest of our bodily health.

I attended a television program a few weeks back where the previous Minister for Health and Ageing was in the audience. He would remember a lady at that event who at one stage made a comment about the funding of dental care. I think the comment was: ‘You can access Medicare for a boil on your bum, but you cannot access it for a boil on your gum.’ That encapsulates an issue that is out there in the community that really needs to be addressed. I do not think the legislation that we are debating today addresses that broader issue. It addresses some coverage for teenagers and allows a teenager to be part-funded to go to a dentist for a check-up but it does not allow for any money to change hands to actually do any work. So there is a little bit of an anomaly there. There is also some money going to support the states in their dental care arrangements, and I am sure that will be very welcome to the states.

Most members would know that there are something like 650,000 Australians who currently need public dental treatment. I think the underlying problem here is one of priority. If you ask most people prior to any election what the important areas are to them as family members, as parents, as members of our society, they would say health and education. Health and education are the two most important areas. But we still have a situation in our very wealthy country where there are 650,000 Australians who cannot access public dental care, and there are a number of reasons for that. One of those reasons is the fact that dental care is not included under the Medicare arrangements. I have not had it explained to me sufficiently by anybody why our teeth are treated as some sort of out-of-body part of our bodies. Our teeth, our mouths and our gums are, in legislation, not part of our body in the way in which Medicare funding is accessed. I was told that 20- or 30-odd years ago when Medicare was struck up the states wanted to retain control of dental care, but that is a historical context. That is not a reason why the Commonwealth should not be involved or why Medicare should not be accessed in these modern times.
I would have thought, given the economic circumstances such as surpluses et cetera in recent budgets, that a reprioritisation of dental care as part of our bodily care should have been a major priority at the last election instead of this. Even though I am supporting the legislation, it is really a revamping of funding that was put in place by the former government in a slightly different way.

The former minister for health is with us today and he would be familiar with the debate that took place over the last few years about getting some inclusion of dental care in Medicare. He introduced a scheme which related to people being able to access Medicare payments if they had a certificate from their doctor suggesting that they were chronically ill because of their dental health and that, because their dental health could impact on the health of the rest of their body, they should be able to be treated under the Medicare arrangements. That was greeted with some acclaim, and quite rightly, because it was a move in the right direction. What was really going on was that if people were chronically ill from a lack of adequate dental care they ended up in hospital where Medicare provided for the treatment. In a sense, the former minister was short-circuiting that problem. He should accept my congratulations for doing that. But it did not address the root cause of this problem. It made many people think, ‘I have to get really sick before I can get treatment. I am in a queue of 650,000 people trying to see a dentist in the public system. I cannot afford to pay for the private system. Even if I could, it is unlikely that, depending on where I live, I would be able to get into some of the practices.’ This legislation has not taken away that issue. All this legislation has done is revamp the former minister’s proposal, put a similar amount of money back into the state system and created this teen dental care procedure where teenagers can get a check-up but no treatment—unless their parents pay for it, of course.

The other issue that I think needs to be addressed is the cost of Medicare provision of dental care. The underlying question is: why have governments in the past—or the present government—not addressed that? One of the real problems that we have here is that if you suddenly allowed 650,000 Australians to access dental care they would not be able to find a dentist. That brings home quite clearly the amount of spending that has gone into training dentists in this country. I think the average age of a dentist in Australia is one year older than the average age of a farmer. There are a few farmers in the gallery today. They do not look average to me! I think the average age of a farmer is about 58 years old. I am told that the average age of a dentist is roughly the same. I am also told that, in dental schools in Australia, such as, for example, at Sydney university, a large proportion of the dentists who are trained either go into research or are foreign students who go back overseas to practice in their country of origin. So the rate of return of people who are trained in dentistry in our universities is much lower than what is required to replace the dentists out there at the moment and will not be able to compensate for an onrush of treatment, even though 650,000 Australians require some degree of treatment.

I think that is another message to the government about something that the former government neglected for most of its term. To its credit, towards the end of its 10 or 12 years the former government introduced a dental school in the country based on what I think was the wise theory that if professional people are trained in the country—whether they be dentists, doctors, vets or whatever—they are more likely to stay and practice in the country and develop formative relationships within that country environment. The
former minister for health would well remember his trip to my electorate. He was instrumental in the formation of a medical school at the University of New England, in conjunction with the University of Newcastle. They have a very good relationship based on the University Department of Rural Health concept. I remember him coming and visiting the people in Tamworth behind the University Department of Rural Health. I think that was a great success and in no small way led to the extension of a full-blown medical school in that relationship between the University of Newcastle and the University of New England.

But we need more of those sorts of initiatives in dental training as well as medical training. In the latest budget I do not see any sign of that activity happening. If we do not do that, if we do not invest in those professional training areas and if we do not invest in locating some of those professional training areas in the country, we will have not only a deficit in the number of dentists available to treat people, if in fact they could access treatment financially, but also the ongoing difficulty with age. As I said, the average age of a dentist now is the same as the average age of a farmer. I know farmers have difficulties today. It is a bit like pulling teeth—getting the Rudd government to address their particular issue of the single-desk marketing arrangements that are currently before the Senate. That will obviously lead to some degree of decay of their bargaining power in the global market.

So I would hope that the government would look at not only the farmers’ problem but also the issue of dental training. Dental training, I am told by the various academics involved, is very expensive. Given the decline in the last decade or so in the amount of money that the universities are getting for their courses, I have been told by various academics, ‘It’s more profitable for us to be pumping out lawyers and others, low-cost graduates, rather than investing in high-cost graduates such as dentists and vet scientists.’ In dentistry particularly there is a lot of hands-on training. The capital facilities are obviously very expensive. But there again I think it gets down to the priorities of the nation, and we should include dental care under the universal healthcare arrangements that Medicare provides.

The current Minister for Health and Ageing took issue with me on a particular television program recently on how much it would cost—that it is all very well for Independents to jump up and down and say, ‘Let’s have this; let’s have that.’ But I have taken the time to conduct a survey in my electorate on a number of occasions now to see whether people would be prepared to pay a bit more—a substantial bit more—on the Medicare levy to have basic dental care covered under the Medicare provisions. The government may argue from time to time that here is a difficulty that, if we spend more money on dental care, we are going to have to spend less on something else. Let us remove that as an issue, because I believe, and other surveys have shown, that most Australians would be prepared to pay a little bit more to have dental care covered under the Medicare arrangements. None of us know when we or one of our family or friends or someone we know down the street is going to require some degree of dental treatment.

That could come from a whole range of areas. It does not necessarily come from neglect or genetics. Other health related factors will cause dental health problems. So a quite substantial amount of money would be required, and in a lot of cases people do not have that. Until they get chronically ill and enter the hospital system, where they will be treated under the universal health obligations, they will just suffer in silence and in pain. So I would suggest that in coming
budgets the government not only have a close look at the allocation of their own funds to various priority areas but look very seriously at this issue of including our mouths as part of our bodies.

I know there are a number of members of this House, including the Prime Minister, who have had various heart treatments at different times of their lives. If you talk to a dentist, one of the first things that happens if you are having a major operation, particularly a heart operation, is that your mouth, your gums and your teeth will be checked. If there is an infection of any sort, the operation will most probably not take place. So I think, if nothing else, that establishes some link between our mouths and the rest of our bodies. I have heard the former Minister for Health and Ageing on a number of occasions talk about people being responsible for what they eat et cetera and that parents have an obligation in terms of the food that their children eat. I could not agree more, but they eat with their mouths and there are various problems that do occur from time to time. I think we as a parliament neglect some of the issues by not including our mouths with the rest of our bodies.

In conclusion, in the survey that I did within my electorate to see whether people were prepared to pay a bit more on their Medicare levy to cover dental health, 81 per cent of people said they were more than happy to pay a bit more and, in that sense, have universal insurance against the occasion when some quite costly dental treatment would be required for them or their children. I would very much argue against cosmetic dental care being included in any form of state contribution, but basic oral health should be included as part of that. A figure of 81 per cent in any survey would indicate that the great majority of people are in favour of a particular issue. I note with some degree of interest that in the surveys into the changes to wheat marketing, for instance, well over 80 per cent of grain growers are in support of a single-desk system, and that has been completely ignored by the Labor Party and completely ignored by the Liberal Party in this place. Both are issues where members of parliament should actually pay some attention to what their constituents are saying. When you are getting those sorts of percentages and when constituents are calling out in those sorts of numbers, whether it be for a single-desk marketing arrangement or for Medicare to cover oral health, I think it is appropriate that this parliament actually listen to what those people are saying and, more importantly, act upon what they have said.

Mr NEUMANN (Blair) (1.44 pm)—I speak in support of the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008. This is particularly important to me because in my previous work, before I was a member of this parliament, I was a lawyer. I dealt with child safety and protection issues and conducted many cases over the years where I saw photographs of young children and adolescents who had dreadful teeth. It was often an issue of contention for parents in the family law system as well. In my previous role I was involved in the West Moreton community healthcare council. One of the constant refrains of people, especially in rural and regional areas outside Ipswich, was the need for greater health care, particularly more attention to dental health and access to dentists, especially for children.

This bill has to be read in the context of the Rudd government’s commitment under COAG on 26 March 2008 to give $1 billion to the state governments to relieve the pressure on our public hospitals for 2008-09. Of course, $500 million of that $1 billion will be received by the states and territories in this financial year. That is a demonstration of the

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commitment of the Rudd government to relieving pressure on the public health system in this country, especially public hospitals, which particularly in rural and regional areas are the front line of dental health care. This is in stark contrast to those opposite in the chamber, who gave us 11 years of neglect in healthcare funding, particularly in dental care. We believe that the national health and hospital system needs radical surgery, and that is so in dental health care as well.

When it comes to dental health in this country, we inherited a legacy of neglect and inaction. Upon election to office, the former Howard government abolished the Commonwealth dental scheme and ripped $100 million a year from the public dental system. This terrible public health policy left 650,000 Australians languishing on waiting lists for public hospital oral care and treatment. The Howard government gave us soaring costs for dental care, so much so that in 2007 the Australian Institute of Health and Welfare found that one in three Australians reportedly passed up the chance to visit a dentist because of cost. Further, 18.2 per cent reported that they would have a lot of difficulty paying even a $100 dental bill.

Regrettably, the Howard government dragged Australia’s standard of dental care to amongst the worst in the OECD, with Australian adults ranking the second worst when it comes to dental health care. It is tremendously disappointing to see that there has been a substantial decline in dental health care among our teenagers. This bill attempts to redress this problem. As a result of the inaction of the Howard government with respect to dental health care, one-quarter of Australians were not getting the dental care they urgently required. As a result of the failure of the previous government in the area of dental health, 17.4 per cent of Australians over 15 years of age reported they were incapable of eating specific foods due to teeth and gum decay.

Perhaps most disappointing of all of the legacy of the Howard government was the real decline in the proportion of Commonwealth government funding of public hospitals, which, as I said, carry so much of the front-line burden of public dental health care. What did the Commonwealth government under Mr Howard do to public hospital funding? According to the Australian Institute of Health and Welfare report released on 5 October 2007, during the Howard years, from 1995-96 to 2005-06 the Commonwealth government’s share of public hospital funding decreased from 45.2 per cent to 41.4 per cent. In contrast the state Labor governments, so criticised by the Howard government, actually increased their proportion of spending from 45.7 per cent to 50.6 per cent during the same period. It is a fact that the Howard government failed to invest properly in dental health care. After much public concern and criticism, the Howard government responded with a scheme they called the chronic disease scheme. And guess what? Having been left under such financial pressure, the stark choice for many Australians was between putting food on the table and appropriate dental treatment. The Howard government’s chronic disease scheme was in fact a dodgy scheme. It might have had great aspirations, but in fact it left millions of Australians in urgent need of dental care.

An example of the extent to which they trumpeted this scheme inaccurately to mislead the Australian public was a statement made by the former Liberal member for Kingston, Kym Richardson. He told an Aldinga Bay Residents Association meeting
on, I think, 10 October 2007—just before the election—that the government had announced that:

... any person with acute oral pain, any person with oral pain ... can receive up to $4,100 over a two year period ...

The reality under that scheme was that, if you had a chronic medical condition such as heart disease or diabetes, you had poor oral health care or a dental condition which exacerbated a chronic or complex disease and you were being treated under a multidisciplinary healthcare plan, then you may have been eligible for assistance with your dental care. This narrow eligibility meant that only 7,000 people received assistance over the three-year period. This is emblematic of the consistent failures of the Howard government and the rhetoric it employed to inflate the impact of that failing program.

In total, the Howard government spent less than $50 million on their failed dental scheme. This compares to the $780 million for new dental programs that will be introduced and run over the next five years under this legislation. That is the coalition government’s gift to Australia’s public system: disinvestment, disdain and disinterest, particularly in the oral health of Australians. So it is left up to us to fix that problem. The Howard government failed. The Rudd government has to pick up the ball.

We have put aside $10 billion in health and hospital funding to support strategic initiatives and investments in health. We have put aside $600 million to work with the states and territories to cut elective surgery waiting lists. We are delivering GP superclinics, 31 in all, across the country. We are investing money significantly to tackle other issues that are important to the health of Australians, including $53.6 million to tackle binge drinking, $21.5 million to assist the Northern Territory to boost health services in that outlying area and $249 million to address a national cancer plan over five years. These things are important and they add on to our dental plans. They are integral to delivering Labor’s election commitments. The $780 million over five years is for two parts of the Rudd Labor government plans: $290 million over three years for a new Commonwealth dental health program, and $490.7 million over five years for a teen dental plan. These bills provide a real legislative framework for payment under a new dental benefits schedule, and it is modelled very much on the Health Insurance Act 1973 concerning Medicare.

The new dental benefits scheme will target specific groups of people based, for example, on age and income testing. There is an opportunity, of course, for the Minister for Health and Ageing to include by legislative instrument other dental benefits in the future. I look forward to those, because I think that the task really needs tackling and there is a lot of work to do. These bills allow for the payment of dental benefits and the introduction of the Rudd government’s Teen Dental Plan. They seek to implement and administer the plan also, and they really herald a new era in the dental health of Australians. Specifically, it is the first part of our scheme to do so. This commitment across so many years is welcomed in my electorate, I know, particularly in the rural and regional areas. It is welcomed in that area because it can take between one and two years for a person to see a dentist in the public health system.

From 1 July 2008, the Rudd government will provide up to $150 per eligible teenager towards an annual preventive check for teenagers aged 12 to 17 years in families receiving family tax benefit part A and for teenagers in the same group receiving youth allowance or Abstudy. I welcome the fact that it is estimated that 1.1 million teenagers will be eligible for the Teen Dental Plan each year in
a population of 21 million. The Teen Dental Plan will be administered by Medicare using the eligible data provided by Centrelink. In the first year of the program, Medicare will send out vouchers to all eligible teenagers and their families in July/August, and then on a monthly basis to newly eligible teenagers and their families. In subsequent years, vouchers will be distributed in January and then on a monthly basis thereafter. Teenagers will be able to use their vouchers to receive a preventive dental check from a private dentist. The annual check will include an oral exam and, where required, an X-ray, scale, clean and other preventive services. Patients will be able to claim a dental benefit for the preventive check, similar to the Medicare process that so many Australians are used to. If the dentist charges upfront for the preventive check, the patient will be able to claim a dental benefit of up to $150 through Medicare.

I strongly support this scheme. I think this will result in a dramatic improvement in the dental health of teenagers in this country. I think it will make a big difference to the teenagers in my electorate. I am the father of teenage daughters, and I know there are many of my daughters’ friends who will benefit from this scheme. The state of our dental health system in this country was appalling under the Howard government. We are determined to fix the failure of the Howard government, which saw over 50,000 people languishing in hospitals each year with preventable dental conditions. We are determined to alleviate the burden on our public health system by the increased funding, because delays in dental health can mean the difference between a filling and an extraction. It can mean the difference between pain and acute pain. It can mean the difference between the continuation of pain and the cessation of it. I commend the bill. I think it is a great bill, and I applaud the minister for health for the initiative.

Mr TUCKEY (O’Connor) (1.58 pm)—Mr Speaker, it is very kind of you to come in to hear me make a two-minute speech! Just in opening remarks about this dental bill funding, let me say it is an issue of philosophy over practicality. The issue of how the Australian government might in some way relieve people with severe dental problems who lack the financial resources to meet the costs involved today has challenged a number of governments. More recently, the Keating government implemented a program whereby, typical of the philosophy of the Labor Party, they would send, I think, $100 million a year over four years to the state governments to help them out. The member for North Sydney in his address this morning reminded us that it does not matter how much money you send to these public institutions. They actually only have 10 per cent of the dental workforce and you can double their pay but not their output. This, of course, is a critical issue when one looks at funding state governments to expand the service they already have. But further to this and, consequently, after a lot of deliberation the Howard government thought, ‘Surprise, surprise, the appropriate mechanism—

The SPEAKER—Order! It being 2 pm, the debate is interrupted in accordance with standing order 97. The debate may be resumed at a later hour and the member for O’Connor will have leave to continue speaking when the debate is resumed.

GOVERNOR-GENERAL’S SPEECH
Address-in-Reply

The SPEAKER—I remind the House that the Address-in-Reply will be presented to His Excellency the Governor-General at Government House at 5 pm tomorrow.
CONDOLENCES

Mr Milivoj Emil (Misha) Lajovic

Mr Jenkins (Scullin) (2.00 pm)—I inform the House of the death on Thursday, 5 June 2008 of Milivoj Lajovic, a former senator who represented the state of New South Wales from 1975 till 1985. As a mark of respect to the memory of Milivoj Lajovic, I invite honourable members to rise in their places.

Honourable members having stood in their places—

The Speaker—I thank the House.

Mr Dick Turner

Mr Rudd (Griffith—Prime Minister) (2.01 pm)—Mr Speaker, on indulgence: it is with great sadness that I inform the House of the death of Queensland state of origin great Dick ‘Tosser’ Turner. Dick was known as the godfather of Queensland rugby league. He was a former player and administrator with Norths, Redcliffe and the South Queensland Crushers, but it was through his role as the Queensland Rugby League origin team manager that he achieved his status as a legend of the game. He was co-manager of the Queensland state of origin team from 1982 through to 1996. It was no surprise when the Queensland team of the century was named recently that there was unanimous agreement that Dick would have to be its manager. As a measure of the regard in which Dick is held, the Queensland Rugby League awards the Dick ‘Tosser’ Turner Medal, as a recognition of long service to Queensland origin rugby league, to players who have donned the maroon jersey 20 or more times. Recipients include the game’s greats—Wally Lewis, Alfie Langer, Gene Miles, Mal Meninga and Trevor Gillmeister.

Dick Turner was the founder and chairman of the Queensland Former Origin Greats, otherwise known as FOGs. FOGs is a non-profit organisation committed to helping rugby league and other communities and charities across Queensland. Just a few weeks ago the Treasurer and I were invited by Tosser to commemorate the great community work which has been done by that organisation—rugby league legends who continue to give to the community. On the morning of the event, we learnt that Tosser was too sick in his fight against cancer to attend. Wayne and I saw him just afterwards in the Wesley Hospital in Brisbane. Tosser was in a fighting spirit—something we had known him for throughout his career. It was apparent that the cancer was taking its toll, and the end seemed near. Tosser’s loss will be felt greatly across the great family of rugby league in Queensland and I believe across the entire national rugby league community. A generous and giving man, Dick Turner was a true giant of rugby league, a proud Queenslander and a proud Australian. To his family—his wife, Jan, with whom I spoke this morning, and his three boys—and to his many friends: our thoughts and our prayers are with you. He was a great man, a great supporter of rugby league, a great Queenslander and a great Australian.

Dr Nelson (Bradfield—Leader of the Opposition) (2.03 pm)—I join with the Prime Minister in supporting this condolence motion. Dick Turner was, as we have heard, the godfather of Queensland’s state of origin rugby league team. His name was synonymous with origin, and he became the maroons’ manager in the origin’s first year in 1980. Ever since, he was an integral part of the Queensland side and he worked with the team during its early heyday right through until the latest origin match last Wednesday. After the maroons had smashed New South Wales, battling cancer and wheelchair-bound he visited the maroons’ shed to personally congratulate them. His contribution on and off the field cannot be underestimated and he
was regarded as a father figure by every ori-
gin player whom he ever had contact with.
Over more than two decades he worked with
all the greats—Marty Bella, the King, Vautin
and Meninga. He founded the Former Origin
Greats organisation, and it is also fitting that
the Turner Medal, which recognises Queens-
land origin players who have donned the
maroon jersey 20 times or more, is named in
honour of him. He did not like the spotlight
too much; he never did. He did his best work
behind the scenes, most times without people
even noticing what he was doing or what he
had done. To this day he enjoys the utmost
respect from past and present players for his
contribution to Queensland’s origin success.
He is an origin legend and one of the reasons
why origin footy is as big as it is today.

I also take this opportunity to recognise
the passing, last month, of the great Jack
Gibson. He was coach of the team of the
century and is described by Peter Sterling as
a man who not only made wonderful players
but also made wonderful people. These men
were two great Australians and two great
contributors to the league, and they will be
greatly missed.

QUESTIONS WITHOUT NOTICE
Fuel Prices

Dr NELSON (2.05 pm)—My question is
to the Prime Minister. I draw the Prime Min-
ister’s attention to the fact that petrol has
gone through the roof, to $1.60 a litre, hav-
ing risen more than 23c on average since his
election to government. After only six
months in office, why is the Prime Minister
more focused on a plan for an Asian union
and nuclear disarmament than on dealing
with a decisive plan for petrol for Australian
families?

Mr RUDD—It is quite plain that working
families, working Australians, pensioners
and carers are under cost-of-living pressures.
That is why the government, through the
budget, has introduced a $55 billion family
support package. When that starts to flow,
from 1 January 2009, its impact for a typical
young family will be to deliver some $51.54
per week, as a result of the budget. That con-
trasts with a proposal from those opposite
which represents $2.50 a week if you are
filling up with 50 litres—$2.50 a week ver-
sus $51.54 a week. I would suggest there is a
clear-cut contrast in this.

But there is another measure to which I
will draw the honourable member’s atten-
tion, and that is the impact of industrial rela-
tions. The industrial relations system imple-
mented by those opposite, called Work
Choices, enabled working families struggling
with cost-of-living pressures to have their
penalty rates stripped away with no compen-
sation and their overtime to be stripped away
with no compensation and set up an indus-
trial relations system which compounded the
cost-of-living pressures for families and in-
dividuals struggling with mortgages, rents,
petrol, groceries and the standard impacts on
the average family budget.

For these reasons, we have acted through
the budget in the measures that we have put
forward. We are acting in respect of fuel-
efficient cars. We are acting in relation to a
long-term energy and fuel strategy for Aus-
tralia, which had not been developed by our
predecessors despite the fact that petrol
prices had gone up considerably. We have
acted through the budget with support meas-
ures for the family budget and we have also
acted in relation to the industrial relations
system—all of these actions impact on the
ability of an average family to deal with the
challenges which go to handling cost-of-
living pressures on the family budget.

Western Australian Gas Explosion

Ms JACKSON (2.07 pm)—My question is
to the Prime Minister. Will the Prime Min-
ister update the House on the Common-
wealth response to the recent gas explosion in Western Australia?

Mr RUDD—On 3 June 2008 a major gas line on the sea-beach interface at the Apache Energy natural gas facility in WA ruptured resulting in a significant fire and shutdown of the plant. There were 166 people employed on the island of which 152 were evacuated to Perth following the rupture; 14 engineering personnel remained to undertake an on-site assessment. Although it is a great relief that no personnel were injured and all were evacuated safely, the shutdown has had a major impact on the supply of natural gas to Western Australian consumers.

The facility supplies around 30 per cent of all the natural gas in WA. The National Offshore Petroleum Safety Authority, NOPSA, is working closely with the WA government and Apache Energy to investigate the safety aspects of this instance and determine how quickly the facilities can be returned to service. However, it does appear that the facility will be out of action for some weeks and possibly some months. The government intends to work closely with the WA government to do what can be done in minimising the impact on consumers, businesses and the economy in general.

The government welcomes the response of the major commercial energy users in WA to the disruption of gas supplies with major users reducing their consumption and doing all they can to use alternative fuels where possible. The government strongly encourages larger commercial users in particular to continue to do everything possible to minimise their gas consumption so as to minimise the impact on retail consumers.

The government supports the announcement by the Premier of Western Australia, Alan Carpenter, of the establishment of a gas supply disruption recovery committee that will coordinate an overall response to the social and economic impacts which flow from this particular rupture. These include industry concerns over gas shortages causing possible shutdowns and business closures, the potential for job losses, and the flow-on effect to the business sector as well as to the broader community, the effect on essential services including hospitals and food supplies, insurance impacts and the overall impact on growth and the mining industry.

The committee will include the direct involvement of a number of Commonwealth government agencies including Centrelink and the Department of Education, Employment and Workplace Relations. As the Deputy Prime Minister and the Acting Prime Minister announced last week, the government also immediately made available Job Search support through Centrelink for those who may be directly affected as a result of the rupture. The government will make further assistance available if the need arises. The Minister for Resources and Energy travelled to Perth on Saturday to meet with the WA Premier to be briefed on the impact of this major disruption of WA’s gas supplies. The government will remain in close contact with the government of Western Australia to examine further any other areas where the Australian government can support WA during what is a very difficult time not just for their economy but for industry across the board and for consumers.

Fuel Prices

Mr TRUSS (2.11 pm)—My question is to the Prime Minister. Prime Minister, given that the ACCC and four government departments have found that fuel prices in rural and regional areas are likely to rise under your Fuelwatch scheme, what plan do you have to reduce petrol prices in non-metropolitan areas?

Mr RUDD—The honourable member will be familiar with the fact that, with the
introduction of Fuelwatch, the option lay in the government’s proposal under the legislation for rural and regional areas to opt in or out of the system. That is the first point. The second is this: in terms of practical solutions necessary for dealing with what is the greatest global oil shock that the world has seen in the last 30 years, governments across the world are dealing with a range of possible responses.

Here in Australia, the various responses that we have put forward—including Fuelwatch, the Petrol Commissioner, and investment in the manufacture of green cars in Australia, as well as a global course of action to place pressure on OPEC to increase the overall oil supply—have met with four responses from those opposite—that is, they don’t support it, they don’t support it, they don’t support it and they don’t support it. What we have is ‘Captain Negative’ opposite, but we are trying to get on with the job of dealing with what is a challenge for the global economy. It is a challenge which has brought forward protests across all developing economies, riots in many, and unprecedented high prices across the world. We are getting on with the business of governing and doing so in a responsible manner.

Workplace Relations

Mr CHEESEMAN (2.12 pm)—My question is to the Prime Minister. Will the Prime Minister inform the House how the government is building a strong safety net for Australian workers and how this safety net compares with existing protections for Australian workers?

Mr RUDD—The government was elected on a platform of responsible economic management, delivering for working Australians and working families under financial pressure and, on top of that, investing in the future. One of those areas where working families have faced a real challenge in their family budgets is the industrial relations system called Work Choices left to them by our predecessors—an industrial relations system which empowered employers to strip away penalty rates, overtime and other basic additions to their working wage with no compensation whatsoever. That is the industrial relations system those opposite supported; that is the industrial relations system which, to this day, they remain committed to reintroducing should they be returned to office.

Therefore, the government have acted on our pre-election commitment to do two things. We have acted, firstly, to abolish AWAs for the future and, secondly, to ensure that we have a fair and flexible industrial relations system for the future. A cornerstone of a fair and flexible industrial relations system of course consists of a basic safety net which applies to all workers in the federal industrial relations system. When you stand back from the industrial relations debate and look at the flow-through impact on the budgets of working families, what you get in your pay packet—in penalty rates, overtime and basic add-on conditions—is very important to your ability to cope with cost-of-living pressures from petrol, from groceries, from food, from rents and from mortgages.

When it comes to the impact on mortgages, those opposite, who presided over 10 mortgage increases in a row, should bear in mind the additional burden which their period in government delivered to the families struggling with cost-of-living pressures. So, in addition to the industrial relations pressures, through the system that they presided over and implemented, which impacted working families across the board and which they were committed to continue into the future, there were 10 interest rate rises in a row—all flowing through to workers suffering financial pressure.
Prior to the election we promised to get rid of AWAs for the future and through legislation we have honoured that commitment. Beyond that, we said we would also introduce a fair and flexible system, the cornerstone of which is a system of National Employment Standards. Today, the Deputy Prime Minister and I have launched these 10 National Employment Standards. This represents a basic protection for workers right across the country—fairer for workers and simpler for employers. As a simple test of how easy it is to get through this system relative to what preceded it, the equivalent of employment standards in the previous government’s regime added up to 149 pages of their so-called Fair Pay and Conditions Standard. What we have launched today, covering 10 National Employment Standards, is a document of just 50 pages.

If you go to the content, what we have now is important new protection under the National Employment Standards so that parents of young children have a right to request flexible working arrangements. Secondly, families have 12 months additional parental leave because each parent will have a separate entitlement to up to 12 months unpaid parental leave. Thirdly, employees will have a statutory right to redundancy pay, an award entitlement that was never protected by the previous government. On top of that, employees will have a basic right to workplace information. These standards will also apply to same-sex couples in line with the government’s recent decision to remove all forms of discrimination against same-sex couples in areas such as tax, superannuation and employment conditions—and this side of the House is proud of that reform as well.

The government remains committed to the implementation of its full industrial relations package. This is part of it. These National Employment Standards are core when it comes to restoring decency to the workplace and to ensure that we have fairness for all workers into the future. It is the first step in constructing this new system—important for the family pay packet and important in terms of the ability of working Australians and working families to deal with the cost-of-living pressures which they are now under.

Workplace Relations

Ms JULIE BISHOP (2.17 pm)—My question is to the Prime Minister. Will the Prime Minister guarantee that no worker will be worse off as a result of the introduction of the 10 National Employment Standards?

Mr RUDD—Mr Speaker, I tell you what we will not be guaranteeing, and that is that interest rates will be kept at ‘record lows’. We will not be guaranteeing that interest rates will be kept at record lows—like the party opposite did, delivering us 10 interest rate rises in a row. We are not in the business of making those sorts of irresponsible guarantees. What we can guarantee is a fair and flexible industrial relations system of which the government is proud. Those opposite stand condemned for an unfair system which stripped basic conditions away from workers. Those opposite should hang their heads in shame over the system they implemented and presided over.

Workplace Relations

Mr SULLIVAN (2.19 pm)—My question is to the Minister for Education, Minister for Employment and Workplace Relations and Minister for Social Inclusion. Will the minister outline for the House how the government is protecting key minimum entitlements for Australian workers?

Ms GILLARD—I thank the member for Longman for his question. I know that he is someone deeply committed to fairness and balance in Australian workplaces. Today, as the Prime Minister has said, the government has announced its National Employment Standards—10 standards for all Australians.
Whether someone is working part-time or full-time, they will have the benefit of these 10 National Employment Standards.

I particularly want to outline the process that has brought these 10 National Employment Standards to the public. When we first met as the 42nd parliament and the government introduced its transition act to end the making of Australian workplace agreements, the government also publicly announced an exposure draft of its 10 National Employment Standards. That consultative process of an exposure draft was done so that people could have their say about this basic cornerstone of the industrial relations system. One hundred and twenty-nine submissions were received and, as a result of the submissions received, these National Employment Standards have been improved.

This stands in stark contrast to the way in which the Liberal Party conducted itself over Work Choices and the so-called Australian Fair Pay and Conditions Standard. Then, apart from a policy wrapped in industrial relations extremism, the Liberal Party did not seek the mandate of the Australian people and it developed its legislation in secret, without consultation, meaning it was complex and technically flawed. This government have taken a different approach. Firstly, we told the Australian people what we stood for in workplace relations; we spelt out in our policies what we were going to introduce, including these 10 National Employment Standards. Secondly, we have made sure that these have been developed in a consultative way, through an exposure draft process which we have taken seriously and responded to.

These 10 National Employment Standards are one part of Labor’s new safety net. This is a safety net for all Australian workers. Labor will also be introducing, through our award modernisation process being conducted by the Australian Industrial Relations Commission, modern, simple awards. The National Employment Standards and the modern, simple awards, which will be for employees who earn $100,000 or less, will come into existence on 1 January 2010.

I find it remarkable that those opposite, who did not believe in guaranteeing basic standards for Australian workers, are now asking the kinds of questions that they are. What we can certainly guarantee is that, unlike Work Choices, we will not have statutory individual employment agreements that allow basic conditions to be ripped away. Let us remind ourselves that all this feigned interest now in the conditions of working people—

Opposition members interjecting—

Ms GILLARD—They chant out in support of Work Choices. We know that they supported Work Choices. They supported a scheme with statutory individual employment agreements that allowed protected award conditions to be ripped away from Australian workers. We know, for example, shift work loadings were excluded in 70 per cent of agreements and penalty rates were excluded in 63 per cent of agreements. That is what they believed in: the rip-off of basic conditions of Australian working families. They believed in it then, they believe in it now and, if they ever have the opportunity, Work Choices would be back. We know this because, when we gave them the opportunity to vote in this House to verify that individual statutory employment agreements would not be reintroduced under a future Liberal government, they refused to vote for that proposition. They believe in Work Choices, they believe in rip-offs and they believe in no-one having any standards, and no cant or hypocrisy from the other side can ever cover that up.
Economy

Mr TURNBULL (2.24 pm)—My question is to the Prime Minister. I refer to last week’s release of the Westpac-Melbourne Institute consumer sentiment index, which shows that consumer confidence has dropped 23.3 per cent since last November and is now at its lowest level since December 1992. Given consumer confidence held up well through the Asian financial crisis, the September 11 terrorist attacks, the tech bubble, SARS and the worst drought in 100 years, isn’t this dramatic collapse in consumer sentiment a vote of no-confidence in your government’s economic management?

Mr RUDD—For those opposite, who presided over 10 interest rate rises in a row, I find it remarkable that they can stand in this place with any skerrick of respectability and produce a lesson on responsible economic management—point 1. Point 2 is: those opposite bequeathed this government inflation at a 16-year high. I would think that those opposite should reflect firmly and squarely on the impact which 16-year high levels of inflation has on the overall trajectory of interest rates. Thirdly, if you have a global oil shock which is the worst in 30 years, impacting economies around the world, I would think that is of some moment. Fourthly, I would think the global financial crisis, which has seen revisions downwards in economic growth in all of our global economic partners, would give pause for thought as well. Instead, those opposite are interested in one thing—cheap tabloid politics, not responsible economic management.

Budget

Ms RISHWORTH (2.26 pm)—My question is to the Treasurer. Will the Treasurer update the House on the ways the budget will fight inflation and help families meet the rising costs of living and whether there are any threats to the implementation of the government’s responsible measures?

Opposition members interjecting—

The SPEAKER—Order! There was no invitation to members on my left to collectively start chattering and talking.

Mr SWAN—The budget that we brought down in May is a responsible budget that invests in the future and, most importantly, tackles inflation. It tackles the inflation legacy left to this government by the previous government. It tackles an inflation legacy that was produced by reckless spending and inattention to capacity constraints and an inflation legacy that is eating away at the living standards of working families and which we are determined to tackle. We understand that the price of petrol affects working families. An increase per litre from $1.30 to $1.60 has an impact of about $9 on working families. That is why we are so committed to delivering the tax cuts.

Mr Laming interjecting—

The SPEAKER—Order! I warn the member for Bowman.

Mr SWAN—A typical young family will be $51 per week better off as a result of the budget initiatives which will kick in from 1 July. That is about $1,000 in tax cuts. Compare that $51 to the $2.50 being offered by the Leader of the Opposition—completely uncosted.

Mr Anthony Smith interjecting—

Mr Dutton interjecting—

The SPEAKER—Order! The member for Casey! The member for Dickson!

Mr Anthony Smith interjecting—

The SPEAKER—The member for Casey is warned.

Mr SWAN—Those opposite want to blow a $22 billion hole in the surplus, and nothing could be more guaranteed to put upward
pressure on inflation and interest rates. Consumer confidence was mentioned before. Eight interest rate rises in three years were delivered courtesy of those opposite—10 in total under the previous government. They went on a reckless spending spree and put upward pressure on inflation and interest rates. D-day has arrived for the opposition.

Mr Morrison interjecting—

The SPEAKER—The member for Cook is warned.

Mr SWAN—It is D-day in the Senate today because, if they delay the budget beyond 1 July, it will not be able to go through until September—and Treasury estimates that that will impact on the budget surplus by $280 million.

Mr Laming interjecting—

The SPEAKER—The member for Bowman will leave the chamber for one hour.

The member for Bowman then left the chamber.

Mr SWAN—This is completely reckless and irresponsible. Those opposite were talking before about their record in government. When petrol hit $1.35 a litre in June last year, what were the three stooges opposite saying—the Leader of the Opposition, the member for Wentworth and the member for Higgins, who are scattered across the front pages of the Fairfax papers? They were saying, ‘Working families have never been better off.’ They did not think petrol prices were a problem. Those opposite want to blow a hole in the surplus, put upward pressure on inflation and put upward pressure on interest rates. It is completely irresponsible, and they should be condemned for such economic irresponsibility.

Alcohol Abuse

Dr NELSON (2.31 pm)—My question is to the Prime Minister. Prime Minister, given that the government is moving to declare the consumption of four middies of beer as ‘binge drinking’, will you categorically rule out an increase in taxes on beer and wine?

Mr RUDD—We have no such plans. I find it pretty interesting that, on the question of binge drinking, there is an absolute divide between this side of the House and that side. We actually regard this as a major social problem for the nation. We take seriously the advice of the police commissioners of Australia, who say that we have a huge problem on the streets of our major cities on a Friday night and a Saturday night.

Dr Jensen interjecting—

The SPEAKER—The member for Tangney is warned.

Mr RUDD—We take seriously the advice of those who run the hospitals in this country, who talk about the crush in their accident and emergency departments on Friday and Saturday nights as very young people come in suffering from all sorts of assaults and bashings as a result of this epidemic of intoxication. On top of that, we take seriously the advice of health professionals.

I would also draw this to the attention of the Leader of the Opposition: my understanding is that the investigation being undertaken by the National Health and Medical Research Council was one which began when the former Minister for Health and Ageing was the Minister for Health and Ageing. I would have thought, therefore, that those opposite are either serious about the independent research put forward by these health advisory bodies or they are not. If the former minister for health had serious reservations about the internal methodologies of the NHMRC on these matters, he should have said so then. Obviously, he did not. What we have here is a government determined to act on what is a major social problem for the nation, as opposed to a Liberal Party which, it seems, is now very much act-
ing in cahoots with the major distillers of Australia.

Budget

Mr HALE (2.33 pm)—My question is to the Minister for Finance and Deregulation. What steps has the government taken to ensure a tight fiscal position in the next financial year? Are there any threats to this position?

Mr TANNER—I thank the member for his question. Working people across Australia are struggling with rising prices on a range of fronts. Inflation is at a 16-year high—it has reached 4.2 per cent, which is well outside the Reserve Bank target zone. It is being fuelled by a number of factors, including the mining boom and, obviously, international factors affecting the price of petrol. But it has also been affected very substantially by government spending. Government spending in the previous budget—for the financial year that is about to end—was increasing at a rate of over five per cent per annum in real terms, pushing too much money into the economy and pushing interest rates and inflation upward. That is why the government has introduced a strong and tough budget with a surplus of nearly $22 billion, with growth in government spending substantially reduced to a level of one per cent in real terms and government spending as a proportion of the total economy down to the lowest level since 1989-90. We have undertaken $7.3 billion worth of savings, over $5 billion of which are spending cuts.

There are serious threats to the fiscal discipline that the government has put in place—and they emanate from the opposition. It is an unusual circumstance. The opposition have, for the time being, absolute majority control of the Senate. That has not happened very often in recent times in Australian politics. They have the ability to decide by themselves, without minor parties, whether or not the government’s budget measures pass the Senate. Sadly, the opposition have not yet woken up to the fact that they lost the election. They have not quite realised that they have lost office. They still think that they are the government. They are still hunkered down somewhere in an office in an obscure part of Parliament House trying to write their own budget and rewrite the government’s budget. The problem is that they have got so out of practice with savings and fiscal discipline that they have only got one approach—that is, spend more money, let loose, let the money flow, take the reins off and put up inflation and interest rates. Given that their last four budgets had no savings at all, their approach simply means simple outcomes for the Australian people: higher inflation and higher interest rates.

Their position might be understandable if they were proposing to take this stance in defence of some fundamental principle—something dear to the heart of the Liberal Party or historically important—or, indeed, if there were a broken promise involved on the part of the government. Neither of those circumstances applies—unless the opposition are suggesting that they hold dear to their hearts the principle of giving teenage girls access to cheap spirits. Or perhaps a tax slug on middle-income earners, because they choose not to take out private health insurance, is a matter of fundamental principle for the Liberal Party. It is difficult to see how they can claim either of these defences on these issues or, indeed, some of the other issues that they have proposed to block—and it is not clear now whether or not they do intend to block them—such as fixing a tax loophole for big resource companies, ensuring that foreigners pay a little bit more for visas to come to Australia and deciding whether millionaires are going to get family payments. These issues are all in play, and
the opposition cannot decide what their position is.

If there is substantial delay in the Senate, and particularly if measures are blocked, the end result will be an erosion of the surplus—more money coming out of the public sector into the economy and putting upward pressure on inflation and interest rates. If the Liberal Party want to reconsider the position they are taking on these things then it might be worth looking at their history, because the Liberal Party were not always of this view. The Liberal Party did not always see the role of the Senate as being to remake the government’s budget. In fact it is not that long ago that the architect of the current fiscal problems that Australia and the government are trying to deal with actually said:

Without wit, without any intelligence, without any coherent economic strategy, the opposition sat down and said it would vote against $7.2 billion of measures over four years.

But it does not just oppose $7.2 billion over four years; it opposes $19 billion over four years ... This is an opposition which is playing the role of saboteur.

Having been unable to fix Australia’s budget problem, you are determined to let no-one else do it.

This is an opposition which does not want lower interest rates. This is an opposition that does not want sustainable growth.

That of course was the member for Higgins on 9 September, 1996.

The Liberal opposition did not always believe in having the Senate block measures in the budget. The opposition should take note of these words because it is critical that Australia gets on top of the inflation problem. It is critical that we put downward pressure on interest rates. It is even more important that the budget gets through the Senate intact and that that strict fiscal position can take its effect on the wider economy. If the opposition cannot do the job themselves—if they cannot even contribute intelligently to public debate about how that job might be done—then they should at least have the decency to leave the job up to the people who do want to do it.

Member for Robertson

Ms JULIE BISHOP (2.39 pm)—My question is to the Prime Minister. I refer the Prime Minister to his press conference last week regarding the conduct of the member for Robertson on 6 June at the Iguana bar. Will the Prime Minister assure this House that neither he nor his office nor any of his ministers or their officers were involved in any way in the preparation of the statutory declarations of the member for Robertson’s staff regarding this incident?

Mr Albanese—Mr Speaker, I rise on a point of order. The question was quite clearly not in order and I ask you to rule it as such.

The SPEAKER—I listened closely to the question. If the question had been directly to do with the behaviour of a member, it would have been out of order. As it has been crafted, it has asked about members of staff. The regrettable bit is that there was mention made of an incident involving a member of parliament, without going any further into it. It then went to the actions of staff. To the extent that it goes to the actions of staff of the Prime Minister, it is in order.

Mr RUDD—Bearing in mind what you have just said, neither myself nor my office provided the member for Robertson with any such advice. I also simply alert the honourable member to this important point. There is a police investigation underway, and, as a consequence of that, we believe it is appropriate that that investigation proceed without political interference.

Mr Hockey—Mr Speaker, I rise on a point of order. There has been a long history in this parliament of being able to ask the Prime Minister about the conduct—
Honourable members interjecting—

The SPEAKER—Order! I am looking for the point of order.

Mr HOCKEY—The point of order goes to your statement just before the answer from the Prime Minister.

The SPEAKER—The member for North Sydney can resume his seat. I ruled the question in order. If he wants to debate the other part of it I will simply read from House of Representatives Practice, page 538:

... Speakers have ruled out of order questions or parts of questions to Ministers which concern, for example ... the attitude, behaviour or actions of a Member of Parliament or the staff of Members ...

Fuel Prices

Mr CRAIG THOMSON (2.43 pm)—My question is to the Treasurer. Will the Treasurer update the House on steps the government has taken to engage with the global community on skyrocketing petrol costs that are hurting Australian families?

Mr SWAN—I thank the member for his question. The government do appreciate that we are, as the Prime Minister said, facing a global fuel shock. It is impacting here as it is impacting around the world. That is why the government are taking active steps to deal with the impact of fuel prices on Australian families, and that is why we are doing everything within our power to act globally as well as to act nationally.

The challenge of rising fuel prices was at the centre of discussions with the UK Chancellor, and also with finance ministers at the recent G8 meeting in Osaka. My discussions emphasised the global nature of rising oil prices, and also the impacts they are having on families around the globe. And at the G8 finance ministers meeting I urged the G8 to take collective action to address structural supply-and-demand imbalances in the global oil market. The G8 finance ministers called on oil-producing nations to lift global supply.

They also called on the IMF and the IEA to investigate what is going on on the supply side and on the demand side. The government will continue to engage internationally with all of our partners to find lasting solutions to this global problem.

Member for Robertson

Ms JULIE BISHOP (2.44 pm)—My question is to the Prime Minister. I refer the Prime Minister to his previous answer. Will the Prime Minister guarantee that none of the staff of the member for Robertson who provided statutory declarations about the 6 June Iguana bar incident were placed under any pressure to do so?

The SPEAKER—Order! I would have to rule that out of order—

Opposition members interjecting—

The SPEAKER—On the basis of what I read to the member for North Sydney, that is out of order.

Ms Julie Bishop—Mr Speaker, on a point of order: are you offering me the opportunity to reword it?

The SPEAKER—No.

Mr Abbott—Mr Speaker, I raise a point of order. Obviously I am happy to accept your ruling, but Speakers have often given ministers and prime ministers an opportunity to answer questions which are technically out of order and I suggest that you might offer the Prime Minister that opportunity now.

The SPEAKER—The member for Warringah will resume his seat. Of course that is true, but it is at the discretion of the Speaker.

Mr Hockey—Mr Speaker, I raise a point of order. The beginning of the question from the Deputy Leader of the Opposition referred to the Prime Minister’s previous answer. The answer was in relation to his office. The area he failed to answer was in relation to other
ministers and their staff, and he as the Prime Minister has to be held accountable.

The SPEAKER—The member for North Sydney will resume his seat.

Mr Adams—Put him out!

The SPEAKER—It is obvious that the member for North Sydney is not on the member for Lyons’s Christmas card list! The member for North Sydney made a good try at trying to convince me but I am not convinced.

Oil Conference

Mr PERRETT (2.47 pm)—My question is to the Minister for Resources and Energy and Minister for Tourism. Would the minister kindly inform the House about the purpose of the Saudi oil conference to be held in Jeddah next Sunday, 22 June? Has the Australian government received an invitation to attend and, if so, what involvement is proposed?

Mr MARTIN FERGUSON—I thank the member for Moreton for what is a very serious question going to the heart of the global oil crisis, which is impacting on not only Australia but also the global community. In that context I am pleased to say that, given the growing concern about the global petroleum market, the decision by the kingdom of Saudi Arabia to call together oil-producing and consuming nations and the industry in Jeddah this coming Sunday is most welcome. I am also pleased to advise the House that the Australian government has received an invitation and the Prime Minister has requested that I represent the Australian community at that very important global meeting.

As we all appreciate, Saudi Arabia is seeking to play a constructive role to encourage all the stakeholders to work together in an endeavour to stabilise the world petroleum market and, in doing so, to mitigate the damage to the global community, especially to the economies of developing countries. I take note of its decision of the last couple of days to increase oil production from July by about 500,000 barrels a day as a further important step forward, building on a decision last month for an increase of about 300,000 barrels a day. I indicate to the House that this latest increase will take Saudi Arabian oil production to its highest level since 1981. But I also indicate that those who are prepared to have a serious debate about this issue—unlike the opposition—appreciate that there is no simple solution to the problem of record oil prices and that no one nation can shoulder the burden on its own.

There are many factors to be addressed, and the conference in Jeddah this weekend is a constructive start to addressing what is a highly complex issue. The factors include not only issues of supply and demand but also the role of traders and speculators in the market, and problems on the demand side as well as on the supply side. The issues in this debate include global fears about energy security, one of the major issues debated by all communities throughout the world at the moment. They include a focus on such complex issues as instability in exporting nations; the threat of terrorism and infrastructure sabotage—and, just by way of example, in the Niger Delta at the moment production has been reduced by 20 per cent per day because of terrorism, which clearly impacts on global oil supplies; the unfortunate emergence of resource nationalism; a lack of investment; unprecedented global growth; a scramble for resources; a tight oil market with, as I have indicated, less supply than demand; and the fundamental desire of nations to protect their own economic future.

When it comes to energy, particularly oil and increasingly gas, the world is unfortunately retreating from the open markets and free trade that we have worked so hard to achieve since the Second World War. On the
supply side, for example, more producing countries are nationalising their oil industries and sending away vital foreign investment and industry capability, which is impacting on the global oil price at the moment. As a result, there is limited access to over 85 per cent of the world’s oil reserves at the moment. In our own region, 55 per cent of Asian consumption is in markets with some form of subsidy.

I hope the conference in Jeddah this weekend enables the global community to start focusing on some of these very serious challenges. We also appreciate that this is important not only to the global community but also to Australia in the fight against inflation—something that unfortunately does not occupy the minds of the opposition, as reflected by their lack of attention to serious budgetary considerations in the Senate at the moment and their desire to destroy the Australian government’s endeavour to do the best by the Australian community in the fight against inflation. Unlike the opposition, the Australian government, like the global community, appreciates that the inflation risk is not just of concern here at home but was the main concern for the world’s economy discussed by G8 finance ministers in the last couple of days.

I say in conclusion: an international effort is going to be required if the market for oil and petroleum products is to accurately reflect demand and supply issues, and the Australian government intends to play a constructive role in this process. We welcome the invitation to attend this very important Jeddah conference. I simply say to the opposition: it is about time you understood that it is a serious debate confronting not only Australia but also the global community.

The SPEAKER—Before calling the member for Sturt, I was wondering if the member for Oxley might, as an appropriate mentor to newer members, apologise to the House about his telephone.

Mr Ripoll—I apologise.

Member for Robertson

Mr PYNE (2.53 pm)—My question is to the Prime Minister, and I refer the Prime Minister to his reference to a police investigation in his previous answer. Has the Prime Minister referred the 6 June Iguana bar incident involving the member for Robertson to the Australian Federal Police, in particular its relevance to division 139 of the Criminal Code Act 1995? If not, when will the Prime Minister do so?

Mr RUDD—I draw the honourable member’s attention to the fact that there is a police investigation underway and furthermore that it is the judgement of the government that that investigation should proceed without political interference. For the benefit of those opposite, I also draw their attention to the discussion of debate which occurred in this chamber only about six months ago in relation to a then police investigation into the member for Bowman, where the former Prime Minister said the following in the midst of a heated debate:

Let me make this clear: at no stage while these investigations were going on did I use parliamentary privilege to say anything about the matter. I draw that to honourable members’ attention.

National Secondary School Computer Fund

Mr BRADBURY (2.54 pm)—My question is to the Deputy Prime Minister, Minister for Employment and Workplace Relations, Minister for Education and Minister for Social Inclusion. Will the Deputy Prime Minister inform the House what is happening with the National Secondary School Computer Fund?
Ms GILLARD—I thank the member for Lindsay for his interest in having state-of-the-art technology in our schools. The government’s National Secondary School Computer Fund is about benefiting every secondary school in the country, whatever state they are in, whatever territory they are in, whatever school sector they are in. If I could put that in the words of Mr Bill Daniels, Executive Director of the Independent Schools Council of Australia, the government’s plan:

... recognises that all schools, government and non-government need support to access state of the art computer technology ...

This is a fund that will benefit all schools. This is a fund dedicated to realising the government’s vision of a digital education revolution so that secondary students in years 9 to 12 can have access to computers when they need them to learn with—something that they do not have now.

I was delighted on 12 June to announce the successful schools in the first round. This is the first step in the digital education revolution. This is the first step in the government’s $1.2 billion program. This is the first step in benefiting secondary schools right around the country. This was a round for schools that had a ratio of computers to students of one to eight or worse. They were the schools that were invited to apply; they were the schools that did apply; they were the schools that benefited from this round. There were 896 of them around the country. In benefiting these schools, we said in this first round we wanted to get these schools to achieve an effective ratio of one to two for computers to students. These schools will be able to apply in forthcoming rounds as well but, for schools that had a ratio of computers to students of one to eight or worse, in this first round we wanted to bring them to a ratio of one to two.

This has occasioned an expenditure of $116 million of government funds, accessing 116,000 computers for these 896 schools around the country. Seventy-two per cent of the funding in round 1 is going to government schools, nine per cent to independent schools and 19 per cent to Catholic schools. The way this has worked is the government has budgeted a $1,000-per-unit cost for the technology. Of course, many schools in bulk purchasing arrangements will access the technology they want for a lesser cost than that, meaning the balance of the $1,000 can be used for deployment costs. In addition, the government has allocated $11.25 million for professional development for teachers, with that money going through states and territories. We have allocated $650,000 direct for professional development, we have allocated $32.6 million for curriculum that will work with the online technology and we have dedicated $10 million to support mechanisms for this rollout of computers in schools.

I want to take this opportunity to thank everybody in the states and territories and the Catholic and independent school sectors who have worked so hard with the government to achieve this result so quickly. This is something that, of course, we have seen the opposition criticise, whinge, carp and moan about. When they were in government, not only did they not do anything to bring computers to students in schools but they apparently did not know that there was a problem. The then Minister for Education, Science and Training, the present Deputy Leader of the Opposition, on 15 November 2007 said:

Now I visit schools across Australia, I’m yet to see a school that is not well served with computers.

That was the current Deputy Leader of the Opposition, the then education minister.

An opposition member interjecting—
Ms GILLARD—Any member of parliament who has visited schools in their own electorate. The national audit shows more than 800 schools that had ratios of worse than one to eight. This is a remarkable statement, a breathtaking statement from a former government that was completely out of touch—an opposition that is completely out of touch. The one thing I can say to this opposition is: if you are not even smart enough to realise there was a problem, then there is no way you are ever going to be a contributor to the solution. The government has the answer, working through our National Secondary Schools Computer Fund, and I am delighted that more than 800 schools are beneficiaries in round 1.

Member for Robertson

Mr PYNE (3.00 pm)—My question is to the Prime Minister. I refer the Prime Minister to his previous answer. The Prime Minister has ignored the fact that the current investigation into the Iguana bar incident is a state police one. How will that address any breach of the Commonwealth Criminal Code Act 1995?

Mr RUDD—I understand the matter at issue goes to the preparation of statutory declarations. That is the matter that is subject to a police investigation. It is quite improper to comment further. I would also draw the attention of the House to a statement by the leader of the Liberal Party in New South Wales, Mr O’Farrell, who was asked on ABC Radio on 12 June about the handling of this matter. He said:

I think Kevin Rudd’s done the right thing in two respects. He has made it clear he wants to lift standards. He has also made it clear that if his MPs don’t behave they don’t have a future.

That is what the Liberal Party says in New South Wales. I wonder what Liberal Party it is in New South Wales these days, but that is the view of one Liberal leader. Obviously there is a different view in this place.

Zimbabwe

Mr NEUMANN (3.01 pm)—My question is to the Minister for Foreign Affairs. Will the minister update the House on developments in Zimbabwe? What action is Australia and the international community taking in response to recent reports of the deteriorating situation in Zimbabwe?

Mr STEPHEN SMITH—I thank the member for his question. The Australian government condemns absolutely the campaign of intimidation, violence and fear by the brutal Mugabe regime against the people of Zimbabwe. We condemn it absolutely. Following the first round of the presidential and parliamentary elections in Zimbabwe we saw the Mugabe regime seek to rort that election by rorting the count. Now, in the second round of presidential elections—the presidential run-off—we see the Mugabe regime seeking to rort that election by violence and intimidation. Yesterday we saw that culminate in reports of Mr Mugabe saying that, even if he were not successful through intimidation, fear and violence in rorting that election, he would, in any event, proceed to ignore the will of the Zimbabwe people and use violence to ignore it if he so decided.

For some time the Australian government has been very concerned about the prospects of a full and free election in Zimbabwe and very concerned about the actions of the regime. There is an array of evidence to show that this is a campaign of violence. The leader of the opposition, the leader of the MDC, Mr Tsvangirai, has been arrested now some five times. The Secretary-General of the opposition party, Mr Tendai Biti, has been under detention for about 72 hours. There is clearly a campaign of state-sponsored violence in rural and regional areas
and, outrageously, there has been a suspension of humanitarian assistance through non-government organisations, including a suspension of food aid through the World Food Program.

Having said that, there are some initiatives which the government has welcomed. Election observers, which were provided by the South African Development Community states, have in recent times been increased from the number at the first ballot to 130, with undertakings by the South African Development Community states that that will be increased to 400. Today the UN Assistant Secretary for Political Affairs, Haile Menkerios, is due to arrive in Zimbabwe. This follows a conversation between Ban Ki-Moon, the UN Secretary-General, and Mr Mugabe at the Food and Agriculture Organisation High Level Conference on Food Security in Rome, which I attended a couple of weeks ago. In discussions between the Secretary-General and Mr Mugabe it was agreed that the UN Assistant Secretary would attend. I hope he is given full and free access to put his view about the campaign of intimidation and violence and have full access so far as election observers are concerned.

By way of aside I make the point that it was, frankly, an obscenity that Mr Mugabe attended the food conference in Rome. Here is a person who, when he became leader of his country, inherited one of the world’s premier agricultural countries. He has now seen that devastated and now deliberately uses food and food aid as a political weapon against his own people.

The Australian government continues with its diplomatic efforts. We have raised these issues with the South African Development Community nation states, with African Union states, with the United Kingdom—as I did with Foreign Secretary Miliband when I was in the United Kingdom recently—and with the new Commonwealth Secretary-General. We have indicated that we are happy to make election observers available if so invited, but we are not expecting such an invitation. At the Rome food conference I announced an additional $8 million worth of humanitarian assistance so far as food is concerned, and I indicated yesterday that the government stands ready to give further consideration to adding to the sanctions that it currently has in place so far as travel and financial matters are concerned.

Finally, as the Prime Minister and I said yesterday, the primary responsibility as far as the international community is concerned in efforts to seek to ensure a full, free and fair election in Zimbabwe rests in the first instance on Zimbabwe’s neighbours, the South African Development Community states and the African Union. We again urge those nations states to leave no stone unturned to stop the campaign of violence, intimidation and fear and to allow a full, free and fair expression of the will of the people of Zimbabwe.

Member for Robertson

Ms JULIE BISHOP (3.06 pm)—My question is to the Prime Minister. Will the Prime Minister require the member for Robertson to make a statement to this House in relation to the events of 6 June at the Iguana bar, specifically the threat to use her position as a member of parliament to see workers lose their jobs and the Iguana bar lose its licence?

Mr Albanese—Mr Speaker, I rise on a point of order. Standing order 100(c)(i) clearly indicates that, for questions regarding persons, questions must not reflect on or be critical of the character or conduct of a member, a senator et cetera. It makes it very clear, for very good reasons, so that unsubstantiated allegations against members cannot be tossed around the chamber; they can only be moved by substantive—
The SPEAKER—The Leader of the House will resume his seat. I think that this illustrates the meaning of the words at page 538 of *House of Representatives Practice*, because they do relate to standing order 100(c). All occupants of the chair find themselves in a very difficult position in this case, but what standing order 100(c) does indicate is that there are other measures in the hands of the House to deal with matters.

Mr Melham—Other forms.

The SPEAKER—Other forms. Thank you, member for Banks.

Mr Hockey—On the point of order, Mr Speaker: further to that statement, I refer to page 538 of *House of Representatives Practice*—

*Government members interjecting—*

The SPEAKER—Order! I am allowing discussion on this point of order.

Mr Hockey—and I remind the Speaker that under Speaker Halverson and Speaker Andrew, questions were asked of the member for Groom about his conference treasurer and the GST. Questions were asked in this chamber and accepted by the Speaker in relation to the member for Bowman, the member for Bonner and also the member for Moreton. The questions were actually asked about the conduct and behaviour of those members. How the Prime Minister chose to respond was an entirely different matter.

The SPEAKER—There are other examples of where questions about the actions of people have been ruled out of order as well. In being asked to make a ruling about the question, I rule it out of order.

Ms Julie Bishop—Mr Speaker, I was going to assist you in relation to this matter with a statement made by the Prime Minister himself about it. As the guardian of the—

The SPEAKER—The Deputy Leader of the Opposition will resume her seat. There is no point of order.

Mr Hockey—Further to the point of order, Mr Speaker: the questions specifically ask if the Prime Minister is going to undertake an action as Prime Minister, to be accountable for the actions of his own members of parliament, and he is perfectly entitled to be asked a question about the actions of one of his own members.

*Mr Adams interjecting—*

The SPEAKER—Order! The member for Lyons is not assisting. As I indicated, there are other forms of the House where the House can discuss the actions of members of the House. The Prime Minister is responsible for the executive. He is not responsible under the standing orders for the actions of backbench members of the governing party.

*Opposition members interjecting—*

The SPEAKER—For those brave people who are reflecting on the chair by interjection, that is the case.

Mr Hockey—Mr Speaker, I rise on a point of order. If the Prime Minister is not responsible for the conduct of one of his own members of caucus, what on earth is he responsible for? The questions are entitled to be asked. We are perfectly entitled to ask the questions to get an answer.

The SPEAKER—Order! That is not a point of order. The member for North Sydney will resume his seat. The member for Franklin has the call. The member for North Sydney on a point of order.

Mr Hockey—I move that so much of the standing orders be suspended as would prevent the member for North Sydney moving immediately that the member for Robertson be, one, required to appear before the House at the first available opportunity after question time and explain her behaviour—
The SPEAKER—Order! The member for North Sydney will resume his seat.

Mr Melham—Mr Speaker, I rise on a point of order. I ask that you rule this motion out of order. You called the honourable member on this side. The honourable member opposite is entitled to move such a motion in between deliberations. You have already called one member. He cannot move such a substantive motion when he is making it is a point of order.

The SPEAKER—The member for Franklin has the call. The member for North Sydney had been called on the basis that he was raising a point of order.

Mr Hockey interjecting—

The SPEAKER—Order! The member for North Sydney will have other opportunities. I call the member for Franklin.

Mr Hockey—You’ve nobbled the Speaker!

Mr Albanese—Mr Speaker, I rise on a point of order. The Manager of Opposition Business just accused me. He said, ‘You’ve nobbled the Speaker.’ Mr Speaker, that is a very serious allegation and a serious reflection on the chair.

The SPEAKER—The member for North Sydney will assist the House if he withdraws that remark.

Mr Hockey—I am happy to withdraw, Mr Speaker.

Alcohol Abuse

Ms COLLINS (3.13 pm)—My question is to the Minister for Health and Ageing—

Mr Tanner—Knocking off early?

The SPEAKER—Order! The Minister for Finance and Deregulation is not assisting.

Ms COLLINS—My question is to the Minister for Health and Ageing. Will the minister outline to the House any new research about the dangers of binge drinking?

Ms ROXON—I thank the member for Franklin for her question. Last week a report was published in the Australian and New Zealand Journal of Public Health and it showed that the number of young women hospitalised after binge drinking has more than doubled in less than a decade. Between 1998 and 2006 the number of young women aged between 18 and 24 hospitalised for alcohol abuse rose from six per 10,000 people to more than 14.6 per 10,000 people—more than doubling the numbers of people who are hospitalised. One of the report’s authors, Michael Livingston, said that three separate studies cited in the research indicated a clear increasing trend in alcohol related harm amongst young people and that these trends are deeply concerning. The emergency room data showed that between 2000 and 2006 there were rapid increases in alcohol presentation rates in people aged between 16 and 24. Their symptoms when they presented at emergency departments included alcohol dependence, mental and behavioural disorder due to alcohol, alcohol poisoning, alcoholic gastritis and alcoholic liver cirrhosis. These figures were based on Victorian figures, but Victoria is not alone. In New South Wales, for example, alcohol related assaults have doubled to more than 20,000 in the last decade. Ask parents of teenagers and young adults what they fear most on a Friday and Saturday night and they will tell you that it is whether their young kids are going to come home safe.

Michael Moore, head of the Public Health Association, which publishes the Journal of Public Health, said:

Blind Freddy can see there is harmful use amongst teenagers, particularly amongst young women, and it really requires government to take decisive action.

While it might be that blind Freddy can see that, it seems that blind Tony cannot. On the weekend, the member for Warringah said
that there was not really a problem. And then this morning the Leader of the Opposition had his own scientific advice for the community. And with the evidence based precision that we have come to expect from the Leader of the Opposition, he defined binge drinking as ‘really getting stuck into it in a big way’. Thank you very much for that scientific evidence coming from the Leader of the Opposition. In contrast to the Leader of the Opposition’s scientific approach, the government is going to await the final report from the National Health and Medical Research Council, when medical experts will announce their new guidelines for alcohol and the level of consumption that puts people at risk. This is a regular occurrence and, as the Prime Minister has already mentioned, the result of a review process that was commenced under the Liberal government.

I would like to remind the House that these are guidelines drawn up by medical experts in an independent process with no input from government, as they should be. They aim to provide the community with information about what constitutes a safe level of drinking. They are not laws, they are not rules and they are not government mandated standards of behaviour; they are medical guidelines for how to stay out of harm’s way. This side of the House believes that while drinking safely is ultimately the responsibility of individuals, it is important that everybody in the community is well-informed about the health risks and has access to the best medical advice. This medical advice is based on up-to-date scientific evidence. For example, I understand that the new guidelines will have recommendations for children, adolescents, and pregnant and breastfeeding women. This will not be based on the flippant comments of an irresponsible leader who simply says that alcohol is only harmful if you are really getting stuck into it in a big way. Our young people are turning up in hospitals as a result of alcohol abuse, they are hurting each other under the influence of alcohol, they are driving home drunk and they are causing themselves long-term harm. We are determined to side with parents and police commissioners to do something to help tackle this problem. We will not just side with the spirits industry to paper over this problem, which is costing the community $15 billion every year. We see from the weekend that the industry are now channeling their money into running ads for the Liberal Party in Gippsland. Once again, in this debate, you have health experts lining up with the Rudd government to help parents and police. On the other side, you have the distillers and the Liberal Party. You choose!

Mr Rudd—Mr Speaker, I ask that further questions be placed on the Notice Paper.

Opposition members interjecting—

The SPEAKER—Order! I take it that the Deputy Leader of the Opposition is seeking the call, and she will get it if there is silence.

Ms JULIE BISHOP (Curtin—Deputy Leader of the Opposition) (3.19 pm)—I move:

That so much of the standing orders be suspended as would prevent the Member for Curtin from moving immediately:

That the Member for Robertson be required to appear before this House at the first available opportunity after question time and explain:

1) her behaviour at Iguana’s bar on the night of June 6, the subject of numerous statutory declarations released publicly; and

2) whether any pressure was placed on the Member’s staff with regard specifically to statutory declarations written four days after the event, which contradict statutory declarations of Iguana’s bar staff made on the night.

Mr Speaker, for over a week now there have been serious allegations made—
Mr ALBANESE (Grayndler—Leader of the House) (3.20 pm)—I move:
That the member be no longer heard.

Question put.

The House divided. [3.25 pm]

(The Speaker—Mr Harry Jenkins)

Ayes……………… 77

Noes……………… 59

Majority……….. 18

AYES

Adams, D.G.H. Albanese, A.N.
Bevis, A.R. Bird, S.
Bowen, C. Bradbury, D.J.
Burke, A.E. Byrne, A.S.
Butler, M.C. Byrne, A.M.
Campbell, J. Champion, N.
Cheeseman, D.L. Clare, J.D.
Collins, J.M. Combet, G.
Crean, S.F. D’Ath, Y.M.
Danby, M. Debus, B.
Dreyfus, M.A. Elliot, J.
Ellis, A.L. Ellis, K.
Emerson, C.A. Ferguson, L.D.T.
Ferguson, M.J. Fitzgibbon, J.A.
Garrett, P. Georganas, S.
George, J. Gibbons, S.W.
Gillard, J.E. Gray, G.
Grierson, S.J. Griffin, A.P.
Hale, D.F. Hull, J.G. *
Hayes, C.P. * Irwin, J.
Jackson, S.M. Kelly, M.J.
Kerr, D.J.C. Livermore, K.F.
Macklin, J.L. Marles, R.D.
McClelland, R.B. McKew, M.
McMullan, R.F. Melham, D.
Murphy, J. Neal, B.J.
Neumann, S.K. O’Connor, B.P.
Owens, J. Parke, M.
Perrett, G.D. Pilbrow, T.
Price, L.R.S. Raguse, B.B.
Rea, K.M. Ripoll, B.F.
Rishworth, A.L. Roxon, N.L.
Saffin, J.A. Sidebottom, S.
Smith, S.F. Snowdon, W.E.
Sullivan, J. Symon, M.
Tanner, L. Thomson, C.
Thomson, K.J. Trevor, C.
Turnour, J.P. Vamvakianou, M.
Zappia, A.

NOES

Abbott, A.J. Andrews, K.J.
Bailey, F.E. Baldwin, R.C.
Billson, B.F. Bishop, B.K.
Bishop, J.L. Ciobo, S.M.
Cobb, J.K. Coulton, M.
Dutton, P.C. Farmer, P.F.
Forrest, J.A. Gash, J.
Georgiou, P. Haase, B.W.
Hartsuyker, L. Hawke, A.
Hawker, D.P.M. Hockey, J.B.
Hull, K.E. * Hunt, G.A.
Irons, S.J. Jensen, D.
Johnson, M.A. * Keenan, M.
Ley, S.P. Macfarlane, I.E.
Marino, N.B. Markus, L.E.
May, M.A. Morrison, S.J.
Moylan, J.E. Nelson, B.J.
Neville, P.C. Pearce, C.J.
Pyne, C. Ramsey, R.
Randall, D.J. Robb, A.
Robert, S.R. Ruddock, P.M.
Schultz, A. Scott, B.C.
Secker, P.D. Simpkins, L.
Slipper, P.N. Smith, A.D.H.
Somlyay, A.M. Southcott, A.J.
Stone, S.N. Truss, W.E.
Tuckey, C.W. Turnbull, M.
Vaile, M.A.J. Vale, D.S.
Washer, M.J. Windsor, A.H.C.
Wood, J.

* denotes teller

Question agreed to.

The SPEAKER—Is the motion seconded?

Mr PYNE (Sturt) (3.28 pm)—I second the motion, Mr Speaker. Kevin Rudd did not support the member for Robertson—

Mr ALBANESE (Grayndler—Leader of the House) (3.28 pm)—I move:
That the member be no longer heard.

Question put.

The House divided. [3.30 pm]
(The Speaker—Mr Harry Jenkins)

**Ayes**  77

**Noes**  59

**Majority**  18

**AYES**

Adams, D.G.H.  Albanese, A.N.

Bevis, A.R.  Bird, S.

Bowen, C.  Bradbury, D.J.

Burke, A.E.  Burke, A.S.

Butler, M.C.  Byrne, A.M.

Campbell, J.  Champion, N.

Cheeseman, D.L.  Clare, J.D.

Collins, J.M.  Combet, G.

Creean, S.F.  D’Ath, Y.M.

Danby, M.  Debus, B.

Dreyfus, M.A.  Elliot, J.

Ellis, A.L.  Ellis, K.

Emerson, C.A.  Ferguson, L.D.T.

Ferguson, M.J.  Fitzgibbon, J.A.

Garrett, P.  Georganas, S.

George, J.  Gibbons, S.W.

Gillard, J.E.  Gray, G.

Grierson, S.J.  Griffin, A.P.

Hale, D.F.  Hall, J.G. *

Hayes, C.P. *  Irwin, J.

Jackson, S.M.  Kelly, M.J.

Kerr, D.J.C.  Livermore, K.F.

Macklin, J.L.  Marles, R.D.

McClelland, R.B.  McKew, M.

McMullan, R.F.  Melham, D.

Murphy, J.  Neal, B.J.

Neumann, S.K.  O’Connor, B.P.

Owens, J.  Parke, M.

Perrett, G.D.  Plibersek, T.

Price, L.R.S.  Ragnar, B.B.

Rea, K.M.  Ripoll, B.F.

Rishworth, A.L.  Roxon, N.L.

Saffin, J.A.  Sidebottom, S.

Smith, S.F.  Snowdon, W.E.

Sullivan, J.  Symon, M.

Tanner, L.  Thomson, C.

Thomson, K.J.  Trevor, C.

Turnour, J.P.  Vamvakianou, M.

Zappia, A.

**NOES**

Abbott, A.J.  Andrews, K.J.

Bailey, F.E.  Baldwin, R.C.

Billson, B.F.  Bishop, B.K.

Bishop, J.I.  Ciobo, S.M.

Cobb, J.K.  Coulton, M.

Dutton, P.C.  Farmer, P.F.

Forrest, J.A.  Gash, J.

Georgiou, P.  Haase, B.W.

Hartsuyker, L.  Hawke, A.

Hawker, J.P.M.  Hockey, J.B.

Hull, K.E. *  Hunt, G.A.

Irons, S.J.  Jensen, D.

Johnson, M.A. *  Keenan, M.

Ley, S.P.  Macfarlane, I.E.

Marino, N.B.  Markus, L.E.

May, M.A.  Morrison, S.J.

Moylan, J.E.  Nelson, B.J.

Neville, P.C.  Pearce, C.J.

Pyne, C.  Ramsey, R.

Randall, D.J.  Robb, A.

Robert, S.R.  Ruddock, P.M.

Schultz, A.  Scott, B.C.

Secker, P.D.  Simpkins, L.

Slipper, P.N.  Smith, A.D.H.

Somlyay, A.M.  Southcott, A.J.

Stone, S.N.  Truss, W.E.

Tuckey, C.W.  Turnbull, M.

Vaile, M.A.J.  Vale, D.S.

Washer, M.J.  Windsor, A.H.C.

Wood, J.  *

* denotes teller

Question agreed to.

Original question put:

That the motion (Ms Julie Bishop’s) be agreed to.

The House divided.  [3.33 pm]

(The Speaker—Mr Harry Jenkins)

**Ayes**  58

**Noes**  77

**Majority**  19

**AYES**

Abbott, A.J.  Andrews, K.J.

Bailey, F.E.  Baldwin, R.C.

Billson, B.F.  Bishop, B.K.

Bishop, J.I.  Ciobo, S.M.

Cobb, J.K.  Coulton, M.

Dutton, P.C.  Farmer, P.F.

Forrest, J.A.  Gash, J.

Georgiou, P.  Haase, B.W.

Hartsuyker, L.  Hawke, A.

Hawker, J.P.M.  Hockey, J.B.

Hull, K.E. *  Hunt, G.A.

Irons, S.J.  Jensen, D.

Johnson, M.A. *  Keenan, M.

Ley, S.P.  Macfarlane, I.E.

Marino, N.B.  Markus, L.E.

May, M.A.  Morrison, S.J.

Moylan, J.E.  Nelson, B.J.

Neville, P.C.  Pearce, C.J.

Pyne, C.  Ramsey, R.

Randall, D.J.  Robb, A.

Robert, S.R.  Ruddock, P.M.

Schultz, A.  Scott, B.C.

Secker, P.D.  Simpkins, L.

Slipper, P.N.  Smith, A.D.H.

Somlyay, A.M.  Southcott, A.J.

Stone, S.N.  Truss, W.E.

Tuckey, C.W.  Turnbull, M.

Vaile, M.A.J.  Vale, D.S.

Washer, M.J.  Windsor, A.H.C.

Wood, J.  *
Mr HOCKEY (3.36 pm)—Mr Speaker, given that, in relation to page 538 of the *House of Representatives Practice*, you are taking a different approach to questions to that of your three predecessors, will you also be taking a different approach to the first five points in that section? That section includes: statements, activities, actions or decisions of the Minister’s own party or of its conferences ... I ask about that given that when the member for Groom was a minister he was asked numerous questions in question time about his party conference. The section also includes: what happens or is said in the party rooms or in party committees; party leadership issues ... From my recollection, questions were asked about a memo from Shane Stone, the President of the Liberal Party. The section also includes: statements by people outside the House including other Members, notably opposition Members; statements in the House by other Members; the attitude, behaviour or actions of a Member of Parliament or the staff of Members; Given that questions were asked in this House about numerous members of the previous government—not ministers but backbenchers—by the then opposition who are now in government, they are choosing to implement the standing orders in a very different way.

**QUESTIONS TO THE SPEAKER**

**Question Time**

Hull, K.E. *  
Irons, S.J.  
Johnson, M.A. *  
Ley, S.P.  
Marino, N.B.  
May, M.A.  
Moylan, J.E.  
Neville, P.C.  
Pyne, C.  
Randall, D.J.  
Robert, S.R.  
Schultz, A.  
Secker, P.D.  
Slipper, P.N.  
Somlyay, A.M.  
Stone, S.N.  
Tuckey, C.W.  
Vaile, M.A.J.  
Washer, M.J.  
Rishworth, A.L.  
Saffin, J.A.  
Smith, S.F.  
Sullivan, J.  
Tanner, L.  
Thomson, K.J.  
Turnour, J.P.  
Zappia, A.  
* denotes teller

Question negatived.
The SPEAKER—It will not be my policy to give advisory rulings. I simply say that, if the Manager of Opposition Business is in some way concerned about the way in which I have used precedents today, I think that I have used them within the bounds of what has gone on before. There were five questions. Three were in order; two were ruled out of order. In the struggle that I have as the occupant of this chair, I have to be consistent with my rulings and within the bounds of rulings that have been made in the past.

Question Time

Mr HOCKEY (3.38 pm)—I have a further question to you, Mr Speaker. Is it your intention to consistently follow your decision that you referred to a little bit earlier in relation to the second question by the member for Curtin relating to section 101(c) that does not allow the member to change the question should it be ruled out of order?

The SPEAKER—That has been at the discretion of occupants of the chair and I think that there has been consistency in the inconsistency in the way in which that is applied. I think that it really depends on the way in which the events of the day are panning out. On this occasion, I believed that, in giving an indication before the questions as to the way in which I was approaching questions of the ilk, that was sufficient. You will remember that, earlier in this session, I gave opportunities to at least two members on my left to revise the wording of their question. One led to it being again ruled out of order—which, might I say, was not a great confidence builder for me being able to use my discretion to have questions reworded—and another quite cleverly got a different question up.

Question Time

Dr NELSON (3.39 pm)—Mr Speaker, could I just ask you a question on this matter and your observation in response to the Manager of Opposition Business that, in part, it depends on the events of the day. The Prime Minister himself on 10 June said—and I quote—that he had a clear-cut conversation between himself as the leader of the parliamentary Labor Party and—

Mr Albanese interjecting—

The SPEAKER—The Leader of the Opposition will come to a close in what he wants to say, because I cannot see that this is a question for me. In fact, I have gone beyond what I indicated very early in this parliament—that I was not going to take questions about events that had occurred throughout the day. I took it that questions to the Speaker were to do with administration. I am allowing a bit of leniency, which indicates that, from time to time, that will occur. But I do not wish for this to go on as some sort of surrogate debate about matters that were discussed in question time.

Dr NELSON—I appreciate and respect that, but, in reference to your explanation in relation to your decision, the Prime Minister himself on 10 June said he had had a clear-cut conversation between himself as the leader of the parliamentary Labor Party and as the Prime Minister and with her as a member of parliament.

The SPEAKER—I simply say that there can be occasions when these discussions go beyond those things that are public administration responsibilities of ministers and the Prime Minister.

Mr Hockey—that is ridiculous!

The SPEAKER—The member for North Sydney will withdraw that comment.

Mr Hockey—I just made the point—

The SPEAKER—The member for North Sydney will withdraw.

Mr Hockey—I withdraw, but I also make the point that, previously, Managers of Opposition Business—
The SPEAKER—The member for North Sydney will leave the chamber for one hour.

The member for North Sydney then left the chamber.

AUDITOR-GENERAL’S REPORTS

Report No. 40 of 2007-08

The SPEAKER (3.42 pm)—I present the Auditor-General’s Performance Audit report No. 40 of 2007-08 entitled Taxpayers’ Charter—follow-up audit: Australian Taxation Office.

Ordered that the report be made a parliamentary paper.

DOCUMENTS

Mr ALBANESE (Grayndler—Minister for Infrastructure, Transport, Regional Development and Local Government) (3.42 pm)—Documents are tabled in accordance with the list circulated to honourable members earlier today. Details of the documents will be recorded in the Votes and Proceedings.

MINISTERIAL STATEMENTS

Western Australian Gas Explosion

Mr MARTIN FERGUSON (Batman—Minister for Resources and Energy and Minister for Tourism) (3.42 pm)—by leave—On Tuesday, 3 June, following a pipeline failure on Varanus Island off north-west Western Australia, Apache Energy’s Varanus Island gas plant ceased production, reducing gas supplies to WA business, industry and consumers by about 350 terajoules of gas per day. This represents around 30 per cent of Western Australia’s normal gas supply and around 18 per cent of normal stationary energy—or electricity—supply. In some areas such as the Pilbara, large industry and mining companies are without about 45 per cent of their supply.

The cooperation of business and industry in the Pilbara, Perth, the south-west and the goldfields has meant that supplies to residential customers have not been affected. Affected businesses and industries are doing everything they can to purchase gas from elsewhere, swap to diesel or oil, and bring forward maintenance and upgrades to reduce demand on the system. Gas producers such as the North West Shelf Venture, operated by Woodside, have also been very cooperative, with their systems running at full capacity and every effort being made to supply additional domestic gas at reasonable prices.

This has been one of those occasions where government, business and the community have pulled together in the face of adversity, and they are to be congratulated for the way the situation has been managed. I believe it is what Australians do best and I know we will continue to work together on the long road to full recovery.

The Premier, Alan Carpenter, has been in regular contact with the office of the Prime Minister and the Deputy Prime Minister. The Australian government has agreed to work in partnership with the Western Australian government to provide whatever support is required to minimise the impact of the gas supply disruption on business, industry and households. I received a detailed briefing on the gas supply situation from the Premier, the Deputy Premier and the Minister for Energy in Perth on Saturday last. The Deputy Prime Minister last week welcomed the Western Australian Premier’s announcement of the gas supply disruption recovery committee and committed the full participation of relevant Commonwealth departments and agencies as required. In addition, the Deputy Prime Minister announced that the Australian government would immediately make available Job Search, through Centrelink, to those who may be directly affected as a result of the incident at Varanus Island.
I am further advised that the Minister for Families, Housing, Community Services and Indigenous Affairs is currently developing a contingency plan that will look at options to assist affected communities in Western Australia if the need arises. Experiences from the Longford gas disruption in Victoria in 1998, Cyclone Larry in 2006 and the equine influenza outbreak in 2007 will be drawn upon in the development of the plan.

So far, as the Premier, Alan Carpenter, noted last Saturday, the good cooperation of the business community has meant that the WA government is not in a position where it is asking for financial assistance from the Australian government. We can, however, provide other forms of assistance. I am pleased to report to the House that the defence minister agreed on Friday last to surrender an order of six megalitres of diesel for the Navy, which allowed the BP refinery at Kwinana to concentrate on bolstering diesel supplies for Western Australian industry over the coming week. The defence minister has also advised that, if a need arises for additional diesel supplies to be made available, he will consider releasing volumes from the strategic reserve.

Like the gas producers, the refiner-marketers in Western Australia, primarily BP and Caltex, have been pulling their weight and making every endeavour to keep supplies up in Western Australia as large sections of industry shift from gas to diesel. While I sincerely hope that this will not be required, the Liquid Fuel Emergency Act provides the Australian government with the authority to prepare for and manage a national liquid fuel supply emergency. During such a situation, I can control the production, transfer and stock levels of crude and liquid fuel. I am pleased to say, however, that suppliers and customers have been working cooperatively together, and the market is doing the job of distributing these resources very well.

Also in my portfolio, the National Off-shore Petroleum Safety Authority is providing free and independent advice to the Western Australian Department of Industry and Resources with respect to the investigation of the Varanus Island incident and related matters. That is about making sure we learn from this gas outage and try and avoid any similar events in the future. It is very important that the investigation is carried out without prejudice and completely at arm’s length from both the Western Australian and Australian governments. I might also say that this is not a short process. It will take several weeks for independent experts to gather information and conduct their analysis, for an officer to prepare an independent assessment and for the government to consider the results in a proper way. The last thing we need is speculation about what or who is to blame. It will do no-one any good, and I would ask all stakeholders to be patient, refrain from rumour-mongering and allow the investigation to follow due process.

The Attorney-General and I are also pleased to advise the Western Australian government that we will make available the resources of Geoscience Australia to assist with estimating the macroeconomic impact of the gas disruption if this would be helpful. The Attorney-General’s Critical Infrastructure Protection Modelling and Analysis program, delivered through Geoscience Australia, has the capacity to examine the relationships and interdependencies between critical infrastructure systems, such as gas supply, and shows how failure in one sector can affect operations in others.

It is becoming clear that the implications of the recent Varanus Island gas disruption will be felt for some time. Using CIPMA could help provide a better understanding of
the economic implications of the disruption and a clearer picture on how best to address the issues arising, including mitigating impacts on the WA community, business and industry. Given that it will take two to three months to restore partial supplies and several months longer for full recovery, it is important that the economic implications and the social effects are properly considered, assessed and planned for.

Many small businesses and major industries, along with their workers and their families, are already feeling the impact. The state’s two major laundry services for hospitals and hotels have reduced capacity and temporarily stood down staff. Timber mills have had to stand down workers and scale back production. Food production facilities, such as the state’s major beef and pig abattoirs, the Fonterra dairy and the Coca-Cola plant, have been disrupted. Brick factories and the new desalination plant are operating at reduced capacity. Major industries such as Alcoa have declared force majeure on export supply contracts and have scaled back production. This disruption to economic activity is likely to flow on to reduced exports in the near future and lower growth than might otherwise have been the case. The impact on small- and medium-sized businesses is of particular concern because, in an environment where Western Australia has been booming, it is a real problem for them to face the prospect of losing workers to other industries if they are forced to stand them down temporarily.

According to the Office of Energy in Western Australia, there is little prospect of alternative energy supplies being found to completely replace Apache’s production in the short term. The Western Australian government is, therefore, fast-tracking work on state owned coal fired power stations, including recommissioning the Muja power station to take pressure off gas supply in the short and medium term. This is a fine example of how Australians work together in a situation of difficulty, and I acknowledge the contribution of the people of Collie in getting these coal fired power stations back on line in the minimum time. In addition, the Premier is calling daily for gas and electricity consumers to conserve energy as much as they possibly can. I believe everybody has got to play a part by limiting energy use and reducing energy use. Every little bit helps, as we can all appreciate.

In the longer term, this incident highlights the urgent need for a national energy security strategy and underlines the importance of the current national energy security assessment that my department is undertaking and which will lead to a national energy white paper. My department, I am pleased to report, is also completing a full and comprehensive review of the existing acreage arrangements to ensure that we can do more with our vast reserves of natural gas. The concept of ‘use it or lose it’ has always been the basis of the legislation and, to my way of thinking, has not been as rigorously applied as it should have been in the past. I will be receiving that report in the near future and I am advised that it is likely to raise questions, in some instances, about some companies having perhaps not faced up to the commercial fact that there is gas supply capacity to be developed in Australia in the foreseeable future.

By the same token, I know that major gas projects are capital intensive and a long way from markets and infrastructure, and it is not always easy to get them off the ground. To address this issue, the root and branch review of the taxation system by the Secretary of the Treasury will include an assessment of the barriers to investment in large-scale downstream gas processing projects in Australia, and the particular hurdles faced by remote gas developers, and consideration of the future policy framework for new sunrise indus-
try investment in Australia’s gas sector—including new domestic gas, LNG and gas-to-liquids projects.

This interruption to gas demonstrates why the Australian government, working in partnership with the Western Australian government, is looking at not just the short term but also the medium- to long-term energy security debate, which is the biggest debate in the world at the moment. Whoever has energy security has a guaranteed economic future, and we are going to make sure that Australia as a nation has as much energy security as it can.

I also advise the House that I had an informal discussion this morning with the shadow minister for resources and energy, Senator Johnston, and I undertook to keep him informed of developments as we go forward. I also appreciate the interest of the member for Groom, as the former minister for industry, tourism and resources, in this matter.

On behalf of the Australian government and the Australian people, I extend to the Western Australian community, and to business and industry, an assurance that the Australian government stands ready to assist, wherever possible, to minimise the impact of the gas supply disruption over the coming months.

I ask leave of the House to move a motion to enable the member for Groom to speak for 13 minutes.

Leave granted.

Mr MARTIN FERGUSON—I move:

That so much of the standing orders be suspended as would prevent Mr Macfarlane speaking for a period not exceeding 13 minutes.

Question agreed to.

Mr IAN MACFARLANE (Groom) (3.56 pm)—It was encouraging to see that the federal Minister for Resources and Energy travelled to Western Australia on the weekend to see firsthand the scope of the crisis which is currently gripping Western Australia. The minister’s announcement that he would immediately make Job Search support available through Centrelink to those workers who have been stood down because of the crisis is also welcome. Similarly, the Minister for Defence’s release of six megalitres of diesel from Navy supplies to the BP refinery for local market consumption is welcome.

However, fundamentally important is the undertaking of an immediate audit by the National Offshore Petroleum Safety Authority, or NOPSA, of all similar pipelines across Australia where it is believed multiple pipelines have been located in proximity to each other because of conditions imposed in the original approval process. There is a major concern that there may be similar situations in a number of other locations across Australia, and these need to be identified rapidly and rectified as a matter of urgency. Although the state government has announced that an investigation is underway by NOPSA and DoIR into the cause of the incident on Varanus Island, it is vital that this inquiry have the nature of an inquest and that the investigations into the circumstances leading to the explosion and subsequent fire be forensic and detailed in their scope.

The focus by the federal government on retention leases will do nothing to make a real difference in the short term because, regardless of who owns these leases, they still need to be commercial and they still need to be developed over a period of time, which will see none of this gas come on stream for four to five years at the earliest. There will be a number of fields outside those areas under consideration that will come on stream only on the basis that they are commercial, which relies, of course, on clear market signals. It would also be better to focus on stimulating the increase in explo-
ration for, and the production of, smaller fields—focusing on infrastructure, including pipelines and gas gathering infrastructure—and on changing the gas specification in Western Australia. This is well overdue and needs to be addressed as part of a process of ensuring that this sort of gas shortage does not occur again, regardless of any incidents that occur in the gas supply infrastructure.

A worrying signal in this year’s budget was that there were no new budget measures for 2008-09 for offshore petroleum and gas safety. It would be hoped that, with this wake-up call not only for Western Australia but for the whole of Australia, whatever budget allocations are required for safety are not compromised away and are in fact made available. Page 72 of the portfolio budget statements says:

... NOPSA recognises that in an industry where a major accident has the potential to cause a significant loss of life, damage to plant and equipment and affect security of supply—there is no room for complacency.

In fact, this government seems determined to create maximum uncertainty for its own gas consumers with its excise tariff amendment legislation, which is a tax grab, pure and simple, that risks the future stability of the Western Australian gas industry at two levels. Not only does it undermine investment confidence in Australia and in the resource industry but also it creates more questions for WA gas consumers at a time when they are looking for answers and certainty. That is something sadly lacking from this government because it cannot say whether or not the measures will increase the price of gas for domestic consumers in the Western Australian market. It is now more important than ever that this Rudd government not only work to restore confidence in the gas market in Western Australia but not do anything to undermine the WA market.

You would have thought that energy security would have figured very highly in the Western Australian state government’s agenda after nearly eight years in government. The state government did of course intervene in the marketplace with a reservation policy which has not only caused great alarm but also placed in question a number of projects that could, in the fullness of time, have provided further domestic gas supplies to the consumers in Western Australia. In fact, the WA government has been caught out and has been asleep at the wheel in not being proactive in encouraging alternative gas supplies. This is especially so given that on at least two occasions there has been either a serious, widespread outage or an emergency situation due to a shortage of gas supply. To have the Premier, a former Minister for State Development and Energy, who did nothing about ensuring Western Australia’s energy security, now trying to portray himself as Mr Fix-it is just plain disingenuous.

With just one explosion the industry in Western Australia has been crippled. At the very least this event comes as a wake-up call for the construction of a second pipeline from the North West Shelf to supply gas to industry, particularly in the south-western part of Western Australia. It should be pointed out that WA sources its gas from two suppliers located up on the North West Shelf, in the north-west of the state, but transports it only through one pipeline. While ever there is only one pipeline, the state is vulnerable for two reasons. Firstly, if there is an incident on the pipeline, the entire gas supply of the state is affected—not just, as we have in this case, a loss of 30 per cent. Secondly, it really does not matter how much gas is found, the pipeline that exists there already is at full capacity and, if industry is to be able to be sure not only of energy security but also of energy security in a growing sense, a second pipeline is needed. This may not sit com-
fortably with the monopoly interests of the Dampier to Bunbury natural gas pipeline owners, but it is absolutely central to the long-term energy security of users in Western Australia. Discussions and scoping should commence immediately as to the design and construction of the second Dampier to Bunbury pipeline. The WA gas specification must also be altered to be consistent with the national standard. This is an issue which would allow more gas to come into the system. The current standard seems to be nothing more than an artificial commercial barrier to protect again monopoly interests.

The WA government must also increase its precompetitive geological budget to attract more onshore and near-shore gas exploration to encourage greater production and competition. We note that in this year’s budget there was no mention at all of any increase. The reservation policy of the WA government serves only to lock in WA’s vulnerability by increasing dependence on a small number of players at the very northern end of the pipeline. More effort needs to be put into encouraging exploration for and production of smaller gas fields that lend themselves to domestic supply.

Gas supply volumes post 2010 are unlikely to be a problem, as a number of developing projects are currently underway in response to the increased domestic gas price in Western Australia. Much of the problem of shortage of gas supply has been a consequence of the WA gas market not being fully commercial and the prices being the lowest in the OECD for a long time. We have even heard consumers boast that they are paying less than a dollar for their gas through long-term contracts. Those sorts of arrangements may have been necessary to start the gas market in Western Australia, but they are certainly a thing of the past. The gas market in Western Australia, as it should be everywhere, should be fully reactive to the true commercial price of gas and to its value if we are to see new projects come on stream and new reserves opened up.

Immediate and urgent action is also required to fully investigate the viability of storage. Storage has the ability to smooth out some of the short-term supply problems that occur in all gas supply systems. There are two onshore reserves, near exhausted, that would be an excellent prospect for gas storage. Those prospects, in the Woodada and Dongara areas north of Perth, should be set aside for that purpose and fully investigated. A strategy of gas storage is used here in Australia in the Moomba area. I am sure that the Minister for Resources and Energy will remember that, when the Moomba outage occurred, some of the pressure on consumers could be taken off by supplies being drawn out of that reserve, which is built up during the summer months and fed back into the system, particularly during the high-consumption winter months.

This strategy is also very common in the US and Europe and the appropriate fiscal system could be set up to encourage that to occur. There is enough volume in these particular reservoirs, I am advised, to supply the market for over six months were that to be necessary. At a bare minimum the Western Australian state government, after eight long years, should take an active role in developing these strategic reserve concepts.

A significant part of Australia’s exports rely on these gas supplies and any government should have risk analysis and mitigation procedures in place. Again, I suspect the Western Australia government will be found wanting in this area.

I again put my support behind the Minister for Resources and Energy and congratulate him on the steps he has taken so far. But the real issues lie ahead on this matter. I assure the minister that those of us in opposi-
tion will do whatever he requests of us to assist in a very serious situation which will take some time to resolve—most importantly, it is a situation which we need to learn some lessons from to ensure that it does not happen again in the future.

Australia-New Zealand Leadership Forum

Mr CREAN (Hotham—Minister for Trade) (4.08 pm)—by leave—I rise to make a ministerial statement to the House on a significant trans-Tasman meeting which took place in Wellington, New Zealand on 13 and 14 June—the Australia-New Zealand Leadership Forum. I also acknowledge the presence in the gallery of the New Zealand High Commissioner, Dr John Larkindale. It is a pleasure to have him with us today, as it was to have him at this forum.

The Rudd Labor government recognise the special significance and importance of our relationship with New Zealand. We recognise that Australia and New Zealand have uniquely close and multifaceted ties across government, business, and broader people-to-people links. We have much shared history and many common interests and perspectives, notably common fundamental values such as securing a fair go for all.

Our relationship extends in a wide range of other fields of endeavour. The ANZAC spirit, forged at Gallipoli, helped shape the soul and character of both of our nations and remains a defining moment in our respective histories. These ties have been reinforced in subsequent conflicts—other World War I campaigns, the Second World War, the Korean conflict, in Malaya and Vietnam, during the first Gulf War, and more recently Afghanistan. Our two nations have also worked together in bringing order and stability to East Timor. New Zealand is also making a significant and multifaceted contribution to RAMSI in the Solomon Islands. We greatly value the support of New Zealand in these important theatres.

Australia and New Zealand also have envious international records for social and economic reform and innovation. Our two countries were pioneers in the early 20th century in introducing universal suffrage, pensions and other measures to promote social justice. Since that time Australians and New Zealanders have led innovation in a variety of policy and other fields.

It is appropriate for the new government in Australia, given our ambitious reform agenda, to intensify our policy dialogue with our counterparts on the other side of the Tasman on a range of priority issues, including the single economic market concept. Australians and New Zealanders understand the demands of a globalised economy. This has spurred economic reforms on both sides of the Tasman, which must continue if we are to maintain our standard of living and prosperity.

As Minister for Trade, I am naturally focused on the economic and trade dimensions of Australia-New Zealand relations. As a result of the closer economic relations framework, and the related single economic market initiative, our trade and investment destinies are inextricably linked.

It is a priority of the Rudd government to reinvigorate Australia’s trans-Tasman links given their fundamental importance. As an unequivocal affirmation of this commitment, Australia sent its largest ever ministerial delegation to the Leadership Forum. Our team comprised the Deputy Prime Minister, Julia Gillard; the Attorney-General, Robert McClelland; the Minister for Infrastructure, Transport, Regional Development and Local Government, Anthony Albanese; the Minister for Superannuation and Corporate Law, Nick Sherry; the Minister for Finance and
Deregulation, Lindsay Tanner; the Parliamentary Secretary for Pacific Island Affairs, Duncan Kerr and me. The Australian opposition was represented by the Hon. Peter Dutton MP, the shadow minister for finance, competition policy and deregulation.

The forum is led by business from both sides of the Tasman. My ministerial colleagues and I were joined by a high-powered group of 40 Australian business and other leaders, led by forum co-chairs Rod McGeoch and his New Zealand counterpart John Allen. There was also very high level of commitment to the forum on the New Zealand side across government, business and the wider community—with prominent chief executives from Air New Zealand, Telecom New Zealand and PricewaterhouseCoopers in attendance.

Prime Minister Clark led the New Zealand ministerial team, addressing the official dinner and holding bilateral meetings with both the Deputy Prime Minister and me. New Zealand Deputy Prime Minister and Finance Minister Dr Michael Cullen; Trade and Defence Minister Phil Goff; Foreign Minister Winston Peters; Commerce Minister Lianne Dalziel; and Energy and Climate Change Minister David Parker all participated in the forum proceedings. The New Zealand opposition was represented by the Leader of the Opposition, John Key. The New Zealand side extended us every courtesy and warm hospitality throughout our stay in Wellington, sparing no effort to ensure this event was a success.

The forum dates from 2004. Its purpose is to advance understanding and cooperation across the spectrum of trans-Tasman links and aims to tackle a range of broader strategic issues of domestic and international significance. It provides an invaluable opportunity to look beyond day-to-day preoccupations and take a longer term view of the future course of the relationship. It is appropriate that the forum is driven by the business communities on both sides of the Tasman. Speakers at the forum acknowledged that, whilst development and passage of reformist legislation is the responsibility of governments, it is the forward-looking interaction between business and governments which will shape and help drive the future reform agenda.

Such reforms are what the Australia-New Zealand Leadership Forum is all about—bringing together senior politicians and the captains of industry and commerce to forge ahead in the areas of our common goals. In this regard, therefore, it is important to develop government-to-government links in advancing our economic interests and the government partnership must be informed by a close and strategic relationship at the business-to-government level. The Australia-New Zealand Leadership Forum provides this trans-Tasman link and that is why the Australian government is so strongly committed to reinvigorating it. Given our interconnected economic futures, we also need to redouble our collaborative efforts in support of shared trade policy goals—bilaterally, regionally and multilaterally.

**Closer Economic Relationship**

It is my firm conviction that the evolution of our trade and investment ties will remain a central element of the Australia-New Zealand relationship. It is therefore well worth noting that this year marks the 25th anniversary of the Australia New Zealand Closer Economic Relations Trade Agreement—commonly referred to as ANZCERTA—which was signed in 1983 by the Hawke Labor government. This important anniversary gives us the opportunity not just to reflect on the past success of the agreement but to look ahead and develop an agenda for the future—remembering that at the time of the
ANZCERTA negotiations New Zealand was seriously concerned about the possibility of being swallowed up by a nation five times its size. I think, with the significant benefits of trade liberalisation to both nations now clear, we can unequivocally say that the agreement has been incredibly beneficial to both countries.

Indeed, the Australia-New Zealand trade and economic relationship has prospered under the comprehensive lowering of border barriers provided by ANZCERTA and other supporting bilateral agreements under the CER umbrella. I have spoken in this chamber before about the importance of world trade growing three times faster than world output in the last 50 years. In the case of our relationship—the trans-Tasman relationship—trade has grown at an annual rate of 8.4 per cent over the 25-year life of ANZCERTA. This highlights the tangible benefits to business and the wider community of a truly liberalising and comprehensive agreement.

In 2007, trans-Tasman trade amounted to $21.5 billion, including $5.8 billion in services. New Zealand is now Australia’s fifth largest market, taking six per cent of our exports, and our eighth largest source of imports. Australia is New Zealand’s principal trading partner with 22 per cent of its total exports and 21 per cent of imports sourced from Australia.

The closer economic relationship has been particularly useful to small to medium enterprise exporters, providing an open trading environment that has encouraged companies to find business opportunities across the Tasman. This has elevated and sustained the economic growth of both countries and created significant employment growth. ANZCERTA has served Australia and New Zealand well by being a free trade agreement of the highest quality. Indeed, the World Trade Organisation has spoken of it as ‘the world’s most comprehensive, effective and mutually compatible free trade agreement’. There is no question that this is one of the most successful examples of economic integration in the world. It covers substantially all trans-Tasman trade in goods. Services were brought into the agreement from 1989 with the addition of the services protocol. The introduction of the services protocol itself broke new ground by demonstrating that services trade reform could be tackled when there was some uncertainty as to whether it was possible.

The negative list approach used in the services protocol, whereby everything was included except those limited sectors specifically excluded, was particularly significant and innovative. It is a fact that the list of excluded items has been progressively diminished over time with only a very limited number of exclusions now remaining.

ANZCERTA is also supported by a web of bilateral arrangements, including on the movement of people, mutual recognition of standards, taxation, government procurement and aviation. With most of the early trade liberalisation goals met, the broader CER work program has now reached a more mature phase, focusing on third generation behind-the-border trade and economic facilitation issues. This work tends to be more incremental but is nonetheless important in advancing the integration of the two economies and the benefits that accrue from this.

I should also note that much of this focus of effort to achieve seamless trans-Tasman commerce now comes under the single economic market agenda. I acknowledge that the breadth of these behind-the-border reforms to progress the deregulation and cooperation agenda now involves much more a whole-of-government approach. My colleagues the Treasurer, the Minister for Finance and De-
regulation, the Minister for Superannuation and Corporate Law, the Attorney-General and the Minister for Competition Policy and Consumer Affairs all continue to play an important role in ongoing discussions with their New Zealand counterparts to progress the single economic market agenda. The efforts of these discussions will build towards a stronger integration of our two economies making them more resilient for the competitive challenges we face as we move further into the 21st century. A good example of this work is the agreement on mutual recognition of securities offerings, which was announced by the Minister for Superannuation and Corporate Law, Senator Nick Sherry, and his counterpart, the New Zealand Minister of Commerce, Lianne Dalziel, when they were in Wellington for the leadership forum.

The mutual recognition of securities offerings agreement aims to advance towards a fully integrated trans-Tasman regulatory regime, supporting trade and other areas of business activity. It will enhance opportunities for investors across both countries by reducing compliance costs and streamlining legal obligations for the issuing of securities across the Tasman boundary. Other work under the single economic market agenda continues, including an updating of the bilateral double taxation agreement, as well as the portability of retirement savings to allow the transfer of private retirement funds across the Tasman. Work has also been progressing on a trans-Tasman treaty on court proceedings and regulatory enforcement, aimed at providing a coherent framework for the conduct of civil proceedings and to enhance the effectiveness of regulatory regimes in the two countries. I understand from my colleague the Attorney-General that this work is well advanced.

**Investment protocol**

The closer economic relationship, including the services component, has also significantly assisted investment flows. But there is unfinished business when it comes to investment, and the Australian government is enthusiastic about the opportunity to continue building on that initial CER agreement with the addition of investment to our model agreement. I have spoken in this chamber about the change in the nature of trade, away from just the 'produce and ship' circumstance to the involvement of direct investment into countries to take advantage of domestic markets and global supply chains. This trend is significantly reflected in the trans-Tasman relationship. Two-way investment has increased by an average of over 17 per cent per annum during the life of ANZCERTA, representing a 19.5 per cent increase for Australian investment into New Zealand and a 14 per cent increase for NZ investment into Australia. While there are healthy levels of investment between the two countries, the lack of specific provisions in ANZCERTA enshrining a liberal regime for trans-Tasman investment flows offers prospects for improving what is already recognised as a model agreement—improving the model, so to speak.

It is a model that we would like to place before other trading partners as representing the comprehensiveness that the FTA partners would aspire to in their agreements—exporting our model agreement to the region as a benchmark. But ANZCERTA in its current form does not extend to substantive commitments in investment liberalisation—and that, I believe, is the next frontier we need to approach together. I am encouraged by signs that New Zealand might now be much closer to responding to the market access offer Australia tabled on investment in November 2006. Total two-way investment stands at around $98 billion. New Zealand is
the sixth largest source of overall foreign investment in Australia, valued at $33 billion. At $65 billion, Australia is the largest investor in New Zealand. Our CER and the evolving single market agenda cement our economic relationship. We need to sustain efforts on both sides of the Tasman to make our business dealings as efficient and seamless as possible. On the occasion of its 25th anniversary, I look forward to hosting the annual review of the closer economic relationship ministerial meeting in Sydney at the end of July where, with my New Zealand counterpart, Phil Goff, and other ministerial colleagues, we will further discuss ways to advance it.

Global and regional engagement

Beyond our bilateral trade and economic interests, Australia and New Zealand have much in common in addressing priority global issues such as climate change, arms control and disarmament, along with regional developments, including the growing importance of China and India on the world stage. It is important that Australia and New Zealand seek each other’s input, support and engagement on such issues. It is true that we can achieve so much more by working together. In this context, let me pay tribute to my New Zealand counterpart, Phil Goff, a figure of major international stature with whom I collaborate very closely and productively on a range of international, regional and bilateral trade issues.

The Rudd government’s top trade policy objective is to secure a strong result in the WTO’s Doha Round. Australia and New Zealand share common cause as fellow members of the Cairns Group, and both Mr Goff and I strongly underscored at the Australia New Zealand Leadership Forum the priority we place on bringing the Doha Round to a successful conclusion this year. Over the past 50 years, world trade has grown at three times the rate of world output growth. I have made that point before. But over the last five years, despite the longest period of economic prosperity in a long, long time, that dynamic has changed—world trade has only grown twice as fast as world output. Trade should be growing more strongly. Part of the reason that it has not is that we have not been able to conclude the Doha Round on trade negotiations. Each successful round of liberalisation has fuelled world growth, and in times of economic uncertainty like those that we now face, a successful Doha Round would be a tremendous boost to the confidence of the world economy. That is why trade matters.

In addition to our focus on multilateralism, the Rudd government is continuing to pursue comprehensive, liberalising free trade agreements which seek to reinforce and support the multilateral trade regime. In that regard we have been working very closely with New Zealand to take our model of trade integration to the region. With the Association of South-East Asian Nations (ASEAN) we are negotiating a plurilateral free trade agreement that, if successful, will lay down an important building block for regional trade and economic integration. These talks are now at a critical stage. Negotiating with a regional bloc whose members are at different levels of economic development has added to the complexity of the deal. But my New Zealand counterpart, Phil Goff, and I look forward to engaging ASEAN on a trade agenda that will contribute to our collective prosperity.

On the regional front, Australia also has a strong commitment, shared by New Zealand, to APEC as our pre-eminent regional fora. APEC remains the principal high-level regional group in the Asia-Pacific and has been central to building regional prosperity and security for nearly 20 years. At the recent APEC trade ministers meeting in Peru,
which both Phil Goff and I attended, we agreed to the importance of an early conclusion of the Doha Round, supported an APEC Investment Facilitation Action Plan, which was drafted by Australia, and developed a work program on trade and environment measures. Australia-New Zealand collaboration in APEC and also in the East Asia Summit is both vital and appreciated.

The Rudd government is proposing that regional cooperation be enhanced further by a long-term strategy for our region—an Asia-Pacific Community—as foreshadowed by Prime Minister Rudd. I am pleased to note that again there is a sharing of views between Australia and New Zealand on taking forward regional architecture. When addressing the leadership forum, Prime Minister Clark gave a strong endorsement of the Asia-Pacific Community concept. Among the top global priorities is, of course, climate change. It is fitting, therefore, that this was a key focus for the leadership forum. Australia and New Zealand both recognise the need for strong domestic action and for an effective international regime. We have a long history of cooperation on climate change matters and both nations are working hard to develop ambitious domestic emission reduction frameworks, including emissions trading schemes.

**Engagement in the Pacific**

Both Australia and New Zealand also have an important stake in the security and development of our neighbouring Pacific island countries. The Pacific is a particular priority for both the Rudd and the Clark governments. The Rudd government is committed to a new era of revitalised engagement and cooperation with Pacific island countries based on principles of mutual respect and responsibility. Prime Minister Rudd has identified as a key element of this strategy close collaboration with New Zealand. Australia and New Zealand have been consulting Pacific island countries on ways to encourage trade and investment in the region, as well as closer economic integration. The main vehicle to advance this agenda is the Pacific Closer Economic Relationship (PACER) Plus initiative. We see the success of the closer economic relationship with New Zealand as offering a model for strengthened trade and economic links in the Pacific. With Phil Goff, I will attend a meeting of Pacific forum trade ministers in the Cook Islands in late July, where I will be actively encouraging further rounds of deepening consultations with our neighbours in the Pacific to take forward this initiative. An important part of this economic integration agenda is labour mobility. The government is currently considering a seasonal worker scheme for the Pacific. In this regard, we have had useful exchanges with New Zealand on their experience with their Recognised Seasonal Employer (RSE) scheme and remain grateful for their forthcoming approach in sharing their assessment of the scheme to date.

**Conclusion**

Initiatives taken by the forum co-chairs at this year’s meeting to forge institutional arrangements for driving forward the agenda underscore the desire there is to continue to build the Australia-New Zealand relationship. In what I have outlined to the House you can see that that can be a very busy agenda indeed. The Australian government greatly values the business community’s engagement in this and will continue to look to the forum as a source of ideas and energy.

I thank the co-chairs, Rod McGeoch and John Allen, for their skillful and energetic efforts, not just organisationally but also in the chairing of the conference, to ensure a productive and forward-looking leadership forum, which focused on some of the many...
common interests, challenges, opportunities and perspectives Australia and New Zealand share. Both countries will continue to prosper from closer engagement and working together, not just by strengthening the bilateral relationship for a two-way benefit but to work together to strengthen the basis for better regional and multilateral outcomes. We share many social trends and values. We share a love of sport. Our commitment to our region and the contributions we make to the global community remain as important as ever. Certainly demographic factors, as outlined by one of the speakers at the forum, will have a profound effect on both societies, presenting challenges that impact across many portfolios, tax and migration. Both Australia and New Zealand are alive to the many challenges we face—and our strong cooperation on the bilateral, regional and multilateral fronts will hold us in good stead as we go forward. I believe we can respond to these challenges with great optimism. The success of the Australia-New Zealand Leadersh Forum reinforces this assessment. I look forward to our relationship with New Zealand continuing to evolve under the Rudd government.

I ask leave of the House to move a motion to enable the member for Groom to speak for 27 minutes.

Leave granted.

Mr CREAN—I move:

That so much of the standing orders be suspended as would prevent Mr Macfarlane speaking for a period not exceeding 27 minutes.

Question agreed to.

Mr IAN MACFARLANE (Groom) (4.36 pm)—I concur with the Minister for Trade in terms of our relationship with New Zealand. Australia and New Zealand do have a very strong and important relationship which has been forged across industries, across many international arenas, across many battlefields and, of course, across many sports grounds. It is a relationship that has been maintained and built on over many decades and has involved successive governments of both persuasions on both sides of the Tasman. It is a relationship that the previous, coalition government worked hard to build upon. Some 25 years after signing the Australia New Zealand Closer Economic Trade Agreement, which I might add came into being following the extensive groundwork completed by a coalition government, with the heads of agreement signed in 1982, the agreement remains entrenched in the top 10 two-way trading partnerships, and Australia remains New Zealand’s top trading partner.

The Minister for Trade says that he is committed to reinvigorating the link between our two nations, and we certainly applaud him at face value for that. Of course we have also heard the Minister for Trade declare that he is committed to the Export Market Development Grants Scheme and we have heard the minister say that he is committed to negotiations with China for a free trade agreement, but in neither instance did that commitment translate to the finances required to ensure that those two issues progressed.

Mr Crean interjecting—

Dr Emerson interjecting—

Mr IAN MACFARLANE—Mr Deputy Speaker, they want to take me to task on that, but the Minister for Trade came into this chamber and much vaunted the changes he would make to the EMDG Scheme but it was not until the budget was delivered that we actually found that this much-vaulted increase in the funding was for only one year—nothing for next year, something for the year after and then nothing more for the two out years after that. Those people who believed the Minister for Trade and what he said found out the hard way that what this government says is not always what it will
do. We cannot really be sure whether this government means what it says or will insist so vehemently down the track that it did not actually mean what it said or what people thought it said. We have found consistently—

Mr Crean interjecting—

Dr Emerson interjecting—

Mr IAN MACFARLANE—Mr Deputy Speaker, I did not interject once.

The DEPUTY SPEAKER (Mr KJ Thomson)—Order! The member for Groom has the call. Honourable members on my right will cease interjecting.

Mr IAN MACFARLANE—Seeing that we are in this position of hearing that people are so vehemently committed to achieving things, we should reflect on the short time that this government has been in and on just what it does actually deliver on when it says, particularly during election campaigns, that it is committed. I hope that the relationship between Australia and New Zealand is an area where the Minister for Trade actually delivers on something he has vehemently committed to. But we know full well that he did not deliver on what he wanted in the EMDG Scheme and that he was completely rolled by the ERC and had funding cut back to the negotiation of the FTA.

Mr Crean—That’s rubbish.

Mr IAN MACFARLANE—It is not rubbish.

Dr Emerson—It is rubbish.

The DEPUTY SPEAKER—The minister will cease interjecting.

Mr IAN MACFARLANE—There is less money. There is money being taken out of funding for the negotiation of FTAs with both China and Japan. We know this is a government that backs away from commitments that it lays down. We have seen that in terms of the commitments it gave the electorate on petrol and we have seen it in terms of the commitment it gave on groceries. We see it continually. We also see continually that this government enjoys sending large groups of ministers overseas on the basis that it can then come home and—

Dr Emerson—I think the trade minister should go overseas.

Mr IAN MACFARLANE—Mr Deputy Speaker, if they continue to interject I am going to respond to their interjections.

The DEPUTY SPEAKER—The minister will cease interjecting.

Mr IAN MACFARLANE—No-one would ever suggest that the trade minister should not travel overseas. In fact I believe that the trade minister should travel—and he does travel very regularly, and I commend him for that. But it is about the number of people they take to these summits and what-not when they go overseas, on the basis that simply by taking numbers they think they will get outcomes. We saw that the Minister for Trade was also in the huge entourage that went to Bali for the signing of the Kyoto agreement and all of that, but what has actually happened as a result of that in terms of lowering greenhouse gas emissions in Australia or perhaps even in the world? The answer is nothing. Again, I hold the hope that, having taken this large entourage to New Zealand and hearing that the minister is so absolutely committed to getting an outcome in terms of better relationships between New Zealand and Australia, he can actually do it and he does not rely, as this government does so regularly, just on spin.

When the Minister for Trade says he is committed to a bilateral relationship, of course that is just another round of rhetoric following on from whatever rhetoric it was last week on whether he was absolutely committed to multilateral international trade reform under Doha or whether this week’s
flavour of the month is bilateral trade reform. Of course that message changes, depending on the audience and depending on where he may be at the time.

I mentioned earlier that this government’s only contribution to FTAs in the past has been to criticise them, if it suits that week, or to applaud them—for instance, when the Chile FTA was concluded and when, again, this government had very little, if anything, to do with the successful conclusion. It was only too happy to jump on the bandwagon. The fact of the matter is that Labor has never negotiated a free trade agreement in its entirety with any nation, and we have to wonder how confident we can be that this government will not—

Dr Emerson interjecting—

The DEPUTY SPEAKER—The Minister for Small Business, Independent Contractors and the Service Economy will cease interjecting.

Mr IAN MACFARLANE—If the minister at the table would just follow the debate, it would be useful. I was talking about bilateral trade agreements, not individual agreements in relation to certain commodities. We do have to wonder how confident we can be that the government will not throw away the new opportunities Australia has to capitalise on, especially when we have read today the grave concerns about the ability of the Department of Foreign Affairs and Trade to do its job, a concern expressed by someone appointed specifically by the Prime Minister to further a concept which, again, may sound great on paper but about which we are still waiting to hear the detail more than a week later. The concerns raised about DFAT’s ability to do its job, given that it is dangerously underfunded as a result of the government’s efficiency dividend obsession, means that we all must watch closely not what the minister says but what he does.

This is the same department that is being asked to merge the responsibilities of Invest Australia in attracting overseas investment with Austrade’s role of providing advice and practical support to establish exporters in global markets. How can this government seriously expect to further international investment opportunities when it is treating these important programs with such contempt? It is insisting that Austrade will now be expected to perform its original duties and take on additional roles performed by Invest Australia, with approximately 50 extra staff replacing the 130 staff previously responsible for Invest Australia’s tasks. The evidence goes further, given that this government has also spent the weekend peddling the Prime Minister’s ill-thought-out and attention-seeking proposal to establish an Asia-Pacific union. It would be nice if this government would actually consult one of the nations on whose behalf it is already making grand pronouncements. The first signs of consultation have occurred after the fact, and there is a very real possibility that the government does not have the capacity to follow through on these grand plans let alone provide us with any details on how they may work.

The government has no real plan for trade and foreign affairs, it has no real plan beyond Doha and it has no plan for Australian exporters. It is far more interested in the way things look rather than the way things work. And, while this strategy might have been in favour with this government for some months now, we are seeing with perfect clarity the destructive consequences of this approach. This government and the trade minister shamelessly change, substitute and amend their trade preferences on the run, and all the while they expect major trading partners to provide the props, the photo opportunities and the settings for the next big policy U-turn. It is important to further strengthen Australia’s relationship with New Zealand,
and there is great merit in consolidating closer economic ties, but it cannot simply be done on the unstable ground that this government is creating.

We need to see this government engage in a more consistent and meaningful consultation with the international community. They cannot just jet around the globe offering token gestures and offer this as a comprehensive and result driven trade policy. Both the foreign affairs and trade portfolios are more than a lifestyle and it is important that the Prime Minister and the trade minister start delivering tangible constructive results for the Australian exporter. And while the trade minister may enjoy some sort of inner glow from travelling the world, exporters and investors in Australia need something far more robust from this government.

PETITIONS

The DEPUTY SPEAKER (Mr KJ Thomson)—Order! I present petitions in accordance with standing order 207.

The Clerk—Petitions from certain citizens have been lodged as follows:

Beersheba Battle Site

To the Honourable the Speaker and Members of the House of Representatives assembled in Parliament.

The petition of certain citizens of Australia draws the attention of the House to the need for the restoration of a significant WW1 historical battle site in Beersheba, Israel. While Beersheba has a well maintained military cemetery and a memorial donated by the Pratt Foundation is soon to be unveiled, the site of the Wells and battlefield requires restoration. The Beersheba Wells should be reinstated to a condition worthy of their significance to the people of Australia and to the memory of the brave Australian soldiers of the 4th Light Horse Brigade. Soldiers who fought and died as a result of what is regarded as the last successful cavalry charge in history deserve appropriate recognition. The heroic actions of these soldiers allowed allied forces to capture a source of water that was vital to continuing efforts against the Turkish forces in the Middle East.

Your petitioners therefore ask the House to request the Australian Federal Government to work in collaboration with the Israeli Government to clean up the Beersheba Wells and battlefield and to erect historical markers and viewing platforms to allow better understanding of the significance of this historical battle site.

by The SPEAKER (from 214 citizens)

Mr William Van Oostveen

To the Honourable the Speaker and Members of the House of Representatives assembled in Parliament.

The Petition of certain citizens of Australia draws to the attention of the House: treatment of Mr William Van Oostveen of Bundaberg Queensland (born in Balmain, Sydney, N.S.W.).

Mr Van Oostveen having followed all known practices and near exhausting all avenues of appeal (including judicial appeals) petitions that he has unable (mainly due to the fact of injuries occasioned and arising out of in the course of and incidental to Commonwealth employment et al) has been unable to obtain the slightest relief where complete relief is sought to the positive end.

To obtain justice in the interest of advancing Australia fair, efficient Administration and indeed IN THE PUBLIC INTREST complete relief is sought with the assistance by the COMMITTEE and/or ROYAL COMMISSION in view of jurisdictional conflicts which exists (where Health, Employment, Education and Family are component parts) in the face of repugnant fabricated criminal records and that to which gives to effect and affect.

by The SPEAKER (from 1 citizen)

Petitions received.

Responses

The Clerk—Ministerial responses to petitions previously presented to the House have been received as follows:
Anti-Vehicle Mines

Dear Mrs Irwin,

Thank you for your letter of 17 March 2008 concerning a petition on anti-vehicle mines. Australia supports a global restriction on anti-vehicle mines that cannot be detected by commonly available mine detection equipment, and those remotely deployable anti-vehicle mines that are not engineered to self-destruct and self-deactivate within a set time frame. Australia does not support a total global ban on anti-vehicle mines.

The Australian Government also supports a ban on mines that are designed specifically to explode by the presence, proximity or contact of a person. I trust this information will be of assistance to you.

from the Minister for Defence, Mr Fitzgibbon, to a petition presented on 19 March by The Speaker (from 104 citizens)

Iraq

Dear Mrs Julia Irwin,

Thank you for your letter of 8 May 2008 concerning a petition submitted by Mr Graham Perrett MP, Member for Moreton, regarding Australia's involvement in Iraq. I note that my colleague, the Hon. Stephen Smith MP, Minister for Foreign Affairs, has written a response to address a number of issues raised in the petition. I would like to address the request to withdraw Australian troops from Iraq immediately.

Australian forces are engaged in Iraq at the request of the Government of Iraq, and under the authorisation of successive United Nations Security Council Resolutions.

The Australian Government is committed to withdrawing all combat troops from Iraq by mid-2008. Overwatch Battle Group (West) and its integrated training element, the Australian Army Training Team -Iraq, will be withdrawn from southern Iraq at the conclusion of the current rotation in mid-2008.

Australia will continue to support the Iraqi people, including through naval deployments in the Gulf to provide assistance in securing the long-term security of Iraqi exports. The Government is proud of the contribution by the Australian Defence Force which, in partnership with the Iraqi people and Coalition partners, continues to work towards creating a democratic, secure and prosperous future for Iraq.

I hope this information assists you in responding to the petition.

from the Minister for Defence, Mr Fitzgibbon, to a petition presented on 19 March by Mr Perrett (from 1034 citizens)

TAX LAWS AMENDMENT (PERSONAL INCOME TAX REDUCTION) BILL 2008

Returned from the Senate

Message received from the Senate returning the bill without amendment or request.

DENTAL BENEFITS BILL 2008

Cognate bill:

DENTAL BENEFITS (CONSEQUENTIAL AMENDMENTS) BILL 2008

Second Reading

Debate resumed.

Mr TUCKEY (O'Connor) (4.49 pm)—Mr Deputy Speaker, prior to question time I raised the issue that I think is fundamental to this debate on the Dental Benefits Bill 2008 and the government’s decision to change the mechanisms by which this Australian parliament delivers assistance to persons suffering due to the need of dental treatment. I was making the point that it was the Keating government who had previously made a genuine attempt with $100 million a year over four years to assist the states in catching up with a huge backlog of waiting lists of persons requiring dental treatment who obviously otherwise could not afford it. Dental treatment costs have escalated significantly in recent times, and those of us who attend dentists from time to time soon learn about that. The government changed during the provision of that money and at the end of the period it is my clear recollection that the waiting lists had not decreased for the $400
million of Australian government taxpayers' money that had been expended.

I pointed out that in his address today, and in fact opening the response of the opposition to this bill, the member for North Sydney pointed out that the reality is that less than 10 per cent of the Australian dental workforce is employed in the public sector. In that circumstance, the government's response, which is to give cash to the states to upgrade and dissolve these waiting lists, is a case of you can put the wages up of the existing staff but you cannot double their output, and therefore it is misconceived. That became patently obvious to the Howard government and, in looking at that particular problem, the Howard government came up with an alternative. It was to create dental services on a referral from a GP—they were not just wide open; they were for persons who could anticipate serious health problems and had a Medicare number. Now that meant such moneys as the Australian government spent were spent on a scheme over which it had control and, therefore, which made a very significant difference to the outcomes. Above all, as is consistent with Medicare, it gave those on the waiting lists access to private practitioners—the 90-plus per cent of the dental workforce. The member for North Sydney, as I recollect, informed us that somewhere over 300,000 services have been granted over what is a very short span of possibly nine months. The other tragedy is that some of those people are only halfway through their treatment and, as I understand it, they are now denied completion of that service and must go back in the queue waiting for the under-resourced state entities to get on with the job.

The Deputy Prime Minister frequently tells us about all the wonderful training initiatives that are being implemented. There will not be a doubling of the Public Service workforce coming out of university next week or next year. I have no understanding that the government, in producing this compromise, promoted it during the election. It is an interesting point that we get lectured in here at question time every day about attacking the so-called $20 billion surplus, but it appears to me that the issues which we are debating with the government are those for which the government had no mandate. I believe this is one of those occasions. I do not recollect at any time during the election campaign—and a following speaker can correct me if they have the evidence—the government telling the people that on election it would cancel this very effective Medicare initiative and go back to something that has been tried and failed.

The first of two ministerial statements we have just heard was about the tragedy that has occurred in the gas industry in Western Australia. I do not know what proportion of this $250 million will get to the WA government, but it struck me that they cannot even run gas for their hospitals sufficient to do the laundry. Of course, it is the lack of pressure that the government put on by building cheap electricity generators running on gas instead of keeping with a system that was going to produce another coal-fired power station in Collie—where they have strong political support, I might add—that has created the problem. The problem is not for Western Australians; even in this depleted nature, that problem has now stopped the manufacturing of bricks, stopped the manufacturing of plasterboard and put a lot of people out of work. The reality is that it need not have happened if there had been better administration of the energy facilities in Western Australia, and here we are debating sending money to those same people—and, if they deal with it in the fashion they have dealt with energy management, do not hold your breath if you are on the waiting list.
Another initiative raised in this composite legislation relates to teen dental services. This is an initiative which can be applauded as a concept. The problem is that in Western Australia there is a school dental program already. That should be applauded. The issue relating to this proposed section of the legislation is, as I understand it, that a maximum of $150 will be available for teens to have their teeth checked. If in the process the dentist says, ‘Yes, there is the tooth that is giving you this dreadful toothache, but you will have to pay me to take it out or fill it because that is not allowed for: I can only check and tell that you have crook teeth,’ I am wondering what the benefit is. Typically, if you go to a dentist and they find that there is work to be done, they do not charge you for looking; they just charge you quite a large fee for fixing it. But we now have this rather amazing process where the government is saying to people, ‘We will pay to have your teeth looked at, but if they are found to require treatment we will not give you any money or assistance for it.’ Hopefully, it will not happen very often with young people. Under the previous legislation introduced by the Howard government they could have had a free check-up and, if it were serious, they could get a referral from their GP and have up to $4,200 available for the treatment that was necessary. That makes a huge difference.

It is really a test of this government’s capacity to manage. I spoke recently on health matters and talked about measuring excellence by expenditure. From my observations over a long period in this place, I have noticed that both sides of the House pay too much attention to the money they have spent and too little attention to the outcomes. More particularly, I have found myself in debate in times gone by with otherwise capable public servants who were most anxious to just send the cheque, and I frequently wanted to know a bit more about what the taxpayer was going to get for this money. It is still an issue with me and I think it is amazing that we have this philosophical hang-up within government and the Labor Party that, if the government does not do the job, it will not be done properly. That is not the view of the common citizen. Whenever they can possibly afford it, they send their kids to a private school. Whenever they can possibly afford it, they take out private health insurance when they know there is a need. Nevertheless, that will be proved quite a tragedy because of this attack on private health insurance and the private hospital system. We will see an escalation in premiums that will start to make the whole scheme unviable for the simple reason that the non-claiming young will decline to continue to be members of a private health fund.

Anybody who chooses to do the numbers—and the minister at the table, Minister Emerson, claims to be one of them—and wants to sit down and find out how you could improve the cost to government and the service to consumers should look at this. Instead of spending huge amounts of money sending cheques to state governments to run hospitals you could in fact use that money to subsidise—up to 100 per cent in deserving cases—the private health insurance of many individuals. Then (a) the cost of overall insurance would drop because everybody would be in the system and (b) everybody would have the same access to hospital services. Hospitals—be they government or otherwise—would become anxious to give the service because they would get paid for the service. They would not get, as applies with this legislation, a lump of money which they would then have to budget and which would mean that patients—be they dental or hospital—would become a liability. You do not want too many of them. That is the way that governments fund their hospitals.
It is commonly known amongst senior hospital administrators—and I have heard it said publicly—that waiting lists are part of the budgetary process. I reminded the House the other day of the complaint of a senior New Zealand administrator at a conference I attended years ago. Having said just that, she complained about the administration of the waiting lists. This is the other problem. She pointed out that, if you have a sufficiently energetic member of parliament—and I guess this applies to some degree with dental waiting lists—you get pushed up the list, to the detriment of others who do not. I gave the example of a member of parliament who did not have private health insurance but whose wife got private hospital treatment and, what is more, her doctor of choice. People who want to do a bit of research will find out who I am talking about. This is the bad side of this type of service. It is a tragedy that, without warning to the Australian people, a clearly beneficial and practical response to those in need of serious dental treatment is being taken away and replaced with something that history has proven does not work.

Mr Deputy Speaker, I assume the gentleman who has just entered the House is the next to speak. If not, I would not want to leave the opposition in trouble. Is that the truth?

Mr DREYFUS—Indeed it is.

Mr TUCKEY—Fine. Thank you very much.

Mr DREYFUS (Isaacs) (5.03 pm)—I rise to speak on the Dental Benefits Bill 2008 and related bill. It is no surprise that the member for O’Connor ran out of things to say, because there is indeed not a great deal that the members of the coalition parties could have to say about their record on dental health.

Mr Tuckey—That’s the truest thing you’ve ever said. It’s a dog.

Mr DREYFUS—I am pleased to have the endorsement of the member for O’Connor that the coalition parties’ policies did not provide him with much to say! It was interesting to hear this from him. He said that there had been too much attention paid to money and not enough to outcomes. Well might he say that; for the policies of the previous government in relation to dental care there was—particularly in relation to the Commonwealth dental care program—no outcome, because the primary decision made by the former government immediately on coming to office in 1996 was to scrap the Commonwealth dental program. Well might the member for O’Connor say that not enough attention was paid to outcomes—by the previous government. This government, as part of its commitments to the Australian people made at the last election, said it would take seriously the dental crisis that the country is experiencing. This government is acting, and that is what we see in the legislation before the House. Notably, this legislation will create the Medicare Teen Dental Plan, and that is part of delivering on the commitments made at the last election by our party.

The scale of this crisis is not one which should be understated. Oral disease continues to be prevalent among Australian adults, and it is worth considering some of the national statistics. The first is that one in four adult Australians has untreated dental decay. Tooth decay is Australia’s most common health problem. The second statistic is that one in five Australians cannot afford to get the dental care they need. Additionally: one in six Australians has over the last 12 months avoided eating certain foods because of problems with their teeth; there are about 650,000 Australians on public dental waiting lists; 30 per cent of Australians are reported
to have avoided dental care due to the cost of services; and 50,000 people were treated in hospital for preventable dental conditions. I want to speak about the work of some of the community health centres and the waiting list statistics in the dental health area in my electorate of Isaacs, in south-east Melbourne. The Central Bayside Community Health Service has people waiting 39 months for an appointment and 43 months for dentures. The Greater Dandenong Community Health Service has similar statistics—that is, people waiting 39 months for an appointment and 43 months for dentures. The Frankston Community Health Service has very similar statistics.

Each of these community health centres is a very fine local community health service. Despite a major increase in state government funding over the last nine years, these community health centres have found themselves simply unable to meet the demand for dental health services which they are faced with. The lack of Commonwealth government funding to dental health has been a significant contributor to the problems being faced by these community health services.

It is clear that socioeconomic status plays a critical role in determining health outcomes and in no area is that truer than in determining oral health outcomes. There is a very important social dimension to the crisis in dental health, and that is that it particularly impacts on low-income households and upon older people. Commonwealth and, of course, state involvement in dental health is an important public health measure and it is an important social welfare measure. Understanding these facts is important in understanding the scale of the problem.

It is worth pausing to recall and attempt to understand what this discussion about dental health actually means in the day-to-day lives of people. One can do that through meeting people who have been affected by an inability to access dental services. There are very many people in my electorate who have been unable in recent years to access appropriate levels of dental health care. These are people for whom daily life has become exceptionally difficult because, notwithstanding that they live in a prosperous country, they have been unable to access what should be regarded as basic health care. These are people who are chronically ill and have become regular attendees at public hospitals in part because the previous government would not properly address this issue of dental health care.

The fact that there are people in my electorate who have waited years for a dental appointment is simply unacceptable. From the very first day I was preselected as the candidate for the seat of Isaacs in 2006 I was approached by people who had truly appalling stories of the consequences for them of being unable to obtain dental care. These are stories of misery and pain caused by going without adequate care, which has led to problems that have compounded over the years. In very many cases it has led to them being unable to work or to becoming patients at public hospitals with compounded problems that, had they been attended to at an earlier time, might never have arisen.

For the national government to have abdicated responsibility for dental care was short-sighted and indeed shameful. Yet that is indeed what the previous government did on its election in 1996. The previous government abolished the then $100 million Commonwealth Dental Health Program and then for several years did nothing at all. While millions of Australian families were kept away from dental services because of the cost, the previous government did nothing. While hundreds of thousands of Australians were stranded on public dental waiting lists, the previous government did nothing.
While tens of thousands of Australians were admitted to hospital for dental conditions that were avoidable given appropriate and timely treatment, the previous government did nothing. Eventually the previous government came up with a poorly implemented and half-baked scheme that assisted far fewer than it was supposed to. The actions of the previous government show in stark terms why the Liberal Party and its coalition partner cannot be left with responsibility for public health. The record of the past 11½ or 12 years shows that the coalition parties do not truly believe in public health programs. The coalition parties do not truly believe in a public health system. For them, any action in this area is simply a matter of political expediency.

For our side, in the Australian Labor Party, access to high-quality health services for all Australians goes to our core values of fairness, equality and compassion. With this legislation that is before the House, indeed with the 2008-09 budget and the new Australian healthcare agreement, this government will address the dental crisis that our country has been facing. Unlike those on the other side, Labor believes that there is a need for government action to protect and improve the health of the Australian people. We believe that government has a legitimate role in this field. I remind honourable members that the government, when in opposition, proposed two very significant programs that would re-establish the role of the Commonwealth in dental health care. The response of those opposite, then in government, to our proposals was to reject them.

This legislation, as I have indicated, introduces the Medicare Teen Dental Plan which, subject to the passage of this legislation, will commence in July 2008. It is a $490 million program which is targeted at those who most need this help. Eligible teenagers aged between 12 and 17 will be provided with up to $150 for an annual preventive dental check-up. It is worth noting that generally Australian children by international standards have excellent dental health but that dental health starts to decline during teenage years. This bill by introducing the Medicare Teen Dental Plan will help to address this problem.

In order to be eligible, teenagers must be living in families receiving family tax benefit part A or be in receipt of the youth allowance. More than one million teenagers will be eligible, on those criteria, for the Medicare Teen Dental Plan. The legislation creates a new Dental Benefits Schedule to operate as part of the broad Medicare arrangements and will include annual preventive dental checks that include an oral examination and other preventive services. Preventive check-ups are very important. It is appropriate that that kind of dental care be funded because it means that problems can be detected and dealt with early. An annual check-up is critical in ensuring ongoing oral health. As has been pointed out, people who visit the dentist for an annual check-up are less likely to attend for a dental problem than those who do not. The plan will help to instil in teenagers the need to visit the dentist regularly and to care for their teeth properly, behaviour that it is hoped they will carry on into their adult lives. Eligible families will receive a voucher from Medicare Australia and will then be able to receive a preventive check-up from their dentist. This will enable them to claim a rebate from their local Medicare office or be bulk-billed by the dentist, with $150 to be reimbursed by the Commonwealth.

I now turn to the Commonwealth Dental Health Program. Through the Australian healthcare agreements that are currently being negotiated with the state and territory governments, the Rudd government is re-establishing the Commonwealth Dental Health Program. This was the program that
was abolished by the Howard government upon coming to office in 1996. In contrast to that neglect—indeed, ‘neglect’ is not a strong enough word; it should be ‘abandonment’—of responsibility by the former government, the Rudd government will be providing an additional $290 million over the next three years for dental health.

The Commonwealth Dental Health Program will help the states and territories to fund an additional one million dental consultations and treatments in the coming three years. We are working with the states, not working against them. We are ending the buck-passing and the irresponsible blame game played by the previous government. The Commonwealth Dental Health Program is an example of what can be achieved with the various levels of government working together to deliver policies that address the problems our nation faces. It is part of a broader push to coordinate better the actions of each level of government. It is part of a broader push that we are seeing in many areas of government activity, not simply in this area of dental health care. But, specifically in dental health care, states and territories are going to be required to at least maintain their current funding for their public dental health programs.

This too is, in a very real sense, a targeted program. It will target those in our community who are in the most need. States and territories will be required to ensure that Commonwealth funding is targeted at those who are most in need, such as people living with chronic disease such as cardiac patients and people living with HIV-AIDS, as well as people who have heightened oral health needs, including preschool children, seniors and Indigenous Australians. The re-establishment of a real role for the Commonwealth in the field of dental health, which is what this legislation represents, is a reflection of this government’s belief in the importance of the role of the national government in public health. It reflects this government’s willingness to work cooperatively with the state and territory governments and to deal with the dental crisis presently faced by our nation that the previous government did little or nothing to solve. I commend the legislation to the House.

Mr JOHNSON (Ryan) (5.20 pm)—I am pleased to speak in the parliament today on the Dental Benefits Bill 2008 and the related bill. The bills go to a subject of great interest to me as both a citizen of this country and, of course, the federal member for Ryan. I represent the great people of the seat of Ryan. Ryan is a federal seat in the western suburbs of Brisbane. In the six or seven years that I have been the federal member, I have had the chance to meet many local residents who have certainly raised with me issues of health, including dental health.

Before I go to the contents of the bill, I want to say that I largely agree with the thrust of the member for New England’s observation that perhaps dental care should be part of the overall health profile of a person. I am not quite sure why we treat dental care as something unique and different to the rest of someone’s health. It really is very important to someone that their dental care is up there with the rest of their health care. I certainly think that is an observation worthy of consideration at some future point, particularly by the professionals in this area. Of course, that is not in any way to diminish it as a specialty or as a profession; in fact, it acknowledges that it is very significant, because dental care is very important. It is part of overall health and someone’s capacity to engage in the community and the workplace and to go about their daily life and their daily work.

I refer also to the comments of the previous speaker, the member for Isaacs. He re-
ferred to the previous government ‘abandoning’—I think that was his word—the funds that would have gone to this area and the overall health architecture of our country. If one turns one’s mind back to 1996, when the Howard government was first elected, I do not think too many Australians would need to be reminded that, at the time, the incoming Howard government faced a massive budget debt. In fact, such was its scale that almost no area of government expenditure was left untouched. Certainly members of the parliament would know—I know that the people of Ryan know full well—that when the Howard government came to office it faced a $96 billion budget debt. There was no way that any responsible government could go forward with all kinds of worthy programs and yet have a $96 billion debt hanging around the neck of future generations.

Interestingly, I just came across a paper that referred to 21 April 2006 as being the official date that the Commonwealth’s debt was repaid. So it took almost a decade to pay off this whopping $96 billion of debt. Of course, we do not face that problem now. The Commonwealth does not face the problem of how to pay off debt. It has a massive $22 billion surplus—and it is good that we have this surplus. It is good that the Commonwealth can spend these funds on important areas of the community. I know that the government claims that it has raised $22 billion in surplus in six months of office. I think even the little plastic turtle in my front garden would not be convinced of that. Quite frankly, it is just remarkable that the government, after six months in office, claims to have created $22 billion of Commonwealth surplus. But, anyway, it has $22 billion of funds and I certainly commend any program that goes to issues of the health of our fellow citizens. We in this parliament are perhaps privileged that we have access to schemes, private health insurance and dental specialists if we need them whereas so many of our fellow Australians do not. As I say, any scheme that tries to redress that is a good thing.

Labor promised in the campaign to provide funding to establish two dental programs if it were to win office: the Commonwealth Dental Health Program and the Teen Dental Plan. In fact, it promised up to $290 million to fund a dental program that it claimed would assist up to one million Australians to access public dental treatment. Under the proposal, funding would be made available to states and territories to assist them to clear public dental waiting list backlogs by funding up to one million additional dental services over the next three years—waiting lists, I might add, that are really the creation of the state Labor governments around the country. Certainly all states and territories are the primary delivery mechanisms for public dental care, through public dental clinics or through the hospitals. During 2005-06 the combined expenditure on public dental health services by state and territory governments was just over $500 million. In fact, it was a measly $515 million, and that is notwithstanding the fact that the states receive every single penny of GST revenue. Every single dollar of GST revenue goes to the states, and yet collectively across this country state and territory governments were only willing to spend a measly $515 million.

Eligibility for public dental services is often means tested so that it is targeted at concession card holders and those on low incomes who cannot afford to access private dental services. The Rudd government’s new Commonwealth Dental Health Program, the CDHP, is, interestingly, modelled on the former Keating government’s Commonwealth Dental Health Program. Speaking of the former Prime Minister Mr Keating, I un-
nderstand that he is going to be the face of Australian tourism. I note that it has certainly raised a lot of eyebrows already that the former Prime Minister will be the face of Australian tourism. I thought we were trying to attract tourists to this country, not turn them away. But, as I said, this Commonwealth Dental Health Program is going to be modelled on the Keating government’s Dental Health Program. But, unlike the former program, which targeted adult concession card holders, the new program will require the states and territories to target other priority groups—specifically those with chronic diseases, Indigenous Australians and preschool children.

Full details of the allocation of funding for the proposed CDHP to the states and territories do not appear to have been set in stone yet. The Minister for Health and Ageing described discussions with the states and territories as being well advanced, but it seems that these have not been finalised, so I am not sure where we stand in relation to that. I would have thought they were pretty fundamental to this being an effective scheme.

From 1 July 2008 eligible families—that is, those in receipt of family tax benefit A, roughly 1.7 million people—and teenagers in receipt of Astdudy or youth allowance will be provided with a voucher to allow them to access an annual dental preventive check for teenagers. These teenagers will be aged between 12 and 17. The voucher will provide a dental benefit for a service up to the value of $150. I understand that the dental check-up can be delivered by either a public or a private dentist.

It is proposed that the Teen Dental Plan would operate in a similar way to the Medicare arrangements through a new dental benefits schedule also to be established by this bill and to be administered by Medicare Australia. The government estimates that around 1.1 million teenagers would be eligible for the vouchers in any one year. The bill proposes billing arrangements that are similar to what currently occurs under Medicare, which would allow for a range of billing practices. Under the proposed assignment of dental benefits, as I understand it, the bill provides for three means of payment. The first option allows provider dentists to bulk-bill Medicare Australia for the check-up service, which is then considered a full payment for the service, so the teenager would pay nothing. The second option allows the dentist to bill the teenager, who can then request a cheque from Medicare Australia to be issued in the name of the dental provider, up to the value of $150. The teenager would then be responsible for providing that cheque to the dental provider. As to the third method of billing proposed under this bill, it would appear that the teenager pays the dental bill and then makes a claim to Medicare Australia for a rebate, again up to $150.

Of the three billing mechanisms in place, I would have thought that only one—the bulk-billing option—would guarantee that the teenager or family would pay nothing for the service. As the Rudd government’s own estimates suggest, the cost of a dental check-up is around $290 and dentists are free to set their own fees. Patients accessing dental benefits who are not bulk-billed may be exposed to significant out-of-pocket costs. So you are covered up to $150 under the scheme, but the cost in reality is $290. To me, this really highlights the Rudd rhetoric and does not meet the Rudd promise. This is not universal dental care for young people; this is really a scheme that is going to see a lot of young people fall through the cracks. I just do not see how 1.1 million teenagers who may be eligible for these vouchers in any one year are going to enjoy the full benefits of the dental check-ups covered by this legislation.
The other fundamental flaw in this bill, of course, is that beyond the $150 there is nothing. So, a teenager goes to see their dentist and is told that they have decay or need massive work done on their teeth or gums, but then there is nothing else. There is no subsequent financial coverage; there is no further support mechanism. If they want to go back and see the dentist again, as they might need to, they would have to find their own financial means. This is an example of the government trying to look as if it is doing something serious but not really doing anything—because the check-up does not lead to anything at all. It is like going to hospital and being told you are really unwell with, for instance, bronchitis or pneumonia but that there is no bed in the hospital or subsequent care available for you. You just have to go home and take care of yourself.

The Chairman of the Association for the Promotion of Oral Health, Professor Hans Zoellner, who is at Sydney university, argues that funding the two proposed replacement programs is ‘money poorly spent’ because there are no strings attached for the funding to the states and the dental checks for teenagers do not include treatment services. I think that goes to the nub of this piece of legislation. It is a check-up—and that is fine for what it is worth—but why not provide financial services and assistance for teenagers who are professionally advised that they need further dental care? As I said at the outset, the Commonwealth government has $22 billion in its bank account. Why not spend some of that money on young people—in fact, on anybody who is disadvantaged—to help them with something pretty fundamental to their capacity to fully engage in our country?

The Australian Dental Association has raised similar concerns. I take the opportunity of quoting a media release of 13 May 2008 from the President of the Australian Dental Association, Dr John Matthews, in relation to this issue. It goes to the subject, first of all, of the states and territories’ responsibility:

For far too long, the States and Territories of Australia have failed to meet their obligations to ensure proper delivery of dental care to poor and disadvantaged Australians. This Government had the opportunity to rectify some of the specific deficiencies that existed by introducing some coordinated plans that are able to be built upon or modified to meet future needs.

He said further:

Instead it has provided the State/Territory Health Services with additional funding [less than provided more than 10 years ago] to prop up schemes that have not delivered to date. It’s a Band-Aid solution at best.

So there you go. That is not coming from a politician, from a member of the coalition, from someone who does not have expertise or from someone who has no professional or personal interest in this area—this is coming from the Federal President of the ADA. He has no claim to any special treatment; he is giving a professional opinion. He says it is a bandaid solution at best and points out that the funding is less than was provided more than a decade ago. That, I think, speaks volumes for the attitude to this bill of those who count.

The ADA also has concerns that the Teen Dental Plan is too narrow and fails to provide a ‘complete course of treatment’, which it argues could lead to teenagers who require more treatment moving back onto public sector dental waiting lists. If this occurs and substantial numbers of teenagers move onto public dental waiting lists, it is not clear if the proposed new CDHP would be sufficiently resourced to provide public dental services for the new groups that the government now wants it to target. These include those with chronic diseases who would no longer have access to the AHDCI, preschool
children and, importantly, Indigenous Australians. State based public dental programs already provide services to people on low incomes and to students through school dental services, but, as has been noted, there are substantial waiting lists for many of these services and, although the government has committed $290 million over three years for the new CDHP, this is less than was provided to the states under the former program by the Howard government. Again I emphasise to the constituents of Ryan, who would be very interested to know this, that this $290 million is less than was provided to the states under the former Howard government.

While the minister has allowed for public sector dentists to provide the preventive dental check-ups, it is not clear how these will be provided in a timely manner, given the already long waiting lists for public dental services and the level of funding for the proposed scheme. Instead of the coalition’s very successful Medicare dental scheme, the Rudd government is going to allocate $290 million to push dental patients into the overburdened and inefficient state health system. We should be encouraging people out of the public health system by encouraging those Australians who can afford it to take out private health insurance, not be encouraging them to go into the state health system.

Queenslanders will certainly take no comfort from this. Any Queenslander listening to this debate would be fully aware that the Queensland health system is in a really appalling state. Given that we have a Prime Minister from Queensland, I would like to think that he will come to the aid of the Queensland health system. Of course, the Labor government in Queensland has been in power for almost 20 uninterrupted years—nearly two decades—yet we have so many flaws in that system. I have said in the parliament previously that I have a brother who is a neurosurgeon and a sister who is a doctor, so I am not speaking without some degree of informed knowledge here. This bill is no major long-term solution to teenage dental health care problems.

In conclusion, I take this opportunity to encourage the students in my electorate of Ryan to, as far as they can—they are young people, of course—keep to a minimum eating things like lollies, candy and cakes. I encourage you to look after your teeth. It is very important that you do that because in your professional working and adult lives it is very important to be a healthy Australian and to set a good example for others. I say to any young person in the Ryan electorate listening: look after your teeth and drink plenty of milk because milk has a lot of calcium and it is very good for young people. (Time expired)

Ms HALL (Shortland) (5.40 pm)—I am pleased to hear the member for Ryan encouraging young people in his electorate to adopt good dental health practices. He might also like to encourage them to access the Teen Dental Plan. This program will benefit young people in the Ryan electorate, just as it will benefit young people in the Shortland electorate. He should be out there making sure that every young person who is eligible to benefit from this program does so. I trust that that will be the action he will take.

This dental benefits legislation recognises the fact that oral health is paramount for overall health. It also recognises that prevention is better than a cure for dental problems, as it is for most health problems. You are much better off if you can prevent the problem rather than have to deal with the consequences. The Dental Benefits (Consequential Amendments) Bill 2008 establishes the legislative framework to allow the government to deliver on a key election commitment. No issue was bigger in the electorate that I represent in this parliament than dental care.
People in the Shortland electorate have been waiting for a very long time to access dental treatment. On a daily basis I was hearing from my constituents just how difficult it was to get the vital treatment that they needed.

The government gave a commitment prior to the election to implement the Teen Dental Plan. This is the first part—I emphasise ‘first’—of the government’s plan to improve dental health in Australia. The Teen Dental Plan is going to benefit many young Australians. It is part of the overall plan that the Rudd government has to deliver dental health care to Australians. In this year’s budget the government announced $780 million over five years for these two new dental programs: the Commonwealth Dental Health Program and the Teen Dental Plan. The government will be providing $490.7 million over five years for the legislation we are discussing today—that is, the Teen Dental Plan—and $290 million over three years for the Commonwealth Dental Health Program.

In July 2008 the government will provide towards a preventive check-up up to $150 per eligible teenager between the ages of 12 and 17. I certainly hope that not only the member for Ryan but all members on the other side of this parliament publicise this program and make sure that the young people in their electorates utilise it. It will be available for families receiving family tax benefit part A and teenagers in the same age group receiving youth allowance or Austudy. Approximately 1.1 million Australian teenagers will benefit from this plan. As I said at the outset of my contribution to this debate, prevention is much better than treating the problem.

These bills also provide the legislative framework for the payment of other dental benefits under the dental benefits schedule, and the DBS could be expanded to include other dental benefits items in the future. The DBS is broadly modelled on the relevant provisions of the Health Insurance Act 1973 relating to the payment of Medicare benefits but, unlike the Medicare Benefits Schedule, it is not a universal program. The DBS provides an opportunity for dental benefits to be targeted to specific groups of patients. This program will provide financial assistance to parents to keep their teenagers’ teeth in good condition and to young adults to take responsibility for their own oral health and give them a good start in life.

This is a contrast to what happened under the Howard government. Under the Howard government we saw the Commonwealth dental health scheme withdrawn. This was one of the first acts of the Howard government. At that time I was in the state parliament of New South Wales. As a state member I saw constituents on a regular basis. They were able to get the dental treatment that they needed. Overnight, those dental waiting lists absolutely skyrocketed. The Howard government stands condemned for that one action in relation to dental health—along with many others, I might add. Their failure to continue the funding for the Commonwealth Dental Health Program has created problems for thousands and thousands of Australians.

We need to look at dental health care and what has happened with our dental health over the last few years. Over the last three or four decades, dental decay has actually reduced, but—and this is an important factor—there are still 19 million people with dental decay whose teeth have been untreated. These are people who have not been able to access dental treatment because they cannot afford it or because there is not a program out there that they can use—people who are among the 650,000 Australians waiting on the public dental waiting list to see a dentist and people who did not qualify for treatment under the Howard government’s dental care program.
health program. I will talk about that program in a moment. I do not know whether members of this House are aware that each year 50,000 Australians end up in hospital because of problems with their oral health—such as tooth decay or abscesses—and these are non-essential admissions to hospital. If they had had the treatment prior to their dental health condition deteriorating to the stage it did, they would not have been in hospital. That emphasises the need for us to concentrate on prevention rather than treatment.

It is interesting to look at the funding of dental health within Australia. In 2005-06, the combined government expenditure was $995 million, with $480 million from the Commonwealth. As members on the other side of the House have frequently told me, the Commonwealth’s obligation has been met through funding of the 30 per cent private health insurance rebate. Then there was $515 million for the states. I have sat in this House and listened to members on the other side arguing that it is not the Commonwealth’s responsibility to contribute to dental health, other than through the 30 per cent rebate. We on this side of the House do not believe that. We believe it is a Commonwealth responsibility. We believe it is everyone’s responsibility to put money into ensuring that all Australians have good oral health and consequently good overall health. In 2005-06, individual Australians were the ones who contributed the most to their own dental care—$3.5 billion was contributed by individual Australians. We in the Rudd government want to address that. We believe that there is a role for government.

The teen dental health program will put an extra $490.7 million into dental health. The Commonwealth Dental Health Program will put an extra $290 million into dental health. All up, there will be $780 million put into dental health from the Commonwealth government—big change and big moves. This is a significant increase in funding, and it is a move to address the most prevalent chronic health condition in Australia. I do not know if members of this House are aware that dental health problems are the most prevalent chronic healthcare condition in Australia. I base that statement on information from the Australian Institute of Health and Welfare.

The other issue which impacts on people’s access to dental care is the workforce issue. Under the Howard government, the chronic shortage in the dental workforce has ballooned. This is something that we on this side of the House have already taken steps to address in the last budget.

The Howard government’s dental health program was a poorly targeted program. It was only available to people who were suffering from some sort of chronic disease. It did help a number of people, but it also meant that a lot of people in desperate need of dental health care were unable to access it. Pensioners, people who found it very difficult to make ends meet, people who had some sort of concession card and people who were struggling were unable to access the Howard government’s dental health program. It was available to everyone with chronic disease, no matter what their income level was, whereas the programs that we are introducing are targeted to those people who have the greatest need. If you look at the people who have the poorest dental health, socio-economic factors play a very big part in that. People who have the least money have the most chronic and the worst dental problems.

In the last parliament, I was the Deputy Chair of the House of Representatives Standing Committee on Health and Ageing at the time that we brought down the report, which I have in front of me, The blame game. This is the report that the member for Fadden said that the member for Fairfax had been responsible for. I would like to put on the record
that every member of the committee, including the member for Ryan who just spoke, contributed to this report. It was a report that brought down a recommendation that:

The Australian Government should supplement state and territory funding for public dental services so that reasonable access standards for appropriate services are maintained, particularly for disadvantaged groups. This should be linked to the achievement of specific service outcomes.

I am sure it will be no surprise to the House that the Howard government did not even respond to this report. Labor has looked at that recommendation and tonight I have referred to two programs that actually do exactly what recommendation 3 of The blame game report said. Under the dental care heading the report also went through and identified a number of issues. One of them at 3.112 was that dental care should be given in a timely manner. It also recognised the fact that it can significantly affect a person’s life and future health costs. The Australian Dental Association noted:

Like the health system generally, the organisation and delivery of dental care in Australia is characterised by the involvement of Commonwealth, State and territory, and Local Governments. Unlike the health system though, dental care in Australia is largely financed by individual out-of-pocket expenses ...

I refer back to the point I made earlier in my contribution in this debate where I said that in 2004-05, $3.5 billion of treatment had been paid for by the individual. That means that those people who can least afford it are the ones who miss out and in this legislation we seek to address that very issue. A person’s financial ability will not determine whether or not they get dental treatment; rather, it will be determined by a person’s need. The Teen Dental Plan is available for all young people between the age of 12 and 17 and is one that will be utilised by and benefit all people in that age group. It is a preventive program, as opposed to one that targets chronic illness. It is a program that will stop our young people developing chronic dental problems throughout their lives.

Paragraph 3.114 of The blame game stated that there was a need for the Commonwealth to show leadership and that was also identified by the Australian Dental Association. You have no idea, Mr Deputy Speaker Washer, how disappointed I was when the Commonwealth did not show leadership under the Howard government. I was extremely disappointed that they would not make sure that everybody, no matter what their financial status was, was able to benefit from and access dental health care.

One of the other issues identified in this report was the waiting time for public dental health services. Under our programs we aim to address that. We aim to make sure that people do not languish on waiting lists for two or three years and then end up ill and taking up an acute care bed in our hospitals.

We have before us today a totally different approach to dental care, an approach that will ensure young people who need dental care will be able to access it. It will happen from 1 July this year when the government will provide up to $150 towards an annual preventive check for eligible teenagers aged 12 to 17 in families receiving family tax benefit A. As I mentioned earlier, this will benefit approximately 1.1 million teenagers who will be eligible for the Teen Dental Plan. The dental treatment services will be for oral examinations and will include things like X-rays, scale and clean and other preventive services.

This will set in place a sound grounding for young people in learning how to care for their teeth. It will ensure that they develop good oral health practices. At the same time, if they need other treatment, they will be able to be referred on to have that treatment. The
dental health program is partly funded by the redirection of funds from the previous government’s chronic disease dental program, but this is an ongoing commitment to the oral health of all Australians. It is a new era in dental health and it is recognising that if a person does not have good oral health, if a person does not have in place good prevention strategies, then they will develop chronic problems, and the burden to them and to Australia as a whole will be enormous.

Debate (on motion by Dr Stone) adjourned.

BUSINESS
Rearrangement

Mr PRICE (Chifley) (6.00 pm)—by leave—I move:

That, unless otherwise ordered, at the commencement of the Main Committee meeting tomorrow, the first item of business shall be Members’ statements, each for no longer than 3 minutes, with the item of business continuing for 30 minutes irrespective of suspensions for divisions in the House.

I should point out to honourable members that this motion enjoys the support of the Chief Opposition Whip.

Question agreed to.

DENTAL BENEFITS BILL 2008
Cognate bills:

DENTAL BENEFITS (CONSEQUENTIAL AMENDMENTS) BILL 2008

Second Reading

Debate resumed.

Mrs GASH (Gilmore) (6.01 pm)—I rise to speak on the Dental Benefits Bill 2008 and cognate bill. It is no secret that I have been very outspoken about dental care and that the Labor Party went to great lengths to try and embarrass me because of my passion and outspokenness on this very emotive issue for so many in Gilmore. Ever since being elected in 1996 to represent the electorate of Gilmore, constituents with issues to do with accessing public dental services have featured prominently in my work—and little wonder: Gilmore has a higher than national average population of aged persons, has a low socioeconomic demographic and is in a regional-rural area. It has been shown that the significance of those statistics under a Labor government is that the people of Gilmore get the short straw when it comes to government services. The public dental service is no different, and I use the word ‘service’ loosely, because only one word can aptly describe the product that the NSW government delivers: abysmal.

Without a doubt, when it comes to teeth, pets are better looked after than our pensioners. Waiting for four years for a fundamental dental service is the norm. One woman I know—in fact, more than one—had been waiting over seven years. Finally she was accepted under the coalition plan, and what happened? Half of her work had been done when this Labor government axed our program overnight. That is right; she could not have her dental work completed. How cruel and mean can you get?

Aside from the pain of bad teeth, there are other, accompanying medical problems. Ever since I was elected, the then Carr Labor government and now the Iemma Labor government have ignored the problem. Not only have they ignored it but, as the howls of protest rose, they started to blame the federal government. ‘It was all their fault,’ they said. ‘They cut the Commonwealth dental services.’ What the spin plainly failed to do was explain that the Commonwealth had met its obligations under the funding agreement and it was actually the Labor government that was failing to meet its recurring cost obligations. But let us give credit where credit is due. The Carr government and its successor...
were the experts of spin, not so much by what they said but through what they omitted. It is almost comical to see that constant negative spin, that propaganda, that we had so become used to suddenly dry up as soon as their Labor colleagues took power in the federal arena. Suddenly, it is not the federal government’s fault—but it is still the coalition’s fault.

Even the Minister for Health and Ageing, in her second reading speech, could not resist the temptation to put the boot in, saying that the ‘dire state’ of the state government’s public dental service ‘should be laid at the feet of the Howard government’. What a load of bollocks. She believes her own propaganda. The dire crisis that she speaks of was brought about by the failure of successive state Labor governments to invest in vital services. In fact, it was the Howard government that stepped in to help them out. Now the list of those waiting for dental care is chronically long, excessive by even Western world standards, but they cannot even find enough dental practitioners to serve in the public dental system. It is pathetic. Yet, despite the obvious, the states continued to carp that it was all the federal government’s fault—at least up until 24 November last year, when they suddenly fell silent. The neglect that the New South Wales government have engaged in since 1995 is a travesty and they should hang their heads in shame. So for the minister to suggest that the previous Commonwealth Dental Health Program is the villain is specious in the extreme.

Further into her speech, the minister said 50,000 people end up in hospital each year as a direct result of unattended dental problems. If that is the case and you know that, and you state that as a fact, then why on earth did you dismantle the coalition government’s Medicare dental scheme which, even in its relatively short life, proved so immensely popular? Why on earth did you introduce such an inferior scheme as this bill represents? You acknowledge publicly the state of affairs amongst the poorest and neediest is alarming. They are our pensioners, and they are part of the 50,000 waiting—not the younger generation. And, to correct the member for Shortland, they are the very people you said could not access the program; how wrong you are. Yet you have done nothing to help them. They are worse off under your scheme than they were seven months ago. Sixteen thousand Australians accessed the treatment they required under our scheme in just three months, yet you have chopped the funding that brought much needed relief and that at that stage allocated $4,260 to be paid by Medicare to each and every person over two years. Instead you have given the matter back to the states, who created this mess in the first place.

As commendable as it may be to provide preventive dental treatment for our young people, that is not the priority, even by your own admission. The Australian Dental Association and the Association for the Promotion of Oral Health have both indicated their disappointment with the government’s plans. Both organisations are concerned about the lack of follow-up money for the treatment of teenage dental problems and about the potential for longer waiting lists as a result of both teens requiring treatment and the cancellation of the coalition program.

But it is the poor who are the neediest. They are our pensioners and older citizens, of whom the electorate of Gilmore has such a disproportionately high number. Even during the election campaign Mr Rudd promised a Teen Dental Plan with funding of $510 million over three years yet failed once again to recognise our older population of pensioners and self-funded retirees. In the budget, this program was cut to $490 million over five years, and it still failed to include funding for follow-up treatment. All it does is
provide a $150 voucher to a dentist, if you are lucky enough to find a dentist. The Medicare dental plan announced by the Howard government in 2007 was a $384.6 million plan providing care for people with chronic and complex conditions. The $200 million offered by Mr Rudd will not meet the demand for services.

As it is, in New South Wales alone there are over 160,000 people waiting for dental services and they have been waiting a long, long time. The NSW government recognises this, because apparently NSW Health has recently taken to writing to all those on the waiting list to ask them if they would opt out of the queue. It is shocking but true. I have seen the letter and I think this approach is deplorable. It is the NSW government rolling over and giving up. If the NSW government has taken the desperate measure of ‘inviting’ people off the waiting lists—and these lists are chronic and growing—what is Mr Rudd’s paltry alternative going to achieve? I will tell you: a small blip, a tiny and momentary reversal, just in time for his much threatened early election around the end of next year. Mr Rudd is simply putting in place measures to make sure potential embarrassments are swept under the carpet. It has nothing to do with the noble ideals he is espousing; it is all about timely housekeeping.

Politics is very much like show business—it is all in the timing, and this bill is transparently political. It has got little to do with the welfare of the poor and needy and much to do with securing a second term. So, when I read the minister’s second reading speech and the effusive back patting in the summary, and when I look at how much seniors did not get out of the budget, I cannot help but think—to paraphrase the Leader of the Opposition—it is ‘Mr Iemma comes to Canberra’.

Given the fact that Labor has chopped the coalition program and introduced a second-rate model, I really have no option but to support this bill, as pathetic as it is. The elderly in Gilmore have been suffering long enough under the failed NSW Labor regime, and even the small gesture contained in this bill has to be accepted. But I do so reluctantly and I hope that the paltry $290 million is used where it matters and is not diluted by being used to fund self-promoting advertising, which is the favoured hallmark of the Iemma and Rudd Labor governments.

This comes down to common sense. The coalition government delivered a program to bring relief to those with chronic dental care needs. The program has been unceremoniously axed by the Rudd Labor government. In its place they have put a grab bag of programs that leave many of those who would have received treatment under the coalition plan out in the cold—with dental work half completed in some instances. The people of Australia and Gilmore deserve better.

Ms RISHWORTH (Kingston) (6.09 pm)—I rise in support of the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008. Dental health is not only a critical component of a person’s general health but also plays a special role in dictating their enjoyment of life and emotional wellbeing. Few chronic ailments are more frustrating and painful than dental problems. Poor dental health can exacerbate many health conditions.

While working as a psychologist, I treated many people whose dental health problems significantly impacted on their quality of life and their self-esteem. Residents in my electorate of Kingston regularly tell me of the time they have spent on public dental waiting lists, and their stories share a common thread of immense agony and frustration that their problem could be fixed if only they could
have an appointment with a dentist. Many of these people are seniors who worked in low- to middle-income jobs for much of their working lives, paid their taxes year in and year out and understandably expected that when they retired there would be a dental system that they could rely on.

Research has shown that the growing dental waiting lists are putting pressure on the rest of the healthcare system, with 50,000 people per year presenting to our public hospitals with preventable dental conditions. This situation is not only unacceptable because of the undue suffering it causes, it makes it clear that underinvestment in preventive and primary dental care costs much, much more in the long term. Rather than investing more in dental care and taking real action to address waiting lists, one of the first actions of the previous government was to abandon the Commonwealth Dental Health Program and cut a $100 million in funding from Australia’s dental healthcare system. The attitude and ideology of the previous government with regard to Australia’s dental care system provides a case study of their border approach to government. They slashed the Commonwealth investment. This meant that a visit to the dentist took more money out of the pockets of working families or meant that they could not afford to go at all.

I am disappointed to hear during this debate that those on the other side continue to believe that the Commonwealth should shirk its responsibility when it comes to investing in dental health. Earlier in this debate, the member for Fadden said that the funding for dental care was wholly the responsibility of the state governments. The people that I talk to in my electorate of Kingston who are in need of dental care are not persuaded by the ‘blame it on the state’ approach advanced by the member for Fadden and those on the other side. They just want their dental complaints attended to.

After dismantling the Commonwealth investment in dental care, the previous government bowed under immense public pressure and introduced a lackluster, limited dental program that only assisted people who had dental problems in conjunction with other chronic illnesses. It did not matter if you were in excruciating pain and were a pensioner in desperate need of assistance—if you did not have a chronic disease, you were ineligible. The facts bear out that this program not only was a bureaucratic nightmare for providers but also denied care to some of the people in our community who were most in need.

The Rudd government is taking real action to fix the dental healthcare crisis. This bill delivers on the commitment that we made at the election to deliver better dental care to Australians and to make it easier for families and for their teenage kids to visit the dentist. The new Commonwealth Dental Health Program is an additional investment of $290 million over three years into dental care in Australia and will provide funding for up to one million extra treatments and consultations. This extra investment shows the government’s commitment to our public dental system and will begin to help the 650,000 Australians currently on the public dental waiting lists.

This new program will deliver for the most needy in our community, including pensioners, preschool-aged children and Indigenous people. The investment has been warmly welcomed by many whom I have spoken to in the electorate of Kingston. Many of my constituents report waiting over two years for an appointment in the public dental system. The Commonwealth investment will have a significant impact on these waiting lists and ensure that many people in
my electorate will be able to be seen in the public dental system, including in services such as those situated at the Noarlunga Health Village. Certainly, as I go around speaking to people, dental care comes up time and time again. I attended the dental program at the Noarlunga Health Village and saw the immense number of people waiting there. The room was crowded with people waiting, and as I went round I spoke to these people. Some had been waiting two, three or four years for services, and indeed some people reported missing their appointment, for reasons outside their control, after waiting for two years and then being required to wait another two years to get in. This is just unacceptable and a real problem.

People I speak to know that the previous government did shirk their responsibilities. They did not invest in dental care, and this became a real problem. In addition, as also became quite evident in my visits, there was a lot of concern about workforce shortage, whether it be in doctors, nurses or dentists. This is an issue that the previous government continued to ignore. As I have learned by speaking with dentists, doctors and nurses around my electorate, it becomes a problem and a real issue in the outer metropolitan areas of Kingston. I will continue to advocate on their behalf to ensure that we do address this workforce shortage.

Another major program that is delivered by this bill is the Medicare Teen Dental Plan, which delivers on another commitment that the government made at the election. This program will provide up to $150 per year to eligible persons towards the cost of annual preventive check-ups by a dentist. I think this initiative is particularly important in its emphasis on prevention. Prevention is key whatever health area you look at, whether that be dental care, mental health or general health issues. The importance of preventive health care for individuals to stop suffering is immeasurable, but the cost to the public purse is also important. Making sure that prevention does occur is essential when it comes to dental care, and I really commend the Rudd government for this important initiative.

About 1.1 million teenagers aged between 12 and 17 in families receiving family tax benefit part A, youth allowance or Abstudy will be eligible for the scheme. Families can choose to use the rebate at a dentist of their choice, regardless of whether it is public or private. This will be very important in allowing people to access a dentist who may live near their home. It does not make sense to have to travel a long way to access a dentist, so being able to access a dentist who is located near the family home does take added stress off the family. Helping teenagers visit the dentist regularly will put them in good stead for adulthood and provide an opportunity to teach young people about the importance of looking after their health. There is nothing more important than getting young people into the habit of visiting the dentist, brushing their teeth and generally practising good dental hygiene.

Labor governments have never shied away from making sure that good health care is available to all Australians, and these new programs demonstrate the Rudd government’s commitment to a dental health system based on fairness and human decency, not on squabbling about constitutional details of service delivery or on an ideological obsession with privatising Australia’s healthcare system. Really, the dismantling of the Commonwealth dental care program that John Howard had in his first term can only be seen
as an ideological drive to push people into private health care. Private health care has a place; however, as I said in my maiden speech, it is essential that we do provide adequate health care to everyone, no matter how much money they have in their purse, and that we ensure that these people have a good quality of life. I think that this investment, one of our key election promises that we are delivering in our first budget, is essential to ensuring that we deliver to the community, and it has been especially welcomed in my community in Kingston. I believe that this will deliver real outcomes to the most needy in our community, and I am very proud to be part of a government that is delivering this budget initiative. I commend this bill to the House.

Mrs HULL (Riverina) (6.20 pm)—I rise in the House today to speak on the Dental Benefits Bill 2008, which has been put into the House by the Minister for Health and Ageing. There has been a process of issues on dental health for some time, ad nauseam, particularly in the time that I have been the member for Riverina in this House. Dental health has always been a problem, and there was always an attempt to get the former government to recognise that there needed to be some assistance programs. Eventually they did recognise this and were able to put in place some good and significant legislation that would assist in many areas. We looked at the issues of workforce because workforce is one of the major factors in the lack of dental health care options for rural and regional Australians. Our policy included funding Charles Sturt University, I am very proud to say, to train our dental students in rural and regional areas because, as I have said time and time again in this House, if you train your rural and regional people in rural and regional settings then you are more likely—most definitely—to keep them practising in these settings.

So these programs were introduced. Some of them were actually very effective. One, in particular, was very effective although it had not a lot of time to run. There was some confusion and misunderstanding I think on the part of the minister previously. I have stood in the House and questioned the minister on her statements that the program ran over four years and serviced very few people in that four years, when in fact we know that that is not the case. That was obviously a very strong misunderstanding on the minister’s behalf. At the time, I provided in the House evidence that came from the minister’s own department, which clearly said that the program was introduced by the previous government in November 2007 and was to be withdrawn from the Medicare Benefits Schedule. It certainly did not run over four years, and that was supported by the department.

I would like to go to the Australian Dental Association’s National Dental Update. I always make a point of looking at the National Dental Update from the ADA because they pretty much have their hands on this whole process and they pretty much understand it. They know what it is going to take to resolve the issues for people across Australia in relation to dentistry. That was the case, as well, when we were in government. I am certainly not for one moment standing here and saying that everything was done correctly or that as much as could be done was done when we in government—but, most certainly, we had some good programs.

I would like particularly to quote from this document, the National Dental Update, May 2008, from the Australian Dental Association. I will quote entirely from this document because I think it tells the story. It says:

Labor’s first and much anticipated Federal Budget has finally arrived. It provided an opportunity for the new Government to show its level of commitment to alleviating Australia’s dental
Monday, 16 June 2008

health care crisis. Sadly however, the announce-
ments fall 'short of the mark' and simply don’t go
far enough.

Whilst the Australian Dental Association (ADA)
welcomes targeted federal funds for dental care to
financially disadvantaged Australians—
I am sure we all welcome any opportunity
for financially disadvantaged Australians to
get dental care—
it is concerned that the newly created Common-
wealth Dental Health Program—
the program that we are speaking about here now—
and the Teen Dental Plan should have been better
linked.

Labor’s dental health announcements included ...

It went on to outline the Commonwealth
Dental Health program, the $290 million to
be provided over three years to state and ter-
ritory governments aimed at reducing public
dental waiting lists, and the one million addi-
tional consultations that will be funded for
Australians needing dental treatment. Then it
proceeded to the Teen Dental Plan and out-
lined what was in the media on that plan.
However, the ADA then continued in the
National Dental Update, May 2008, under
the heading ‘Commonwealth dental health
program—too little for too few’. The article
quoted Dr John Matthews, Federal President
of the ADA, who said:
The States and Territories of Australia have failed
to meet their obligations to ensure proper delivery
of dental care to disadvantaged Australians for far
too long. The Rudd Government had the opportu-
nity to rectify some of the specific deficiencies
that existed by introducing some coordinated
plans that could be built upon or modified to meet
future needs.

This is where the article gets to the nub of
the issue. The Federal President of ADA
went on:

Instead it has provided the State/Territory Health
Services with additional funding (less than pro-
vided back in 1996) to prop up schemes that have
not delivered to date.

The ADA had advised the Government that the
previous CDHP was deficient. It failed to seek
accountability from the States as to their contribu-
tions to the provision of dental health.

Time and time again in this House I have
raised the issue of the Keating sunset plan—
the Commonwealth Dental Health Program
that every member has said we came in and
slashed—that was never in the forward esti-
mates. It always had a sunset clause and it
had no expenditure provided for it beyond
1996. The states took their money out. The
program robbed Peter to pay Paul. The pro-
gram delivered no better benefits than if it
had never existed, because whilst the Com-
monwealth were putting their funds into this
Dental Health Program the states, quite
greedily, took theirs out and said, ‘We’ll let
the Commonwealth foot the bill on this.’

I think that is the serious issue that the
Australian Dental Association have recog-
nised. They have recognised that no account-
ability was asked of the states in their obliga-
tions to ensure proper delivery of dental care.
That would obviously be a criticism of how
the program was run before, and it seems
that this has been duplicated in the proposals
and the bill that we see before us.

The ADA has clearly said that despite
their calls ‘for the creation of an improved
CDHP seeking accountability from the states
as a prerequisite for funding, such calls ap-
pear to have been ignored’. I cannot under-
stand why we continue, as a Commonwealth,
to provide this funding to cash-strapped and
broke state Labor governments without seek-
ing their assurance that they will continue to
put adequate money into dental health ser-

I would never complain about money go-
ing to reduce the waiting times or to reduce
the pain and agony being suffered by many
people who cannot afford a dentist. And many cannot access a dentist, whether they can afford it or not.

The problem that I have with the whole process is that, again, it leaves the states unaccountable and we will slip into exactly the same problem that was experienced with the former Keating program—the problem of states determining that they will take their funds out of their programs because the Commonwealth is foolish enough to put money in without seeking from the states an accountable document that they have to stick with to actually make a difference. What will happen now is that Commonwealth money will just be spent and states’ money will be withdrawn, and we will have fudged figures in the long term that give us no real benefit at all.

We hear carping. We have heard that so many times in the House—carping about it being somebody else’s fault: your fault, my fault, their fault. It just goes backwards and forwards. We have heard about ending the blame game, and yet there is no difference on the other side of the House regarding the blame game now that the Labor Party are in government compared to when the coalition were in government. It is equally as bad. There have been no improvements made on that. I would just like to point out to the House that there has to be a true bipartisan view on how we are going to relieve this crisis and the critical issue of the provision of dental services.

I have raised this in the House before: maybe there needs to be some innovative thinking about how we encourage dentists to relocate to rural and regional areas. When doctors came and set up a practice in rural and regional areas we had a program where we could establish medical centres with our rural and regional fund. I have those in my electorate and I am very thankful for the provision of funding by the former government that has provided my communities with medical centres that have attracted some sensational operators. That has been money well spent. My view has always been that we should have the same program to enable dentists to come and set up, because it is very expensive. When a doctor comes into town, he pretty much has a stethoscope around his neck and a little black bag, and he carries out all his X-rays and major consultations—MRIs and anything that he requires to have done—at a medical imaging facility or a hospital, whether it is a public hospital or a private hospital. A doctor does not have to outlay all of the money to put in all of the equipment whereas a dentist does. When a dentist sets up he has to provide and fund his own X-ray machines and all of his own equipment to ensure that he is giving adequate oral health services. It is very costly for dentists to set up.

I would like to see a program—and I called for this when we were in government—that assists with the cost of setting up a surgery. We have the minister putting health superclinics out there. It would be a sensational thing if we could have superclinics that could include dentistry and fit out a dentistry surgery so that we could even have visiting dental officers practising in a dental surgery in a superclinic. They could relieve the chronic issues particularly for pensioners, disability benefit recipients and low-income earners by enabling them to get access to some form of dental assistance.

I can afford to pay a dentist; I do not have any problems in being able to afford to pay a dentist—I am very fortunate. However, I still cannot get an appointment with my dentist. An appointment is nine or 10 months away, and I can pay, so imagine what it must be like in a rural or regional setting when you are on a low income, a pensioner, receiving disability payments or pension, or similar
and you are trying to see a dentist. It is simply almost impossible. But we certainly did make inroads with our program, particularly with the Health Insurance Amendment (Medicare Dental Services) Bill 2007. I am very sorry that the minister has seen fit to remove that program, because it was very successful in treating many of the issues—not all of them; it certainly did not reach everybody, but it did reach a lot of people.

As I stand here this evening, I would like to come back to some of the issues that the ADA have outlined and that the minister, I would hope, would give significant thought to, particularly around the Teen Dental Plan. The $150 voucher for a dental check-up for an eligible teenager—and this does not go to all teenagers; I have learnt from past experience that the word ‘eligible’ means the devil is in the detail—will maybe enable a teen to go to a dentist in rural and regional areas. In my electorate of Riverina there is probably an 18-month waiting time before they can book in for a dental check-up, but it will not enable them to then undertake treatment. They will be forced back onto the public sector waiting list, and that public sector waiting list is years and years long.

By introducing legislation, providing money to the states and not seeking clear accountability as to the way in which the states are going to continue to meet their obligations, there is going to be no reduction in these waiting lists. I can vividly remember standing here in the House as a new member and thinking that everything we were doing was just right and that everything that everybody else had done was just wrong. I am pretty vocal in generally saying what I think in the House, whether it is good, bad or otherwise for my standing in my party, but I clearly remember thinking that we were doing all of the right things. I now look back and think that the advocacy towards having dental health as a major component of policy platforms over the years has been made by so many good members of parliament. I have heard advocacy for good dental policy in our party room time and time again. No particularly special answers have been provided with this legislation, just as there were no particularly special answers provided in the last. Each of them has done something and this will do something, but is it what is required? I can only stand here and say that I believe it is not. I would urge the minister to reconsider or to seriously look at the issues associated with states’ accountability, lest we continue to have the problem that we had many years ago where the states immediately pulled their funding out of any program that the Commonwealth propped up. So in my speech here today I am just urging for that accountability to be placed upon the states.

Ms CAMPBELL (Bass) (6.39 pm)—I rise today to speak in support of the Rudd government’s Dental Benefits Bill 2008. I do so because I am all too aware of the legacy left us by the previous government when it comes to dental health and wellbeing. Across Northern Tasmania there are people, young and old, who have languished on waiting lists for far too long. Under this government’s $780 million plan, teenagers will receive preventive dental checks in order to ease the pressure on waiting lists. This is about prevention, something which the previous government appears simply not to have understood. It was all too prepared, it would seem, to sit back, wait for problems to emerge and then do absolutely nothing about them.

I am pleased and proud to be able to say to the people of Bass and to communities across Northern Tasmania that this government is different. One of the first acts of the Howard government was to scrap the Commonwealth Dental Health Program, essentially doing away with $100 million a year for the public dental system. This was an
absolute disgrace. Is it any wonder, then, that we are now faced with waiting lists groaning under the pressure? All too late, the Liberals introduced a dental scheme, but so complex was its referral process that barely anyone could actually access it. In my home state only eight people up to the age of 24 actually received these services over the course of four years. That is an average of two per year. Tooth decay is our country’s most prevalent health problem and it is incumbent upon the government of the day to act, not only to treat the problem but to arrest its rise. By targeting teenagers across Bass, across Tasmania and throughout the country, the Rudd government is acting to secure the dental health of future generations. Can I add, too, that the Tasmanian government is acting to address dental waiting lists.

An ageing workforce and a growing national shortage of dentists mean that governments, both state and federal, have to be innovative in how they implement dental health strategies. In Tasmania, a workforce re-entry program exists to assist those returning to dental therapy after more than five years absence, and consideration of options for undergraduate training for both Bachelor of Dental Surgery and Bachelor of Oral Health. No-one on this side of the House is suggesting for a second that any of the steps we are taking can fix all the issues surrounding dental health immediately. But we are acting. The Commonwealth Dental Health Program will fund up to a million dental consultations and treatments. From the beginning of next month, the government will provide $290 million over three years to bring much-needed relief to the 650,000 people on dental waiting lists across the country. Negotiations with the states and territories will ensure that needy patients with chronic care needs will receive treatment.

This bill is about delivering on our election commitments. It is about saying to the people of Northern Tasmania, ‘Here is a plan, and here we are actually acting on it.’ Prevention, as the adage goes, is better than cure, and that is something to which this government subscribes. People across Bass are entitled to know that if they need dental treatment urgently they will get it. Teenagers in Northern Tasmania are entitled to know that the resources and commitment are there to help keep them off dental waiting lists into the future. That is why I am very pleased that the Rudd government is committed to the Medicare Teen Dental Plan. The government will provide up to $490.7 million over five years for the new Medicare Teen Dental Plan. This program will provide up to $150 per teenager towards an annual preventive check for teenagers aged 12 to 17 in families receiving family tax benefit part A or teenagers receiving youth allowance or Abstudy. Around 1.1 million teenagers will be eligible for dental services under the Medicare Teen Dental Plan.

Much has been said about ending the blame game between the states and territories and the Commonwealth government. This is more than simply speaking about it. This bill will see funds committed and action taken to treat a problem which was allowed to develop and compound during the bleak Howard years. The hard decisions have been made to address ineffective programs and replace them with accountable and transparent funding across the board.

On a personal level—and I have said this to the House many times now—it gives me enormous satisfaction to know that the promises I made on behalf of the Rudd government during the election campaign are promises which have been met. Whilst campaigning the length and breadth of my electorate of Bass I met teenagers, parents and the elderly, many of whom had horror stories to tell...
about the neglect they, and their teeth—or, in some cases, their dentures—had suffered under the previous government. I do not think that as a government we would be doing our job if we were not acting to address what is a very real crisis. I also do not think it unreasonable that when people across Northern Tasmania need access to dental care that care is there. It gives me great satisfaction to add my voice in support of this bill. It heralds a new era in dental care. I commend the bill to the House.

Mr COULTON (Parkes) (6.45 pm)—I welcome the opportunity to speak on the Dental Benefits Bill 2008 tonight. Like the member for Bass, the previous speaker, I too have a lot of constituents who contact me about problems with dental health. In a rural area particularly, such as the electorate of Parkes, I think the effects of poor dental health are magnified. There are many towns in my electorate that do not have adequate dental services, and I need go no further than my home town of Warialda; we have not had a dentist in Warialda for many years now. Our nearest dentist is in the town of Inverell, which is 70 kilometres away. If you have a hole in a tooth, or you have a chipped tooth, unless you are in absolute agony you cannot get an appointment in Inverell for 4½ months. I think that puts it into perspective. When we are looking at obtaining the services of dentists, the real problem out there is that there is a lack of dentists. I know that my constituents are not the only ones. We have heard speech after speech here today on this bill about the lack of dental services in Australia.

I must say that I am not critical of the new government. Some of the measures that have come in are, I think, well intentioned, and I think that $150 a year for a preventive check for teens is a move in the right direction. But the problem in my area is that there is a lack of dentists who can deliver that. Once again, maybe without intention, this bill favours urban areas and cities rather than regional areas.

There is another problem. I know that children in my electorate are having massive problems with their teeth—I know this from firsthand experience with children that I know—but the $150 to see the dentist is only the first bit if they require massive dental work. As has been said previously here today, your mouth is part of your body and should be part of your overall health. But those services are not available. Under the previous government’s scheme, up to $4,500 was available for dental treatment that was health related and, while it fell short in some areas, it was excellent. If you had chronic dental problems that were affecting your health, you could get the money to fix it. I know that two or three years ago an elderly lady, a pensioner not far from where I live, out of desperation removed one of her own teeth with a pair of pliers. I think that in this day and age in a country such as ours it is a terrible thing that a lady in her senior years removed her own tooth with a pair of pliers.

The second part of this legislation relates to the Commonwealth dental health program. The government will give $290 million over three years to the states and territories to reduce public dental waiting lists. Again, I have no doubt that this proposal is well intentioned but, once again, in an electorate such as mine we have very few dentists in public hospitals; there are practically none. The other problem is that it has been funded and funnelled through the states. In her speech the member for Bass indicated that it was to stop the blame game and get the money to the states. I do not know what it is like in Tasmania, but in my state of New South Wales the New South Wales government is inept and incapable of managing the health system that we have. I am afraid that the Commonwealth funds are going to get
gobbled up in the mire that is the New South Wales Department of Health. That is a tragedy because I think that if the money went directly to local communities there would be a possibility that that could do some good. But just giving more money to the New South Wales Department of Health is throwing it away.

The real problem is a lack of dentists. I will give the previous coalition government credit because they had started to tackle this problem. One of the programs they implemented, which is now in the process of coming to fruition, is at the School of Dentistry and Health Sciences at Charles Sturt University. There are several campuses in the Charles Sturt University network, and in my electorate a clinic is going to be built in Dubbo next year or in the later part of this year. The clinic not only will provide a training ground for rural and city people who want to study dentistry in a rural setting but also will give the residents of Dubbo and surrounding areas the opportunity to obtain dental services that they cannot get now, and a lot of the people who will obtain those services are from the Aboriginal community and pensioners and the like.

I think this is a practical move, because we need to train the dental professionals in the rural areas if we want them to stay there. I would encourage the Rudd government to follow the progress of the Charles Sturt University dental program and keep an eye on it, because I think there is a great will there. I have met with Professor Goulter, Vice-Chancellor of Charles Sturt University, on several occasions. He is hopeful that this is just the first stage and that when these core dental centres are operating then maybe we can have students and lecturers rotating through smaller towns such as Dunedoo, Coolah, Coonamble and Walgett and places like that that do not have dentistry at the moment; that once these schools of dentistry get going they can service a wide area. Once students get an understanding of country practice in medicine and in dentistry, they will not be frightened by it and I think that that will provide real results in the long run. The previous government committed $65.1 million to the School of Dentistry and Health Sciences, and I think that was money very well spent.

There is another thing that I would like to be considered with regard to oral health and getting professional help out there. In Gunnedah there is a proposal for a health service in association with training medical practitioners and in association with the local hospital and the local GPs, and there will be provision in that centre for a dental chair. The opportunity for a dentist to come through on a rotating basis or for a local dentist to undertake to train dental students in their final years is also a possibility. This Gunnedah health service is a service along the lines of the GP superclinics but with a few added extras. I have approached Minister Roxon and her office about this centre, because I think that training in the process of providing a service is certainly the model to use.

The other model that I would like to comment on is once again in my home town of Warialda. The much-maligned Regional Partnerships program provided $120,000 to help Gwydir Shire Council set up a walk-in, walk-out medical centre. I am proud to say that that medical centre is probably only a couple of weeks from completion. That will provide the opportunity for medical professionals, GPs, to come through and work there without the added burden of having to purchase a clinic. In this new Warialda medical centre there is provision for dentistry, speech pathology, physiotherapy and all sorts of ancillary health services, and I think this model is the way to go.
There are currently 650,000 Australians on public dental health waiting lists. This is purely because there are not enough dentists. While I am encouraged by the government’s commitment in this bill, I do not think it goes far enough. If we do not tackle the shortage of medical professionals, particularly dentists, in regional areas, it will not matter how much money you are given to see a dentist if there is not one available. The tragedy is that anywhere you go in my electorate you can see children in the street—children that I know, from families that I know—who are of the age of five and six who have rotten stumps instead of teeth. I think in this day and age that is an absolute indictment of our society. If we do not do something innovative and show a greater commitment from this place, as the leaders of this country, we will not overcome this problem.

Mr LAURIE FERGUSON (Reid—Parliamentary Secretary for Multicultural Affairs and Settlement Services) (6.57 pm)—I thank the previous speaker and the member for New England for articulating some of the concerns of rural areas that I guess in national and international trends of urbanisation we perhaps do not focus on as much and for the issues they raised about the ageing of the workforce and the need to make sure through training initiatives that people do actually go to those areas.

In a broader sense and legends apart, there are still great areas of social inequity in this country, and certainly the question of health care is one of them. If we look at the realities, we find a very close correlation between many health problems and socioeconomic deprivation, and the dental area is one of them. I cite the Australian Dental Association’s National dental update of November 2004. It noted:

A number of factors contribute to this abysmal record—and it was referring to the dental situation—and it is essential that they be properly identified and dealt with to return Australia to a much improved position on the OECD table. The percentage of adults rating their oral health as average, poor or very poor decreases markedly in households with a pre-tax income of more than $50,000 when compared to households with a pre-tax income of less than $20,000.

Lower oral health is clearly associated with social and economic disadvantage.

I would very strongly reiterate the view of some earlier speakers that one of the worst decisions of the previous government, very shortly after coming to power, was to rid this country of a very worthwhile dental scheme. It was unfortunate that the disastrous decision to force the by-election in the seat of Lindsay distracted the Australian population at that time from what was very much a class based decision which denied working-class people, in particular, access to very necessary oral health care. For the opposition to come in here tonight and say that what is provided here is not good enough is absolute gross hypocrisy because they abolished the dental scheme with great glee soon after being elected to government.

I also note complaints about the state governments. Quite frankly, not all of those state governments have been in for a decade or two, and if there is any build-up of problems, one would have to say that the other side of politics at a state level also must have some involvement if that is the case. Also, this particular bill puts it on the state governments very clearly not to reduce services. They are matters that we really need to understand in this legislation.

The matter is serious. It has been a long time coming. It has been commented upon on many occasions. The ABC’s Health & Wellbeing website said:

What’s the most common health condition in Australia? Heart disease? Cancer? Few people
realise it’s actually tooth decay, with advanced periodontal (gum) disease the fifth most common, and rates of edentulism (loss of teeth) also high, according to the Public Health Association of Australia. As a nation, we’re facing a crisis in oral health, with half a million people unable to access a dentist for even basic care.

We all know that other figures have indicated that large numbers of people do not have proper health care because they cannot afford it. Basically, they do not go ahead with it if it is determined that they should, because of the cost. There is also a clear correlation between dental problems and other diseases. The previous government brought in a scheme where there had to be a chronic condition before people were assisted. I gather that the total figure of those helped during that period was in the area of 7,000 people—that is the number of people who were assisted under a scheme those opposite now laud, now praise here—and they have the temerity to attack this government’s initiatives.

We are now seeing that over one million young people will have the option of having a check-up. We now hear complaints that this will not necessarily provide for all of the dental care that should eventuate if there are problems. Quite clearly, the check-up is an indication to a family that something should be done. Obviously we appreciate that in some cases they will not be able to afford to act on it, but quite frankly many of them would not be able to even afford the test in the first place without this government initiative. What we are seeing is a clear commitment being fulfilled by this legislation. It will provide far wider access to dental care. It will obviously do something about waiting lists via the $290 million being devoted in that area.

In an era when inflationary pressures are here, when transport costs are going up, there is real pressure being placed on parts of my electorate such as Rydalmere and Dundas, which clearly do not have public transport available. This gesture by the government in making sure that something is done in an area that really affects people’s wellbeing, which as I said earlier relates to other health problems, is a measure that should be supported and praised rather than denigrated. We have a clear devolution of a sizeable amount of money over the next few years for annual preventive dental checks, providing an oral examination and, where required, X-rays, scaling and cleaning and other preventive measures for teenagers. I do not want to go over areas that other members have covered. Quite clearly this is a situation that is often raised with members of parliament. If you look around the electorate, if you run into people, they do often raise the question of dental care. In an electorate like mine, which is below national socioeconomic indicators, where people are experiencing really hard economic circumstances, this is important legislation and I have pleasure in supporting it.

Mr BALDWIN (Paterson) (7.03 pm)—Today I rise to speak to the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008. I look at this program that is being put forward by the government and I see disappointment. I see disappointment because it was the Prime Minister who, during the election campaign, said, ‘The buck stops with me,’ and ‘It’s time to end the blame game.’ What we have seen introduced with this bill is a change in program priorities. What we see with the introduction of this bill is a reduction in benefit to the individual and provided to the state governments. The money that is being provided to the state governments under the Commonwealth Dental Health Program, some $290 million, is going to be consumed in the consolidated revenue of health. The state governments in the public system have only
10 per cent of dentists. And in the public system already, they cannot keep up with the work.

One of the interesting statistics provided to me by the Association for the Promotion of Oral Health is a table that shows what state expenditure is on dental health. I will quote New South Wales: it has a dental expenditure of $138 million and a population of 6.828 million, so the per capita spend is $20.21. The previous speaker talked much about his disappointment and the fact that more needed to be done. What the coalition has said all the way along is that the state governments are not delivering on their responsibilities. In fact, it is so dire that people have complained long and hard. In a release from the Australian Dental Association, Dr John E Matthews, the federal president, claims that this program being proposed by the government is too little for too few. He said:

For far too long, the States and Territories of Australia have failed to meet their obligations to ensure proper delivery of dental care to poor and disadvantaged Australians. This Government had the opportunity to rectify some of the specific deficiencies that existed by introducing some coordinated plans that are able to be built upon or modified to meet future needs …

He goes on to say:

Instead it has provided the State/Territory Health Services with additional funding [less than provided more than 10 years ago] to prop up schemes that have not delivered to date. It’s a Band-Aid solution at best.

I will continue to quote him when he says:

The ADA had advised Government that the previous Commonwealth Dental Health Plan was deficient in that it failed to seek accountability from the States as to their contributions to the provision of dental health. Despite the ADA’s calls for the creation of an improved CDHP seeking such accountability from the States as a prerequisite for funding, such calls for responsible Government have been ignored.

Again, in per capita expenditure, New South Wales ranks the lowest. Its expenditure is nearly half of what is spent by the Northern Territory government per capita, which spends $39.99 per person. In Queensland, it is $34.36, in Tasmania it is $33.97, and the list goes on until we get to New South Wales at $20.21 per person. This is an absolute disgrace. It is what we echoed as a government: that the state governments were denying adequate dental health to our constituents. They were ignoring the need and, as we have heard in the quotes from those two gentlemen, the reduction in funding has had a dire effect.

But we did listen to people. We listened to people and we introduced a plan that spread the spend over the 90 per cent of dentists not in the Public Service. We provided funding on a Medicare rebate scheme for dental services. That Medicare rebate was provided after a GP had referred an individual with chronic dental care requirements to a dentist. That was capped at $4,250 over two years. It was a massive improvement. It was $4,250 over two years for one person with chronic dental issues.

What we are seeing is a replication of programs under this government’s Teen Dental Plan. It is $150, provided you meet the means test requirements for the Teen Dental Plan. The New South Wales government provides the school dental plan, which picks up most of the teen dental issues. So what we are seeing here is a replication of expenditure for no direct benefit for those who are chronically suffering with dental conditions.

If you talk to someone who has such infected teeth in their mouth that they are just stumps protruding through their gums, who cannot eat, who cannot afford to get their dentures fixed and who has gone on a waiting list to wait forever, you will see that it is not a pleasant sight at all. That is why the
coalition’s program was so strong. It was so strong that in the nearly five months that it was operational it provided 311,943 services. This government has sought to slash that program. It has sought to slash a program that was directly funding the individual with dentists in the private scheme through a Medicare rebate. Now individuals will go back on to the underfunded state government waiting lists.

It will be an interesting turn of events to hear colleagues on the government side talking up a program that has already let the people down. State governments, as you have heard in the addresses from the Australian Dental Association, have responsibility for dental health. This program, the same as the Howard government’s program, was to have provided additional support. But when I look at those funding figures, which are absolutely atrocious as a spend for the individual, I am embarrassed to be coming from New South Wales when it is providing the least amount of per capita support. I think that it is absolutely fraught with danger. I also note that the 311,943 services that I quoted is a figure that was provided at Senate estimates by Ms Gay Santiago, the Acting Assistant Secretary of the Primary Care Financing Branch of the Department of Health and Ageing.

The reality is that this government will go out on the front foot and say: ‘This is a wonderful funding program. We have provided to the state governments additional funds to address the dental problem.’ There are a couple of key concerns with this. There are not enough dentists in Australia, just as there are not enough doctors. There needs to be more provision, more training and more education. All governments of all persuasions can do more about that. But there is nothing being set aside to attract more dentists into the public health system. The provision of this $290 million will do very little to attract people into the system.

Going back to the Teen Dental Plan, a $150 voucher might sound wonderful because somebody can turn up and have a dental check-up, but what if they need an X-ray? What if they need an extraction? What if they need root canal therapy? What if they need a crown? There is no support for that. There are many young people who have chronic dental issues through poor diet and health, failure to look after their teeth, and breaking their teeth and failing to get them repaired, so they have infections in their gums that affect their diets and their lifestyle. These people will now be put onto the waiting list whereas, if it were a chronic condition, they would be able to seek a reference from their GP to the private provider of dental services and have that problem remedied.

I just do not think that this program has been well thought out. What we saw during the election campaign was nothing more than something to grab a headline. Now, by hell or high water, the Rudd government is determined to deliver its program regardless of the consequences to our constituents. I have spoken to many of my constituents who have accessed the Howard government dental plan and been able to get their teeth fixed, get their jaws fixed or have their teeth repaired and finally eat an apple. Something that many of us take for granted is being able to bite into an apple. If your teeth are in such bad condition that you have stumps, if your false teeth are broken or if you otherwise have an inability to eat, you cannot eat basic foods like apples. I think that is atrocious.

Associate Professor Hans Zoellner, from the Association for the Promotion of Oral Health, said:
The states can’t provide more service without more public dentists, and the CDHP doesn’t even replace the now axed dental Medicare scheme for people with chronic diseases of $340M (2007-8...
Budget papers), so it can’t possibly achieve even more in the public system with less.

And:

Since some states spend about half per capita than others on dentistry, wouldn’t it be more sensible for the Federal government to insist under-funding states increase dental spending to a minimum level, rather than encourage them to just maintain existing funding? – This smacks of a Federal Labor Government going easy on Labor State governments.

It is not about ending the blame game. It is about holding states accountable for their responsibilities. Whilst it is tremendous to be able to provide additional funds for programs, regardless of whether they are from the federal government or the states, I think taxpayers demand that federal governments hold state governments to account on the way they spend their money and the way they appropriate it into various sectors. As we have seen in New South Wales, at $20.21 per person, they have not spent much on dental health. The bill is flawed, and it is flawed for a number of reasons. It will not address the situation of 30 per cent of Australians having reported avoiding dental care due to the cost of services. It will not address the 650,000 people currently on public dental waiting lists. It will not address the 50,000 people who are admitted to hospital each year with preventable dental conditions, putting further pressure on public hospitals. It is no good just pumping money into a state government that has no intention at all of addressing the need for more dentists and no intention at all of spending more per capita of its individual budget.

In conclusion, I am very disappointed with this bill. I would have thought that, after the years of sitting and listening to members of the Labor Party, more would have been done—that is, more than just handing cheques to state governments, more on personal intervention in dental work and more on direct outcomes. As I said, 311,934 services have been provided. In any man’s or any woman’s language—provided they can speak, with their teeth, of course—that is a significant contribution. How do they expect people to be able to pay for X-rays, at $25 to $48? A scaling and cleaning can cost $51 to $116. Root canal work can cost from $222 to $598. Crowns cost on average $1,100, and prices range from $787 to $1,600. These are unaffordable for many people, but they were affordable under the coalition dental plan with a reference from a GP. The Labor Party will go forward and sell their policy to the people. When we come to the next election and there are still a lot of people who have been denied access to dental services because the state governments have not spent, have not planned and have not provided the benefits they need, they will be held accountable. I would like to see the coalition continue with their policy to provide funding directly through Medicare for the provision of such services, as we did as a responsible Howard government.

Mr SIDEBOTTOM (Braddon) (7.20 pm)—I rise to speak on the Dental Benefits Bill 2008 and related bill. Teeth, chompers, pearly whites, fangs or pegs: whatever you choose to call them, teeth and oral health in general play a crucial, basic and sometimes painful role in the health and wellbeing of all Australians. Our teeth are a lifetime investment. They are essential for the most fundamental—and let us not forget delicious—element of being human, eating. Despite their essentialness, though, Australians have come to consider dental health and routine dental checks as secondary or less important than the rest of our health needs. We consider a check-up at the dentist a luxury or an elective item. We do not acknowledge the importance of our teeth to our overall health. We put off going to the dentist, we ignore that toothache and we disregard the health of our
teeth as too expensive to deal with. I suspect there are a variety of reasons: comparatively, and unfortunately, the history or culture of pain formerly associated with a visit to the dentist persists; services are not eligible for or part of the Medicare system; the relatively high costs of treatment; and the need by many to take out private health insurance extras to pay for the treatments.

But one of the major contributors has been the inactive role of the former Howard government in relation to supporting the provision of dental health care in Australia, whether this be in a lack of funding directly into a national dental health scheme or in its reluctance to offer national and financial leadership in the training and provision of dental health experts. To blame the states in relation to these matters reflects mostly on the Howard government’s lack of leadership on a vital national health matter. Contrary to attempts by members opposite—and we just heard the member for Paterson repeat himself 20 times in a 10-minute speech that went to 20 minutes—to justify the Howard government’s wilful neglect of dental health under the constitutional guise of arguing it to be a state rather than a federal responsibility, 12 years of neglect by the Howard government followed and it is now simply too tough for too many to get in to the dentist. Many people instead allow the pain to become excruciating before they do anything about it and then, if and when they can manage to get themselves in to see a private dentist, the cost is comparatively high. Many have given up; they have learnt to cope with aching teeth and ignore their poor oral health. Our health as a nation has suffered no end because of this.

Let us take a minute, if we may, to consider the legacy the Howard government left behind in their post-1996 abandonment—and that is what it was—and neglect of national dental health. In 1996 the Howard government scrapped Labor’s Commonwealth dental health scheme, effectively ripping $100 million per annum out of the public dental services. As a result of this, as the second reading speech of the Minister for Health and Ageing, Ms Roxon, on the bill graphically points out, more than 650,000 Australians are now trapped on public dental waiting lists. In addition, some one in three Australians report avoiding going to the dentist due to the cost. A staggering 50,000 people are hospitalised each year in Australia suffering from preventable dental conditions. This puts added pressure on an already bursting public hospital system, particularly in my home state of Tasmania. One in six Australians report avoiding certain foods because of problems with their teeth. Tooth decay is currently Australia’s most prevalent health problem. Gum disease is ranked the fifth most common disease in the nation. More than one-quarter of adult Australians, I understand, are currently suffering from untreated dental decay.

In my home state of Tasmania, the figures are very worrying, but I acknowledge the Bartlett-Giddings Labor government is working hard to tackle the issue. Unfortunately, adult Tasmanians have the worst dental health in Australia. We have the highest rate of tooth loss—14.3 per cent compared to a national average of 8.3 per cent. We have the greatest number of dentures—19 per cent compared to a national average of 15.8 per cent. We have the highest average number of missing teeth and the largest number of people who have not seen a dentist in the past five years—15.4 per cent compared to the national average of 10 per cent. In February 2007, Tasmania’s dental waiting list stood at more than 9,000 people. Of these, 800 people on the north-west coast were on the long-term list.

We must stop and consider for a moment that these statistics represent real people, not
just numbers. That is 9,000 people struggling to eat, being kept awake at night and, more often than not, in agony. In Tasmania it can take up to five years just to get into the dentist for a routine check-up. Admittedly things have begun to change, but that is a historical statistic. In 2005 there was one dentist for every 4,000 people in Tasmania. The national average was one dentist for every 2,000 people. Here is another statistic I would like to share with you: nationally, in 2005 there was only one dentist for every 11,500 people eligible to use public services.

The Howard government spent the past 12 years refusing to acknowledge these statistics, choosing instead to blame the states—we heard a rendition of the blame game just a moment ago—dismantling the former Keating Labor government’s Commonwealth dental scheme and ripping millions of dollars from the nation’s health system.

What are the implications of this forced neglect of our teeth? Oral health holds the key to our overall health and wellbeing. For 12 years Australians with poor oral health have been sleep deprived, and this has led to all sorts of other health complaints. Poor oral health can trigger all sorts of other medical conditions, as other members have pointed out to the House, including pneumonia, cardiovascular disease and diabetes. Poor oral health is a killer—it kills people. It is linked to premature, low birth-weight babies. Persistent pain has a devastatingly debilitating effect which impacts on every facet of our daily lives. It causes social isolation and poor mental health, puts pressure on personal relationships and can trigger low self-esteem. Indeed, we could spend a whole evening discussing the ramifications of just that last point alone. All of these ailments put significant additional pressure on public health services.

Stop and think for a moment how difficult it might be for someone to get themselves a job or to be approved for a rental property when they have missing or damaged teeth. These problems have increased reliance on welfare payments and public housing. It is serious stuff. It is something you do not think of, but imagine trying to impress someone personally when you have massive problems with oral health or your teeth.

What are we going to do about it, apart from talk about the past? The Dental Benefits Bill, which we are discussing, will allow the Rudd government to deliver on its election promise to provide improved dental services for Australian families and help turn some of these dire statistics around. I regard this as a down payment. This is not enough—nowhere near enough. It is a down payment. It will improve services in two ways: firstly, through the Teen Dental Plan; and, secondly, through the new Commonwealth Dental Health Program. The Rudd government will provide $780 million over five years for these two programs—some $490.7 million over five years to the Teen Dental Plan and $290 million over three years to the Commonwealth Dental Health Program. These commitments will help ease the country’s current dental crisis—I say ‘help ease’; we still have a long way to go—by ending the blame game and working hand in hand with the state governments, for heaven’s sake, not ignoring state needs and gutting health funding like the former Howard government did.

As I have just said, the Rudd government will provide an additional $290 million over three years to improve access to public dental services. Discussions with the states and territories about the introduction of this program are well underway. This money is all targeted at public dental services, to provide additional services to those who need it most: the vulnerable and the needy.
The first task of the new program is to reduce waiting lists by funding an additional one million dental consultations and treatments over the next three years. Strict conditions will be put on the states and territories to ensure the Commonwealth funding goes where it is most needed—to those suffering chronic conditions, to preschool children and the elderly, and to those living in regional areas. This is great news to my electorate of Braddon and, I know, to my colleague the member for Moreton.

I must acknowledge at this point the Rudd government’s decision to discontinue the former government’s Enhanced Primary Care Program, as mentioned by those on the other side. This program introduced by the Howard government allowed GPs to refer people with chronic or complex health conditions to dental and allied health specialists for up to five Medicare rebated treatments in a calendar year. Whilst assisting needy clients—and there is no doubt it did that—the major problem with this scheme was that the Howard government had grossly overestimated the moneys needed to be set aside for these services. So this money was locked up and the majority was not used. And I note the former speaker talked about 300,000 services. That does not mean 300,000 people; it means services. Let us be honest about this stuff. It did help people, and we appreciate that. However, we have to make priority decisions to help more. So, while a small number of people were receiving the service, the unspent moneys, which could have been used for any number of other dental services, were being wasted.

The philosophy behind this government’s decision to discontinue that program is to instead put all available funding into the Commonwealth Dental Health Program. We believe this new system will provide targeted assistance to many more needy clients and those who need it the most.

I would like to now refer to the Medicare Teen Dental Plan. In the last decade, there has been a fourfold increase in tooth decay amongst Australian children. It may in fact shock members and those who may be listening to this debate to learn that currently only about 58 per cent of school-age children have ever seen a dentist—and that is not for positive reasons, let me assure you. This is not acceptable. The Rudd Labor government are committed to fixing it, despite the fact that we come from some considerable way behind—and let us not forget that. So, from 1 July 2008, the government will provide up to $150 per eligible teenager aged 12 to 17 years towards an annual preventive dental check-up.

This scheme will have two significant outcomes, we believe. Firstly, it will provide financial assistance to parents to ensure their children keep their teeth in good shape; and, secondly, it will encourage teenagers themselves to continue to look after their teeth once they become independent. The flow-on effect of this objective cannot be underestimated. If we can encourage and educate the next generation about the importance of good dental health then the chronic dental issues we face today will be greatly reduced in the future, which is what any good preventive health program should do.

The Medicare Teen Dental Plan will operate as part of the broad Medicare arrangements, through a new dental benefits schedule. The dental benefits schedule will be administered by Medicare Australia and will operate in a similar manner to the existing Medicare arrangements. However, unlike the Medicare Benefits Schedule, the DBS will be targeted to specific age groups and working families receiving family tax benefit part A.

In closing, the Rudd Labor government will deliver $780 million to Australia’s dental health through the Commonwealth Dental...
Health Program and Medicare Teen Dental Plan. This will set us up for a whole new level of dental care in Australia and a whole new belief system when it comes to our teeth. But it is a down payment; it is a beginning. It is a re-involve-ment of the Commonwealth in dental health. It will bring dental health care and access to dental care back to the forefront of Australians' minds. Our children will be educated and encouraged from a young age to value their teeth as a lifetime investment. Most importantly, it will ease the burden on the public health system well into the future. Unlike those opposite, I welcome this bill.

Mr John Cobb (Calare) (7.34 pm)—I rise to speak on the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008. The issue of dental services in regional Australia, certainly in western New South Wales—and I am sure, Deputy Speaker Scott, in your own electorate in south-western Queensland—is a huge one. Anything that helps the people of our regions with their dental health has got to be a good thing. However, the program that we initiated in November 2007—where patients who were assessed by GPs as having complex medical conditions which required dental services could go and see private dentists or whoever and receive over $4,000 worth of treatment over two years—was a break in the nexus. It allowed people who would have otherwise been unable to get treatment to do so. An earlier speaker today talked about dental health becoming part of normal health, and I think there is a case for that. Certainly, the people described by our scheme had health issues requiring dental surgery and other services, and they were able to get those under that scheme; otherwise, they might not have been able to.

Other members have talked about the extent to which that service was used. People were able to line up for it up until March of this year. A lady in my electorate of Calare, from Orange, had gone through the step-by-step process to be assessed to be able to use that scheme. She came to see me and said that the scheme had been cut without warning, as it were, and, even though she had met all the requirements, the current government had said that she could not take advantage of it. That was a lady who had done a lot of work to go through the process, and she had every reason to be upset about it—as a lot of people were, obviously, right around Australia but particularly in regional areas such as western New South Wales.

I am thankful for anything that my constituents can get to ease their path into dentistry. The Labor Party—the current government—is introducing a scheme as part of this bill whereby young people can get $150 for a check-up; but, as the member for North Sydney, the shadow minister for health, said earlier, given that the Labor Party itself has said in the past that the cost of a check-up is well over $200, I am not quite sure what it is going to do except perhaps tell someone they have a problem. They will still have to pay a bill for the value of that check-up. Then what the heck do they do? They have not got any money to have the procedure done. I am not quite sure where this is leading.

I would like to get back to the regional issues. Without doubt, an enormous problem in the regions, whether it be Kalgoorlie, south-western Queensland, Calare or Parkes—wherever these electorates are—in the provision of dental services is having dentists available to do the work. We have a big problem especially in some of our smaller towns, our regional areas, where people do not have great access to public transport or any other form of transport.

I think one of the big things that we as a government did was to make it easier for our regional kids to get into medicine or nursing.
without necessarily having to go to Sydney, Melbourne, Brisbane or Perth to do their training. Dubbo used to be in my electorate and Orange is now in my electorate. We are setting up a dental school in Orange with outreaches in Dubbo and Bathurst. Wagga has another part of that dental school. Last year we set aside $65 million to set up that dental school. That will make it much easier for kids from country regions in particular to do their training to become dentists. It is a known fact that if you get kids from regional areas into dentistry they are far more likely to practise in those regions. This is what we did with medicine. We created in places like Orange and Dubbo rural clinical schools which took kids from the University of Sydney. I think the same thing happened in Western Australia. They have been a huge success. We have to continue to train our young people from regional areas. Over 10 years our initiatives took the percentage of regional kids entering medicine from around eight per cent up to about 26 per cent today. That is a huge thing. Last year we set up projects to enable the same thing to happen in dentistry. I think that is enormously important. As I think about it, Mr Sidebottom, the member from Tasmania—

Mr Crean—They did some good things.

Mr JOHN COBB—That is wonderful to hear. Let me just point out a few of the other things that are coming to fruition which are so important to regional dental services. We put $12.5 million into the six major universities that teach dentistry in Australia. I am very, very pleased to find out that, finally, Griffith University have come to an arrangement with the bureaucracy as to how they will spend their $1.8 million. They are going to set up in the town of Brewarrina, which is a town in my electorate with a very high Indigenous population. My electorate has one of the higher percentages of Indigenous Australians, and we are very proud that we have well over eight per cent of the descendants of the original Australians in our electorate. Brewarrina does have a real issue with dental health, as do Bourke and the far west. I am just delighted that Griffith University are going to be spending part of their allocation in Brewarrina in western New South Wales. Every two months they will be taking eight students there for three weeks as part of their training to do dental work, and that is fantastic. I implore Greater Western Area Health to do their bit in the recurrent funding for that. It is all very well for the Commonwealth to fund this and for Griffith University to provide the transport, but I call upon Ms Roxon, the Minister for Health and Ageing, to fulfil the $250,000 promise our government made to Brewarrina to make this a permanent situation. I am just delighted that Griffith University are leading the way and going out to western New South Wales—in this case to Brewarrina—to make that happen. If the Labor government want to put money towards young people's health, that is fine. I think it is ridiculous to fund
what is in the order of half the cost of a dental check. It still does not leave them with any money to pay for the other half or to actually get the necessary work done. To say that we wiped out a program for which there was an obvious need, as the member for—what was it again?

Mr Crean—The member for Braddon.

Mr JOHN COBB—Thank you. For the member for Braddon to say that it was—

Mr Crean—There is something wrong with your memory.

Mr JOHN COBB—Yes, I know. It is a problem, isn’t it? For the member for Braddon to say that we did nothing on this is ridiculous. There were 300,000 services. Of course, it is not 300,000 people, but people who needed genuine work were able to get it done. As I said earlier, people in my electorate are coming to me wanting to know why it is, when they have done all that work, that suddenly they have been cut dead on a program which was obviously so necessary, simply going on the number of people who have taken advantage of it. I think it is shocking that that program is being cut. If the government want to bring in a new one, I think they should fund it rather than throw people half the cost of a dental check-up and then give them nothing to follow it up afterwards. Mr Deputy Speaker Scott, regional health is a huge issue—as you, I and the member for Kalgoorlie are well aware—and we will pursue it and do our level best to keep the government on their toes on it.

Mr COMBET (Charlton—Parliamentary Secretary for Defence Procurement) (7.46 pm)—The issue of dental care, of course, is an issue that is of great interest to many of my constituents as well, and a number of the members who have spoken previously have drawn attention to the circumstances in their own electorates. But it is relevant right across the country for many working families who are struggling with the financial costs that are associated with dental care. Indeed, as we have heard from some of the other speakers, a number of Australians are struggling with these costs, and the numbers are growing quite considerably. The 2007 Australian Institute of Health and Welfare report concluded the following: 30 per cent of Australians reported avoiding dental care due to the cost, 20.6 per cent said that the cost had prevented them from having recommended dental treatment and 18.2 per cent reported that they would have had a lot of difficulty paying a $100 dental bill—and, of course, $100 does not take you too far once you are in the dentist’s chair. At the last election Labor promised to implement a teen dental health plan, and with the passage of the Dental Benefits Bill 2008 and the cognate bill the government will have met that commitment.

Before I get to the substantive aspects of the bills I just want to outline some of the other statistics I think relevant to Australian dental health. At the same time that we have seen the pressure of dental health care costs rising for working families, we have seen a worsening of some of the dental health of many Australians. It is a sad fact that tooth decay ranks as one of Australia’s most prevalent health problems. Some of the statistics relating to this problem are really quite alarming, and I think it is important to emphasise them. It is estimated that 25.5 per cent of the Australian adult population have untreated tooth decay. One in six Australians aged 15 have avoided certain foods because of problems with teeth during the last 12 months. As we have heard the member for Braddon note, 50,000 Australians a year are hospitalised for preventable dental conditions. Between 1996 and 1999, five-year-olds experienced a 21.7 per cent increase in deciduous tooth decay. Hospitalisation rates for children under five for dental conditions
increased by 91 per cent between 1994-95 and 2004-05, a shocking statistic over a 10-year period. There was also a 42 per cent increase in children being treated in private hospitals for dental cavities between 2000 and 2005.

For a country which is relatively affluent by world standards, this is an unacceptable situation. It is statistics like these that have led the Rudd Labor government into action in the area of dental care. As a government, we are determined to turn around a decade of neglect under the previous government. It can never be forgotten, of course, that the previous government abolished the Commonwealth dental health care program in 1996, taking out $100 million per year from public dental health services. I think there is no doubt that that decision in 1996—which, surprisingly, I have heard some of the members opposite attempt to defend during the course of this debate—has contributed to a number of the statistics that I have referred to worsening over the past decade.

I turn to the bills before the House, and firstly the teen dental health plan. The bills implement Labor’s teen dental health plan, which was announced before the election. This will mean that, from 1 July 2008, the government will provide up to $150 per eligible teenager towards an annual preventive check for all teenagers aged between 12 and 17 years in families that receive family tax benefit part A, and also teenagers in the same age group who receive the youth allowance or Abstudy. The annual preventive check within the scheme will include an oral examination and, where clinically required, X-rays, a scale and clean and other preventive services, which are extremely important for teenagers. This plan will provide relief for a large number of families who are struggling with the rising cost of dental health. I am pleased to say that this initiative alone, it is estimated, will benefit over 1.1 million eligible teenagers across the country. I am pleased to say that we believe that, in my electorate of Charlton, it will potentially assist approximately 14,000 of the family members of my constituents.

Funding for this initiative was included in the government’s recent budget, with a total of $490.7 million being provided over the next five years, an extremely substantial commitment by the government to try and improve teenage dental health. We have been advised that the Department of Health and Ageing is currently working with the Australian Dental Association and other stakeholders to provide information about the Teen Dental Plan to dentists to ensure that the scheme runs smoothly and that people are able to access it in an appropriate manner.

The other element of the legislation before the House is that, to facilitate the teen dental health plan, the bills will establish a new dental benefits scheme. This scheme will provide the necessary framework to allow for dental benefits to be targeted to specific groups of patients. It allows for the targeting of the measures in these bills towards teenagers and gives the government the opportunity of exploring further schemes to target dental health care assistance to those most in need.

It is important to emphasise that the teen dental health plan is only the first part of the government’s plan for improving dental services in Australia, but of course it is not the only part. In the recent budget the government also provided $290 million over three years to state and territory governments to help fund up to one million additional consultations and treatments for Australians needing dental treatments. This is all about implementing a new Commonwealth Dental Health Program.
Funding arrangements to support this program are being developed between the Commonwealth and states and territories. States and territories will be required to maintain their own level of funding for dental services but will be able to use this additional funding to supplement their existing public dental services. It is extremely important, of course, that the Commonwealth’s contribution will make a net addition of $290 million worth of dental services. They will also be able to access the funding to purchase services from the private sector in areas where public dental services are not able to be accessed.

All of this is indicative of the fact that the Rudd Labor government—unlike the previous government—is taking leadership in the area of dental health rather than relying on the tired example of the previous government, who resorted to the argument that this is all the responsibility of the states. I have noted that speaker after speaker amongst those opposite has emphasised, as a justification for the previous government’s policies in this area, the argument that this is all the responsibility of the states and that that is why we have the problems we have. The fact of the matter is that there is a responsibility on the part of national leadership as well to address serious problems of this nature.

Within the budget the government also committed $49.5 million to the James Cook University proposal for the Cairns School of Tropical Dentistry. This project will deliver capital infrastructure aiding in the delivery of 60 dentistry places a year. So that is an important addition to the capacity within northern Australia.

The initiatives that I have outlined have all occurred in the first six months of the Rudd Labor government. This stands in contrast—and, having listened to some of the contributions from those opposite, it is important to emphasise this—to the record of the Howard government in the area of dental health over 12 years. As I indicated earlier, it is a well-known fact that the Howard government scrapped Labor’s Commonwealth Dental Health Program in 1996, ripping out at the time $100 million a year in contributions to public dental health services.

Mr Haase—It ran out.

Mr COMBET—The effects of this become obvious when you look back at the period since that cessation of that program. From the other side of the table I hear the interjection that it ran out. There was an obligation to make sure that these important health effects in the dental area were addressed by government, and that was the failure. In the circumstances of the decisions of the previous Howard government, it is important to note that over the last decade state and territory governments have more than doubled their investment in public dental care. Yet over the same period public dental waiting lists blew out to 650,000 people after the Howard government’s decision to axe the Commonwealth Dental Health Program.

Mr Haase interjecting—

Mr COMBET—The states doubled their funding, in fact. In 2004 the Howard government belatedly attempted to address their failure in this area by making dental care available through Medicare, but only to people with chronic illnesses and complex care needs. However, I think it is now well recognised that the scheme introduced in 2004 was riddled with problems—including complex and restrictive eligibility criteria, high out-of-pocket costs and somewhat complex referral processes from GPs for people to be able to access the entitlement under the scheme.

As a result the scheme only assisted about 7,000 people over a three-year period, in a
context where we have 650,000 on a waiting list. I do not think that can be characterised as a success in public policy terms. So the Rudd Labor government has made an important start in trying to address this important area of public health, where I think, as a nation, we have been failing people in the community. For these reasons I commend the bills to the House.

Mr PERRETT (Moreton) (7.57 pm)—If you go up to level 1 of Parliament House, you will find a couple of acts up there that precede the Federation of Australia. They are dated July 1900. There are two original copies of them on display up there. Schoolkids look at them. It might be interesting for some of the people opposite to go and have a look at them, because it is a copy of our Constitution as an act passed by the British parliament.

Mr Haase interjecting—

Mr PERRETT—There are two copies up there at the moment, actually, if you go and have a look.

Mr Haase—Person, not people. There is only one here.

Mr PERRETT—Sorry, I should have said ‘person’. The opposition should go and have a look at these acts, because the copies of the Constitution do not have any blood on them. There are no great tear stains on them, because obviously Australia was born out of an act of the British parliament, not the revolutions of some of the other places around the world—even democratic countries around the world.

The Constitution is obviously a difficult document to amend. I have my copy of the Constitution here. Section 51 says:

The Parliament shall, subject to this Constitution, have power to make laws for the peace, order, and good government of the Commonwealth with respect to:

(xiiiA.) The provision of maternity allowances, widows’ pensions, child endowment, unemployment, pharmaceutical, sickness and hospital benefits, medical and dental services...

Section xiiiA was obviously an amendment. It came in after a referendum on 28 September 1946. Actually three referendum questions were put. Two of them were rejected. The one that got up was this one that amended the Constitution, which is not an easy thing to do—only eight out of 44 referenda have actually passed. It is a very difficult document to change, but this question did get up, even though the two alongside were rejected. Just for the benefit of the member for Kalgoorlie I will point out that 62.26 per cent of Western Australians actually voted for that amendment. That was the highest percentage in all of Australia. I know that Western Australians have a strange history when it comes to voting on referenda, but on this occasion 62.26 per cent of Western Australians said, ‘We want that amendment. We’re in favour of that amendment for the Commonwealth to look after dental services.’

It is my understanding that there was actually a joint ticket sponsorship of that amendment to the Constitution by Ben Chifley and Bob Menzies. The proposal that was put to the Australian people has been sitting there since 28 September 1946. The Constitution is very difficult to change. Unfortunately, one of the Howard government’s first acts when it came to power was to rip the funding out of public dental services. I am sure Bob Menzies would turn in his grave at such an act. It was one of the first things that the Howard government did.

In 1996 the coalition axed $100 million of dental funding to the states. In my home state of Queensland—which, Mr Deputy Speaker Scott, is something you hold close to your heart—our share was $20 million a year, which would relieve a lot of people’s misery.
In today’s dollars the funding shortfall is more than double that. Mr Deputy Speaker, as you know, I grew up in a town in the bush, St George. The dentist where I grew up in St George was Steve Logan, who was a great dentist. He did a lot of great things for the community—I could certainly tell you a few tales about him because I am good friends with his sons—but now in St George they cannot recruit a dentist. Why is that so? Not surprisingly, when a federal government rips $100 million out of public dental services, there are fewer dentists and fewer dental services. It is not hard to see the results of removing $100 million from a public scheme. This was the trigger that set off the decay of the public dental system throughout Australia, and unfortunately Australians have since then had to reap the benefits of that horrendous decision.

On top of that, the coalition government failed to train enough dentists through our universities. The previous speaker, the member for Charlton, mentioned the new dental school in Cairns and the speaker before that mentioned the dental school in Orange, but obviously these measures are too little, too late in terms of addressing the problem. Those dentists will not be opening mouths to provide relief for years to come—until 2014, 2015 or 2016—and that does not help the people who are suffering from a toothache now.

In Queensland we have just 0.58 dentists for every 1,000 people, and I know other states are in a similar situation. In fact, I can relate to that. After eating a bit of Cadbury fruit and nut chocolate on Sunday I lost a filling, so I had to call my dentist this morning. I am in an inner-city electorate, which is well serviced in terms of dentists, but I cannot see a dentist before the end of July, and that is for someone who is on a decent wage and has private health cover. So obviously there are a lot of other places around Queensland, and I am sure it is the same in Western Australia, where the dental queues are growing longer and longer. It has got to the point in some areas around the country where public dental patients have no realistic expectation of receiving non-emergency dental treatment, and this has occurred within a decade.

The reality is that some people simply cannot afford private dental treatment. Their only option is to wait for their condition to get so bad that they need emergency treatment. I have seen those queues. The electorate of Moreton has a couple of facilities—including QEII hospital. If you go there in the morning, you will see the queue of people lined up in the order in which they arrived at the door of QEII hospital. It is staggering to see the pain that people are in, and people let them move further up the row in the hope that they do not have to go home untreated at the end of the day. This is a shameful legacy for the opposition to have to their name.

It is simply not sustainable to have dental queues increasing out of control. It is also unthinkable that some people are forced to suffer pain because they cannot get access to a public dentist. That is why the Rudd government made a commitment to restore funding for public dental services. The Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008 offer a two-pronged approach to improving dental services around the country. They include $490 million for the Teen Dental Plan and $290 million for the Commonwealth Dental Health Program. In all, it is a massive investment in improving the oral health of all Australians, providing $780 million over five years.

The Teen Dental Plan is about ensuring our young people enter adulthood with healthy teeth. Certainly, having been a
schoolteacher in a former life, I know how sensitive young people are about their teeth and how it can affect for life if they have problems with their teeth, both socially and obviously health wise, which earlier speakers have addressed. The Teen Dental Plan provides $150 a year towards an annual preventive dental check-up for eligible teenagers aged 12 to 17 years, so that they start a relationship with their dentists. The dental benefit will be available to families receiving family tax benefit part A. In other words, this measure is about helping those who need it most.

I have certainly had dealings with Mike Foley, former President of the ADAQ, the dental authority. He has talked about the horrible situation in the mouths he has had to look into, and you realise how dental care is a social justice issue, certainly in Queensland, a non-fluoridated state. This is about to change and I commend the health minister and the Premier on that initiative. The Teen Dental Plan will include an oral examination and, where required, X-rays, scale and clean, and other preventive services. This is a program that will benefit more than one million teenagers every year. This bill will also set up an appropriate framework for payment of dental benefits under a new dental benefits schedule. It is similar to the MBS, but it is means-tested and specifically targeted to teenagers. As part of the framework, Centrelink and Medicare will be able to exchange information so that vouchers can be distributed to eligible families and teenagers.

This bill also establishes the Commonwealth Dental Health Program to restore funding to the states and territories to reduce public dental waiting lists. I am thankful that it will avert a lot of misery. Through this program, state and territory governments will be able to provide up to one million additional dental consultations and treatments to help clear public dental waiting lists around the country. As I stated earlier, the $100 million ripped out in 1996 is a significant amount of money. Combined with the attacks on universities, obviously no-one opposite should be surprised that there are fewer dentists, which means longer waiting lists. So let us make Ben Chifley proud and let us make Bob Menzies proud. I commend the bill to the House.

Mr Zappia (Makin) (8.07 pm)—I too rise to speak in support of the Dental Benefits Bill 2008 and the Dental Benefits (Consequential Amendments) Bill 2008. These bills are further examples of the Rudd government delivering on yet another election commitment, and doing so very quickly in this term of government. This substantial commitment of $780 million is made up of $290 million towards the Commonwealth Dental Health Program and $490 million for the Teen Dental Plan. The need for this expenditure is urgent, and it is important that this policy be delivered as quickly as possible because, as we have heard from speakers on both sides of this House, the number of people on waiting lists for dental treatment, and the compounding financial and health costs and the deteriorating quality of life of those people, continues to rise. The quality of their lives continues to suffer.

I can speak firsthand about this because I have met a number of the people that fall very much into that category and I have seen the impact it has on their lives. People who have problems with their teeth cannot eat certain foods and that, in turn, has compounding effects on their general health and, quite often, other health complications arise.

As has been proved time and time again by the medical profession, poor eating habits are frequently the cause of other medical problems. I have also seen the social impacts on people. One pensioner was telling me in the lead-up to the election campaign about how the fact that he could not get a new set of

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dentures—he could not afford them—meant that he had to start cutting out part of his social life. He felt entirely uncomfortable in going out and doing the sorts of things that he had been doing, firstly, because he could not enjoy the food and, secondly, because he did not like the way his teeth looked. It caused him to lose a lot of self-confidence.

In the second reading speech, the Minister for Health and Ageing highlighted how some 650,000 Australians are on public dental waiting lists and how 30 per cent of Australians are reported to avoid dental care because of the cost of those services. On almost a daily basis we hear concerns raised by families, by people on low incomes and by pensioners about how difficult it is to face cost-of-living pressures. There is no question that that is happening, and we know that there are a lot of people out there doing it tough—so you can very easily understand how 30 per cent of Australians are actually avoiding dental health care because they simply cannot afford to go to the dentist. It becomes one of the low priorities of their expenditure when it perhaps ought to be one of the high priorities. But, because it is something that they can make do with and learn to live with in the short term, they keep putting off the expenditure. Sadly, the fact that they do so means that, ultimately, the expenditure that they incur further down the track is much, much higher as a result of the consequent health issues that arise. So, whilst they might think at the time that they are putting their money into something that is more urgent, perhaps they are actually making the wrong choice about that.

We also heard from the minister how 50,000 people end up in hospital each year because of preventable dental conditions. Every time this happens it means that someone else has to wait in line for services that they also need. These people would not have to wait in line if the dental care were there and the 50,000 people had not been forced into hospital through neglect of their dental health needs. The minister also talked about how tooth decay is Australia’s most prevalent health problem. I am not surprised to hear that, given the withdrawal of funding from the Commonwealth Dental Health Program by the previous Howard government. Clearly, if you are going to withdraw $100 million a year from a service, someone is going to suffer. Ultimately, the people that are going to suffer are the people that are in need of that service. When you consider that $100 million in funding was withdrawn over a 10-year period and when you consider that dental health is the second biggest health expenditure of Australians—in the latest figures that I was able to obtain some $3½ billion was spent on dental health in one year alone; I think it was 2005-06—you can understand how dental health is one of those areas where people do spend a lot of money. The withdrawal of a billion dollars, or thereabouts, over a 10-year period can make a huge dent in the services that are provided to people that need those services.

The minister also talked about how, between 1996 and 1999, five-year-olds experienced a 21.7 per cent increase in deciduous decay. That is effectively a 21.7 per cent increase over a four-year period. Isn’t it interesting how that increase coincides with the withdrawal of the Commonwealth dental service? I might come back to that a bit later on because I want to say something about some of the remarks that I have heard from speakers on the other side of the House about who is responsible for dental health services in this country. Those statistics that the minister referred to are appalling statistics and they highlight both the urgency of this legislation and the rightful, widespread condemnation of the Howard government for axing the Commonwealth Dental Health Program and in doing so, as I said a moment ago, rip-
ping $100 million per year from the public dental health system. The overwhelming numbers of people who make up the statistics that I referred to earlier are the people who are already the most disadvantaged in our society. They are the pensioners, those on low incomes and the children of parents on low incomes. Those children end up being the victims of all of this because, unlike even their parents, they have had no say in this matter whatsoever. They are the most vulnerable that you could refer to.

Quite understandably, it is those people who miss out because, quite frankly, if you are better off you are likely to be able to afford the dental services that you need and, as you need them, you access them from the public system or the private system. But if you cannot afford them you are the one who is going to go without, just as you have to go without in so many other areas. It begins a downward spiral in your life, because if you do not access the services you need when you need them, as I said earlier on in my remarks, it starts to create other health issues and on it goes. The importance of this bill is that not only does it deliver the $780 million I referred to to the dental needs of Australia but it delivers to those people who most need the money and the support and who would most likely go without if the federal government were not providing this level of support.

I want to talk about another matter, though. I hear speakers from the other side say time and time again that when it comes to the provision of dental services the responsibility lies with the states—as if dental health is not part of overall good health. I was pleased that the member for Moreton reminded me about the Constitution and that section 51, part xiiiA specifically refers to dental health being an obligation of the federal government. But putting that to one side for a moment, I think that every Australian would quite rightly believe that the federal government has some responsibility when it comes to the provision of health services, and to suggest that dental health is not health but something totally different is totally mind-boggling. The extraordinary absence of logic in suggesting that one part of your body does not come under the broad scope of health because it is dealt with by a specialist who is referred to as a dentist totally baffles me. I have to say that I cannot understand the logic in using the line that it is a state responsibility because dentists are, for some reason, a special category, and I suspect that no-one else in Australia can either.

Mr Price—Certainly the pensioners.

Mr ZAPPIA—Exactly—the pensioners. I have to say that it would not only be the pensioners. I wonder how the dentists and the other dental health professionals feel about that when they hear it. Are they too not referred to as health professionals? Is dentistry not a health service in their eyes? I suggest that they would not be terribly impressed when members opposite suggest that people who study dentistry or nursing in the dentistry field are not considered equal to those who study other forms of medicine. I know a number of dentists. They study dentistry—therefore a medical field—and they do so for a number of years. It is one of those areas in which you have to specialise. The dentists with whom I have had experience I fully commend as absolute health professionals in their field.

There is another element to this business of where the states should be responsible for a service and where they should not. Again, it is interesting that the opposition members continually blame them for the state we are in when it comes to the number of people who are on waiting lists and that they supposedly are to blame for all the woes we face when we talk about dentistry. In my state of
South Australia between 1996 and 2002, when some of the statistics escalated the most, we had a Liberal government in power. So I wonder whether the members opposite also direct their criticism at the Liberal government of the day when they throw that criticism at the state governments. I doubt very much that they do. They are simply using that excuse to try to blame the state Labor governments. As we have said time and time again, they play the blame game on a matter on which they themselves were extraordinarily negligent.

What we did see, though, is that in 2004 the Howard government started to panic on this issue because public opinion went against the government of the day. The opinion was that the federal government was not doing enough to assist people with dental needs. In particular, it was the pensioners who were raising the matter the most. So we saw the Howard government bring in some of its own legislation, referred to as the Commonwealth dental scheme, in 2004. But, as other speakers have said time and time again in this debate, the referral process and eligibility criteria were so complex and so restrictive that in my own state, over the four years that the Howard government scheme was in place, I understand that no services at all—and I stand to be corrected if members on the other side can prove me wrong on this—had been provided to children up to the age of 14; that is, absolutely zero. That was the take-up rate of that scheme for children under 14 in the four years that the scheme was in place. It shows how poor the scheme was and how miserably it failed. And because it failed—again, not surprisingly—come the 2007 election, dental health became a major issue which I well recall campaigning and doorknocking and speaking to community groups about on a regular basis. No-one has to convince me that dental health was a major election issue, because I was confronted with it on a regular basis by people I spoke with who were demanding that the federal government reinstate the Commonwealth dental plan and do more than what was being done. As a result of that, and as a result of a government that was beginning to panic because it could sense the mood of the people out there—and with an election looming in 2007—we saw the federal government amend its own scheme and make further changes to it in order to try to establish some credibility on this issue with the voters. It was too little and it was too late. By that stage, voters had had enough. By that stage there were too many people out there who had been waiting too long for assistance. They were not prepared to wait any longer, and they were not prepared to give the Howard government another three years to see what kind of additional scheme it was going to implement. They were not prepared to give the Howard government another three years of bringing in a scheme which, again, would probably not suit their needs. Not surprisingly, they voted with their feet in 2007.

I said earlier that I had met a number of people in the course of my campaign who drew my attention to their need for dental health services. Not surprisingly, when I was elected as the member for Makin the very first constituent who came into my office was a constituent who wanted assistance with respect to his dental needs. I am pleased to say that I was able to assist him and he was able to get the kind of support that he deserved, needed and had been waiting for for some time. That was the very first constituent I had come into my office. Since that time, I have had a number of others come into my office with similar problems, again, having been on waiting lists for too long and literally in dire need of dental assistance. Again, I did whatever I could for them. But what I can say to them now is that, as a result of this $780 mil-
lion committed by this government, the waiting lists will be reduced and the services will be out there for them to access when they were not there in the past.

A number of the matters that I would have otherwise spoken on in this debate have already been addressed by other members. I am not going to repeat all of the issues that were raised by members, particularly on this side, in support of this bill, but I do want to respond to some of the issues that were raised by members opposite. One of the criticisms has been that we do not have enough dental professionals in the public system and therefore, regardless of how much money you throw at the system, people will not be able to access the services. Why don’t we have enough dental professionals in the system?

Ms Rishworth—Because they kept ignoring it.

Mr ZAPPIA—Absolutely. For 10 years the Howard government did absolutely nothing about ensuring that the future needs of the dental profession were being met by our universities. That is why we have a shortage. But there is another reason why we have a shortage, and that is that when you pull $100 million a year out of a service then of course the waiting lists are going to grow. Had we invested that money over the last 10 years into the service, the waiting list today would not be so long and therefore the professionals who are out there today would be able to cope with the demands that are being placed on them. It is quite simple. You do not have to use an extraordinary amount of logic to work out that, if you had been servicing people for the last 10 years, you would not have had the accumulation of people on the waiting lists that we now know we do have.

But it goes further than that, and I am pleased that other members, including the member for Moreton and the member for Charlton, have referred to the James Cook University and the establishment of a dentistry school there. This government is aware that there is a shortage of dental professionals in the field. We are very much aware of that, and that is why there has been this investment in the James Cook University—again, to try to increase the number of professionals that are required throughout the communities wherever you go in Australia.

I guess the other matter is that, when it comes to the health checks, there is no reason why those health checks cannot be done by private practitioners. It does not have to be a dentist in the public system. They can in fact be done by private dentists, and I am sure that many of them will be. Whilst I am speaking on the Medicare Teen Dental Plan, can I say this: as a parent of children who are now in their 20s, I can well recall when my kids were in their teenage years. I can recall that it is in those years that young people tend to neglect their health needs the most when they should in fact do quite the opposite. Not surprisingly, the statistics show that between the ages of 18 and 21 is when young people generally have the worst and most dental problems. Why? Because at the time when preventive measures should be taken they are being ignored—for a whole range of reasons. I am sure that anyone in this House who is a father or a mother would understand how kids grow up and how they tend to commit their time to other things and neglect the things that perhaps they should not be neglecting. The reality is that that is when they ought to be looked at, and so the Medicare Teen Dental Plan is not simply a $150 payment that is going to create a check-up. What it is going to do is create the preventive action that will save those families money later on and ensure that those kids have much better health as a result of it.

Quite frankly, this legislation goes a long way to doing a lot for a lot of people. I
commend it to the House, and I am pleased to see that, as I said earlier, this government has introduced it so early in its period of government.

Mr PRICE (Chifley) (8.27 pm)—I want to support the remarks of my colleague the honourable member for Makin and the contribution he made to the Dental Benefits Bill 2008 and Dental Benefits (Consequential Amendments) Bill 2008, pointing out that of course dentistry is part of the health system. It was an absolute disgrace when, 12 years ago, one of the first actions of the Howard government was to abandon the field. Every year and every month during that 12-year period they said it was a state responsibility. The truth is that during that period the states doubled the funding that they were spending on the public dental health system. And what was the Commonwealth doing? Absolutely nothing. And, of course, waiting lists were blowing out. I am very proud to be here in this House seeing that we have made a commitment to dentistry. I have two public dental health clinics in my electorate, one of them named after the late May Cowpe, a great Trojan of the ladies auxiliary at Mount Druitt Hospital and, I suspect, a Liberal Party voter. With this money, that clinic is going to be able to really deliver a service and cut the waiting lists. We all know that in its last year of operation the pensioner dental health program helped 600,000 of our fellow Australians, and what did the Howard government do? They chopped it and said it was a state responsibility. As far as dental health was concerned, the Howard government did not want to know, and, of course, we have picked up the pieces, as the honourable member for Makin said.

I have a lot of constituents coming to see me legitimately who are concerned about their dental health program and getting their teeth fixed. Regrettably, the neglect of oral health can lead to the hospitalisation of people; it can lead to death. It is a very serious matter, and the greatest crime is when parents cannot afford it for their children or pensioners and those on welfare are unable to access the service. I have seen some horrendous cases where people have had to wait two and three years and have had to ingest liquid food because they could not eat solids. This was a situation where those opposite would constantly say, ‘This is a state responsibility.’ In fact, you would not think they are federal members because every problem in Australia is usually a state responsibility or a state problem or a state caused problem. But, on this side of the House, we are prepared to work constructively with the states to get solutions, to provide help, and we will not turn our backs on pensioners and others in need.

The DEPUTY SPEAKER (Ms JA Saffin)—The debate is interrupted in accordance with standing order 34. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting. The member will have leave to continue speaking when the debate is resumed.

COMMITTEES
Primary Industries and Resources Committee
Report
Mr ADAMS (Lyons) (8.30 pm)—On behalf of the Standing Committee on Primary Industries and Resources, I present the committee’s report entitled More than honey: the future of the Australian honey bee and pollination industries, together with the minutes of proceedings.

Ordered that the report be made a parliamentary paper.

Mr ADAMS—On behalf of the Standing Committee on Primary Industries and Resources, I have the pleasure of presenting this report. This report addresses a matter of great importance to the future of Australia.
The Australian honey bee industry is a small but vital component of the Australian economy. While the production of honey and other bee products represent only $8 million per annum in gross value of production, the value of honey bees as pollinators to agriculture production is reckoned in terms of billions of dollars. Clearly, therefore, the prospects of the honey bee industry, the producers of honey bee products and the providers of managed pollination services are of vital interest to other primary producers, governments of all levels and the Australian community as a whole. It might be an exaggeration to say ‘no bees, no food’, but the food security and economic welfare of the entire community depend to a considerable degree on the humble honey bee.

Yet the Australian honey bee industry faces a number of significant threats and challenges. A major challenge is resource security. The honey bee industry is dependent upon native forest for honey production and recovery from pollination operations. Without access to floral resources, the potential of the honey bee industry to grow to meet the demands for crop pollination is compromised. The committee has made a number of recommendations which, if implemented, will provide resource security for the honey bee industry and pollination dependent industries into the future.

This is especially important in the face of the biosecurity threats facing the industry. The potential for pests such as varroa destructor to annihilate feral bee populations and decimate managed bees is real. Keeping such pests and diseases from Australian shores should be a priority for governments and industry. Investment in border security measures and research is vital. The committee strongly recommends the creation of a new honey bee quarantine facility and increased funding for the National Sentinel Hive program.

The honey bee industry is also being challenged by declining profitability. The industry must modernise to provide paid pollination services. Yet, for paid pollination services to be viable, the honey production sector must also be viable. Import competition is having a significant impact upon returns to Australian honey producers, but much of this competition derives from low-cost countries with poor quality control regimes. Australian exporters on the other hand often face a range of tariff and non-tariff barriers in accessing overseas markets. Clearly, there is no level playing field. In addition, lax labelling laws have allowed foreign honey to be ‘rebadged’, with serious implications for the reputation of Australian honey.

Protecting the industry from biosecurity threats and preparing it for the future is a significant undertaking. In this vein, the committee acknowledges the work of government and industry in creating Pollination Australia, an organisation designed to provide funding and leadership for Australia’s pollination providers and users into the future. Nonetheless, the committee believes that there is greater scope still for the promotion of research extension and training for the Australian honey bee industry and related industries. With this in view, the committee has recommended that the Australian government commit $50 million per annum in pursuit of biosecurity measures and research in support of the honey bee industry.

I would like to express, on behalf of the committee, our gratitude to all those who participated in the inquiry and to the staff of the secretariat, Janet Holmes and Bill Pender, and also to the member for Hume, my deputy chair, Alby Schultz, for all the work that he put into this report. On behalf of the committee I commend the report to the House.

Mr SCHULTZ (Hume) (8.35 pm)—I rise to speak on the tabling of the report of the
House of Representatives Standing Committee on Primary Industries and Resources entitled More than honey: the future of the Australian honey bee and pollination industries. Under the previous government I was the chair of this committee in another form and I am pleased to advise that the work on this report has continued in the same spirit of bipartisanship under the current chairman, the member for Lyons. I wish to thank all former members of the committee and the staff of the secretariat for their considerable input into this important document. Without their dedication, this important issue may not have received the publicity it justifiably deserves.

During the hearings, the message we received from the industry and the scientific sectors was a chilling one. I will quote from the report:

Taking into account all plant based industries and wool, meat and dairy production, it is estimated that honey bees contribute directly to between $4 billion and $6 billion worth of agricultural production. In its submission to the inquiry, the Australian Honeybee Industry Council ... noted that:

Honeybee pollination provides significant value to Australian horticulture and agriculture with services being valued at $3.8 billion per annum for the 35 most important honeybee dependent crops. When other crops, including pastures such as lucerne and clover, are added this estimate becomes even larger. If honeybee pollination were to stop completely, large losses would be felt in a horticulture sector. This is because approximately 65 per cent of horticultural and agricultural crops produced in Australia require pollination services from honeybees.

... ...

In its 2005 report, Future directions for the Australian honeybee industry, the Centre for International Economics (CIE) noted that the Australian honey bee industry has an overall gross value of production (GVP) of $65 million, with honey production contributing about $50 million, with other products, such as paid pollination services, beeswax production, queen bee and package bee sales and pollen production contributing the rest. The report notes that given its gross value of production the industry should be classed as ‘a relatively small industry’, but that ‘its value to the rest of agriculture and the economy through pollination services and, potentially, the value of honey and honey products in medicinal uses, far exceeds the value based on GVP estimates’.

The CIE report said further:

A risk-impact analysis clearly points to the industry needing to address two key issues as a matter of priority. These are: first, to ensure that everything possible is being done to protect the industry from an exotic incursion of varroa mite or other serious exotic diseases; and second, to influence governments to ensure that access to native flora resources is not further restricted and hopefully reversed. The latter will require a concentrated effort by industry leaders to influence policy makers on sound, professional and well-presented arguments and will also require the industry to establish its own environmental credentials through the adoption of an EMS [Environmental Management System].

And the committee report made the following points:

The Australian honey bee industry faces a range of threats and opportunities in the future. In 2005 the Centre for International Economics highlighted three major threats facing the industry which required immediate attention:

- The introduction of exotic pests and diseases, particularly the parasitic mite Varroa destructor;
- Access to natural resources; and
- Contamination and mislabelling of Australian honey bee products.

At worst, the world could run out of food within five years of the varroa mite reaching Australia, and the varroa mite will reach Australia. It is a question of when, not if! Australia’s physical separation from much of the rest of the world and its strict quarantine regime have worked to protect us for a long
time. But the varroa mite has been in New Zealand for several years and it is only a matter of time before we see it here.

This report suggests how we might best prepare for the inevitability of this threat to the last of the world’s clean bee population. The issue is too important to become involved in a political battle. The current Prime Minister and his cabinet need to understand that the 26 recommendations of this report must be properly funded and fully implemented. The impact of the varroa mite and other threats to the honey bee industry will be profound. Government authorities are currently talking about the significant dangers of the resulting food shortages in Australia and across the rest of the world. The 26 recommendations in this report illustrate just how the food-bowl industries of Australia totally depend on pollination by honey bees.

One last point I need to make is that, while we are tabling this report in the hope that its recommendations will be promptly adopted and actively pursued, there is a history of reports being shelved or of only one or two recommendations being taken up by governments of all persuasions. It is vitally important to the biosecurity not just of the honey bee industry but of Australia that all 26 recommendations of this report be funded and implemented as soon as possible. We do not need another review or another committee. We need action.

The DEPUTY SPEAKER (Ms JA Saffin)—The time allocated for statements on this report has expired. Does the member for Lyons wish to move a motion in connection with the report to enable it to be debated on a later occasion?

Mr ADAMS (Lyons) (8.41 pm)—I move:

That the House take note of the report.

The DEPUTY SPEAKER—In accordance with standing order 39, the debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

Primary Industries and Resources Committee
Report: Referral to Main Committee
Mr ADAMS (Lyons) (8.41 pm)—I move:

That the order of the day be referred to the Main Committee for debate.

Question agreed to.

Electoral Matters Committee
Report
Mr MELHAM (Banks) (8.42 pm)—On behalf of the Joint Standing Committee on Electoral Matters, I present the committee’s advisory report, incorporating a dissenting report, on schedule 1 of the Tax Laws Amendment (2008 Measures No. 1) Bill 2008, together with the minutes of proceedings.

Ordered that the report be made a parliamentary paper.

Mr MELHAM—On behalf of the Joint Standing Committee on Electoral Matters, I have pleasure in presenting the committee’s report, entitled Advisory report on Schedule 1 of the Tax Laws Amendment (2008 Measures No. 1) Bill 2008. The Senate asked the committee to review the bill, which proposes to discontinue the tax deductability of political donations. The committee supports the discontinuation of tax deductability for political donations and recommends that schedule 1 of the Tax Laws Amendment (2008 Measures No. 1) Bill 2008 be passed by the Senate without amendment.

Discontinuing tax deductability for political contributions and gifts is estimated to save $31.4 million over the four years to 2011-12, with savings commencing in 2009-10. The policy of discontinuing tax deductibility for political donations was taken to the 2007 federal election by the Australian Labor Party. The bill will give effect to this pre-
election commitment and deliver ongoing savings of over $10 million per year. Delaying the passage of this legislation will lead to these savings disappearing from the budget bottom line. The savings estimates prepared by Treasury represent the best available estimates, given the lack of information from tax returns, on donations to political parties and on political party membership. While some inquiry participants argue that tax deductibility should be considered as part of a broader inquiry, it is doubtful that the future political financing landscape will retain such an unbalanced and inequitable scheme.

Tax deductibility for political donations was introduced in an ad hoc way in 1991, following amendments to electoral legislation in the Senate by the coalition parties and the Australian Democrats. While initially only applying to donations by individuals and their party membership fees to a cap of $100 per year, in 2006 the government extended tax deductibility to businesses and lifted the threshold to $1,500 per year. At the time, the then opposition members of the electoral matters committee expressed their concern that these changes would encourage individuals and other entities to make extensive political contributions in secret and at taxpayer expense. Discontinuing tax deductibility for these payments will remove the inherent inequity of the tax system that provides higher income earners a larger subsidy for contributions to political parties. Abolishing tax deductibility for business taxpayers will remove a loophole under which payments by businesses to political parties are subsidised by the taxpayer to the tune of 30 per cent. There is no evidence to suggest that removing tax deductibility will necessarily lead to reduced participation in political activities. Members of the community can still join political parties, and individuals and businesses will still be able to donate to political parties and candidates for public office; however, the inequity created by the tax system will be removed and there will be a fairer basis for political participation.

I would like to take this opportunity to thank my fellow committee members for their contributions to the inquiry and to thank those who participated by making submissions or appearing at the public hearing. I would also like to thank the committee secretariat for their assistance.

I want to add a few extra words. We as political parties receive public funding. That is a transparent and open process. It is a public process. Tax deductability is frankly a form of double dipping by political parties. If pensioners and other people on low incomes were to give donations to political parties, they would not be subsidised by the taxpayer. Here, we are subsidising people on higher incomes and businesses to contribute to political parties. It is done in secret. It is not transparent; it is not open. My strong personal view is that this scheme needs to finish. The opposition may well argue: ‘Let’s look at it as part of a broader mix. Let’s look at other measures.’ That can be done by the government or by the electoral matters committee at a later date. But this political fix, which has been supported by the conservatives—as I outlined in the history—needs to come to an end, and $10 million is good reason why the bill should be passed by the Senate before the end of the financial year. I commend the report to the House.

Mr MORRISON (Cook) (8.47 pm)—I also thank all members of the Joint Standing Committee on Electoral Matters for their participation in this inquiry. I thank the secretariat for their work and their assistance, particularly to opposition members, throughout the course of the inquiry. I also thank members of the public who came along to the hearings and made submissions. The reform of our electoral system, particularly as
it relates to political donations, cannot be done in isolation. This specific measure
smacks of a piecemeal approach. This point was made on many occasions as the bill
passed through this chamber, and it was consistently raised by those who came before the
committee. We on this side of the House—and I am encouraged by some but I hope to
be encouraged by more on the other side—have a deep commitment to reform of this
area. There is a crisis of confidence when it comes to political donations in this country.
That crisis of confidence began and went into space—literally—with the illegal events
at the Wollongong council involving ALP donors. That is what created this crisis of
confidence. The community expects this issue to be addressed.

Senator Ronaldson in the Senate suggested—and the reference was made to the Joint Standing Committee on Electoral Matters—that we take a wide-ranging look at this issue. I commend the chair on allowing that reference to combine with the reference from the Special Minister of State and be taken on by the committee to look at these issues in detail. As was made clear in the course of the inquiry, when you look at issues like this bill you have to consider their broader impact on the system as a whole. On this occasion we have not had the opportunity to do that. We have not had the opportunity in changing this area to understand what other changes need to be made and how these things can be balanced off to provide a better system that the community can have greater confidence in. This view was supported in the hearings. I refer members of the House to the report, which quotes Associate Professor Graeme Orr from the Democratic Audit of Australia. He said:

... it is very premature to do away with a form of encouraging small-scale donating at the same time as seriously considering, in a few months time, the banning of large corporate and organisa-
tional donations. That is going to lead to serious questions as to where parties get the money from and deductibility, or matching funds, is something that needs to be kept in the mix.

This discussion of the mix came up quite frequently, and it is the mix we need to look at. We cannot pursue this issue in a piece-meal fashion. We need to consider the total package of reforms. The reforms that so far have been foreshadowed in the Senate are also concerning because they largely deal with small-beer issues. Increasing the regularity of disclosures and so on may be another way of watching donations. It would seem we in this place like to watch lots of things. But watching cannot be the answer. We are talking about some serious illegal activity that has created a crisis of confidence, and we need a package of measures that ensures the restoration of public confidence.

Not only was this bill put forward in a piecemeal approach; the case for that failed to be made in the course of the committee’s inquiries. First of all, Treasury officials who appeared before the committee were unable to substantiate in any meaningful way the $10 million of savings. The assumptions that they made, while possibly logical in their construction, relied on base information that just did not exist. So the revenue savings of this measure were simply pulled out of the air. Fiscal necessity was the reason the bill was rammed through this House and referred off to the Senate and ultimately to committee. That has not been justified. We simply do not know how much this measure is going to raise. As a number of submissions made very clear, the total revenue that has been assumed to come from this measure will never eventuate. Secondly, the argument has been made about equity, but the equity arguments that have been made about cash deductions are the same equity arguments that are made against any tax deduction. If
you were to put forward the argument for equity of tax deductions then you would also be denying work related expense deductions, which are widely available in the tax act and are preserved by this bill. *(Time expired)*

The DEPUTY SPEAKER (Ms JA Saf-fin)—Does the member for Banks wish to move a motion in connection with the report to enable it to be debated on a future occasion?

Mr MELHAM (Banks) (8.52 pm)—I move:

That the House take note of the report.

The DEPUTY SPEAKER—In accordance with standing order 39, the debate is adjourned. The resumption of the debate will be made an order of the day for the next sitting.

PRIVATE MEMBERS’ BUSINESS

Zimbabwe

Ms PARKE (Fremantle) (8.53 pm)—I move:

That the House:

(1) notes the grave and ongoing humanitarian and political crisis in Zimbabwe;

(2) expresses its concern at the unacceptable delay in the release of official results from the 29 March 2008 presidential election in that country, and records its concern that this delay was part of a ploy by the incumbent Mugabe Government to fraudulently retain power;

(3) asserts that the democratic choice of the people of Zimbabwe must be respected, and that the second, run-off presidential election, to be held by 31 July 2008, must be free, fair and without intimidation;

(4) calls on the Zimbabwe Election Commission to invite international election observers to monitor the election including observers from the African Union and the United Nations;

(5) confirms its commitment to the fundamental democratic requirement of a free and open media, and urges the Zimbabwe Government to allow international media full access to Zimbabwe to report on and properly scrutinise the run-off election;

(6) condemns the use of violence and other kinds of intimidation or manipulation by election participants in Zimbabwe, including by associates of the ruling Zimbabwe African National Union – Patriotic Front party, in attempts to pervert the democratic process;

(7) expresses its hope that the election process can be resolved in order that a properly constituted government of Zimbabwe can turn its full attention to addressing the serious problems afflicting its people, including severe food shortages, a spiralling rate of HIV/AIDS infection, high level unemployment, raging inflation and the lack of basic health services;

(8) welcomes the Australian Government’s humanitarian aid to Zimbabwe which provides humanitarian relief and human rights support for ordinary Zimbabweans; and

(9) supports the Minister for Foreign Affairs in his efforts on Australia’s behalf in seeking to cooperate with the United Nations, other nations, and relevant non-government organisations to bring a rapid and peaceful resolution to the political impasse in Zimbabwe, and to address the humanitarian crisis in that country.

On 29 March this year, Zimbabweans turned out in their millions to cast their votes in their country’s parliamentary and presidential elections. The majority of Zimbabwean people bravely voted for change. This included its rural population, which has traditionally supported the ruling party. Even these people have experienced enough of the economic and social disaster that confronts them daily. The courage of the people and of the opposition—principally the Movement for Democratic Change, or MDC, led by Morgan Tsvangirai—combined with such factors as the change to the Electoral Act requiring that votes be counted at the polling station with the results publicly posted there,
meant that in the aftermath of the election it actually seemed possible that an end to the ruling tyranny might be delivered by democratic means.

Unfortunately, it soon became apparent that this would not happen. The Mugabe ZANU-PF regime—a political movement that was once instrumental in ending the oppressive and undemocratic white rule in Rhodesia and that clearly had not anticipated losing the March election, which was by no means free and fair—has responded to the loss of its parliamentary majority and to Mugabe finishing second in the presidential election by determining to thwart the will of the people. Since the 29 March election, the regime has launched a campaign of violence against the leaders and mid-level activists within the opposition and against ordinary people suspected to have voted for the opposition. It has engaged in intimidation and ‘re-education’ of the population ahead of the 27 June run-off presidential election.

Members would have heard of the detention of Morgan Tsvangirai for the fifth time in about 10 days this past weekend and the arrest of the MDC’s secretary-general, Tendai Biti, who has been charged in a Harare court with treason, an offence carrying the death penalty. Mugabe vowed over the weekend to fight to keep Tsvangirai from power and said he is prepared to go to war for it.

I draw members’ attention to a report released only last week by the respected human rights organisation Human Rights Watch. The report is chillingly titled ‘Bullets for Each of You’—state-sponsored violence since Zimbabwe’s March 29 elections. The report’s frontispiece includes a quote from a soldier addressing villagers in Karoi, Mashonaland West. The soldier is reported to have said:

If you vote for MDC in the presidential runoff election, you have seen the bullets, we have enough for each one of you, so beware.

The report cites information from numerous sources to support the contention that a program of anti-democratic violence and coercion has been underway since the March elections and is being guided by the Joint Operations Command in Zimbabwe, which comprises the heads of the Zimbabwe Defence Forces, the police, the Central Intelligence Organisation and the prison services. The central role being played by the Zimbabwe Defence Forces within the JOC has led many experienced observers to conclude that the military in Zimbabwe is now effectively running the Mugabe regime. On this count, it is alarming to recall the statement made before the March election by General Constantine Chiwenga, commander of the Zimbabwe Defence Forces. General Chiwenga was quoted in the Standard, a Zimbabwe newspaper, as saying that army would not ‘support or salute sell-outs and agents of the West before, during and after the presidential elections’.

Last month, after five American and two British diplomats were detained, US Ambassador James McGee observed:

We are dealing with a desperate regime here which will do anything to stay in power.

Human Rights Watch reports that victims of the violence in Zimbabwe have heard repeated reference to ‘Operation Where-Did-You-Put-Your-Vote?’ Under this operation, MDC supporters are pulled from their homes in the middle of the night and beaten with logs, whips and bicycle chains. The Human Rights Watch report documents cases of torture and murder, where the bodies of MDC activists have been found with their eyes gouged out and their tongues and lips cut off. Some have had their genitals mutilated. It is also reported that the government now requires people to surrender their identity cards.
before receiving food aid. ZANU-PF supporters have their cards returned. MDC supporters do not, and so will not be able to vote on 27 June.

As of 27 May, Human Rights Watch had confirmed at least 36 deaths—and I understand this figure has since risen to about 60—and around 2,000 victims of violence and torture. The overwhelming majority of these were MDC activists or supporters, and some have been observers from the independent Zimbabwe Election Support Network. Foreign journalists have been banned and there has been a crackdown on local journalists critical of the regime. This, of course, is not new behaviour for the regime. Members will recall that, following the release of footage of a badly beaten Tsvangirai in March 2007 which sparked international outrage, the cameraman who filmed those images, Edward Chikombo, was found dead a few days later.

In the last month, Care International has been ordered to stop operations on the trumped-up charge of interfering in the electoral process. This is a non-government organisation that provides aid to 500,000 people in Zimbabwe. On 2 May, UNICEF condemned ‘increases in violence against children’ and noted, on 21 May, that widespread violence was hindering its relief efforts in Zimbabwe.

As the Chairperson of the UNICEF Parliamentary Association and as someone who has spent most of the last decade working for the United Nations and alongside a range of significant non-government organisations, I am appalled by the way in which aid agencies are being prevented from doing their work in a country whose people so badly need that help. I am afraid that, in such an environment of violence, intimidation and manipulation of food aid, there cannot be a credible run-off election.

I would like to mention the role of South Africa at this point. It is deeply disappointing that South Africa’s President Mbeki has refused to condemn the state-sponsored violence and intimidation ravaging Zimbabwe, even claiming that it is a normal election process in Zimbabwe. However, a recent report by six retired South African generals documenting political violence in Zimbabwe is encouraging and may provide the impetus for a stronger line to be taken by Pretoria. We have also heard some forceful statements from Jacob Zuma, leader of the African National Congress. It is essential now that South Africa as well as other southern African nations play a key role in resolving this political and humanitarian crisis.

This is also the view of the International Crisis Group, which issued a report on 21 May entitled Negotiating Zimbabwe’s transition. In that report, the Crisis Group advocates an expanded Southern African Development Community mediation, including key SADC countries such as Angola, Botswana, South Africa, Tanzania and Zambia. This local mediation would be ‘backed by quiet but concerted wider international support’ and, the report says:

… should focus on two immediate alternative objectives: negotiating the establishment of a transitional government headed by Tsvangirai and involving substantial ZANU-PF participation that avoids the need for a run-off; and if that fails, negotiating the conditions for the holding of a free and fair run-off between Tsvangirai and Mugabe.

Time is running out for a negotiated settlement on a transitional government. We are now only 11 days away from the date set for the run-off election, 27 June.

Prime Minister Rudd has called on African nations, particularly the SADC and the African Union nations, to speak with one voice about the importance of democracy and the will of the people prevailing in Zim-
babwe. Of course, Australia stands ready to provide human, technical and financial aid to the monitoring of both the electoral process and human rights abuses in Zimbabwe, as well as a further $8 million in food aid.

In endorsing the doctrine of a ‘responsibility to protect’ at the 2005 World Summit, world leaders accepted that the concept of state sovereignty implies not only rights but also duties towards citizens of the state to protect them against, inter alia, crimes against humanity. Where the state is unwilling or unable to fulfil its duties, the ‘responsibility to protect’ falls to the international community. I submit that the situation in Zimbabwe may well be an appropriate case for the application of the principle of a ‘responsibility to protect’.

There is compelling evidence that the Mugabe regime has abandoned its responsibility for the people of Zimbabwe and is sacrificing the welfare of its citizens to achieve its own political survival. As the International Crisis Group has said:

If Mugabe wins the run-off through fraud and/or violence and intimidation, his government should be declared illegitimate … and appropriate regional and wider international actions should be taken to deal with what would clearly be a rogue regime.

This motion expresses the sincere hope that sanity will prevail despite all present indications to the contrary and that we will see in the near future a new and properly-constituted democratic government in Zimbabwe, a government that can turn its full attention to addressing the serious problems afflicting its people. Australia is ready to play a constructive role in supporting a southern African solution to this crisis and in helping to rebuild Zimbabwe’s ravaged economy and infrastructure, its long-term health, the dignity of its people and its future in a post-Mugabe world.

Mr Morrison (Cook) (9.03 pm)—I second the motion. I commend the member for Fremantle for bringing the motion on Zimbabwe before the House and I endorse her remarks completely. This is not the first time this matter has been debated by this parliament and it will not be the last. Zimbabwe, under Mugabe, has been sinking into the abyss for almost three decades. The subject matter of this motion is also too common: Zimbabwe, the Congo, Darfur, Kosovo, Iraq, Burma—the list goes on. Sadly, what shocks me about these situations is no longer that these regimes exist but that in the 21st century we continue to tolerate them, elevating the rights of the state above those of individual human beings.

A few weeks ago I spoke of the need to give real meaning to the doctrine of a ‘responsibility to protect’ in relation to Darfur and Burma; tonight I renew that call for Zimbabwe. However, in our post-Iraq world, I wonder whether we have lost our resolve. Former US Secretary of State Madeleine Albright has recently concluded, in the wake of the Iraq war, that ‘the concept of humanitarian intervention has lost momentum’. Recently, the Prime Minister also said that we must learn the lessons of our involvement in Iraq. But does this mean that the world must once again turn inwards?

The Robert Mugas of this world are counting on it, and they have been heartened by the season of post-Iraq revisionism that has been taking place. Now is not the time to lessen our resolve, nor to be verballed into a post-Iraq recant on actions that brought to an end the despotic and brutal regime of Saddam Hussein.

In 1999 the former British Prime Minister Tony Blair set out his new doctrine of international community to the Economic Club of
Chicago. In making his case, he drew attention to the serious threat to our international community of ‘two dangerous and ruthless men—Saddam Hussein and Slobodan Milosevic’. He said:

Both have been prepared to wage vicious campaigns against sections of their own community … both have brought calamity on their own peoples.

He also said:

Twenty years ago we would not have been fighting in Kosovo. We would have turned our backs on it.

However, as he said:

We are all internationalists now … We cannot turn our backs on conflicts and the violation of human rights within other countries if we want still to be secure.

Tony Blair was right then and he is right now. In Kosovo, this doctrine succeeded, and has been seen to succeed, despite the fact that the legality of that intervention still remains unclear. By contrast, in Iraq, despite the fact that Saddam Hussein is dead and the people of Iraq are now fighting to create their own democratic future, the perception is very different. In urging Europe and the world to hold its course on Kosovo, Mr Blair said:

If NATO fails in Kosovo, the next dictator to be threatened with military force may well not believe our resolve to carry the threat through.

For those now engaging in post-Iraq revisionism, let them take care not to create similar doubt in the minds of the Robert Mugabes of this world about our international resolve.

Tyranny in Zimbabwe is not new. For too long the human rights of those who live in Zimbabwe have taken second place to the rights of sovereign states. The country that was once the breadbasket of Africa is now a basket case. The promise of independence and a new beginning for Zimbabwe in 1980 has become a nightmare. Mugabe, who had once been described by Desmond Tutu as ‘one of the bright stars of the African constellation’, is now described by Tutu as a ‘caricature of an African dictator’ who has ‘gone bonkers in a big way’.

The economic vandalism of Mugabe’s policies, particularly in relation to land tenure, has created 165,000 per cent annual inflation, 80 per cent unemployment and more than one-third collapse in GDP, and has led to around one-third of their population, including doctors and other professionals essential for Zimbabwe’s future, fleeing the country. Mugabe’s land tenure policies are at the core of Zimbabwe’s destruction. They are the product of a leader who sought to maintain power not by creating a new future for his country and his people but by engaging in the evil and brutal politics of hatred, prejudice and division.

Today, as we read of his actions to deny food aid—as the member for Fremantle was outlining—to his own people in order to cling to power, the historical record shows that this is nothing new for Mugabe. In 1984 he used the same tactic against the then supporters of his rival Joshua Nkomo. In an area where 400,000 people were heavily reliant on relief deliveries and food supplies from local stores, Mugabe closed the stores and halted food deliveries. An officer in the notorious 5 Brigade, established by Mugabe, explained the army’s food policy to locals by saying:

First you will eat your chickens, then your goats, then your cattle, then your donkeys. Then you will eat your children and finally you will eat the dissidents.

These same tactics were used almost 20 years later, when the impact of Mugabe’s land raids, combined with drought, left seven million people at risk of starvation. The state controlled Grain Marketing Board blocked
distribution of maize supplies, again, to opposition areas. This time his opponents were the supporters of Morgan Tsvangirai and his Movement for Democratic Change. It is therefore no surprise that Mugabe is once again using food aid as a weapon against his own people to serve his own brutal ends. It is also no surprise that the opposition leader has been arrested five times now and that his party secretary is in jail. It is sadly no surprise that the US based Human Rights Watch, as the previous speaker mentioned, has documented 36—and now I understand 60—cases of politically motivated murders and 2,000 victims of a campaign of killings, abductions, beatings and torture. This is the reality the people of Zimbabwe have been living with under Mugabe for decades.

Australia has made the case on Zimbabwe over many years. The Howard government supported their expulsion from the Commonwealth, imposed economic sanctions and travel restrictions, increased humanitarian aid and took the cases of human rights abuses—in partnership with Canada and New Zealand—to the United Nations and the High Commissioner for Human Rights. All of these actions must continue, and I am very confident that they will continue under the new government. Of particular importance is the need to keep pressure on the African Union, and South Africa in particular, to bring about the obvious desired outcome in Zimbabwe.

On June 27 we hope for a different future for Zimbabwe, but we cannot delude ourselves that a simple change in government on its own will bring about a changed future for the people of Zimbabwe. We should remind ourselves that, following the official end of the war in the Congo in 2003, two million people have since died. Of particular relevance is that disputes relating to land tenure have been behind many of these conflicts that have led to deaths in the Congo. As an international community we must turn our minds to the post-Mugabe era and address this situation as we would for a country that is emerging from a sustained and bloody conflict. The Zimbabwean economy has collapsed by more than a third since 1999. This compares to an average decline in GDP in civil wars in African countries of just 15 per cent. We need a plan for a post-Mugabe Zimbabwe, and Australia should be taking a lead role through the Commonwealth and other international forums to make this happen, as has been highlighted by the member for Goldstein.

Key factors that need to be addressed include the following: re-establish as a priority the rule of law by removing the politicisation and corruption endemic in the police force, military, intelligence services and judiciary—where appropriate, this must include the support and deployment of UN and AU forces; bring together donor countries, the World Bank and other international agencies to prioritise Zimbabwe’s economic development needs and to provide support through a national reconstruction fund, not unlike that employed by the US in Iraq; task a team of legal experts to begin work on developing options for land title reform to assist the new government to address perhaps its greatest economic and political challenge; initiate a process for justice and reconciliation based on the Truth and Reconciliation Commission experience in South Africa and as also applied in Rwanda; bring together a major global relief fund with staged contributions that reflect the capacity of the country to absorb such aid; make available the expertise and personnel needed to rapidly increase the institutional capacity to absorb humanitarian aid through a conference of NGOs with donor countries and local officials to identify immediate priorities, such as food relief, as well as putting in place longer term programs on issues such as HIV-AIDS; and seek to
engage the resources and support of the Zimbabwean diaspora in the reconstruction effort, including staged resettlement and the infusion of much needed skills and experience.

Our task as an international community in Zimbabwe is great. It has been made greater by our obfuscation over almost three decades. It is our hope that work will be able to commence on June 27. If our hope is denied, then let us finally act as an international community to value the human rights of those living in Zimbabwe higher than the rights of a despotic regime to sovereign statehood. If our hope is realised, then let us write a new chapter in the doctrine of international community which creates a new future for Zimbabwe and sends a message to both the despots and those who suffer at their hands that in this new world things will change.

Mr DANBY (Melbourne Ports) (9.13 pm)—I commend the member for Fremantle and Cook for their remarks—particularly the member for Fremantle for introducing to the House this desperately sad and tragic motion on Zimbabwe. I am reminded by the member for Pearce that this House has discussed Zimbabwe and the tragic situation there five times previously. This afternoon I received from the Catholic aid agency Caritas their usual glossy publication, and it has a few paragraphs that are worth reading:

POST-ELECTION VIOLENCE AND disruption has taken a heavy toll. Brutal images of people burnt, beaten and abused by Mugabe’s goons have spread around the world—many too shocking to make it into the mainstream media. With the future stability of what was once one of the most prosperous countries in Africa just decades ago, no result tatters the hopes and futures of the people of Zimbabwe.

Prior to the political stalemate—of the 29 March elections—the humanitarian situation in Zimbabwe had been deteriorating for over 20 years under the maniacal rule of Robert Mugabe. Average life expectancy has crashed in the last decade—and the House should hear this statistic—from 63 years to 34 years. In one decade, in a whole country, their life expectancy has decreased from 63 years to 34 years.

Over four million people are presently dependent on food aid and inflation is at over 160,000% putting basic foods out of the reach of many Zimbabweans. It is now estimated that … 80% of the country’s population live in extreme poverty, while an additional three million have … left the country in search of work.

Of course, there is also the situation with HIV-AIDS in Zimbabwe as a result of the neglect of the government: 2,200 people are dying every week; 240 children aged below 15 are dying of HIV-AIDS per week in Zimbabwe; and 1,265,000 children are currently orphans in Zimbabwe—over 10 per cent of the total population. The great writer Christopher Hitchens, in the Weekend Australian, had this to say:

THE scale of state-sponsored crime and terror in Zimbabwe has escalated to the point where we are compelled to watch not just the systematic demolition of democracy and human rights in that country but also something not very far removed from slow-motion mass murder a la Burma.

The order from the Mugabe regime that closes down all international aid groups is significant, given the situation I have just described, Mr Hitchens argues, because:

It expresses the ambition for total control by the state and it represents a direct threat—“vote for us or starve”—to the already desperate civilian population—of that country. He writes:

The organisation CARE … for example, which reaches 500,000 impoverished Zimbabweans, has been ordered to suspend operations.
And there is a little paragraph Mr Hitchens points out, almost buried in the larger report of the atrocities of that regime, that speaks volumes:

“The UN Children’s Fund said Monday that 10,000 children had been displaced by the violence, scores had been beaten and some schools had been taken over by pro-government forces and turned into centres of torture.”

What more can we add to words like that? Mr Hitchens makes the point that, in this desperate situation, perhaps two leaders of world moral authority and integrity—His Holiness the Pope and the great leader of South Africa’s liberation, Nelson Mandela—have an important role. His Holiness the Pope, because Robert Mugabe is a Catholic, should add his voice to the international demands for a free election for the liberation of the people of Zimbabwe from Robert Mugabe’s tyrannical rule. But I want to conclude with Mr Hitchens’s painful appeal to the great Nelson Mandela:

It is the silence of Mandela, much more than anything else, that bruises the soul. It appears to make a mockery of all the brave talk about international standards for human rights, about the need for internationalist solidarity and the brotherhood of man, and all that.

There is perhaps only one person in the world who symbolises that spirit and he has chosen to betray it. Or is it possible, before the grisly travesty of the run-off of June 27—the election in Zimbabwe—that the old lion will summon one last powerful growl?

Let us hope, for the tortured people of Zimbabwe, that he does. Nelson Mandela, the world needs you to lead the campaign to liberate the people of Zimbabwe as you liberated your own people.

Mrs MARKUS (Greenway) (9.18 pm)—I rise today in support of the motion put forward by the member for Fremantle. The opening paragraph of an article by Stephen Bevan in today’s Sydney Morning Herald highlights yet again the concerns raised by the rest of the world for the people of Zimbabwe. He writes:

THE President of Zimbabwe, Robert Mugabe, has declared that he will go to war if he loses the presidential election in two weeks’ time.

I address the House today to express my concern for the people of Zimbabwe amid the current climate of political turmoil and crumbling civility. This is a country where the life expectancy is only 34 years of age, where over four million people depend on international aid and where over 80 per cent of the population live in extreme poverty. Robert Mugabe has terrorised the people of Zimbabwe for too long, and it is essential that democracy be allowed to have its effect and that his reign end.

I urge the Minister for Foreign Affairs to continue his efforts on Australia’s behalf, and I urge that the Australian government play a more critical role in calling for international assistance for the citizens of Zimbabwe. It is essential that the government elected in Zimbabwe can take action on the problems faced in that nation and start the arduous, hard work that will be required to provide the basic services that the people so desperately deserve. The current situation in Zimbabwe is best summarised by one doctor, who stated:

Put simply, people are dying of AIDS before they can starve to death.

According to Caritas News, 2,200 people die of AIDS every week. Of those, 240 are children aged less than 15 years. Over 10 per cent of the total population are orphans, and nearly 1 million of them are HIV-AIDS orphans. This is a tragedy.

I support the motion to express concern with regard to the inconceivable delay of the release of the official results from the presidential election conducted on 29 March. This
assault on democracy was clearly nothing but a last-ditch attempt to starve the people of Zimbabwe of what they deserve—change. It was a gross miscarriage of justice that once again stood in the way of constitutional rule, and yet few were surprised. It is essential that the consequential run-off election not be conducted with the same arrogance and disdain for the rule of law on the part of Mugabe, even though the stories in today’s paper tell a different story. It must be conducted without intimidation.

Reports of violence are all too frequent, with an article in the South African Times reporting over 60 murders of Movement for Democratic Change supporters since the March election alone. Even in today’s age of superefficient international communication, it is a constant battle for Zimbabweans, who are subject to the most appalling censorship in the world. Australia should immediately renew calls for international journalists to be allowed to have access to Zimbabwe and to report their findings without fear of retribution. It is simply unacceptable for a dictatorship of this nature to have any place in the modern world. The people of Zimbabwe deserve better—much better.

Whilst I support the Minister for Foreign Affairs in his endeavours so far, I call upon this government to do more to help in Zimbabwe. Australia should be leading the charge for international pressure in Zimbabwe. I support the shadow minister in his appeal to Mr Rudd to call on the Commonwealth Secretary-General to convene a Commonwealth Heads of Government meeting to influence the African leaders. The only way to secure a fair and true outcome in this run-off election is through the pressure of African leaders and the presence of Commonwealth observers.

Australia needs to provide the people of Zimbabwe all possible assistance in changing their government if that is their desire. The basic rights are outlined in the Universal Declaration of Human Rights. Presently Zimbabweans are denied the right to protection from arbitrary arrest; the right to freedom of thought, conscience and religion; the right to freedom of opinion and expression; the right to take part in the government of their country; the right to work; the right to a standard of living adequate for health and wellbeing; and, the right to education.

Not only are they being denied these essential rights and freedoms, they are subject to gross mismanagement of the economy, which has resulted in financial chaos. The current inflation rate is at a mind-boggling 160,000 per cent. It is one of the few countries in the world where billionaires cannot afford a loaf of bread. The maladministered treasury continues to print money and government spending is increasing to put upward pressure on the already-skyrocketing figure. Mugabe has failed the people of Zimbabwe by anyone’s standards and the people have had enough.

Ms JACKSON (Hasluck) (9.23 pm)—I rise tonight to speak in support of the motion on Zimbabwe moved by the member for Fremantle and seconded by the member for Cook and to endorse the comments of other speakers in this House. I note, with some pride, that this is a bipartisan position taken by members of this chamber. I especially want to acknowledge the member for Fremantle and her experience and expertise in international human rights, and thank her for bringing this matter to the attention of the House. As I said, I am confident that her concerns are shared not only by all member of this House but also by all members of this parliament. The Australian government have expressed our grave concern about the ongoing humanitarian and political crisis in Zimbabwe. The situation in Zimbabwe has already deteriorated to the point where human
rights simply no longer exist in this once-proud nation. Over the weekend Robert Mugabe said that the Opposition Movement for Democratic Change, the MDC, would never rule Zimbabwe and that he was prepared to go to war to prevent them doing so.

Media reports of Mugabe’s stepped-up rhetoric quote him as saying ‘Should this country be taken by traitors ... it is impossible’ and ‘It shall never happen ... as long as I am alive’. I think this is a stark example of Mugabe’s blatant disregard for the democratic rights of the Zimbabwean people. It makes clear his unwillingness to accept their will at the forthcoming presidential run-off election scheduled for 27 June. The situation is spiralling downwards to its sad, horrific and almost inevitable conclusion. If this downward spiral is allowed to continue, a further generation of Zimbabweans will be lost to this unimaginable tyranny.

In question time today the minister spoke of the Australian government’s grave concerns about the situation in Zimbabwe. He made clear the Australian government’s condemnation of the Mugabe regime’s campaign of violence and fear against the opposition and the ordinary citizens of Zimbabwe. It is a deliberate intimidation of opposition leaders and supporters, as well as ordinary Zimbabweans, designed to pervert and obstruct the will of the Zimbabwean people.

We have read about the arrests of opposition leader Morgan Tsvangirai while campaigning—some five times in the last nine days—and of the fact that the MDC secretary-general Tendai Biti remains in detention accused of treason, and there are confirmed reports of state-sponsored violence against Zimbabwean citizens.

Reading reports from media sources around the world is heart-wrenching. The Guardian newspaper in the UK is reporting that, as of last week, at least 66 opposition supporters had been killed by activists from the ruling ZANU-PF Party in order to intimidate voters before the presidential run-off. The Reuters news agency reported on Friday that the ongoing violence is, of course, damaging Zimbabwe’s children. They report that, according to UNICEF, the Mugabe regime’s ban on international aid organisations has left hundreds of thousands of children without health care or food.

As of this afternoon, the BBC’s news website is reporting that violence against opposition supporters is no longer confined to rural districts and has now spread right to the capital, Harare. Even later this afternoon, there was a terrible report in the Independent newspaper of the UK, by a journalist in Johannesburg, that Mugabe had already secured a comfortable head start of at least 130,000 votes through rigged voting by members of the security forces in this month’s run-off election against the opposition leader Morgan Tsvangirai. He said:

Members of the army, air force and police have been forced to cast ballots in favour of Mr Mugabe at their barracks and stations.

He went on to say:

Although coercive voting of this kind has been attempted before, military sources said it was considerably worse this time, with spouses and children—particularly those living in barracks and police camps—also being forced to fill ballots for Mr Mugabe.

The Zimbabwe government’s suspension of humanitarian NGO activity in Zimbabwe is the greatest as well as the latest affront to human rights. It is an outrage, and many people will suffer as a result.

It is, as the Hon. Senator Faulkner said today, ‘immoral and represents a callous move by the Mugabe regime to use food security as a political weapon against its own people’. I also agree with the Hon. Stephen Smith, Minister for Foreign Affairs, that it is not
enough for the United Kingdom, the United States or indeed Australia to act; African Union states must unite against this denial of democracy.

Mr ROBB (Goldstein) (9.28 pm)—I think I only have a minute to respond, but I am very pleased to rise to support this motion, which rightly condemns Mugabe’s regime for subverting the electoral process and, furthermore, for compromising the welfare of all Zimbabweans in his own brutal pursuit of holding on to power. I commend the member for Fremantle for bringing this matter forward tonight. The future of Zimbabwe is once again at the crossroads. We are witnessing the destruction of a nation, an escalating crisis and a need for action.

In the interests of time I just want to make one or two major points. We need the African leaders to act as one. We need to see African leaders like Nelson Mandela presenting a strong point of view—taking on, advising and pressuring Mr Mugabe. Other leaders should follow the lead of Archbishop Desmond Tutu and call for the resignation of President Mugabe.

We, as a country, should look to the Commonwealth to convene a special heads of government meeting to put pressure again on the African leaders. One third of the Commonwealth heads of government members are African leaders. Action must be taken and it must be taken now.

Debate interrupted.

ADJOURNMENT

The SPEAKER—Order! It being 9.30 pm, I propose the question:

That the House do now adjourn.

Derbarl Yerrigan Health Service

Dr JENSEN (Tangney) (9.30 pm)—I also commend the member for Fremantle on the previous motion. I had originally wanted to speak on that matter. Unfortunately I was too late for the list, but I have spoken on it twice in the past.

Tonight I would like to raise a very serious matter affecting one of my constituents. This constituent was employed in the health system and was sacked for engaging in trade union activities, legal risks and indemnity, bullying and harassment. She suffered financial loss and emotional hurt. The process of conciliation was entered into but failed. The matter was taken to the Human Rights and Equal Opportunity Commission, HREOC, where the finding was in favour of my constituent—that her employment was terminated in the main because of her trade union activities. It was also found that the discontinuation of her employment constituted an exclusion which impaired her equality of opportunity in employment and constituted discrimination in employment for the purposes of section 31(b) of the HREOC Act.

My constituent was awarded $7,000 for emotional hurt and $69,185 for loss of salary and superannuation. It was also recommended that the employer write a personal apology to my constituent. The employer refused to pay one single cent and even refused to make a personal apology. I have no doubt that if this constituent had been a blue-collar worker, a member of a trade union affiliated with the ALP or had been mistreated by ‘big business’ then the Labor Party would be in an uproar. How dare an employer deliberately sack someone because they were fighting for the rights of workers? However, these principles appear to be ruthlessly discarded, because in this case the sacked worker is a doctor and the employer is the Derbarl Yerrigan Health Service.

My constituent Dr Julie Copeman was working to improve the health of Aboriginal men, women and children, which is exactly the sort of service disadvantaged people have been crying out for and exactly the sort of
service this government pays lip service to. Yet, when it comes to the crunch, Labor governments—which, I might add, fund the Derbarl Yerrigan Health Service—have continued funding this organisation after it refused to follow the recommendations of HREOC.

Dr Copeman spent around $100,000 pursuing her case to get justice, so even with the payout she would be seriously out of pocket. Interestingly, I am informed that another person treated similarly received a six-figure payout. That person was, like Dr Copeman, an excellent and committed staff member. That person deserved her payout, but so does Dr Copeman. The officer who received the payout is Aboriginal; Dr Copeman is not. Justice has been denied to her by the Derbarl Yerrigan Health Service and Labor governments. Apparently saying sorry and paying compensation is a matter of supreme importance in some cases but not in others. Where is the principle of the Labor government? But this is not just a matter of principle for a travesty of justice; this is also a matter of law.

Firstly how can it be tenable for a recommendation from HREOC to be totally ignored with no repercussions? Secondly, is it not the case that adherence to the provisions of HREOC legislation was obligatory in order to receive funding from state and federal governments? Therefore, not only has Dr Copeman been denied justice and suffered financially but there are also significant questions as to the legality of the funding of the Derbarl Yerrigan Health Service. I call upon the Prime Minister and the Premier of Western Australia to take immediate action to rectify this situation and to reinstate the rule of law which has so perniciously been excised by the Derbarl Yerrigan Health Service.

**Port Adelaide Electorate: Employment**

**Mr BUTLER** (Port Adelaide) (9.34 pm)—Mr Speaker, it is a pleasure to see you here late this evening with your guiding hand on the adjournment debate. I rise to address the issue of the demand for skilled workers in my electorate of Port Adelaide and how the Rudd Labor government will ensure that local kids are going to be able to get the qualifications to allow them to meet that demand.

The north-western and northern areas of Adelaide, mostly situated in the electorate of Port Adelaide, are going ahead at a rate of knots. Long lists exist of developments that are mid-way or pending. There is the dredging of the outer harbour that sets the foundation for further growth in South Australian export industries. The Port River Expressway, the new Port River bridges and the Le Fevre Peninsula transport corridor project will greatly ease the burden of those industries wanting to get their goods to the port.

In our community there are significant residential developments, such as the Westwood regeneration project in the north-west corridor and Newport Quays on the Port River. Most obviously perhaps, the port will soon be the site of the construction of the Hobart class air warfare destroyers for our Navy, right next door to the Submarine Corporation site that saw the construction of and continues to maintain and refit our Collins class submarines. These developments and many more are placing significant pressures on local industries to find adequately trained and skilled workers. It is critical that we are able to provide an adequate supply of skilled labour for the success of those ventures. It is equally critical for the health of our local community, however, that we ensure that as many of those local jobs are filled by members of our local community as is possible. As is the case with so many facets of the
supply side of our economy, we have some serious challenges in meeting both objectives that arise from the previous government.

The nation’s performance in producing sufficient numbers of maths and science graduates has long been known to be inadequate. In 2003, the Department of Education, Science and Training published a report on the teaching of these subjects that showed a declining proportion of students completing year 12 in what we might call the traditional subjects of advanced maths, physics, chemistry and biology; a shortage of teachers in these subjects; and a lack of confidence among teachers in their capacity to teach these subjects, particularly given advances in cutting-edge sciences such as nanotechnology, biotechnology and the like.

These issues continue to bite in Port Adelaide as well. For an area so rich in job opportunities based on training and education in maths and sciences, not enough of our young people are graduating in those subjects. Schools in the area are doing a fantastic job against many of the key performance indicators such as attendance, literacy and the like, but we need to do more to lift basic numeracy standards. Not enough young people from our area are taking up certificate III or other vocational training courses based on maths and sciences, and not enough again are pursuing equivalent university degrees. This means that the bulk of those great jobs in our area are being filled, and will continue to be filled, by young people from the eastern and other suburbs of Adelaide, if not from outside Adelaide altogether.

The primary years of education are important for building on numeracy, and for instilling in children a basic knowledge of, and enthusiasm for, the sciences. In the secondary years those foundations are built upon to achieve the deep understanding of mathematical and scientific learning that prepares a student for post-school training and education in these areas. The overwhelming bulk of research shows that we need to do more at all levels to equip schools with teachers who are capable of achieving those goals. We need to do more to build the enthusiasm that children and teachers have for maths and science. I am pleased that the Rudd Labor government, through its education revolution, will be moving quickly to deal with the shortage of graduates willing and able to teach maths and sciences. More generally, the government is committed to providing incentives to encourage young Australians to study maths and science at university through various types of HECS relief. This is a critical area for continuing attention by the government—attention that I am confident will be forthcoming from a government so switched on to the importance of education in the future. I am confident that this attention will mean more kids from our area being able to take on some of the exciting, well-paid jobs on offer in the electorate of Port Adelaide, now and well into the future.

Western Australian Gas Explosion

Ms MARINO (Forrest) (9.39 pm)—I rise to inform the House of the crisis in my electorate of Forrest as a result of the gas explosion at Varanus Island three weeks ago. The explosion stripped 30 per cent from Western Australia’s gas supply. Over 40 per cent of Western Australia’s gas supply is used in my electorate by a diverse range of small, medium and large industries and business enterprises. These industries are being forced to secure alternative energy supplies—at a premium price that can be three to five times the normal price—to cut back their production schedules or, in extreme cases, to close their doors for the interim and stand down staff and contractors. Larger businesses have the financial capacity to pay premium prices for alternative energy supplies; however, small to medium companies are being hit
hard and forced to stand down or lay off staff until supplies are restored.

A survey by the Chamber of Minerals and Energy of Western Australia indicates that the impact of the gas shortage on the resources sector in WA is severe, and critically so in Forrest. The survey identified that 25 per cent of companies do not have the capacity to substitute diesel for gas, and that 40 per cent of the companies are planning to alter staffing arrangements as a consequence of the gas shortage. The federal Minister for Resources and Energy has confirmed that the cost could run into hundreds of millions of dollars a day. Much of that loss and cost will be borne by the south-west of Western Australia, a major economic powerhouse providing significant wealth to the state and nation. Industries affected include the mining and resources sector, some in the process of expansion; support services, transport and contractors to the mining industry and manufacturing and processing companies; drycleaners; abattoirs; hotels; wineries; the Port of Bunbury and a multitude of small businesses. In fact, there will be very few businesses not affected by this crisis and some small businesses will be at risk. This economic downturn will also impact on towns, sporting clubs and service clubs. A regional impact and cost analysis for the south-west is a necessity.

Many industries have already scaled back their operations to a minimum, operating on a restricted gas supply. Businesses have cut back to a maximum of eight-hour days for permanent staff and have stood down contractors and casual staff. In practical terms, a multimillion dollar business receives notification of the next 24-hour gas supply allocation one day at a time, and this may enable the business to operate at only 10 per cent capacity. I know of businesses that have an end-to-end process that cannot operate unless the whole plant is working. They have no alternative but to shut down. In spite of the best will and intention, the process of rationing supply is adding to production costs and inefficiencies. There is also a clear need for transparency in the gas supply process. There are major processing plants that do not respond well to being shut down and restarted. One company has a kiln which takes five days to prepare for use. With only 24 hours of supply guaranteed at a time, this is not a viable commercial option.

Small businesses in the south-west are preparing for the worst, with about 700 to 800 companies attempting to retain their workforce as well as manage their commercial crisis. Employees are being asked to take annual leave, and maintenance schedules are being brought forward. And they are only short-term measures. There is no doubt that the situation will worsen over the next few weeks for both industry and workers. The effect on workers and their families, the human cost for those who are carrying debts to which they are highly committed and the stress of potentially losing jobs cannot be underestimated. The predicted two-month time frame for gas supplies to start is very optimistic and plans need to be implemented now to assist businesses, workers and the regional economy. Given the skills shortage, industry cannot afford to lose its workforce, but it is aware that workers will have to seek alternative employment. The impact on productivity will be significant if key staff are lost due to this crisis, given that it takes six months to train some new operators.

I am equally concerned about the capacity to source and transport the volumes of diesel required over an extended period. There is a further need to facilitate cooperation from gas-fired electricity providers here on the east coast to assist in fast tracking the recommissioning of the Muja power stations and Kwinana plant currently under maintenance. An industry and regional support pro-
gram is urgently needed to assist businesses and affected workers through this crisis over the coming weeks. Security and continuity of gas supplies have been exposed by this incident. In this year’s federal budget there were no new measures for offshore petroleum and gas safety. This crisis reinforces the need for comprehensive risk analysis and management strategies. There is a genuine need to address the human cost pressures on individuals and families, ensuring the appropriate levels of support are provided. I call on the federal and state governments to prioritise and progress this support.

Blair Electorate: Ipswich Hospice Care

Mr NEUMANN (Blair) (9.44 pm)—Making the transition from life to death is often an extraordinarily difficult process—the loss of function, the loss of the ability to walk and talk, to feed oneself and to attend to the basics of hygiene. Death touches us all. All of us have known people who have died and all of us have been to the funerals of families and friends. Some of us no doubt have had the honour of speaking at eulogies for those whom we have loved. It is that passage from life to death that I want to talk about tonight.

It is not just senior citizens who experience this. Death is no respecter of persons. Young people die, and often it is the family and friends who are there at the end and to have to live lives of bereavement who also suffer. I am pleased to say that the Rudd Labor government has expanded the eligibility for the carer payment (child), extended the eligibility for the utility allowance and given lump sum bonuses of $1,000 to recipients of the carer payment and $600 to recipients of the carer allowance. It is trying enough for carers to deal with people who are suffering from disability, but for those who are dying it is even more challenging.

I want to talk about a wonderful facility in my electorate of Blair. It is just 2½ kilometres up the road from my home. I refer to the Ipswich Hospice which is run by Ipswich Hospice Care Inc. The Ipswich Hospice is a six-bed healthcare facility. I have visited the place and I have talked to staff. I have talked to the director, and I have talked to residents. It truly does provide quality palliative care to terminally ill persons and their families. It is a homelike environment and the people there really do care. For years its director was Jan Wilton, a talented and caring registered nurse with whom I had the privilege of serving on the local health community council for many years. Now a friend of mine, Ros Holloway, is the director, a capable and caring person whom I have had the privilege of knowing through my local church involvement.

I am pleased to announce that a one-off Australian government grant of $13,790 has been provided to the Ipswich Hospice Care Inc. to purchase office equipment and resources. This will involve a photocopier and printer, a computer, a filing cabinet, a filing cupboard, first aid training for two staff and 10 volunteers, printing of resource materials and the cost of attendance at a three-day international conference in Melbourne for two staff and three volunteers, including flights, accommodation, meals and registration fees. For years the hospice has battled with raising funds, mainly getting it through a shopfront outlet in Brisbane Street in Ipswich, flea markets and elsewhere. With limited funding it has had to rely upon Ipswich and West Moreton communities for financial support for the provision of palliative care.

In 1994, the Ipswich Hospice was officially opened by Bill Hayden, the Governor-General of Australia. In the years since, it has received state and government funding, but its categorisation of service has always been problematic for funding purposes. It gained accreditation through the Australian...
Council on Healthcare Standards and recognition by the Department of Veterans’ Affairs and received a private hospital facility licence.

In 2001 the hospice bereavement support program won the NAB CommunityLink award for best volunteer health program. In 2003 the soon-to-be Governor-General and former Governor of Queensland, and my old administrative law lecturer, Quentin Bryce, opened the Hilda des Arts Community Centre. Hilda was a wonderful community worker who was well received in her adopted home of Ipswich. What she did for Ipswich was incalculable in terms of its community.

The hospice enjoyed a hospice week from 18 May to 24 May, which has raised community awareness of this vital service. It held its annual Celebration of Life Event on 21 May at St Paul’s Anglican Church in Ipswich. It also held its Charity Greyhound Night at the Ipswich Greyhound Club and its Family Fun Day—all as part of the National Palliative Care Week.

I am pleased to support Ipswich Hospice and its mission to provide high standard care for terminally ill people and their families and those who are bereaving in Ipswich and West Moreton communities. I commend the service provided and thank the Rudd government for the financial support for the Ipswich Hospice care.

**Fadden Electorate: Ngarang-Wal Gold Coast Aboriginal Association**

**Mr ROBERT (Fadden) (9.49 pm)—**On Thursday, 12 June I visited the Pine Ridge Conservation Park at Runaway Bay where the Ngarang-Wal Gold Coast Aboriginal Association Inc. has completed an important project of protective and remedial work of the midden site at this location. Headed by Tony Dillon and involving many dedicated, hardworking people, the project is of historic and cultural significance to the local Indigenous people of the Gold Coast. The project had a federal government contribution of $61,000 approved under the previous Howard government towards the protection of this site of importance to both Aboriginal and Gold Coast history, with additional contributions from state and local governments and other organisations.

I am pleased that the federal government could support the Ngarang-Wal Aboriginal Association through the Indigenous Heritage Program. These kinds of projects are exactly what government grants should be about—providing funds to a community to deliver for that community. Archaeological evidence suggests that Aboriginal people had inhabited the Gold Coast region for many years before European settlement. By the early 1800s there were eight distinct family groups living between the Tweed and Coomera rivers. Collectively they were known as Kombumerri people and spoke the Yugambeh language, although there is evidence of at least four distinct dialects in the region.

The Pine Ridge site has shown itself as an historically important site, with bones, knives, stone tools and shells found in the area. The site was an established meeting place for Aboriginal people, with traces of Aboriginal camps and bora rings still visible in the area into the 1950s, before development overtook the land. Nearby to the site, remains of a local Indigenous person have recently been discovered as a local road was widened. The local people intend to bury the remains within the protected site.

This is a significant area for many reasons. The site protects the last example of the vegetation called Wallum-heath and is the last surviving area where Aboriginal people clearly camped on the Gold Coast. So much of the Gold Coast’s Indigenous history has been lost, so this last bastion of Aboriginal history should be maintained. It was lucky in
many ways that the site was discovered. The diggings of bandicoots at the site, surely not an animal regularly seen in the heart of suburban Gold Coast, uncovered small dinner camp middens on the site, with further investigation leading to the discovery of no fewer than 187 of these small middens or sit-down places where local families spent multiple days taking advantage of the ocean’s resources for nourishment.

The site has played host not only to bandicoots; up until at least recently it was also home to echidnas, koalas and wallabies—all in the heart of the Gold Coast. The vegetation on the site is significant to local Aboriginal history because it produced food, bark, timber for weapons and medicines for the local people. Local Indigenous people came to the area from early winter and into winter as the mullet travelled up the east coast. They would build up as huge schools south of Sydney and travel beyond Moreton Bay in the winter time, arriving on the Gold Coast around April. It was obvious when it was the right time to come to the area, as there were certain vegetation types that would flower and certain birds would travel down from the mountains at the same time.

The Kombumerri people at the time of the creation of these middens were a coastal people, the prefix of the word translating to ‘folk’ and the suffix translating to ‘teredo’, a delicacy eaten by the local people, attracted to casuarina logs floating in the saltwater shallows. They interacted with the Indigenous people of Stradbroke and Moreton islands at a time when Stradbroke was not broken up into a north island and a south island, as it is now, but was one before the separation changed the nature of the Gold Coast Broadwater forever.

The Pine Ridge project is evidence that, with the appropriate support, protection of the Gold Coast Aboriginal heritage can be achieved. There are additional areas on the Gold Coast that also deserve similar protection. Just recently, additional artefacts were discovered on South Stradbroke Island and, while evidence of previous inhabitants can be found all over the island, the ocean side of the island needs attention. Another midden is on the water at Coombabah Lakelands, where three axe heads were recently found. The area is protected to an extent. An area at Saltwater Creek is also protected and has been fenced off. Over 3,600 artefacts were found recently at Gaven, part of a ridge that formed a walking track to Paradise Point.

These sites should be protected. Should the Ngarang-Wal Gold Coast Aboriginal Association decide on an appropriate course of action to preserve these sites, they should be supported by grants under the Indigenous Heritage program. I look forward to supporting them in applying for those grants. Our history is what unites us. It completes us in that it tells us of what came before, of people and places from a different time, of a past we never lived but long to know of. I look forward to working with all people on the northern Gold Coast.

Concern Australia

Mr Byrne (Holt—Parliamentary Secretary to the Prime Minister) (9.54 pm)—Tonight I rise with a great deal of pleasure to talk about the wonderful work of an organisation called Concern Australia and an innovative program that it runs in the suburb of Dandenong. The organisation Concern Australia was established in 1972 by the Reverend John Smith. He sought to provide support and advocacy to disadvantaged groups within the community—the poor, the underprivileged, the dispossessed and the disenfranchised.

Reverend John Smith may be familiar to some people. He is the face of God Squad. He was a former bikie who found God and
has transformed his life, but he is certainly someone who is also transforming the lives of many other people through his social commitment and his commitment to social justice. He is an individual who could be at an international event with Bono on one hand, yet helping the poor and the dispossessed on the streets of Melbourne on the other. He is a remarkable individual who continues to lead a very rich and full life.

But there is one particular program that I want to refer to that is connected with John Smith. It is a program that transforms the lives of young people. It is called Hand Brake Turn. Hand Brake Turn is a particularly special program and one I have had the honour of witnessing firsthand. It is based in an unobtrusive warehouse deep in the heart of Dandenong. Hand Brake Turn works with young people at a time when they are struggling with their lives and provides them with every possibility of achieving their dreams and fulfilling their potential regardless of their background. Certainly many of the young men and women that I have seen going through this program have had very difficult lives, and the great thing about this program is that it gets to them at a very important transition or tipping point in their lives. I have actually seen this metamorphosis within an eight-week period, but I will speak about that later.

To give you an overview of the program, Hand Brake Turn enrolls up to 25 underprivileged young people over an eight-week period. The program gives these young men and women an opportunity to learn basic automotive skills and obtain a TAFE qualification in automotive repairs. The students develop amazing skills in motor mechanics, spray-painting, car detailing and panelbeating. In fact, the highlight of my tour of the Hand Brake Turn workshop was looking at some of the detailing and designs the students had created. Some of the spray-painting on the car doors was absolutely sensational and so was some of the work they did through the automotive component of restoring an old car.

The Hand Brake Turn program offers students a promising future. It basically takes these young men and women and creates a future pathway for them. Most importantly, it does not discriminate. It does not matter where you come from or where you are going in your life. It can literally take you off the street and give you a future. It is also important to note that there is a community component of this Hand Brake Turn program. It gives these young men and women the opportunity to put something back into the community because the course participants over the eight weeks restore a wrecked car and give it to a victim of crime, usually a single parent who has lost their primary form of transport.

On the night of the graduation, which was on 23 May, I was particularly moved, as were many of the students, by the genuine delight and thanks that were displayed by a local single mother of two who had received the wonderful gift of a new car. But that very same car that I am referring to was the car that was in fact the wreck. These young men and women had transformed the car in a period of eight weeks and literally put it back on the road almost like a new car. It was an amazing experience. The transformation that occurred with these young people just in their personality, their attitude, their hope for the future and their actual connection to future employment was just unbelievable.

It was a privilege to be there on 23 May and to have seen the transformation, because I had met with these young men and women eight weeks beforehand, when they were very uncertain about what this program was going to do. I will quickly mention these young men and women—Dmitry Izotov, Ja-
son Jonkers, James Mausii, Dion Torphy, Chrystal Thomas, Jordan Davis, Harley Hanson, Jarrod O’Neill, Robert Palmer, Stewart Brown, George Becerra, Ben Mowart, Mike Perez, Harley McCann, Robert Nicholls and Jason Aulty. These young men and women went through a life-transforming experience just to see what they could do in that eight-week period of time. I will be following their future, as I said I would, over the next 13 weeks to watch the career pathways that they will undertake as a consequence of this program. It is a tribute to the work of John Smith. It is a tribute to his belief in young people. It can show what you can do with a program where you literally take young people off the street and transform their lives by giving them hope, belief and direction.

Question agreed to.

**House adjourned at 10.00 pm**

**NOTICES**

The following notices were given:

**Mr Hunt** to present a bill for an act to make provisions for the better operation of the solar rebate scheme. Save Our Solar (Solar Rebate Protection) Bill 2008.

Ms Hall: To move—That the House:

(1) is made aware that Juvenile Idiopathic Arthritis (JIA) affects as many as 1 in 250 Australian children, and that its associated eye disease is the leading cause of childhood blindness in Australia today;

(2) recognises the physical, emotional, and financial burden that this chronic disease places upon the family unit; and

(3) calls on the Government to:

(a) establish a National Database for JIA, so that early diagnosis and professional support can be given to these families through the Australian Paediatric Rheumatology Group; and

(b) implement specialised clinics with Visiting Medical Officers at major regional hospitals throughout Australia.

**Mr Broadbent** to move—

That the House:

(1) notes the recent decision of the Federal Court to award costs against the incorporated community group, Your Water Your Say, following an unsuccessful action against the Australian and Victorian Governments in relation to the proposed construction of a Water Desalination plant at Wonthaggi, in the Electorate of McMillan;

(2) recognises that community groups such as Your Water Your Say:

(a) have a democratic right to express their legitimate concerns about the environmental impact of major infrastructure projects;

(b) have the right to pursue their concerns through legal action if they consider these concerns are not being properly addressed; and

(c) should not be constrained from seeking recourse to legal process because of a threat of onerous costs; and

(3) calls on the Australian Government to:

(a) waive the court costs awarded to the Commonwealth as a result of the failed court action by Your Water Your Say; and

(b) agree not to pursue individual members of Your Water Your Say for the recovery of the costs.
The DEPUTY SPEAKER (Ms AE Burke) took the chair at 4.00 pm.

APPROPRIATION BILL (No. 1) 2008-2009

Consideration in Detail

Consideration resumed from 5 June.

Environment, Water, Heritage and the Arts

Proposed expenditure, $2,710,381,000

Ms JACKSON (Hasluck) (4.01 pm)—I first congratulate the Minister for the Environment, Heritage and the Arts, and indeed the rest of the Rudd Labor government, for taking initiatives in this budget to finally and genuinely tackle climate change. I understand that there is well over $2.3 billion to reduce greenhouse emissions, invest in renewable energy and assist industry and the community to meet this fundamental environmental and economic challenge.

I am particularly interested in the question of funding for the Solar Cities program. Minister Garrett, you may recollect that in August last year on a beautiful sunshiny day you visited in the electorate of Hasluck the city of Midland, which is the central regional city for the Swan Valley. The City of Swan, along with four other local councils, had applied for funding under the Solar Cities program to make Perth a solar city and had been unsuccessful under the previous government. One of the election commitments that were made was for $13.9 million in funding to go towards this project to help make Perth a solar city.

The first such funding is to be received in WA, and we are very excited about it. I am keen to ensure that this budget and the appropriation cater for the Perth solar city project, which I think will be an extremely exciting one, working not only with local councils in my area but also with the Western Australian state government to look at and provide climate change solutions. It is a huge project. It has a considerable amount of support across the community. It involves a substantial community engagement period. It will also see home energy assessments being done in a number of houses and the introduction and rollout of smart metering.

We also hope that not only will there be participants from state and local governments but also owner-occupiers and public-private tenants will come on board. We see it as an opportunity for innovative financing and production subsidies to boost our solar energy technologies, as well as a number of demonstration projects, both in commercial buildings and public facilities and schools. We believe the project will be a success and indeed, in the second stage, will move to a self-funding phase. As part and parcel of the project, we have included an ongoing monitoring strategy with the assistance of Murdoch University and Western Power.

This project has a strong community focus, includes both new and existing homes and will work with both owner-occupiers and rental properties as well as local schools, which we hope will participate as solar schools. We believe that we will have something like 6,000 homes and businesses participate in the trial. We believe that, if this project is kicked off with funding from the federal government, we will deliver greenhouse gas emission reductions of more than 15,000 tonnes, which is equivalent to taking 3½ thousand large vehicles off the road, and will cut energy use equivalent to the needs of 3,200 homes.
Dr STONE (Murray) (4.05 pm)—I am very pleased to rise to the call, because we have such limited time. In terms of the environment budget—and I will also be dealing with heritage and the arts of course—we expected an extraordinary contribution to Australia’s greenhouse gas emissions issues and the environmental footprint across the country. However, we were absolutely stunned to see CSIRO funds for essential research slashed, and we have got enormous push-back now as scientists are sacked particularly from the Mildura campus. We have seen the solar panels issue, where the rebate has been slashed to the point where the industry is reeling and there is doubt whether it can continue to be viable as it offers panels to a sector which cannot afford them without that rebate.

In terms of the community being able to adapt to climate change, we have seen the community water grants abolished, and the schools infrastructure grants, which saw an enormous amount of work going into building tanks and irrigation systems on school ovals and for gardens, have gone. We have also not had any indication of where the water use efficiency funds for the Murray-Darling Basin from the coalition’s $10 billion 10-point plan commitment have gone. Those funds seem to have disappeared without a trace—and I am talking about over $2 billion for on-farm water use efficiency. I would very much like the Minister for the Environment, Heritage and the Arts to tell us what he and Minister Penny Wong intend to do about these funds, because, with the drought in its fifth year and with farmers looking again at a zero water allocation at the beginning of the next irrigation season, farmers need such investment so that they can deal with the hotter, drier conditions which now seem to be part of climate change—a very critical question.

According to the budget, the minister has rebundled and rebadged the NHT and the National Salinity Action Plan. In so doing, he has cut 40 per cent from the catchment management bodies that are supposed to administer Caring for our Country, the new name for the combined Labor package. On 5 June, when we last considered this bill, Mr Garrett said that to help the catchment management bodies survive the 40 per cent cuts ‘funding of up to $75 million will be available to help overcome transitional problems’. Minister, we really need to know when that $75 million is going to materialise. How is it to be applied for? What bodies—indeed or independent or other organisations or NGOs—will be eligible to apply for this transitional money? Is it in addition to the so-called contestable bucket of moneys that is being talked about to make up for the 40 per cent cuts? That is of critical concern particularly for Landcare groups.

Landcare had taken a 20 per cent cut. I know that when you responded to this line of inquiry on 5 June, Mr Garrett, you said, no, it was not a 20 per cent cut of Landcare; it was an expectation that they would find efficiencies. Where is Landcare to find this 20 per cent set of efficiencies given that they are volunteers and given that they have had an extraordinary dependence on matched funding from other agencies? I would like to read you a quote from the chairperson of the Maffra and District Landcare Network in Gippsland, Beth Ripper. She said: In addition to reduced Facilitator and Coordinator support, Gippslandcare will also be reduced by almost half—as a consequence of these cuts. She continued:

Gippslandcare is a consortium of all the Landcare Networks in the West Gippsland CMA Region and was established to manage a regional approach for Landcare’s onground works incentive program.
Since their formation, they have done incredibly important work with floods, with fires, with the erosion associated with that and now with drought. Beth Ripper went on to say—and this was sent to me just last week:

With less funding for facilitator and coordinator positions, we fear that our member groups will struggle to continue and vital community capacity building opportunities and enthusiasm for volunteer work will be lost. All we ask is that Landcare be considered as a priority because it underpins the core business of the WGCMA at a community level.

I am receiving letters like this from Landcare groups and catchment management bodies all over Australia. They need to know how to deal with the 40 per cent and 20 per cent cuts so they can literally decide who to sack or which programs to abandon, or both. I am also most concerned about environmental programs like the farm efficiency one and the Environmental Stewardship Program. (Time expired)

Mr GARRETT (Kingsford Smith—Minister for the Environment, Heritage and the Arts) (4.10 pm)—I will refer first to the question and the comments of the member for Hasluck. I thank the member for her contribution in this debate as we consider the budget appropriations.

It is the case that the government has made a significant commitment to climate change programs, to energy efficiency programs and to solar programs. We have done that by extending the Solar Cities program. In extending that program, we have recognised that the communities around Australia are enthusiastic about playing their part in addressing the dangers of climate change by getting involved in consortia and in applying energy efficient and low-emissions technologies and techniques to reduce their emissions. I applaud those communities, particularly the Perth solar city consortium, for the good work they have done so far. I note that, when the member for Hasluck refers to the emissions savings that will be gained there, these are significant emissions savings. They involve some 6,000 homes and businesses and some 15,000 tonnes of CO2. This is real, on-the-ground delivery of emissions reductions, and it is on account of the programs that have been brought forward by the Rudd government.

I quickly add that last week I was pleased to be in Coburg, a suburb of Melbourne, which we formally announced a Solar Cities city. Solar Cities is a particularly important program because it enables low-income families to gain the necessary skills, expertise and information required to start reducing emissions in their homes. There will be a big component of insulation in that program.

In relation to the questions put to me by the member for Murray, I remind the member that, following 11 years of total lack of action on climate change, the Rudd government brought into the budget the most comprehensive commitment on climate change that we have ever seen. That is the ultimate take-home of the budget. It is a $3.3 billion commitment. Specifically, not only do we have in place directed funding towards those areas where it is necessary and needed—and I refer to the renewable energy fund, the National Solar School Program and numerous others—but we are also doing it within the framework of a program which will start to deliver to Australians the capacity to reduce their emissions at low cost. That will mean a rigorously developed emissions trading scheme and an additional range of complementary measures that we have in place to enable that to happen.

The member asked me questions in relation to Landcare and a number of other issues. The member has made a number of misleading statements about Landcare, and I referred to these when I spoke previously in the consideration in detail stage. She continues to claim that
Landcare has been cut by 20 per cent. I advise the member that this is not the case. Landcare has been allocated funding of $189.2 million over the first five years of the Caring for our Country program. It is also not the case that Landcare is buried within the Caring for our Country program. It is not. Landcare continues to be separately appropriated within the agricultural portfolio, and my colleague Tony Burke, the Minister for Agriculture, Fisheries and Forestry, will effectively operate and run that program very judiciously.

Additionally, the member claims—and I quote the member to herself—that Landcare leverage is $10 for every $1 of funding; again, that is wrong. The member claims that we are not cutting red tape; again, that is wrong. The member has also claimed that the guidelines for contestable pools of funding will not be available until September; again, that is wrong. There is a requirement for the opposition to come into this analysis of the budget appropriations and produce some accuracy in terms of their claims and their figures. If the member is going to continue to bring these questions into these fora, she has to be accurate in terms of the statements she is making.

The government will put in place a smoother transition for Caring for our Country in this transition year than the opposition when in government ever managed between NHT1 and NHT2. I refer the member to the Australian National Audit Office report which said: The delays in reaching agreement had unfortunate consequences for some regions in existence prior to NHT2. Staff members were laid off and regional bodies were downsized.

We have provided significant transitional funding to enable catchment management authorities and regional groups to have sustainability over the period of the transition. Yes, there will be a component of contestable funds—as there ought to be, because we believe it is only by people bringing forward the very best programs that they can that we will get the best delivery for Australian taxpayers. (Time expired)

Ms MARINO (Forrest) (4.15 pm)—Can the Minister for the Environment, Heritage and the Arts confirm that the water management policies and programs contained in the budget for the Murray-Darling Basin will be specific to the serious issues in that region and not practically applied, in the level of detail and the depth of that detail, to the water situations existing in Western Australia, Northern Australia, including parts of Queensland, and Tasmania? As in the budget, where is the water purchased for the environment being delivered? In what quantities and from which regulated sources or dam is it being delivered? When and how will it be delivered? Can the minister provide a breakdown of the areas and volumes of water being purchased? Is it mainly from New South Wales irrigation cooperatives or Victoria? Has any economic analysis been done, on a region-by-region basis, on tree farms as part of this? Does the budget contain funding for research that may have been done or will be done on the impact of tree farms on run-off to rivers in drought affected areas? Is it accurate that current economic analysis shows that cheaper carbon credits from the Third World will make Australia uncompetitive?

The Department of the Environment, Water, Heritage and the Arts has released the tender for the carbon register. Applicants have only six weeks to respond and must have an international carbon register partner. This will severely limit responses to the tender due to an unrealistic time frame and the international partner provision. What is the reason for the time frame? Is it accurate to fund an increase in the buyback from $1.5 billion to $3 billion? There will be
a corresponding decrease of $1.5 billion for on-farm efficiencies. Therefore, will farmers be paying for their own water buybacks?

Mr GARRETT (Kingsford Smith—Minister for the Environment, Heritage and the Arts) (4.17 pm)—I thank the member for her questions. There are a number of detailed aspects to those questions. Some of that information, if the opposition had seen fit to participate in the estimates process earlier, would have been gained for them, but I am happy to take some of those questions on notice. I will be providing some answers for the member for Greenway to questions that she raised in our first session.

On the broader question of the government’s commitment to ensure that the sums that are being invested in Water for the Future are effectively spent and assist both the communities in the basin and the environment to withstand the rigours of an extremely difficult and tough drought, I make the following points. The first is that under the previous government the policy on getting water back into the environment, and in fact on investing in water at all, was a policy which was effectively dreamt up at the last minute and delivered to us on the back of an envelope. It did not even go through the Treasurer. It was also a policy, as I recall, on which the former Treasurer, the member for Higgins, made the observation, when the question was put to him about urban water—and it is certainly the case that, under our water policy proposals more generally, we have a commitment to urban water issues—that urban water was not on the agenda of the Commonwealth. Water is now on the agenda of the Commonwealth, specifically with a $12.9 billion investment in Water for the Future.

I have to say to the member opposite that this is a significant investment on a scale that, again, we have not seen previously. We are very mindful of the necessity for water purchases to happen with willing sellers at a fair market price. Additionally, there is an investment of some $5.8 billion for sustainable rural use and infrastructure, which includes improving efficiency. The member for Murray asked me whether on-farm water efficiencies would be a part of Water for the Future—they will. But here is the important point that has to be made: all that the opposition seems to be able to do with respect to this program is carp. All we hear from the opposition is carping. Frankly, what we face, particularly in the Murray-Darling Basin, is one of the most serious issues that we have ever faced in relation to the delivery of water to those communities who are so stretched and to an environment that is so stretched.

As a consequence of that, this government is fully committed to working in an effective and transparent fashion to enable stakeholder consultations to take place. As members know, the government has announced the appointment of a stakeholder consultative committee to provide an input into the review of the first round of the government’s water purchases in the basin. And it is fully committed to a set of clear principles that will enable the delivery of Commonwealth funds to ensure that we do get water back into the system and that we do it in a way that is fair, assists the communities in need and also provides the opportunity for some return of water to the environment.

When we come to water, one of the most difficult issues that we face concerns the fact that over a period of some decades that river system has got itself into a state of considerable ill-health. One of the things that we are extremely mindful of is the need to deliver this funding in a way which is appropriate and focused and, additionally, in a way which enables communities in the region to have confidence that the money that we are going to be spending will be well spent. I say to members opposite that is the intention of the government. It is clear from
the policies that we have laid out and it is clear from the budget as delivered. If you are looking at a $12.9 billion investment in Water for Our Future, you must clearly acknowledge, given the amount that has been allocated for water purchases for sustainable use and also given the some $50 million already allocated to entitlements in February through a tender process that was fully subscribed, that the process is underway and working well.

Dr STONE (Murray) (4.21 pm)—I hope the Minister for the Environment, Heritage and the Arts is attuned enough to what is happening in the Murray-Darling Basin—as of course I am as the member for Murray—to know that the $50 million already spent on water allocations has so distorted the water market that irrigators can no longer buy water to grow food. I refer to the extra $2 billion that the government is putting into the market to buy water. Minister, you say ‘willing sellers’, but sellers are being leaned on by their banks and other lenders and that is going to knock out any agribusiness in the Murray-Darling Basin that is dependent on water use. Minister, I really wish you would tune in to that because, let me tell you, if it were any other sector involved you would have blood on the streets given the way this has happened.

You said a minute ago—and I am very happy about this—that on-farm water use efficiency dollars will be made available. I would like to know when, because the crisis is occurring now. But I am very pleased to hear your statement, because it is the first time I have heard this government utter those magic words. I hope the Minister for Climate Change and Water, Senator Wong, is in tune with you.

I will move quickly to the arts budget. The arts sector had great expectations that the extraordinary contribution by the coalition—our extraordinarily high level of funding—to Australian arts, both performing and visual, would at least be continued by this government. What in fact has happened is that we have seen that funding crash in the budget. The budget announced that there would be no money for the Australia Council for the Arts for the theatre and dance action plans. There was no money for the Australian Academy of the Humanities. The ArtStart program has vanished, with no mention of and no funding for what was a key Labor commitment prior to the election.

As for the new Young and Emerging Artists Fund funding of $6 million or so, which was highlighted in the 2020 vision summit, that new funding is to be squeezed out of existing funding. I would like the minister to tell us which existing program he wants to have slashed to find a way for the new Young and Emerging Artists Fund. The minister has cut $4 million from the Regional Arts Fund, a for-travel fund which has seen rural communities also able to participate in the cultural life of Australia. I note that this government is very big on social inclusion. Let me tell it that social inclusion involves having taxpayers from country areas seeing travelling exhibitions of works from our great collections or indeed performances or those taxpayers having their own artists being supported in their own communities. Minister, if you continue to slash the Regional Arts Fund funding in the way that you have done, we cannot see that happening. The strategic vision for the Australian film industry which the coalition put into place, the new Screen Australia authority, is to receive a one-off injection of $103 million but the authority is to see 28 jobs lost in the process.

We have seen that the CrocFest funding has also gone. We have seen Australia on the World Stage funding cancelled—it was one of your earliest acts, Minister—and that of course is our cultural diplomacy opportunity out the window. And the funding for Chamber Music
Australia has been cut—and this international program was one of the most important ways that Australia could showcase its chamber music. The extra two per cent efficiency dividend is driving agencies and institutions to cut their touring and their new acquisitions, particularly agencies like the Maritime Museum in Sydney, which is now wondering how it can maintain its floating museum pieces—its great ships and its submarine.

Can you tell us, Minister, how it is that you intend these budget cuts, plus a two per cent dividend, to deliver anything like the arts program that we saw before? Are you advising them where to slash for their two per cent dividend or is it meant to be found from whatever they can cobble together? I am concerned that most of the institutions are having to reach into their touring budgets; that is where they find the greatest efficiencies. I am very keen to hear your answers to these questions, because Australians have enjoyed opportunities to develop world’s best performances—some of the world’s great singers and artists—but, with these funding slashes, young and emerging artists are very worried that they are now going to have very much reduced opportunities to participate in the arts both in Australia and abroad.

Mr GARRETT (Kingsford Smith—Minister for the Environment, Heritage and the Arts) (4.26 pm)—On the question of the arts, it is really interesting to hear the member put these questions to us and provide a set of fairly misleading statistics on the arts budget because when we came to the last election the then government—the now opposition—did not have an arts policy at all. Under the former arts minister, Senator Brandis, I do not know what happened but there was no delivery of an arts policy at all from the Howard government to the Australian people—not one.

Dr Stone interjecting—

Mr GARRETT—There was no delivery of an arts policy from the Howard government to the Australian people in the 2007 election and if you can present it to us, honourable member, then I would be happy to take it and get a look at it to glean some of your thinking. In the matter of what we are taking forward, I make the point in relation to the budget that we are delivering on our specific commitments to invest both in heritage and in culture and the arts. We have specifically delivered on our commitment to invest in young artists. There are two new programs, as the member knows, that will be delivered by the Australia Council: Support for Young and Emerging Artists and the Artists in Residence Education Initiative. We think it is particularly important to address a major gap in opportunities for young people that has been ignored for too long in the past and has prevented young artists and those with artistic ability and talent from taking those pathways and building their careers. Through Support for Young and Emerging Artists, we are acknowledging the important role that they will play.

Additionally, we have a significant commitment to Aboriginal art, through the NACIS program, and I think the member is aware of that. The budget will also put the Australian film and television industry on a stronger footing with the establishment of Screen Australia. I have to say that the government’s decision to separate out the National Film and Sound Archive and enable this new screen agency to do the job that it ought to and will do was an extremely positive public policy decision. I think it is one that has been welcomed by the industry at large. Additionally, we have also followed through on our other election commitment by beginning work on a resale royalty scheme to make sure that visual artists are entitled to a payment when their works are resold in the secondary market. In addition, the government’s commitment to the arts as enunciated in the budget was significant and it has been welcomed
by the arts community, as has the approach that we have taken not only to the screen agency but to arts policy generally.

I quickly want to take this opportunity to provide some detail to a question asked by the member for Greenway about the Australian government’s actions in tackling the challenges faced by the Hawkesbury-Nepean river system. I want to put on the record that the Australian government has invited the New South Wales government to bring forward a comprehensive proposal under the Water Smart Australia program to ensure the sustainability of this important river system and, in particular, that the level of Australian government funding for this activity will be determined on the basis of the New South Wales government’s proposal. Additionally, as part of Caring for our Country, the government has committed funding of just over half a million dollars for the implementation of a river health strategy and investment in in-stream habitat.

At the conclusion of this debate about the budget appropriation can I again make the point that the Rudd Labor government came to power to take seriously the issues that had been neglected for so long by the Howard government: climate change, with the most significant investment in climate change, of some $3.3 billion; and a comprehensive and thorough suite of portfolio issues that will be driven through the Department of Climate Change by Minister Wong, through the Department of the Environment, Water, Heritage and the Arts by me and through the Department of Innovation, Industry, Science and Research by Minister Carr and others. The government takes a whole-of-government approach to a whole-of-planet problem. I have to say that all we ever hear from the opposition is carping and negativity. It is running negative lines when the Australian people actually want solutions. They want to be enabled and empowered to take decisions in their own communities about addressing climate change. We have provided $1 billion of investment, including some extraordinary programs which will enable the Australian community to do that: nearly half a billion dollars for Solar Schools; a low-emissions rental plan for landlords so they can get insulation in the homes of renters; and a comprehensive approach to tackling water, with a $12.9 billion program for water for the future. These are significant commitments by the Rudd Labor government. (Time expired)

Proposed expenditure agreed to.

Health and Ageing Portfolio

Ms RISHWORTH (Kingston) (4.31 pm)—I want to discuss today the issue of cancer and ask questions directly of the minister. We know that cancer is Australia’s biggest killer, with more than 38,000 deaths and 98,000 people diagnosed with cancer each year. It is particularly of concern in my electorate. One in three men and one in four women will be directly affected by cancer before the age of 75. I was very pleased to see that this budget marks the beginning of a new era to meet the challenges of fighting cancer head-on, by a strong national effort aimed at producing the best outcomes in cancer care through focusing on prevention, early intervention and evidence based cancer treatment to reduce the burden of this major killer. I am particularly pleased to see a number of specific initiatives in the budget and I will ask the minister to elaborate on these when I have finished my remarks.

I note that there is a boost of $87.4 million for the National Bowel Cancer Screening Program to continue free bowel cancer screening tests for all Australians turning 55 to 65 and to
extend it to all Australians turning 50 between 2008 and 2010. Of all the cancers, this is one where perhaps we can make the most difference. I have been speaking with people in my electorate who have been affected by bowel cancer and who certainly welcome this measure in the budget. Bowel cancer claims more than 80 Australian lives each week. I am sure many of us in the House have been touched by someone who has lost a loved one or a friend to bowel cancer. It is also worth noting that, while the previous government delivered early funding for some of these screenings, they made absolutely no provision for bowel cancer screening in their forward estimates, which really raises the question of whether they were committed to this initiative at all. Had the Liberals and Nationals been elected, this program would have been scrapped, with no funding made available. That is certainly of concern to me and the constituents in my electorate. It is another failure of the coalition. I am pleased to see that the Rudd Labor government in this budget is forging ahead with the national bowel screening initiative.

I also note that in the budget we provide $50 million over three years for a focus on young people with cancer, and this is for the first time. CanTeen will establish youth cancer networks in Australia to improve the coordination of services, support and care for teenagers and young adults with cancer. I think this is particularly important. As I go around to the cancer support groups in my electorate, I notice that there are older individuals there, not young people. I do not believe that is because young people are not faced with cancer; it is more likely to do with the fact that they do not feel comfortable in a setting like that. So I am very pleased to see this initiative. The networks will include six new adolescent and young adult cancer centres in mainland states. I am very interested in and very pleased with that initiative.

To ensure Australia remains internationally competitive and at the forefront of research and discovery regarding cancer, its origins, treatment and the care of people affected by cancer, funding has been allocated for a range of cancer research and treatment centres around the country. I was very pleased to see the allocation of $15 million over three years for independent clinical trials of drugs and research into cancer treatment and care; $50 million over three years for a comprehensive cancer centre, co-located with the Royal Prince Alfred Hospital in Sydney; $15 million over five years to set up two dedicated prostate cancer research centres; and $15 million over two years to help build a children’s cancer centre at the Women’s and Children’s Hospital in Adelaide. I would like the minister for health to know that the cancer centre is of particular interest to me, and I really look forward to working with her to progress that.

In addition, there is funding of $15 million over two years towards the establishment of the Olivia Newton-John Cancer Centre at the Austin Hospital in Melbourne and $5.1 million over three years for the operation of the National Centre for Gynaecological Cancers, under the auspices of Cancer Australia. I am looking forward to hearing more from the minister. (Time expired)

Mr FARMER (Macarthur) (4.35 pm)—I have a question for the Minister for Health and Ageing, and I refer to page 230 of Budget Paper No. 2, under ‘Sport and Recreation Facilities—contribution to funding’. On budget night the government announced a new $20.8 million spending measure. Several projects are listed in the budget paper but, to my knowledge, there is no sign of the comprehensive list of 91 successful projects, despite our requesting this list through the Senate estimates process and Minister Ellis’s office. My question to the minis-
ter is: can the full list of the 91 projects that have been successful be provided? And what criteria was applied to these projects, given that Minister Chris Evans informed the community affairs committee that they were still undergoing appropriate checks and balances?

Ms ROXON (Gellibrand—Minister for Health and Ageing) (4.37 pm)—First, let me make some comments in response to the member for Kingston’s comments and questions, and my colleague the Minister for Sport will be happy to take the question that has just been asked by the member for Macarthur. Labor are very pleased to have brought down this budget, which provides so much support for people with cancer. Interestingly, the member for Kingston has already identified the response that there is in the community to bowel cancer screening. It is not very often that we have such a successful preventative health measure, where we know that it works, we know how we can save people’s lives and we know that what is needed is the wheel to roll out the program and make it available to people who are of the ages at risk. I am happy to acknowledge that the previous government did the right thing by identifying this as a problem, but what they did not do was provide any ongoing funding for it.

For Labor to meet our election commitment to expand and extend testing to 50-year-olds and to ensure that we were building upon previous work and that this screening could continue, we had to find $87 million. That will put it on a stable footing for the next couple of years. Of course, we will then need to ultimately achieve the recommended standard for screening every two years of people aged over 50, and we will gradually be able to build up to that. We will save many lives and make a real difference in supporting the sort of research that really can turn around the way we provide health care in the community.

I also want to quickly comment on the discussions to date in terms of the $15 million contribution to a children’s cancer centre at the Women’s and Children’s Hospital in Adelaide. This will be a very important centre for young children and women in Adelaide who are cancer sufferers. It will mean there will be specialised facilities. They have not always been able to access the top-class facilities that they deserve, and we hope that our contribution will be used to assist the South Australian government in providing that.

To allow time for my ministerial colleague to have a chance to answer the member for Macarthur, I will just quickly flag for the member for Kingston that we are very pleased that discussions about the Noarlunga GP superclinic are going well. I understand that consultations are due to be held in the next five or six weeks. I am hoping that I will be able to be in your electorate for those consultations. We have committed up to $12.5 million to that project and the state government is going to meet an equivalent amount of funding. It is a really exciting opportunity for a community that desperately needs these services. I thank the member for raising these issues.

Ms KATE ELLIS (Adelaide—Minister for Youth and Minister for Sport) (4.40 pm)—I am happy to offer some further information with regard to the member for Macarthur’s questions about sporting facility funding in the budget. At the outset, I point out that we on this side of the House are tremendously proud that we have come through on our election commitments to invest in local community facilities. We know that it is very important that we increase participation rates in sport. When we look at incidences of diabetes, obesity rates and a number of preventible diseases, one of our main priorities in this portfolio area has to be on increasing participation. We also know that, in order to do that, people need access to adequate local facilities. That is one of the reasons we are tremendously proud that we have delivered upon
these commitments, which were made during the election campaign and funded in the first Rudd budget.

I understand that during the Senate estimates period a couple of weeks ago there was quite a bit of debate on this issue that went round and round in circles covering similar lines. I think there was a bit of confusion on the issue, and there are a couple of reasons for that. This government is doing a couple of things here in a way that is in stark contrast to the way the previous government used to operate, particularly the way that the Regional Partnerships program operated. The first thing we are doing, which may seem a little novel to some opposite, is delivering upon all of our election commitments. There have been a number of commitments in this area. The second thing—and I think this is where the confusion arose—is that we are doing it whilst following a due process. For the benefit of all, I will run through how that process is operating and what the next steps are. All of this funding came up after local communities’ advocates or representatives made the case for new facilities or facility upgrades in different areas. The opposition at the time made election commitments. We all know that both sides of politics make a number of election commitments, and we certainly did that. Upon being elected to government, we have now followed through by making sure that those election commitments are honoured in this budget in the sports portfolio.

The next step, now that we have that funding, is that the department and I are now in the process of contacting the local community or sporting groups which will be receiving this funding so that we can work through funding agreements with them. Basically, we just want to check that the project is still on line, that it is still going ahead as it was recommended and as it was put forward to the then opposition when we made these commitments. We have all heard a number of stories, particularly through the Minister for Infrastructure, Transport, Regional Development and Local Government in question time over recent months, about incidents where taxpayer funds were granted under the Regional Partnerships program to projects which had since collapsed or were never going to get off the ground. We are doing our due diligence, making sure that that is all in place, and looking forward to getting those funding agreements in position.

All of the commitments made both by the government and by the opposition are on the public record. In fact, I noticed there were a number of points put forward in estimates where the opposition was concerned about the nature of the seats that these projects might have been going to. Someone in my office kindly did some work and has informed me that the now opposition’s election commitments in marginal seats for sporting facilities totalled $16.5 million more than what we are delivering. We are delivering in a range of different seats and in a range of different sports. I am happy that, as a result of this funding made available by the Rudd government, the people who will directly benefit are involved in a range of sports, including hockey, swimming, soccer, netball, tennis, softball, rugby league, Aussie rules, boxing, athletics and motorsport. I look forward to working with all of these local groups to make sure that we can boost facilities and get as many Australians as possible out there and active, running and jumping, catching and throwing and doing their bit to ensure that we have a very active Australia.

Mr Farmer (Macarthur) (4.45 pm)—I refer to Minister Ellis’s press release dated 23 May 2008 announcing $850,000 worth of funding for the marginal seat of Deakin, which Labor won at the last election. This funding was: $500,000 to develop the Glen Park Community
Centre, $150,000 for Croydon Little Athletics Club to upgrade facilities and $200,000 to upgrade the Nunawading Gymnastics and Sports Club at Walker Park Reserve. Can the minister confirm that these projects will be funded out of the $20.8 million program, that these were intended election commitments? Was this part of the event that Kevin Rudd went to on 20 October 2007, when they let him fire the starters pistol? Was this when he decided that he would give them $150,000 worth? Can you provide details of the scrutiny that this project underwent for funding?

The DEPUTY SPEAKER (Ms AE Burke)—Before I call the Minister for Sport, can I just indicate that the ministers do not have to take all the questions straightaway; you can allow other people to get the jump.

Ms KATE ELLIS (Adelaide—Minister for Youth and Minister for Sport) (4.46 pm)—I will very quickly answer those questions. Yes, I can confirm that those projects are out of this funding in the budget. This is a very clear example of where we are getting in touch with community groups, working with them and then making public announcements. This is what we intend to do for all of those projects. These were commitments which were made. I have had the pleasure of going out and having a look at some of those facilities and where they are going to be put into action, particularly at the gymnastics centre, where we saw some very young children getting out there and getting active very early in life.

With regard to your questions about whether I can confirm where the Prime Minister was in October last year, I cannot. I am not sure with regard to the starting gun or the second part of the question; I do not have that information. But, yes, that funding is coming out of that particular pool.

Ms CAMPBELL (Bass) (4.47 pm)—I would like to talk this afternoon about hospital funding and health. I would like to thank the Minister for Health and Ageing for visiting my electorate of Bass, together with the Prime Minister, and for really showing an interest in relation to the hospital system in my electorate. For too long the blame game has hurt the health system and I think we have seen, from the flow-on effect of that, that it actually hurts patients. After 11 long years of neglect from those on the other side, there is much to be done now. We know that, and the minister and the Prime Minister have been working extremely hard. As you could imagine, my electorate of Bass in northern Tasmania is vitally interested in the steps the Rudd government is taking to secure the long-term health of the nation.

I guess this budget heralds a new era of cooperation, collaboration and honest and open dialogue between the Australian government and the states and territories. We have said, ‘No more buck passing,’ and we have said, ‘No more blame shifting,’ and we are committed to that. The government is providing an extra $1 billion to public hospitals this year. This boost reverses the trend of decline in the Commonwealth’s share of public hospital funding.

Mr Coulton—Madam Deputy Speaker, on a point of order: the purpose of this exercise is to ask questions.

The DEPUTY SPEAKER (Ms AE Burke)—The member for Parkes will resume his seat. I refer to House of Representatives Practice: ‘ Debate which covers departmental activity and government policy’. The member for Bass is in order.

Ms CAMPBELL—The funding will begin to rebuild the health system after 11 years of neglect. This growth is the largest single-year increase in public hospital funding in almost a
decade. I would really appreciate it if the minister could go into a little bit more detail on that. In addition, over $600 million is being provided over four years to help the states and territories reduce elective surgery waiting lists. Can I say that people in my electorate of Bass were certainly very appreciative of that. By the end of 2008, around 25,000 patients will have benefited from this plan, and I would be pleased if the minister could also expand on that. As of September 2007, more than 34,000 public patients requiring elective surgery, such as hip replacements and eye surgery, had not been seen within the clinically recommended time and, again, many of those patients were in my electorate of Bass. In 2005-06, more than 25,000 patients waited more than one year for elective surgery. That is totally unacceptable. The length of elective surgery waiting lists in our hospitals is a direct result of the previous government’s refusal to work cooperatively with the states and territories to tackle problems in our health system. Labor have said: no more buck passing, no more blame shifting.

As I have said before, I would like to thank the minister and the Prime Minister for visiting my electorate of Bass but also for putting $15 million on the table for the integrated care centre. It certainly is a welcome addition to the Launceston General Hospital. Minister, you have visited it on many occasions and you have seen firsthand how the renal unit, as it stands at the moment, is pushed to capacity. It has been asking for this funding for many years under the previous government; it has always been rejected. Minister, if you could perhaps explain when that $15 million will actually be expended and when the state government will actually receive that money, that would be appreciated.

I would like to quickly talk about the four-year elective surgery waiting list reduction plan. I understand that it comprises three stages. The first stage involves $150 million to conduct an immediate national blitz, which will help reduce the backlog of patients waiting longer than the clinically recommended time for the elective surgery; $150 million over two years to make improvements to the hospital system and elective surgery; and up to $300 million in dividend payments to states and territories, which will dramatically increase the number of elective surgeries completed within the clinically recommended time by the end of the four-year plan. Minister, I would be grateful if you could also expand on that, because people in my electorate are very interested.

As well as these immediate injections of funding, Labor are planning for the long-term future of the health system, something that was grossly neglected by people on the other side. If we are talking about health and about hospitals and funding, we need to look more at the long term than at just a bandaid solution, which is what the previous government did. Labor will be developing and delivering a long-term blueprint by June 2009. (Time expired)

**Mrs HULL** (Riverina) (4.52 pm)—I bring to the attention of Minister Roxon the fact that the HIV/AIDS Strategy concludes on 30 June 2008. Firstly, can the minister advise the House, and me in particular, (1) of the plans and the budgetary items that have been applied to completing a new strategy and (2) whether there has been any finance allocated to enhancing the whole-of-life health programs for HIV-AIDS sufferers and the communities.

Secondly, I note in the budget papers that the government refers to ‘enhancing the medical workforce by the addition of 5,000 international medical graduates—IMGs’. I have gone through the budgetary papers and I can find no reference to any financial provision to allow for this group to obtain the necessary education and training to fit into Australian general practice. Minister, it is evident that GPET has been providing this training over a number of
years. The Rural Doctors Network and the Commonwealth funded Rural Outreach Vocational Education Scheme, known as ROVE, seem to have disappeared from the budget. The minister may be able to inform me whether this is or is not correct. It would seem to me that if the ROVE Scheme has been depleted or removed then there will be limited or no support available to these 5,000 IMGs to enable them to fit into training practices or rural general practice. Minister, I would really appreciate some response to those questions.

Ms ROXON (Gellibrand—Minister for Health and Ageing) (4.54 pm)—I will take just a couple of those questions quickly and make sure that I allow enough time for everyone to ask their questions. First, in response to the member for Bass’s comments: she will be pleased to know, in respect of the one billion extra dollars that have been provided to our state and territory governments to enhance hospital services after so much money was pulled out of the system, that I have just in the last week signed letters dealing with the distribution of that funding. Five hundred million dollars of that will be paid to the states and territories before 30 June this year, providing a very serious injection of funds, much needed in many of our public hospitals. More public information will be available on that following receipt of those letters by my colleagues and, of course, finalisation of the details. The second $500 million will be paid during the coming financial year as part of the specific-purpose payments, the healthcare agreements having been extended for another 12 months while we continue with our reform negotiations.

Since you raised it, I flag that, in that first tranche, of $150 million, for our elective surgery strategy, $8.1 million went to Tasmania. In the coming weeks, we are due to announce stage 2 of that funding, which will be provided to state and territory governments, not simply to help clear the people who have been waiting beyond the clinically recommended time but to improve processes and to have capital works undertaken that will ensure that there are improvements in throughput into the future. From recollection, Tasmania was seeking a significant amount of its money for purchasing extra equipment, which I am sure would be of benefit to the Launceston hospital as well as other hospitals around the country.

Negotiations have been continuing constructively between the Tasmanian government and my department about the integrated care centre. We want to make sure that the money from the Commonwealth is available at the earliest possible time, to ensure that this project can go ahead quickly. I do understand that there are some complications in making sure that the funding matches with the building requirements, and we will certainly keep you, as the local member, informed as those things develop.

I move to the questions asked by the member for Riverina. I know she has had an active interest in HIV policy for a long time, and it is a legitimate question that is being asked. I will have to take that one on notice. There are not specific budget measures that the government have taken, but we certainly intend to proceed with the previous commitments and we are making sure that a new and enhanced strategy will be able to hit its mark. We know, through some recent research, that it may be that we need to target our message about HIV to particular groups that are at risk in the community. I am getting some advice on making sure that the ongoing program will do that. If the member is happy for me to do so, I will take the question on notice to provide her with a more detailed response.

In respect of the extra medical graduates, the reason that you cannot find specific extra funding for that in the budget papers is that they are ongoing measures, and measures that
have already been funded through previous budgets do not need to appear with a separate item number behind them. Again, if there is further information that you want, I am happy to give you a briefing from our department on that.

The ROVE project, which has provided assistance to general practitioners, has, at least on the surface, been quite a successful one. The member opposite would be aware that we are reviewing our whole range of rural health programs. We do not believe that there need to be 60-odd different programs, mostly with the same objective—of either attracting Australian graduates to work in rural areas or providing support to international graduates when they work there. The efficiency is dissipated across all the different programs, all with different eligibility requirements, all with different regional bases. None of them really are sensitive to the actual needs of the areas they should be sensitive to.

The tool that has been used, RRAMA, has been rather blunt, and we are reviewing it. We are in a 12-month phase of making sure that we are assessing which programs have been successful, which can be combined and how we can be more attuned to the needs of the community. I am awaiting the final report on the review of ROVE, about which, I must say, anecdotally we have had very positive responses. We are inclined, of course, to make sure that we invest heavily in those that have been successful and do not continue to invest in those that have not hit their mark.

I hope that that gives the member some information that she was after. I am happy to get my department to provide a briefing on those two other issues where she would like some more detail.

Mr FARMER (Macarthur) (4.59 pm)—My question is to the Minister for Health and Ageing. Minister, I refer to the $12.2 million worth of funding for saving lives in water and the $10 million national recreation safety organisations’ continuation of funding. I recently met with the Royal Life Saving Society in the Northern Territory, who have a program called the Remote Pools Program, which I am sure you are aware of. They are funded by the Department of Health and Ageing from 2005 until April 2008 and require funding to continue with this program for 2008-09. The portfolio budget statement on page 216 states that the target is for ‘a continuing downward trend in the number of deaths from water and snow related accidents’. Are you aware of the Remote Pools Program that the Royal Life Saving Society in the Northern Territory operates, and will this program continue? Can you guarantee that some of this funding will go towards the Remote Pools Program and that the Remote Pools Program can continue? Will this funding be proportionate to areas of need or distributed across the states and territories based purely on population? What is the current rate of deaths from water and snow related accidents? What actual figure are you aiming to reduce this to?

Mr HALE (Solomon) (5.01 pm)—I can assure the member for Macarthur that there have not been any snow related deaths in the Northern Territory in recent times. My question is to the Minister for Health and Ageing regarding GP superclinics as allocated in the first Rudd Labor government budget. It is with a great deal of pleasure that I ask this question of the minister because in the electorate of Solomon it was a galvanising issue during the campaign, and it remains a galvanising issue for the people of Palmerston and the people of the rural area of Darwin. It is hoped that having the GP superclinic will relieve the pressure on Royal Darwin Hospital’s emergency rooms.
Much has been said about previous governments and the like in neglecting health and I would rather steer away from that because the people in Palmerston and in the rural areas of Darwin are sick and tired of hearing about that. I am happier about the commitment that has been made by the Rudd Labor government in this budget. This budget is a practical demonstration of how this government is committed to delivering healthcare improvements for all Australians. It is fantastic news that one of the first GP superclinics will be delivered in the Palmerston area. I also note that many of my colleagues are getting GP superclinics in their electorates and note how happy they are about that. It is important that, as an Australian, the basic necessity of having health care is not overlooked.

I have been speaking to the people of Palmerston and, as I said, they are sick and tired of the blame game. All they want—just like the rest of us—is to know that when one of their loved ones is sick they can see a doctor, whether it is day or night. Children often get crook at the most inopportune times and it is important for the people of Palmerston to have that service.

During the campaign my father was sick and, as a resident of Palmerston, it was difficult getting Dad in and out of hospital. He spent a fair bit of time in the Royal Darwin Hospital; the services were not adequate in Palmerston at that time. I would like to take this opportunity to thank the Royal Darwin Hospital for putting up with Dad. It was a little bit of trial and tribulation in itself. They got him through and he was down here for my swearing-in, which was good.

Mr Hockey—You will not be thankful now!

Mr HALE—Thank you to the member for North Sydney for his comment. Hopefully he can stay in the Committee room for the entire session. Ten million dollars has been allocated in this budget to deliver vital services as soon as possible. I would like to thank the minister for her commitment to the people of the Northern Territory. I ask her to outline what benefits the GP superclinics will provide in delivering vital healthcare services to the Australian community.

Mr NEUMANN (Blair) (5.04 pm)—My question relates to the Rudd government’s commitment in relation to binge drinking. It arises out of a number of mobile offices that I have run, and in particular I have been doing the country shows in my electorate, which is about 90 per cent of the country area. Last Saturday we had the Ipswich Cup at Bundamba Racecourse, which I thought was an interesting experience. One of the topics that a number of people at the Ipswich Cup discussed with me was binge drinking, because sport is often associated with drinking. Interestingly enough, the Racecourse Hotel is not far away from the Bundamba Racecourse. Ipswich basketball stadium is also very close by and as a young fellow I played basketball there. A lot of my family were involved in the racing industry when I was younger, particularly greyhounds, and I also had friends who were race callers.

On Saturday at the Ipswich Cup a number of people were asking me about our $53.6 million commitment. A number of comments were made to me about peak sporting bodies such as the AFL and the NRL to the effect that we would like the money if at all possible to be coming down to the grassroots because binge drinking is often what happens on a Friday night, Saturday or Sunday around sporting events and is often associated with that sort of masculine culture. I was wondering to what extent that money is going to be contributed to community based groups and local sporting groups rather than to, say, the NRL or the AFL.
any of the peak sporting bodies. We also want to know when that money could be rolled out and whether that money is going to go to, say, councils. I have been speaking to some of the local councils in my area, and particularly in Ipswich I have spoken to the Mayor, Paul Pisasale, about this. You only have to look at CCTV footage or drive around the streets of Ipswich at night to see that this binge drinking is a challenge. It is a real problem. As the father of teenage daughters who have other friends of that age going to parties, going to events, I can say that drinking seems to be a rite of passage for a lot of young people.

Minister, I do not know whether you saw the recent *Four Corners* program on the issue of binge drinking which was one of the most disturbing *Four Corners* programs I have ever seen—certainly more disturbing than the fact that the member for North Sydney did not understand Work Choices. I thought it was a particularly disturbing program that night, and certainly it was a real shock to a lot of parents to see young people, particularly young women, just sculling drinks. That is a real concern because, when they are inebriated, they are also more vulnerable to violence and sexual assault, domestic violence and other issues which are very serious matters. I say this because in my family we have experienced alcoholism and I am the son of an alcoholic, so I have experienced this all through my life. These issues are both personal as well as political for me.

I raise this issue not only because it was raised with me last Saturday at the Ipswich Cup as well as at the mobile office at Brassall shopping centre last Saturday morning but also because I have seen what binge drinking can do to families. I can see what it does to young people. To what extent will that money be rolled out to local community groups and local councils etc., rather than simply given to peak bodies such as the AFL and the NRL? The thinking from some of the people that I spoke to last Saturday was that advertising is all very well but it is the grassroots, the personal touch, that is most important—having a mate, a mentor, who can get beside you saying: ‘Look, just have a couple of beers but don’t drink too much. Just have a few drinks but don’t go too far.’ My question is: to what extent are we going to push that?

Ms ROXON (Gellibrand—Minister for Health and Ageing) (5.08 pm)—I will answer those contributions from several members at once, starting with the last, because I think the member for Blair in a very personal way is highlighting why this is such a serious problem that the government is trying to tackle. I am glad that the member for North Sydney is here to hear this. I am sure that, despite the posturing on some of these issues, he and all other members of the House do understand that this is a problem that many parents are very worried about. It is a problem that many sporting groups and clubs are worried about for their participants. It is something that those who work in emergency departments of our hospitals are worried about. I want to reassure the member for Blair and others in this House that with this binge-drinking campaign we have no intention of giving millions and millions of dollars to the major sporting clubs, who by and large run campaigns and training programs themselves for their own members.

We have already allocated some portion of that money, $2 million I think, to ensure that the club champions process means that we can identify leaders that many young kids respond to and look up to to be the champions for drinking in a sensible fashion. We will use them, no doubt amongst many other people, in our advertising campaign because they are such influential figures in setting standards and are looked up to by many children across the country. But
we absolutely take the point that you have raised that getting this money down to the grassroots is where we can have an impact. One of the things that the national campaign will do is invest more than $5 million in the Good Sports program, which was a very successful initiative in Victoria and which we are seeking to roll out now across the country. It is about going through your local club and looking at the things that make it a safe and healthy environment for kids, right down to whether you win a slab of beer in the raffle or whether you win something that might be more appropriate to set an example for young people. And these are capacity-building projects. They do not require ongoing funding; they need funding so that the key volunteers, the mums and dads who run those support networks for clubs, are trained. Once trained, the capacity is there for them to assist others and set good examples. We understand that we have to do this at a community level as well as at a national level with campaigning.

The other nearly $7 million is going to be targeted towards community initiatives that are nothing to do with sport. Of course a lot of projects, whether they are run by local councils or others, can benefit. Sending a message to our young people can provide support about ways they can entertain themselves in a healthy environment, ways they can protect themselves from peer group pressure and other things that might lead them to excessive drinking. There will be a process for ensuring that all members are able to participate in encouraging their local clubs and parent committees at schools, for example, and others have already expressed interest in being part of this project. Again, we will be focused primarily on capacity building—how you can provide money that will mean that key staff or volunteers are well trained, that they are able to do an audit of all their activities—and making sure that the environment does not contribute to trends of binge drinking. We are very excited about that project. The Minister for Sport, when she addresses the water safety issue that the member for Macarthur raised, may want to add more on this issue.

Can I also say that it is good and, I am sure, difficult to hear the personal stories that people have about being affected by alcoholism. We should not trivialise this. We know the extent of the problem and we have to be prepared to take a very comprehensive approach. I hope that the member for North Sydney, when he gets over arguing against the increase in the excise on alcopops, will take seriously this range of other initiatives, which are a real opportunity to make a difference in our community.

I want to comment also on the issues that were raised about the Northern Territory because I think that they are really important, as the member for Solomon has flagged. In Palmerston, having access to GPs after hours has been an issue that has been a problem for many, many years. Our government is determined to provide up to $10 million to make sure that that becomes a reality for those families. We are working very closely with the Northern Territory government. We are also working closely with the Danila Dilba Indigenous service. There is some capacity potentially for us to look at co-locating services, and as well we are very much engaged in discussions with the defence community, who have some special health needs that are not always well served by the existing facilities. I think there is an opportunity for us to use this program in a very innovative way to benefit those families in Palmerston who have been missing out on services and who desperately need them.

Mr HOCKEY (North Sydney) (5.13 pm)—My question is to the Minister for Health and Ageing. I refer her to Budget Paper No. 2, National binge drinking strategy community part-
nerships on page 223, Early intervention on page 224 and Education information on page 224. Given that those three initiatives are all targeted at young people or that people involved in elite sports are obviously less likely to engage in binge drinking than others, can the minister identify where in the budget there is funding for the sorts of examples that the member for Blair raised about older people who are not involved in sporting clubs who are suffering chronic alcoholism? Secondly, does the minister stand by her statement of earlier this year that the alcopops excise increase introduced by the Rudd government is a health initiative and, if so, why did the Department of Health and Ageing identify that it had not been consulted prior to the announcement of the initiative? How can it be a health initiative if the department of health, rather than the Treasury and Customs, is not involved in formulating it?

I have further questions, in relation to the Commonwealth Dental Health Program. Does the minister stand by her statement of 2 March 2008 that the Howard government medical dental scheme helped only around 15,000 people in almost four years? I refer her to the fact that her own department identified, in Senate estimates, that something like 370,000 services had been delivered in five months. I also ask the minister why there has been a substantial increase in the number of staff in the Department of Health and Ageing. I assume that might be because the department of sport has been incorporated, but I would be very interested to know. I also ask the minister, in relation to the negotiations with the states and territories, whether she can identify in the budget papers where in the forward estimates there is an allocation for the new Commonwealth-state hospitals agreement. What happened to the previous commitment by the Howard government as to the allocation in the contingency reserve—

Ms Roxon interjecting—

The DEPUTY SPEAKER (Mr S Sidebottom)—Order! Minister, you will have your chance in a moment.

Mr HOCKEY—of an additional $18 billion that was in the forward estimates?

Ms Roxon interjecting—

Mr HOCKEY—Well, we’ll see if you answer all these questions. Can the minister explain how the budget commitment by the Rudd government in relation to teen dental health was $510 million over three years, yet when the budget papers came out they showed it was $497 million over five years? Can the minister explain the difference between the two? Can the minister also provide advice on the methodology that was used in the discussions with the states about initial allocations to address waiting list problems in each of their hospitals? Will she release that methodology? I can repeat the question if you did not hear it, Minister.

Ms Roxon—I have a long list already.

Mr HOCKEY—Good, then we can—

The DEPUTY SPEAKER—Members, through the chair, thanks.

Mr HOCKEY—How does the minister expect nurses to take on extra responsibilities when the government has cut 25 Australian hospital nursing schools? Can the minister explain her public comments recently that she is going to extend Medicare to nurses and allied health professionals? Also, can the minister explain whether that is part of the budget? What amount of money is allocated in the budget papers for the extension of Medicare to allow nurses and other allied health professionals to list their services on the MBS? Can the minister explain the $500 million that is being cut from a variety of health programs including mental health,
diagnostic imaging, primary care policy, innovation and research and primary care education and training? Furthermore, can the minister explain why she unilaterally tore up the memorandum of understanding with pathologists, or did she not know that there existed a memorandum of understanding with pathology groups? I might add that was bipartisan when it was initially signed, but obviously, unilaterally, it no longer is.

Ms ROXON (Gellibrand—Minister for Health and Ageing) (5.18 pm)—I thank the member for North Sydney for these questions, and I will be able to answer each and every one of them. In terms of the national binge-drinking strategy, we do not make any apology for the fact that a number of these initiatives are targeted at young people, but he should be aware that the $14.4 million is for community-level initiatives that are not limited to young people. They will be able to have the reach, but that will depend on those that apply for the funding. I am sure that there are many groups in the community, and I would expect that a large number of them—

Mr Hockey—It says ‘young people’.

Ms ROXON—I am happy to answer each of these questions but I will be able to get through them more so if you would allow me to go through each and every one of them. So $14.4 million for the community initiatives is available. We do expect that a large number of the applications that will be made will be from organisations working with young people, but they are certainly not going to be exclusively for that. He also flagged what other funding would be available for initiatives that are going to target drinking to excessive levels in the broader community.

We actually have on foot a number of strategies, including the $4½ million that has been allocated to our prevention task force. Its three key jobs are to look at strategies that we should adopt across the community for reducing the risks from excessive alcohol consumption, tobacco use and obesity. We expect that their work will be done primarily by the middle of next year, and they will provide us with advice along the way. Obviously, if there are options that can be considered as part of the future budget process we will do that, but we are determined to do this in a comprehensive way. Part of what all governments do is, for example, ensure that we have the most up-to-date information and medical research reflected in guidelines and prepared by medical experts. I am a little bit surprised that the opposition seems to be poo-pooing that as a process. That will be made public by the end of this month or next month. I would have thought it was the sort of initiative that is exactly targeted at providing information to both younger and older members of the community.

The member asked a question about advice in terms of the alcopops measure. The member has the answers that were given by my department, quite rightly, at estimates. As was also made clear, if the member read the full details, there were of course discussions between my department and Treasury. That does not necessarily constitute formal advice, but there was plenty of evidence which Treasury was referred to in terms of the health impacts of this measure. That has also been tabled in the House and, I think, it was provided throughout the estimates process.

I can put the member’s mind to rest about some figures relating to the chronic disease program for dental care. We have previously sought to explain this to the member, but he does not appear to have been able to absorb the fact that there is a difference between the number of people served and the number of services provided. The people who use the program often
have a range of services provided, so it is right that the number of services will always be larger than the number of people—often in the order of three or four times. It is also right that there was a large increase in the take-up of the program from November last year because of the changes that the previous government introduced.

Mr Hockey—There was not.

Ms ROXON—I think that the member will find that there was. The figures that are clear are those in the first 3½ years of the program. During the campaign and previously, a lot of those figures were provided to me, as the shadow minister, as they were current. The member can go back and see the increases that have occurred over that time. I am absolutely sure that our figures have been correct. The member also asked about the alleged substantial increase in staff. In fact, what the opposition have failed to ask about is the number of staff that have left. My advice—I do not have the exact figure in front of me—is that there was a net increase, of either 28 or 48, in people finishing contracts and people starting. Actually, there is not a large increase in the figures, even including the movement of the Sport portfolio into our portfolio.

I may have to take some more of the chamber’s time to answer this question. My personal favourite is the member for North Sydney coming in here asking: ‘Where is our money for future healthcare agreement negotiations; and what happened to our $18 billion?’ As everybody on this side of the House knows, as does the member for North Sydney, that $18 billion was never announced by the previous government. It was something they were so proud of that they forgot to tell the electorate during the election. He knows full well that, when you are negotiating with state and territory governments, the process is to put funding in the contingency fund, and that is not available to the public. (Extension of time granted) I think it is absolutely extraordinary that the member would make such a pathetic attempt to highlight this issue. Of course information will be available.

Mr Hockey interjecting—

Ms ROXON—Let’s not have the member opposite pretend he does not understand how the budget works. Of course there is funding that is provided in the contingency fund. The member opposite knows that. The member opposite knows that the previous government—his government—were not prepared to announce during the election campaign how much money they were going to put in and now he wants to rewrite history and pretend that they spent and allocated some money, which they never did. If he wants to find the budget papers from previous budgets, we would be delighted to have a cup of tea with him and he can show us where they were, but he knows full well that he cannot.

There were some differences in the figures that were provided initially during the campaign when we announced our dental care figures. We went through the Charter of Budget Honesty. We of course take the advice of the Treasury and the Department of Finance and Deregulation when it is provided. They scaled down the expected take-up, and those figures are reflected in the figures that we have now taken. They were announced before the end of the election because that charter process was finished before the election date, and they have not changed since that time.

The methodology that is entered into with the states in terms of negotiating with them on funding over elective surgery is something that also has amused me. Basically, it is a process that does involve negotiation, something that the previous government was not that inclined to
do with the states and territories. We took account of their particular needs. We took account of the number of people on their waiting lists who had waited beyond the clinically recommended time. We took account of the capacity for and difficulty of doing elective surgery. For example, in Tasmania, where it is slightly more expensive, they had more than a population base of funding. And it was something that was hammered out in those meetings with the health ministers and treasurers. We are perfectly proud of the funding that we have provided for them.

We make no apology for cutting the previous government’s program for training nurses in hospitals. They intended to set up an entirely separate program of training for nurses. There are already two separate processes for becoming nurses in this country—probably more, really—the main ones being a graduate process through university and an enrolled nurse process through TAFE. The previous government were intent on setting up a third process. We did not believe that more money should be spent on setting up another process. That money could better be invested in making sure that we increase capacity for the nurses in the system, and we are pleased that our $6,000 contribution to get people back into nursing in nursing homes—which I am sure that my colleague the Minister for Ageing is very pleased about—and hospitals will be useful.

Contrary to the member opposite’s assertions that we have announced extending Medicare, making it available for nurses and allied health professionals, what we have announced is that we intend in the development of our primary care strategy to look at whether better access should be provided to other professionals. We will allow that process to take its course. We believe that a number of those health professionals are underutilised and that we should carefully consider how they can be better utilised for the benefit of the community. When those proposals come up, they will go through the normal process of government announcements and budget processes if and when required.

Of course, we can take the rest of this time to go through each and every one of the budget savings that the member opposite has raised. I think that we have already put on the record, through both Senate estimates and public comments, that we did reduce funding to a number of programs that were not meeting their targets, that were underspent. A lot of those programs are demand driven programs. We have stated clearly in the budget papers that if the demand does increase, we will then provide extra money for those programs.

The member opposite would be well aware that the MOU with the pathology industry is not a legal document, that there are changes that can be made throughout the course of those agreements. Sometimes they are made by agreement; other times they are made by changes that have been announced. The previous government did that very regularly by adding items that could be charged through the memorandum of understanding. Of course, those are more readily welcomed by the industry than when there are cuts, but we do believe that in pathology there are a lot of savings that have been achieved, particularly through the automation of a number of processes, and that this can be well absorbed by the industry.

Mr HOCKEY (North Sydney) (5.28 pm)—I have further questions. I refer to Budget Paper No. 2, page 227 under the heading ‘Illicit drug use—targeting young people who use methamphetamine’, which states that the government will tailor existing national education programs on illicit drugs from existing resources in the department. I think this question
should probably go to the Minister for Sport, but how much is actually being spent on targeting young people who use methamphetamine?

To go back to what the Minister for Health and Ageing said a little bit earlier, in relation to the memorandum of understanding with pathologists, were they advised or consulted prior to the budget announcement of the unilateral changes? I also ask the minister if she will release the details of the methodology used by her and her department in the negotiations with the states, and will that methodology be the same methodology that was applied in negotiations with the states on the new state-Commonwealth hospital agreement?

Further, I ask the minister: how many extra nurses do you believe will come into the system as a result of the $6,000 initiative? And by how much do you believe premiums will increase next year as a direct result of the changes to the Medicare levy surcharge? I know the member for Hunter would have a particular interest in that. And why does the minister think that it would be a great idea for Medibank Private to buy Australian Health Management for $300 million? Did she approve that purchase by Medibank Private of Australian Health Management? When did they consult with the minister about that purchase? Furthermore, if it is the intention of the government not to privatise Medibank Private, will Medibank Private continue with the acquisition program that it currently has?

I further ask the minister about the Chris O’Brien centre for cancer research. Has any funding been allocated for the recurrent costs to help run that facility into the future? And I ask, very genuinely: has there been any consultation with the states about assisting with some of the recurrent costs associated with the centre for cancer research. I am sorry to bounce around a number of issues here. You do not need to answer all the questions now; you can do it at your leisure. But I think it would be useful to get some of these answers.

Can the minister advise the House of the total amount of money that will actually be spent on the national binge drinking strategy and over how many years? Given that this money is coming from existing resources of the Department of Health and Ageing, when the Prime Minister and the Minister for Health and Ageing announced that there would be significant sums raised as a result of the new tax on ready-to-drink alcoholic beverages, it came out in the budget papers that it will be in excess of $3 billion. How much of that $3 billion will go towards addressing binge drinking?

Mr Baldwin—Mr Deputy Speaker, I have a point of order—

The DEPUTY SPEAKER (Mr S Sidebottom)—The time allotted for the debate has expired. From 5.30 pm, Defence is the order of the day.

Ms KATE ELLIS (Adelaide—Minister for Youth and Minister for Sport) (5.32 pm)—I am not intending to take up very much time; I just did not have a chance to respond to one earlier question of the member for Macarthur about a water safety initiative. In particular, the question was about the Remote Pools Program. Can I just outline that there are a number of different initiatives in this budget which are aimed towards water safety, snow safety and reducing the number of drownings which take place in Australia. The member opposite asked: what are the projections that the government hope to get to for the number of drownings? Frankly, we do not want to see any children drowning. We want to keep putting in place mechanisms to reduce the number of drownings until we get to that point. In this particular budget there is $10 million over four years, which has been put towards national recreation safety organisa-
tions. This is a continuation of expired funding. In addition to that, there is $12.2 million over four years for saving lives in the water. Of that, $8 million will go towards supporting the water safety initiative.

Mr Baldwin—Nobody asked you a question; that is why you have to speak, is it?

Ms KATE ELLIS—I am answering a question that the member for Macarthur asked. Also, $4.2 million will go to Kids Alive. The $8 million which will go towards the water safety initiative will go to a number of different organisations such as Surf Life Saving Australia, the Royal Life Saving Society Australia, Auswim and the Kids Alive initiative. I am happy to speak to the member for Macarthur about how the program that he mentioned in particular, which he came across in the Northern Territory, is being funded. It may have been the case that we have been funding these organisations, they then pick the programs which best line up with what they are trying to achieve through the water safety initiative and they fund them themselves. I am happy to speak further with you about that. We have now put in place funding to ensure that the government’s total contribution to water and snow safety over the next four years equals $33 million.

Ms ROXON (Gellibrand—Minister for Health and Ageing) (5.34 pm)—I will be very quick for the member for Paterson. I would be loath for the member for North Sydney to stand and say that we were not answering the questions that were asked.

Mr Baldwin—Mr Deputy Speaker, a point of order: these debates run on a set timetable and that timetable expired five minutes ago. I ask you, Mr Deputy Speaker, to uphold the scheduled timetable.

The DEPUTY SPEAKER (Mr S Sidebottom)—The ministers were asked questions by your side. The member for Paterson will take his seat. I am ruling on your point of order. The minister has the call.

Mr Baldwin—Mr Deputy Speaker, a point of order: there is a scheduled time set out for ministers to appear before the Main Committee and the scheduled time for Health expired at 5.30. The time for defence is 5.30 to 6.15. Mr Deputy Speaker, I ask you to read your briefing on this matter.

The DEPUTY SPEAKER—I have. The member for Paterson will take his seat. The chair will determine what occurs in terms of estimates. Questions were asked on this side—important questions—and the minister was just summing up. We will then move on to Defence. That is my ruling.

Ms ROXON—As I said, I do not want the member for North Sydney to suggest that we were not answering the questions he has asked. I can run quickly through them. The program that is targeting drug use amongst young people for methamphetamines is an important one that we will continue—$17.9 million over four years is being allocated to that project. We know that there are some at-risk groups where those rates are going up. This will continue to be an important focus of the government.

No, we did not tell the pathology industry prior to our announcements in the budget about the changes that were anticipated. No, we do not intend to release the methodology for the negotiation skills and tactics we used with the states and territories. I will take a very dim view of premium increases that are sought by any private health insurance fund that does not want to take other measures to try to keep members within their fund. There are a range of
things that we intend to work with in the industry that will ensure that private health insurance continues to be attractive to the community. That is something that the funds themselves obviously do need to be aware of.

My ministerial colleague Joel Fitzgibbon has been desperate for me to make some comments about him being the better looking Fitzgibbon when it comes to views that people might have about private health insurance! I am pleased I have been able to get that in HANSARD.

Finally, the member opposite would be aware that the Minister for Finance and Deregulation is technically the minister responsible for Medibank, in terms of being the sole shareholder and in terms of Commonwealth funding. Those questions would need to be directed to him. The $50 million that has been provided for—and I know the member has a particular, personal interest in the Chris O'Brien project—has been for capital works and not recurrent works, but we are in ongoing discussions with the states and territories on a range of initiatives, particularly relating to cancer. The capital cost is high but the recurrent cost is also very high. That is something we continue to engage with them on.

In respect of the amount of money that will be raised from the increase to the alcopops exercise, the member opposite can rest assured that I will be arguing very strongly with my cabinet colleagues for a significant amount of that funding to be allocated to binge-drinking strategies.

Proposed expenditure agreed to.

**Defence**

**Mr BALDWIN** (Paterson) (5.39 pm)—I would like to ask a series of questions of the Minister for Defence, first and foremost about some of his statements about the Super Hornet before becoming the minister and then his statements about it directly after becoming the minister. The first question is: what period of time after being sworn in as the minister did you receive the detailed briefing on the capabilities of the Super Hornet? Minister, given that you would have been briefed on the capabilities prior to your announcement of the inquiry into the capability of the Super Hornet and the recommendation as to whether Australia should purchase it, why did you put people through that exercise and chew up military time and dollars?

Secondly, Minister, you called for an air combat capability review. According to reports in the Australian on Wednesday, 30 April by Cameron Stewart, you were delivered your report that day. That report has now been sitting on your table for five weeks. Why has no detail of that report, albeit in a reduced, non-classified version, been provided to the defence industry personnel? Is it because the air combat capability review actually supports the recommendations and acquisition program put into place by the coalition government? Because that air combat capability review says, as we know, that the Super Hornet is the correct aircraft to replace the F111, and it says that the F111 needed to be taken out of operational use. (Time expired)

**Mr NEUMANN** (Blair) (5.41 pm)—My question is also in relation to the Super Hornet. We welcome the Super Hornets to the Amberley base—

**Mr Baldwin**—That is not what you were saying before.
Mr NEUMANN—and we welcome them in the local community. It is a significant capital investment in our area, which will have major benefits for the Ipswich and West Moreton area. It will help local business and industry. The military has been an important part of our community since 1860 but, obviously, we did not fly planes in 1860. The Amberley base at Ipswich is one of the premier military bases and it is going to become a superbase in the future. I have got a series of questions in relation to Super Hornets and the RAAF base at Amberley.

We welcome the Super Hornets. We think they are going to be an important part of the local community like the expansion in relation to 9FSB, which came in 2007. My question is: when can we welcome the Super Hornets? When are they going to arrive in Amberley? How many? I understand that in the budget you have allocated $117.1 million to extend and modify the facilities at Amberley to house the FA18 Super Hornets.

My question also relates to No. 82 Wing, which is also based at Amberley. No. 82 Wing is being primarily geared to tending to needs, maintenance and technical support in relation to the F111s. Of course, there are a lot of personnel in No. 82 Wing. What will happen to those personnel? Will they be shunted away or will they transition to the Super Hornets; and what sort of training will there be? I think that is important for the local community. So what is going to happen to No. 82 Wing?

Stage 3 redevelopment of RAAF base at Amberley, as I understand it, is $331.5 million. I have been there to look at the new construction. There is going to be live-in accommodation, a mess and a new physical fitness centre, and we are going to have the newly arrived No. 36 Squadron, who are going to operate the C17s. I would also like to know: how many C17s are we going to get? We welcomed 9FSB, 9 Force Support Battalion, in late 2007. I understand that we have only got 300 troops, and there are going to be another 150. When might they arrive? Are there going to be future Army battalions arriving? This question comes from some of the locals in Ipswich who want an assurance that the RAAF base in Amberley will always be known as RAAF Base Amberley, despite the fact that there are also Army battalions there.

My final question relates to road infrastructure—and I have raised this with you personally—in and around that area. I know that the state government of Queensland is spending $2.55 million on the Haigslea-Amberley Road, which connects to the Warrego Highway. If 9FSB is going to be travelling up that road, the connection between the Haigslea-Amberley Road and the Warrego Highway is going to be a priority, because it is a pretty dangerous intersection at the moment. My question is: are we working with the state government of Queensland in relation to road infrastructure around the RAAF base at Amberley? If so, when might we see some funding? Are we going to get any further funding, and what is going to be the outcome of any of those discussions?

These are very important questions, because we cannot have a superbase there with inadequate road structure in the local area. The state government in Queensland would like to put a western bypass between the Cunningham and the Warrego highways, but they have put that off until about 2020-2026. If we are going to create a superbase, might we think about looking at that western bypass being extended and brought forward in terms of its funding; and, if so, are we going to contribute any money to a proper western bypass, because that would help the base enormously?
Mr FITZGIBBON (Hunter—Minister for Defence) (5.45 pm)—I might take both questions together and work my way through each of the issues raised. I thank the member for Blair for his recognition of the importance of RAAF Amberley to the Australian Defence Force, to the country, to our national security and of course to his local area. He takes a deep-seated interest and is constantly in my ear about the future development of that base and its importance to his electorate. We will spend $130 million there in the 2008-09 year further redeveloping the base. He is correct to say we do have four C17s coming. It will be home to the Super Hornets. My last advice is that they will begin to arrive at the beginning of 2010. We are very mindful of the transition from the F111 to the 24 Boeing Super Hornets and the potential impact that may have on the local workforce, both uniform and nonuniform. We will continue to work through that transition as best we can to make sure that it is as seamless as possible.

On the road issue, I have spoken with the member for Blair about this in the past. It does surprise me that we seem to have a lack of coordination between Defence, the Commonwealth and various state governments when implementing these redevelopment plans. Obviously, the significant expansion of Amberley will have a big impact on the local infrastructure. I have asked my office to review what has happened in the past to see whether we cannot get a better model for determining well in advance what the infrastructure needs will be and what contribution state and territory governments should be making towards the infrastructure surrounding these bases. The redevelopment and growth of these bases are good for the local area, good for the local region and good for the local state, and it seems reasonable to me that the states should be making a contribution—of course, in a coordinated and fair fashion. We will continue to take the member for Blair’s interest in those issues very seriously and do what we can to address them.

A very good example in his own area was the effect of the expansion of RAAF Amberley on the local public school there. It was pretty messy pre-election, through bad coordination and planning on the part of the former government, but I am pleased we have been able to follow through on the commitments made by the former government, in consultation with the state government. Hopefully we have resolved that school issue, although I do note it is not to the satisfaction of all parents and members of the school community, because there is some debate about where the school should be located. We will leave that primarily to the state government to determine.

I will take the question about the effects of Army on notice and get back to the member for Blair on that later.

I want to turn quickly to the questions raised by the member for Paterson with respect to air combat capability, and I thank him for the dorothy dixer. I cannot believe I would be so lucky to get from the opposition a question which allows me to highlight the incompetent management of air combat capability that we saw under the previous government. One would have thought that maybe five, six or seven years ago a government would have been alert to the possibility that the F111s may need to retire early. If it had been alert to that possibility, we might have seen some decent, proper air combat capability planning from the former government. But did we see some proper assessment of that situation? We did not.

What the former government decided to do, almost overnight, was to turn the F111 off. That left Air Force in a very difficult position. It had to find an interim aircraft to fill that gap,
given the late timing of the arrival, if at all, of the Joint Strike Fighter—I say ‘if at all’ because that would have still been a question of doubt in the minds of both government and Air Force at that time.

Were we critical in opposition of the Super Hornet per se? Never. And I challenge the member for Paterson to produce a statement from me, privately or publicly, which finds me criticising the Boeing Super Hornet. He will not produce such a statement because such a statement simply does not exist. What we were critical of was the process, which denied Air Force planners the opportunity to determine well in advance when the F111 will need to retire, what that means in terms of the timing of our next fifth generation aircraft and therefore what it means in having to determine what gap might need to be filled in the interim. Because of the government’s approach to this planning or— (Time expired)

The DEPUTY SPEAKER (Mr S Sidebottom)—Thank you, Minister.

Mr Fitzgibbon—He does not want to hear the answer!

Mr Baldwin—Well, your time has expired, Minister.

The DEPUTY SPEAKER—You can allow the minister to continue his answer. The member for Paterson now has the call.

Mr BALDWIN (Paterson) (5.50 pm)—The question goes to this. Prior to the election, his statements were that in principle he agreed with the Super Hornet aircraft. After the election and after he had had a detailed brief over the capabilities, that these were of gen 4.5 aircraft, he still proceeded with a claim that these aircraft—

The DEPUTY SPEAKER (Mr S Sidebottom)—Order! Please use the minister’s correct title or seat, not ‘he’ all the time, please.

Mr BALDWIN—The Minister for Defence, the member for Hunter, then decided to go ahead with the facade of a review, which came back with what he already knew, and that is that the aircraft, the Super Hornet, was the correct aircraft. In relation to the delays in releasing the air capability combat review, we always read things in the paper before the minister provides a statement to the House:

The first half of the Orme report was released last month and recommended the F-111 be retired in 2010 and the Government proceed with the Super Hornet purchase.

That is fair enough, because that is what we had said, but then it states, as we also read in the Australian on 30 April:

The Orme report is believed to recommend against the Raptor, despite Fitzgibbon’s desire to keep the plane in the mix.

The reality is that he is sitting on the air combat capability review because that review supports the direction that the government went in on advice from Defence. He makes much of the claim that ‘it was the minister who went and acquired these Super Hornets without any briefing or detail’. That is not true, and he knows that is not true. And he knows that the background work was done by the Department of Defence and it provided recommendations to the minister and the National Security Committee of Cabinet, supported by the CDF at the National Security Committee of Cabinet, to buy those aircraft. I have asked him specific questions; I have asked him, if he will not answer them now, to take them on notice and provide an answer as to when he—the minister—found out, after being sworn in, about the true capability of the Super Hornet. I want to know that date. And I want to know why, then, he proceeded with the charade that we saw.
There is another question that I want to ask—and it is a shame that the Minister for Defence Science and Personnel is not here, but as the minister has overall carriage I will ask him. Minister, prior to the election, you stated at various military bases throughout Australia that the Labor Party would contribute $33 million as a government to the establishment in 12 locations of defence family health centres. Minister, in the budget you have announced five centres. Minister, in detail and supported by the now Prime Minister, then Leader of the Opposition, at Townsville, you said that these clinics would have a GP for half a day a week and they would have a nurse every day of the week. You said that they would have a full-time dentist at these clinics. You said they would have a full-time dental assistant at these clinics. There was no talk of caps. Now, in your policy, which has been watered down to $12 million and to five centres, there are no clinics: just toddle off to the doctor and if you get a bill for extra services, send it to them—but make sure those extra services are not for things like X-rays or referrals to other specialists. This has gone a long way from providing free dental and medical help to families of defence personnel. This was their retention package, clearly stated in the policy.

We have now seen that watered down to $12 million over four years, five centres and ‘just shoot along to the local GP’. One of the problems with postings is that you may not get onto a GP’s books. All you are going to be refunded is the difference if that GP does not bulk-bill. Dental assistance has been capped at $300 per person. There was not a single mention of that prior to the election. The government said they were going to provide a GP for half a day, five days a week; a nurse full time; a dentist full time; and a dental assistant full time. The government have misled Defence Force families. What we see is an apology from the minister: ‘I am sorry.’

I am sorry. — (Time expired)

Mr FITZGIBBON (Hunter—Minister for Defence) (5.55 pm)—I point out to the member for Paterson that it is polite, once having asked a question, to allow the minister to answer the question. Maybe he did not like the answer he was getting. I can understand that, but he should allow the minister to complete the answer. What I was saying before I was interrupted by the member for Paterson is that, when this air capability gap was created—and surely the member for Paterson does not deny that was the problem—by the F111 being turned off without forward planning, the RAAF was left with a hell of a dilemma. What did the minister of the day say to RAAF? He said: ‘I do not care what your problem is. I am going to have a political problem if you do not find me an interim aircraft in time for the retirement of the F111s.’

I learned in government—I did not know this prior to the election of course—that RAAF’s problem was that there was only one aircraft which could possibly be procured in time for the retirement of the F111s in 2010, and that was the Boeing Super Hornet. So what choice did the new government have?

Mr Baldwin—And still is.

Mr FITZGIBBON—It is still the only choice? There are other aircraft. What we would like to have seen was some forward planning, some forward knowledge about when the F111 would be retired and a competitive environment created so that we could have choices over a range of aircraft and maybe some price competition and strategic competition. We got none of that because of the former government’s failure to plan in advance.
The DEPUTY SPEAKER—The member for Paterson has asked his question.

Mr FITZGIBBON—The Super Hornet is a very good aircraft. The member for Paterson describes it as a 4.5 generation aircraft. I would like him to define what that is. That is my big challenge to him.

Mr Baldwin—Is that a question to me?

The DEPUTY SPEAKER—No, there will be no questions.

Mr FITZGIBBON—I never criticised the Super Hornet per se in opposition. I certainly criticised the process, which left the Air Force with no other option than to produce a recommendation of the Super Hornet, under the demands imposed by the former government, because there simply was not any other possibility. These are the things we learned in government. We were left with no choice. Having said all of that, I want to repeat: we think the Super Hornet is an aircraft more than capable of doing the work we would expect of it over the next decade, and more.

In regard to the second phase of the air combat capability review, I do not know how the member for Paterson knows what is in the air capability review—that, in itself, is of great interest to me. The member for Paterson should understand that we are going through a white paper process. The white paper process reviews our strategic environment, both now and into the future, and then determines our consideration of a force structure review. It would be a crazy thing for the government, on the back of that report, to make a decision about our air combat capability by the year 2045 before we have determined the outcomes of the white paper and our force structure review. Of course the government will sit on the air combat capability review, encompass it as part of the white paper process and make the right strategic decisions, unlike the former government.

Mr HALE (Solomon) (5.59 pm)—It is with a great deal of pleasure that I rise today to ask the Minister for Defence about the significance of Defence in the first round of the Rudd Labor government’s budget. The Defence presence in Solomon is significant. Well over 5,000 ADF men and women are based in Solomon. Their presence includes the HMAS Coonawarra, the Darwin Naval Base and Headquarters Northern Command, located at Larrakeyah Barracks. The Australian Army has a large presence at Robinson Barracks and, with NORFORCE, at Larrakeyah Barracks, and there is a large Royal Australian Air Force presence at RAAF Base Darwin.

In Solomon we have several thousand service men and women and their families who actively go about their daily business of going to work, spending time with their families, shopping at local shopping centres, going to school, playing sport and going fishing on the weekends. It is not until you stop and think about it that you realise how integral defence personnel and their families are to our vibrant city in the north. Both during the campaign and since being elected, I have been fortunate to meet and socialise with many members of our Australian Defence Force community—people like the young mums and dads who catch up with me at the local shops or at barbecues and tell me how life is in the Defence Force and how it is going for them. I have had the pleasure of coaching young men in the combined services Australian Rules football side up there, who are a truly magnificent group of young guys from the triservices.

Mr Snowdon—Do they win?
Mr Hale—The member for Lingiari has asked me whether they win. I did have a very good coaching record prior to taking on that side, but we continue to work hard and improve. I have also met people like Brigadier Michael Krause, Air Commander Ian Meyne, Captain Vaughan Rixon and Anne Bradford, who are all great people and do a fantastic job up there in their respective fields.

It is a pleasure to ask the Minister for Defence about the commitments the Rudd Labor government budget delivers for the Australian Defence Force community because this budget ensures the Australian government’s strong commitment to the Defence Force and, through a significant military presence, also builds the economy of Solomon. The budget is fantastic for local businesses in the Darwin and Palmerston areas because the government will continue to source goods and services from within Solomon, building on the $463 million anticipated expenditure for 2007-08, and will continue funding of both Defence facilities and personnel serving in the Solomon electorate.

This budget shows that the Australian Defence Force families are front and centre this financial year, with government funding programs from child care, to health care, to housing. Through this budget, the government will continue to support employment initiatives for spouses, assistance with housing, relocation, childcare programs, health care, transition to civilian life at the end of a military career and a number of other support services. I know these initiatives will be of great benefit to the fantastic Defence Force personnel and their families who live and work in Solomon. My question is: can the minister detail what initiatives this budget will deliver for the strategically important defence facilities in Solomon?

Mr Fitzgibbon (Hunter—Minister for Defence) (6.02 pm)—I thank the member for Solomon for his contribution. There are many reasons why the member for Solomon was successful at the last election. One of them, of course, is that he is a very hard worker. He was a hard campaigner and he continues that work as a good local member. Another reason for his success is the way in which he has tapped into his local defence community. He is a great champion of the cause of the men and women of the ADF. His involvement extends right through to his coaching of the local services AFL side. I know that makes him a bit of a legend in the local area. He played with that side as well—played very well, I suspect, because I saw him play in the local parliamentary side against the Australian Defence Force and he was one of our stars. He fully appreciates and understands the contribution the Australian Defence Force, its facilities and its capabilities make to his local community and the broader Northern Territory community. I expect that he will continue to fight for ongoing expansion in his local area.

I am going to keep the answer to his question as short as I can because I want to allow some time for the Minister for Defence Science and Personnel to address the issues raised by the member for Paterson with respect to our pre-election commitment to extending health services to ADF families. It is true that the Rudd Labor government will spend more money on defence in the 2008-09 year than any government in the history of Federation has ever spent on defence. A lot of that money will go, of course, to many areas and key bases across the country, including two areas in the Northern Territory.

To answer the member for Solomon’s question more specifically, the government announced in the 2008-09 budget some $88.9 million to maintain and upgrade defence facilities in the Northern Territory. The amount spent on defence estate upkeep works will be $46.2
million. Estate upkeep works provide for the ongoing maintenance of Defence’s extensive training base infrastructure. Works will continue on the upgrade of support facilities for the Armidale class patrol boats and Darwin Naval Base; $21.4 million has been allocated for major capital facilities projects at Darwin Naval Base and RAAF Darwin and $11.1 million has also been allocated for approved medium capital facilities projects in the Darwin naval fuel installation and at RAAF Darwin. So that is a very good result for the Northern Territory, in particular Darwin, and I look forward to continuing to work with the member for Solomon to keep the ADF in his local area fit, strong and healthy and to ensure that it continues to make a significant contribution.

Before I turn over to Minister Snowdon, can I say on the matter of defence family health that I do not walk away from our pre-election commitment. I will let Minister Snowdon give some of the detail, but we made a pre-election commitment in good faith. We have identified, off the back of a number of surveys, that for defence families, health is the No. 1 issue.

Mr Baldwin—You walked away from it!

Mr FITZGIBBON—In 12 years his government did nothing. We said that we would spend $33 million and over the next four years we will spend $12 million. That is not an unsubstantial amount of money. We made a commitment. We are finding the process more logistically and physically challenging than we expected and I will let Minister Snowdon explain the detail. But $12 million for defence families in the area of health, on both GP services and dental services, is $12 million more than they ever did in 12 years.

The DEPUTY SPEAKER (Hon. DGH Adams)—Would the member for Paterson like the Minister for Defence Science and Personnel to answer his question?

Mr BALDWIN (Paterson) (6.07 pm)—Mr Deputy Speaker, given that he was not in the chamber at the time I asked my question, perhaps it is more appropriate that the member for Kalgoorlie asks his questions now. Then perhaps the minister can answer them both at the same time.

The DEPUTY SPEAKER—Order! I am trying to facilitate discussion. I call the honourable member for Kalgoorlie.

Mr HAASE (Kalgoorlie) (6.07 pm)—I think that it is appropriate that the member for Lingiari be here in the chamber because he needs to hear the question and then maybe we will get an answer. We have just seen the departure of the member for Solomon. Much was said by the minister about his capability as the new member for Solomon. Perhaps the question of how he got his seat bears asking. Did he get the seat, for instance, on the propaganda that was spread prior to the election about there being free medical and dental facilities to be established on defence bases? Were the people of Darwin, for instance, encouraged to vote for that party because they were told that if they stayed in the defence forces they and their families would get that free medical and dental attention that they so richly deserved? I know that the members of the Taylor Barracks in Karratha in the Pilbara, in the electorate of Kalgoorlie, were absolutely disgusted that a promise that they took to heart when they went to the polls is, in reality, now a watered down, a Claytons, service of medical and dental attention. They were promised that the government would give some attention to their retention within the defence forces because their families would be get free medical and free dental attention.

Mr Fitzgibbon—Have you talked to them?
Mr HAASE—I have spoken to them. The minister interjects: should I talk to them? I have spoken to them at length, and I get tirades against this current minister because he welched on his deal. We know he welched because in fact he apologised. That great bugle from Maitland, the Maitland Mercury, on Tuesday, 10 June, said the minister came and apologised to defence personnel.

Not only did he apologise—and so he should—he then went on to say:
The Rudd Government has been highly successful in achieving various pre-election promises. I would give us an overall scorecard of nine out of 10.

That might have been a 0.9 out of 10, because I know a number of things. I would hate to digress, Mr Deputy Speaker, but for instance: ‘We’re going to reduce the price of fuel, we’re going to reduce the price of groceries, we’re going to improve housing affordability across Australia.’ Well—fail, fail, fail. But, more importantly, defence personnel are saying that this minister has failed because they promised to provide a service that would keep defence personnel in the service of this great nation and they provided that absolute furphy. It was enough for defence personnel to stay in the services and to vote for the ALP in that election—and then they got dudged; they got absolutely dudged. It was not as though they were being promised something that was ancilliary, something that was mediocre. This made the absolute difference between whether defence personnel stayed in the service or moved out into the private sector and took very well-paid jobs. Most of those jobs in senior positions provide health benefits. They said, ‘No, we’re going to stay with the ADF; the ADF is a great place because this incoming minister, this ALP minister, is going to give us free medical and free dental.’ What a great idea. What a great motivation, and a quite proper motivation, to vote for that particular party because they knew they were going to have the goods delivered.

That was a convincing argument that turned out to be morning mist; it just evaporated. All these people, having made the commitment, found they had been dudged. My people in Karratha were dudged. My people in Taylor Barracks, who serve this nation, were dudged. If they had known the truth about this government, if they had known the truth about the efforts in cabinet of this minister to get funding, they would probably have done the right thing and left a decent government in place, a government that could make the right decisions. There is no doubt that if you take $21 million out of a program that is going to provide health care to Defence Force personnel and leave it with a miserly $12 million over four years you are dudding the troops. Our troops expect more from this minister. This current Minister for Defence has failed Australian Defence Force personnel.

Mr SNOWDON (Lingiari—Minister for Defence Science and Personnel) (6.12 pm)—Can I just say that the tirade from those two gentlemen opposite is what I have come to expect from them. Unlike when they were in government, when they singularly failed to address the issue of health care for Defence Force families, we went to the last election with a commitment, an undertaking, to progressively extend free basic medical and dental care to the spouses and children of Australian Defence Force personnel—note, Mr Deputy Speaker: ‘progressively extend’. We sought to focus in the first instance on those people in regional and remote communities, and that is exactly what we have done. Rather than, as they would, make an undertaking which they had no intention of delivering on, we are committed to this process. We have said that this is a pilot process. We will take lessons from this so we can work...
out how to properly extend this measure across the Defence Force. It is very important that whatever we do is not only sustainable but cost efficient and cost effective.

What they would have us do is throw good money after bad. As they would know, in Townsville and Darwin we are committed to two superclinics. Why would we want to put two clinics side by side? What we intend to do, and what we are doing, is work with the Department of Health and Ageing and with Minister Roxon to see how we can combine the services we are committed to in those two areas to provide these medical services.

Mr Baldwin—You said you would put it on the base.

Mr SNOWDON—Let us just go to that point. We have committed to do it on the base. You have actually looked at it? You would put it on the base, would you?

Mr Baldwin interjecting—

Mr SNOWDON—Would you put it on the base?

Mr Baldwin—The minister said on 12 November—

Mr SNOWDON—Just answer this question—

Mr Baldwin interjecting—

Mr SNOWDON—What the minister said was: ‘We have assessed the situation and what we need to do is put in place a process which will inform us of the best way to deliver this service across the Defence Force,’ which is exactly what we are doing. What we are doing is a classic example of the government’s evidence based decision making, so that when we roll this out properly across the defence forces, after this pilot, we will see over time that the commitment has been met—

Mr Baldwin—It’s never-never land!

Mr SNOWDON—and you, my friend, will be laughing on the other side of your face.

A government member—You did nothing in 12 years.

Mr SNOWDON—They successfully did nothing for 12 years. They had no commitment prior to the election to do anything about it into the future. What they are doing is undermining their credibility because, fundamentally, this is not an issue which attracted their attention prior to the election and it is not an issue they are concerned about now, really; what they are after is cheap political points. What they need to understand is, if you share this commitment that we have got—to provide free basic medical care across the defence forces—you will work with us. You will say, ‘The best way to do this is to do what you are doing—see what pilots will work, see which will most effectively deliver the undertaking and then extend it across.’

Opposition members interjecting—

Mr SNOWDON—Unlike these loudmouths opposite, we are committed to addressing the needs of Defence Force families. My two colleagues here were part of the decision-making process prior to the election. They will agree with me that the commitment here is being met, that we are progressively, with what we have done thus far, indicating that we are fair dinkum. It is the first step in progressively extending free basic medical and dental care to the spouses and children of Australian Defence Force personnel. We are doing it and we will continue to do it.
Mrs MARKUS (Greenway) (6.17 pm)—My question is to the Minister for Defence. Given that the budget demonstrated a lack of commitment to Richmond RAAF base, with apparent zero spending for capital facility projects on the base, can the minister confirm whether—as a result of the then coalition government announcing prior to the election that Richmond RAAF base would remain permanently operational—Labor said that if they were elected they would not alter the status of Richmond RAAF base and the base would continue as a permanent operational facility? Given Labor were elected, what is the current government’s plan with regard to Richmond RAAF base?

Mr FITZGIBBON (Hunter—Minister for Defence) (6.17 pm)—I thank the member for her question. I make the point again that this government will spend more money on defence in 2008-09 and across the forward estimates than any government has ever spent on defence in the history of Federation. We made a commitment to continue to fund defence spending growth by three per cent real. Originally we made that commitment out to 2016. We have now extended that to 2018 to give our defence planners a full decade on which to make base planning decisions, capability decisions and force structure planning decisions. We have now commissioned a white paper which, as I said earlier, will reveal our strategic circumstances, our force capability and all those things that go to ensuring that our Defence Force men and women have all the training, capability and protection they need to do their jobs as effectively, efficiently and, of course, as safely as is possible. The government’s plan for Richmond air base is exactly the plan which was held by the former government. I have had no discussions with Defence in any shape or form which would alter that future direction.

Defence Portfolio (Veterans’ Affairs)

Mrs BRONWYN BISHOP (Mackellar) (6.19 pm)—The question I would like to begin with concerns the way in which the dental program is being administered and the appropriation for the dental services program. I understand that the way in which certain approvals are being given has resulted in dentists not being paid for as long as five months, whereas prior to your taking office, if an approval was required, they could ring someone called a dental adviser and be given immediate approval to lodge the claim for payment. The payment was then received in two to three weeks. But there is now a new system in place and there are accounts outstanding for five months and more. Could you tell me why the change has been made and how it can be rectified so that dentists are properly paid when they are quite prepared to accept the gold card or the white card in the appropriate circumstances?

Mr NEUMANN (Blair) (6.20 pm)—My question relates to—

Opposition members interjecting—

Mr Fitzgibbon—We choose to answer it later, the way you did for 11 years.

Mr NEUMANN—My question relates to the F111 deseal-reseal inquiry, which, of course, budgetary resources will be allocated towards. It relates to an election commitment made in the campaign in 2007 by the then shadow minister at the RSL at North Ipswich. It relates to the F111 deseal-reseal program, which exposed about 700 RAAF personnel and civilians to a range of chemicals and solvents when they were replacing sealant in the aircrafts’ fuel tanks across a period from about 1977 to about 2000. There has been a lot of public concern, particularly in the electorates of Blair and Oxley, which house a lot of veterans. The RAAF base at Amberley is an important base—it is a superbase we are creating. It is a destination of
choice because a lot of veterans end up serving their time at the RAAF base at Amberley. When they retire from, for example, Townsville, or wherever they might go, they come back to Ipswich and settle down in the Ipswich and West Moreton areas, so of course they put pressure on the health services locally.

A number of people involved in the program, and their families, are claiming that they have been adversely affected. I have met with the group on numerous occasions, as I know the minister did when he was the shadow minister. We have listened to the concerns of the local people. These are very serious matters because there are people who have been very badly affected. Also, there are people who, it is alleged, have died as a result of the after-effects of their involvement in the program. The previous Howard government actually put forward a study of health outcomes in aircraft maintenance personnel, known as SHOAMP, and responded with a two-tiered system of ex gratia payments. For example, if a person spent 30 days cumulatively working in the fuselage deseal-reseal or the respray program during the period I have described, and their duties involved working inside the F111 fuel tanks, they could be eligible for $40,000, but if they spent, say, between 10 and 29 days cumulatively in the same program they could only get $10,000.

A lot of the people I have met have been very angry about this program and the response of the Howard government on these payments; they think they are inadequate. I know the minister has made a commitment to a public inquiry. A number of the people in my electorate have asked me questions about the form of the inquiry, and I understand it is to be done by the Joint Standing Committee on Foreign Affairs, Defence and Trade. They want to know when the public hearings—if they are going to be public hearings—will be held and where they will be held, because some of these people are not well. They are not well and, also, they are not well off. Travelling is a big issue, so they would like to know whether the committee will come to, say, Ipswich or thereabouts or to south-east Queensland, because a lot of the 700 people live in south-east Queensland. They would like to know the manner in which they can give evidence—for example, statutory declarations or affidavits or whether they will just tell their stories—how they will present their evidence and how they can get their information and their stories across.

They want to know whether it is just going to be personnel or their families who can tell stories. As you know, Minister, there are a number of people who have died and their relatives have been involved in the deseal-reseal group. Also, civilians have approached me about whether they can tell their stories. I would like your comment in relation to these issues because they are important in my constituency. I know you have met with this group on numerous occasions and I would like to have your response.

Mrs GASH (Gilmore) (6.25 pm)—Minister, in your policy for veterans’ affairs, you stated in relation to the Korean vets that you would take all the recommendations unconditionally from the Korean review inquiry, which were: that the post-armistice service example of July 1953 to April 1956 be viewed as warlike for the purpose of the Veterans’ Entitlement Act; that the names of those that died in the period be engraved on the Wall of Honour of the Australian War Memorial; and that those that served in the post-armistice period be issued the return from active service badges to denote war service and that they also be issued with the Australian Active Service Medal. Minister, when will you honour those promises that you made in your policy?
Mr Griffin (Bruce—Minister for Veterans’ Affairs) (6.26 pm)—Briefly, with respect to the matter raised by the shadow minister on the dental program, I have to be honest with you: I am not aware and I do not believe there has been any change with respect to the operation of approvals. However, I will undertake to get back to the member in the next couple of days on that. If she is happy with that, I will do that direct to her office, but I am advised that there has been no change in the process. If she has got some information she would like me to take on board in following that through, I would be very happy to have that and act upon it.

With respect to the F111 deseal-resal issue raised by the member for Blair, he is quite correct: this was an issue which was raised with me in the lead-up to the last election. The treatment of the individuals involved in that program has been a running sore. Some of the cases are, as you know, incredibly tragic with respect to the impact on families and individuals, and there is no doubt there is a range of issues which the people involved believe are outstanding and need to be addressed. There have been concerns raised with respect to the operation of the ex gratia payments, as to how you qualify, the arbitrary nature of the size of them and when they apply. There have been concerns raised about when someone qualifies for it in terms of whether they were seen as being directly deseal-resal, pick and patch or involved in other aspects of activities at the base.

What we committed to in the lead-up to the election, at their urging, was a parliamentary inquiry for those matters to be aired in a public sense and to try and see if we could get to the bottom of some of the issues involved. We will have to see the results of this particular inquiry which, as the member mentioned, has been instigated and kicked off in the last few days by the Joint Standing Committee on Foreign Affairs, Defence and Trade’s Defence Subcommittee, which is chaired by the member for Brisbane, the Hon. Arch Bevis. The member for Brisbane will have carriage of that inquiry with the other members. As members know the committee has representation from both sides of the House. From memory, I think the previous member for Blair had a big interest in this matter as well, and I know there are other members of the opposition who also are concerned about what has occurred in this area.

As to the nature of the parliamentary inquiry, as I understand it, submissions have now been called for and the closing date late is this month. I stress that all of this is subject to the committee, so it is up to them, but my understanding is that they have set that date. My understanding and my experience of parliamentary committees are that if submissions arrive late they generally are considered but that will of course be up to the particular committee to decide. As I said, submissions will be received from that time I have just mentioned. They will need to be in writing. However, I am sure it is like with any other parliamentary committee, where individuals can write in and seek to appear before a committee. How the committee handle any questions as to programs, witnesses and where they take evidence is up to them. But my understanding from the committee chair is that there would be at least a hearing in Ipswich, and certainly the intention is to try to ensure that those who have been impacted upon by this issue will have the chance to take part in the process in a proper manner.

I do not wish to comment on the question of what the inquiry might find. To be frank with you, I do not know. I know that what came across to me in the foggy world of opposition was that there were certainly a range of issues which remained worthy of consideration because the impact on a number of people appeared quite tragic. I look forward to the inquiry considering the issues, deliberating properly—as I am sure it will do—and then, at some stage in the
future, considering recommendations for action. I would urge any people who feel they have been impacted upon by this matter to get in touch with the committee secretariat and get a submission into it.

In respect of the matter raised by the member for Gilmore on post-Korean War veterans and the report—and I know she has had a longstanding interest in this issue—the commitment stands. (Extension of time granted) The recommendations are split between Defence and Veterans’ Affairs because a number of the issues relate to medallic recognition, which is being handled by the Parliamentary Secretary for Defence Support, the honourable member for Eden-Monaro, and there are other issues which relate to consultation with the Australian War Memorial on the question of appropriate recognition et cetera, which are in fact within the purview of Veterans’ Affairs. Discussions are continuing within that department about what might be done in those circumstances. I note that I have been talking to Ian Crawford, who, as the member would know, was one of the co-chairs of the committee, about how the matter should be progressed. There are discussions which relate to the War Memorial, as to their recognition in the circumstances, as the member would also be aware. As I recall, the recommendations were carefully structured to say that the committee wished that this recognition be raised with the War Memorial. The War Memorial Council is independent of government with respect to those issues.

Mrs Gash—Is there a time frame?

Mr Griffin—I would hope the time frame would be the next couple of months. It is one of those on which I wish I were here today saying, ‘It’s now all done.’ It is like a number of those where the timelines have blown out a little bit simply by virtue of the fact of an incoming government.

Mrs Bronwyn Bishop (Mackellar) (6.33 pm)—I would like to say, from my own perspective, that I am very keen to see an outcome to the res ease-deseal issue. I would like to acknowledge the tremendous work that the former member for Blair put into raising this as an important issue. Also, I would like to express my concern about the Korean War veterans in the terms that have been ably put by the member for Gilmore. I too will be watching the outcome of that issue with serious participation.

Going back to the question of the dental scheme, my advice is that the long delays are taking place with regard to retrospective approval for patients who have already received treatment. My advice is that the process for gaining approval has changed. They now have to contact the department by fax rather than by phone, and then they have to wait for written approval to be received at the practice before sending in their claim for payment. This process is taking as long as five months and one individual has just received payment for an outstanding account from November. There are a lot of similar outstanding accounts. Whereas this person is very happy to treat DVA patients, it is not reasonable that such persons should be carrying those expenses. That is the additional information that I have and I would be most interested to get a response back, because as long as the dentists are prepared to treat people that would be good.

I might go on to the question of the taking away of a spouse’s pension entitlement at the age of 50, because it affects more women than men. It is a very big worry. I have been talking to a veteran in the last little while, and I am able to recount this story with the veteran’s permission without identifying him. It really is a tragic story. He is a Vietnam vet who operated
down the Cu Chi tunnels in Vietnam. He has post traumatic stress disorder; he came back; he was alcoholic. He got off the alcohol and he has become a workaholic. He has a back injury from being down the tunnels. He has permanent fungus in his feet because of what he had to walk through down those tunnels.

He has children from his first marriage, one of whom had a drug problem, but he is now enormously proud of her because she has worked for 12 months. He has a younger second wife. He simply has worked because he has wanted to work, but he is coming to the stage where his doctor says he may not work any more. He is not a TPI so he is not exempted from this requirement. His wife is 51. They had planned—and in his words it was his security blanket—that when he could no longer work she would look after him as she would be entitled to get the pension. He hastened to tell me that he did not marry a younger wife, thinking that the younger wife could look after him. But as it has transpired, they have been together for 12 years, married for eight years. He said that of his group of 98 that went to Vietnam, only 39 of them are now alive and the majority of those who died committed suicide. He said to me, ‘What do I do?’

The issue is the taking away of that entitlement and saying, ‘You have to wait another 8½ years,’ when you have people in this situation, and this will be repeated again and again. He said he is concerned about the guys coming back from Desert Storm. They do not know. I have put out press releases and I have spoken about it in the chamber a lot. It went out in their newsletter and he became aware. He just feels gutted, in his terms. He wants to work as long as he can but he says this is basically a sentence that he has to keep working until she is 58½. This is a real dilemma that will be repeated again and again. For a lousy $35 million, why are we putting Vietnam veterans through this and yet again treating them badly? He has served the country well. He has served it with distinction and he carries an enormous mental burden. There are other parts to his story which I will not tell but which are of enormous anguish and angst to him, and he lives with those flashbacks every day. His question is: what is going to happen to him when he stops work if he has not got a purpose in his life? Will he go back on the booze? This is a real dilemma. And with this amendment, as I said for a lousy 35 million bucks, we are taking it away from them. (Time expired).

Mr Griffin (Bruce—Minister for Veterans’ Affairs) (6.38 pm)—As the shadow minister would be aware, it is very difficult for me to debate the issues of an individual’s circumstances without having access to them and without having their approval. If the gentleman is facing the sorts of consequences which you have outlined—and I believe you to be telling truth; I am not questioning that in any way, shape or form—the bottom line is he should be assessed as to whether he is being provided with the medical care that he needs. He should be assessed correctly around his circumstances and his availability for work. If he has PTSD and the various other conditions you have mentioned and gets to the stage where he is unable to work, on the basis of those descriptions he would be someone who ought to be seriously considered for a significant level of disability rate pension.

Mrs Bronwyn Bishop—He is not TPI.

Mr Griffin—No, he is not TPI, but from what you described in terms of the assessment of those conditions, he ought to be assessed as to whether in fact he is at that stage.

Mrs Bronwyn Bishop—He has been assessed.
Mr GRIFFIN—Then I get back to the question that it is very difficult for me to go to the detail without knowing the individual’s circumstances other than to say that, according to our figures with respect to the impact, the impact will be minor. The circumstances around the choices available to individuals who may be impacted is that there are choices around the question of other benefits. One of the things I am very concerned about with people who may be looking at the figures and suggesting retirement at an age of 50, 51, 52, 55 or even 56, is that if you are retiring—(Time expired)

Proposed expenditure agreed to.

The DEPUTY SPEAKER (Ms AE Burke)—Order! It being 6.40 pm, debate is interrupted in accordance with standing order 192. The resumption of the debate will be made an order of the day for the next sitting.

STATEMENTS BY MEMBERS

Perth Airport

Mr RANDALL (Canning) (6.41 pm)—Last evening I had the misfortune of transiting through Perth Airport. I raise this issue because I was asked to by staff of the Perth Airport as I endeavoured to find my way through. I have raised this issue on several occasions in this parliament. Unfortunately, the functioning of Perth Airport is an absolute disgrace for two reasons: the owners, Westralia Airports Corporation, and Qantas. In addressing this issue, I said in my address-in-reply speech that huge queues for check-in, lengthy waits at baggage carousels, a severe shortage of parking space and intolerable queues for taxis are everyday inconveniences of the Perth Airport.

I have previously likened Perth Airport to the chaos of a Third World country. I am sure that many travellers who pass through this terminal would agree with me. In fact, I am sure members in this room would agree with me. The present situation clearly does not create a good first impression of a vibrant city that visitors want to be left with. In February I wrote to the Prime Minister, Mr Rudd, and I received a response on 8 May this year from the relevant minister, Minister Albanese. He said that he acknowledged the problem. I am in good company on this issue, Madam Deputy Speaker—(Time expired)

Mr Kaise Stephan

Mrs IRWIN (Fowler) (6.42 pm)—Kaise Stephan, who lives in Abbotsbury in the electorate of Fowler, will set out in July to swim the English Channel, something that a number of Australians have attempted and some have succeeded in. For some, the motivation for the swim has been like that of a mountain climber: because it is there. But for this remarkable young man there is a far greater purpose. Two years ago, Kaise’s cousin Mark was diagnosed with leukaemia and entered the Westmead Children’s Hospital. In his frequent visits Kaise was moved by the suffering and courage of his cousin and other patients in the oncology unit at the children’s hospital. This gave Kaise the drive to raise funds for children’s cancer research but also to take on a task almost as big as beating cancer: swimming the English Channel.

In training, Kaise has swum the equivalent of the distance from Sydney to Perth and has raised almost $100,000 for cancer research. Today, thanks to his treatment, Mark is showing a full recovery and will be waiting on the French side of the channel to greet his cousin. On
behalf of the people of Fowler, I wish Kaise Stephan fair weather for his swim and thank him for his inspiration to all Australians.

Regional Partnerships

Ms MARINO (Forrest) (6.43 pm)—I call on the government to reverse its decision to reject the Bunbury and Districts Hockey Association’s application for Regional Partnerships funding. The association comprises regional teams from throughout the south-west of Western Australia and has a proud history of producing state and national quality players and teams. The existing turf grounds are in very poor condition, with one ground at least seven years beyond its use-by date. Replacing each ground will cost $1 million. To attract and retain a senior competition, the association has no choice but to develop one of these fields. The project was scoped, costed and sponsored, funding partners were organised and construction had to occur over summer for the 2008 season.

Funding was to include $320,000 from Regional Partnerships. Advice received was that the funding was certain and, as a result, tenders were called because of time constraints. The Labor government’s decision to subsequently deny funding means that the Bunbury and Districts Hockey Association now has to take out a loan for $400,000, in addition to its original contribution in cash and kind. That means a total $600,000 contribution by a voluntary community organisation. The financial burden is having a significant adverse effect on attracting volunteers and players. From meeting club representatives I know it has already had a major impact on the dedicated group of volunteers who have already put so much time, physical effort and personal funds into this project. This is the effect of abolishing the Regional Partnerships program in my electorate. There are major regional, social and health benefits to this project. I call on the government to reverse its decision and fund the club. (Time expired)

Hasluck Electorate: Swan Valley

Ms JACKSON (Hasluck) (6.44 pm)—The electorate of Hasluck has many attributes and one of the best of those is the Swan Valley. One of Perth’s premier tourist destinations, it is located in the heart of the city of Swan, and I am pleased that representatives from the City of Swan are here in Canberra this week. I would like to welcome the Mayor, Charlie Gregorini, the Deputy Mayor, Mel Congerton, and the CEO, Mike Foley.

The Swan Valley is home to one of WA’s finest wine-producing areas or, as the member for Braddon would put it, the ‘crop of the drop’. I am especially pleased that the Prime Minister appears to have acknowledged this as well. I received an email from Grant Brinklow, the Chief Executive Officer of Sandalford Wines, located in Caversham in my electorate, regarding an article that appeared on page 9 of today’s West Australian under the headline ‘PM raises a glass to his $11,000 wine collection’. My first reaction was: ‘Oh dear, what has the West written about now?’ Despite what I think was a dig by them at the government about our determination to deal with alcohol overconsumption and binge drinking and its consequences in our community, it was pleasing that the article acknowledged that the Prime Minister’s cellar includes fine wines produced in WA and available at moderate prices. I commend both the wine and tourism industries in my electorate and, finally, I thank Grant for his email.

Commonwealth Seniors Health Card

Mr ROBERT (Fadden) (6.46 pm)—Last Wednesday, 11 June, I was pleased to attend the Runaway Bay Village at 98 Bayview Street to speak to the men and women who reside at the

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village, and they raised two concerns regarding the budget. Both had to do with the Commonwealth seniors health card. This government is looking to put in place an income test to include gross income from superannuation income streams from a tax source and include income that is salary sacrificed as superannuation in the income assessment. This will lead to many Commonwealth seniors health card recipients losing that card come 1 July 2009.

Losing the card, of course, means that many people will be impacted upon negatively. Currently, for prescribed pharmaceuticals, they pay $5 per script instead of paying $31.30. When they lose the card, of course, they will pay $31.30 per script, up to the threshold of $1,141.80. If they lose the card, they will also lose the seniors concession allowance and, indeed, seniors bonus payments worth $1,000 a year. They will further lose telephone allowance and other benefits. I call on the government to remove these changes, which will impact from 1 July 2009, and also to increase the thresholds for a single to $60,000 and for a double to $96,000 as the thresholds have not moved since 2001. These simple amendments will certainly help the people at the Runaway Village.

Dobell Electorate: Wyong Family History Group

Mr CRAIG THOMSON (Dobell) (6.47 pm)—I rise to commend the work of the volunteers of the Wyong Family History Group. It is an organisation that has been running now for 25 years, and on the June long weekend I had the pleasure of attending their birthday celebrations at Wyong. This is an organisation that is wholly made up of volunteers. With the number of volunteers that they have, they are able to have their offices open most days for the public to come in and look at the history of their families in the Wyong shire as well as family history from other areas; it is not restricted to the Wyong shire.

They do a tremendous job in illuminating the very rich history that the Wyong shire has had; the people who have lived there, from the early 1800s onwards; and the logging industry, which was the major employer and the major reason for expansion in that area. I commend the work that these volunteers do. They do a tremendous job and they help make sure that people who want to trace that important history have the opportunity to do so.

Mallee Electorate: Wimmera-Mallee Stock and Domestic System

Mr FORREST (Mallee) (6.48 pm)—I want to raise a matter to do with the most important project in the federal division of Mallee, and that is the piping of the Wimmera-Mallee stock and domestic system. It is appalling that before the last election we needed $248 million to finish this project, which, when it is finished, will represent an investment by the community, the state government of Victoria and the Commonwealth, in partnership, of just under $1 billion. Before the last election this was quite an issue: we needed $248 million to finish the project. The coalition in government at that stage committed $124 million, half of that $248 million, and the state government committed $99 million, expecting the community to pick up the rest. But, more than that, the then opposition and now the government also committed $124 million.

It is appalling for the government to stand at the dispatch box during a budget speech and say that they have honoured every commitment. Now Senator Wong, who is the relevant minister, has chosen to renege on that commitment of $124 million and make it only $99 million. That means the Commonwealth government now expects, in conjunction with the state government of Victoria, the community to pick up $50 million to finish this important project, on
top of the $80 million they already have to pay through future arrangements through the lending authority. I think it is appalling. It is a good example of why people are so cynical about politicians and members of parliament. (Time expired)

Bass Electorate: Crime Prevention

Ms CAMPBELL (Bass) (6.50 pm)—I had the pleasure of representing the Minister for Home Affairs at the official opening of a wonderful crime prevention project in my electorate of Bass. Youth on Paterson is an initiative of Northern Tasmania Development, in conjunction with the Northern Safe Communities Partnership. Its primary objective is to maximise the opportunities for young people aged between 10 and 18 to reach their full potential and to participate positively in our community.

It has long been acknowledged across Northern Tasmania that community driven prevention activities offer some of the best solutions to crime. Community activities like those provided by Youth on Paterson provide a range of direct and indirect benefits. Early intervention youth and perpetrator programs address specific causes of crime and can reduce crime rates and provide tangible, long-lasting benefits for the community. It is well documented that early intervention strategies are some of the best ways to divert people from harmful pathways and a run-in with the criminal justice system. Increased grassroots community interaction and awareness of crime have the effect of making people less fearful.

Northern Tasmania Development was a successful applicant in round 3 of the National Community Crime Prevention Program grants. The project is being provided with $499,937 over three years. As you may not be aware, Madam Deputy Speaker, the Youth on Paterson program was established as a holistic support centre for young people in Northern Tasmania. (Time expired)

Forrest Electorate: Walpole Sea Rescue Group

Ms MARINO (Forrest) (6.52 pm)—I rise to ask the government which program in the 2008 budget will fund the Walpole Sea Rescue Group’s badly needed sea rescue headquarters. Walpole is a wonderful small regional town of 450 people in the south-west. The sea rescue group has 136 financial members, a remarkable feat in such a small town, and approximately 30 constant volunteers and workers, who between them provide an essential and life-saving service in what can be treacherous conditions in the Southern Ocean. Their sea rescue boat is currently stored in a volunteer’s shed away from the launch site. This means a 30-minute turnaround time in the case of an emergency, a critical amount of time to someone in life-threatening circumstances in the extremely cold waters off the southern coast.

The group is very modest in its needs. It has the necessary land organised and permission to clear the small amount of land required for the boathed. The Walpole Sea Rescue Group is planning to share the new facility with the local SES. The cost of the building is estimated to be $160,000. With Regional Partnerships funding no longer available and the Better Regions Program delivering only the government’s election promises, where does the Walpole Sea Rescue Group apply for the funding it desperately needs to assist in providing a critical life-saving service? When will the funding for this project be available? What program in the budget will provide for this group and which department will oversee the process?
Red Nose Day

Ms JACKSON (Hasluck) (6.53 pm)—I rise tonight to call on my colleagues in this House to support Red Nose Day, which is on Friday, 27 June. I am pleased to advise you all that on the Saturday just gone I held a stall for SIDS and Kids, the sponsors of Red Nose Day, at my local shopping centre at Forrestfield. We raised over $1,000. The purpose of the day was to sell merchandise associated with Red Nose Day, to promote awareness of SIDS in the community and to raise much needed funds for research and for other services provided by SIDS and Kids, such as grief counselling. As I said, I was pleased to be able to raise well over $1,000 and I thank the people of Forrestfield who generously supported the stall. We have only two weeks to go until Red Nose Day on 27 June. I urge members: this is your opportunity to back this very important initiative in our community and do what you can to raise both funds and awareness of the important issue of sudden infant death syndrome.

Dobell Electorate: Rugby League Club

Mr CRAIG THOMSON (Dobell) (6.54 pm)—I rise to talk about the need to have a permanent rugby league club on the Central Coast of New South Wales. We have a fantastic stadium on the Central Coast. The National Rugby League at the moment has too many teams—

The DEPUTY SPEAKER (Ms AE Burke)—Order! It being 6.55 pm, in accordance with standing order 192A the time for members’ statements has concluded.

PRIVATE MEMBERS’ BUSINESS

Mental Health Services

Mr PYNE (Sturt) (6.55 pm)—I rise tonight to draw to the attention of the House the plight of the mentally ill in this country. According to SANE Australia, 20 per cent of Australian adults are affected by some form of mental disorder every year. While anxiety disorders and depression are the most common mental illnesses, the remainder are psychotic conditions such as schizophrenia and bipolar disorder. Around 20 per cent of Australians will suffer from depression and around 10 per cent of Australians will suffer from anxiety disorders at some time in their life. Schizophrenia is a persistent form of mental illness that affects approximately one per cent of Australians at some stage in their lives, while bipolar disorder will affect around two per cent of Australians. Even more concerning is that up to 12 per cent of Australians seriously affected by mental illness will eventually kill themselves, compared to an average of one per cent for the whole population.

While these figures are a great worry, there is some hope. According to SANE, most people with mental illness recover well and are able to lead fulfilling lives in the community when they receive appropriate ongoing treatment and support. However—and this is a very important factor—only about half of those affected with a mental illness actually receive treatment.

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This may be because there is a lack of services in the community. This may be because those suffering from a mental illness are not sure where to go to get help. But, nonetheless, only half of those affected with a mental illness actually receive treatment.

It is for these reasons that I am deeply concerned about the South Australian government’s proposed sale and redevelopment of Glenside Hospital. Members of the House would by now be familiar with the current situation regarding Glenside Hospital—a mental health facility in my electorate and a stone’s throw from the member for Boothby’s. The state government apparently has a $100 million master plan for Glenside Hospital which will see a cut in mental health services, while 42 per cent of the current site will be sold off to private developers to make way for a shopping centre and housing development. My constituents and I know that mental health services will be cut due to the proposed Glenside sale and redevelopment because the current Glenside Hospital will be closed and reopened with fewer beds.

This is essentially a loss of services. This loss of mental health beds will be compounded by the state government grouping mental health, drug and alcohol, and rural, regional and state-wide services into the same building site. This will see patients, professionals and visitors confined to a smaller space without the current advantage of therapeutic, established open space. This will be a disadvantage for the patients, their families and the healthcare workers. If only half of Australians affected by mental illness actually receive treatment, what hope is there for the mentally ill in South Australia, with the state government cutting the number of mental health beds at Glenside Hospital?

As I mentioned before, the South Australian government wants to sell off 42 per cent of the Glenside campus, important public land which was willed to the people of South Australia in the earliest days of the colony by their ancestors, to be handed down for future generations to enjoy. This land has been used by the Glenside Hospital patients to aid their rehabilitation. It provides a pleasant space for patients’ visiting families and friends. It is strongly argued by me that the carving up of this land would damage irreparably the local character of the area, the flora and fauna which will be immediately destroyed by this action and the future amenity of the residents of the local area and the citizens of Adelaide who use the campus more generally. I mean here specifically, but not exclusively, those members of the general public who use the site for sporting activities.

The sale of this land will lead to widespread destruction of significant trees and other flora and fauna. Much of this biodiverse environment has been established over more than 100 years. Its replacement with modern wetlands and a sculptured garden is no compensation for the loss of this environment. To suggest that it is insults the intelligence of local residents and others concerned with this redevelopment.

To lose this land which has served the South Australian community so well over the years to a housing development, as well as retail and commercial tenancies, would be an irreversible loss. There are already important, thriving retail and commercial tenancies in the surrounding district. They exist at the Burnside Village, Glen Osmond Road, Conyngham Street, the Parade, Fullarton Road and smaller businesses and shopping centre areas. There is no obvious demand for an expansion of these kinds of facilities and office space in the area. This is a clear attempt by the government to find interested buyers of the land, to raise funds and, along with the proposed wetlands, disguise what is essentially an urban infill project as something quite different.
The introduction of a major new housing development in the area will change the character of the suburbs of Glenside, Frewville and Eastwood in particular and Glenunga and Dulwich. What studies has the government undertaken as to the impact on the infrastructure, services and character of the existing area with the introduction of new housing, roads and residents? Existing residents of the area are highly concerned about the impact of this new housing. They have not been salved by the flaccid assurances of the relevant minister, the Hon. Gail Gago, Minister for Mental Health and Substance Abuse. The local community is not at all happy about this redevelopment. What makes matters worse is the fact that the state government is ignoring the local community and is not engaging in any legitimate form of consultation. So far, the only consultation that I have seen from the state government is to hold community meetings, which the mental health minister, Gail Gago, has refused to attend. I have attended these meetings, yet Minister Gago has snubbed them completely and has instead forced her public servants to face the music. This is unacceptable. As the minister responsible for mental health, Minister Gago should be front and centre of the consultation process. Instead, she is nowhere to be seen.

In a letter to the editor of the Eastern Courier, a local paper, which was published in December last year, a concerned resident summarised Minister Gago’s appalling attitude to the consultation process quite well:

I was one of the local residents who accepted Minister Gail Gago’s recent invitation to discuss the Rann Government’s decision to sell off forty two per cent of the Glenside Hospital open space land. Despite the intimidation and red tape of actually getting into her office, I persisted, as I wanted to hear the Minister speak on the subject.

Thus far, she has refused to front any of the three recent public meetings held to discuss this matter.

I was disappointed that all we heard at this Ministerial meeting were “sound bites”, and that the decision was “non-negotiable”. Whenever questions got tough, the Minister’s minders, or Health Department officials took over the talking. It was a most unsatisfactory meeting.

I urge residents to register a protest at this forced removal of long term patients of Glenside Hospital and the distress this has caused their families and of the loss of our open space land for yet another shopping centre and land division.

Remember, once the forty two per cent of open space is gone, we can never get it back.

This lack of consultation was repeated yet again by the state government in February this year, when it announced its updated master plan for Glenside Hospital. Essentially, the only change which appeared on the updated plan was that the locations of where the new hospital and residential development would be built were swapped. Massada College is located right next door to the Glenside campus. This updated plan was released without even consulting the school community, even though this change will impact on the school. Massada College is on Flemington Street. This street is usually very busy, with parents dropping off and picking up their children from school. With the new Glenside Hospital now being proposed to be built right next door to the school, Flemington Street will become even more congested, with an influx of hospital traffic. This extra traffic poses a danger to the schoolchildren trying to cross the road. Yet again, without any consultation, the state government has gone ahead and just made its decision.

Finally, only last month the state government released the final master plan for the Glenside redevelopment. Hopefully Minister Gago will now consult with the public and personally
answer their concerns. But I am not holding my breath. It is disappointing, to say the least, that mental health services in South Australia will be cut under the proposed Glenside sale and redevelopment. To the patients and families who rely on the services provided by Glenside Hospital, it is a slap in the face. The state government pretend that they are improving mental health services. They are building a new hospital but it will have fewer beds in it. Where will the mentally ill go? It appears that there will be nowhere for them to go because the land that was once used for their rehabilitation is up for sale. I, along with many local residents, want to see Glenside Hospital kept open, because the Glenside campus should be used to rehabilitate the mentally ill, not used for shoppers to buy the latest items. I believe the entire redevelopment should be postponed pending the satisfactory resolution of the concerns of local residents and their representatives. In the alternative, my hope and that of many residents is that while the redevelopment of mental health services proceeds there is no diminution—(Time expired)

Mr DREYFUS (Isaacs) (7.05 pm)—It is extraordinary to have heard from the member for Sturt—

Mr Pyne—What would you know about it?

Mr DREYFUS—who is still not prepared to sit down and is saying, ‘What would you know?’ If the member for Sturt would listen in silence, he might just learn something.

Mr Pyne—I doubt it from you, Mr QC.

Mr DREYFUS—It is extraordinary that the member for Sturt, who was representative of the low priority given to mental health by the former government—

Mr Pyne—that is a lie!

The DEPUTY SPEAKER (Mr S Georganas)—Order! The member for Sturt will stop interjecting. You have had your time.

Mr Pyne—he is lying.

The DEPUTY SPEAKER—I ask you to refrain from interjecting.

Ms Hall—Mr Deputy Speaker, I rise on a point of order. I would like the member for Sturt to withdraw the remark that he just made about the member for Isaacs lying.

The DEPUTY SPEAKER—The member for Sturt will withdraw that word.

Mr Pyne—Mr Deputy Speaker, I was responsible for mental health when we established a $1.9 billion mental health—

The DEPUTY SPEAKER—The member for Sturt will withdraw the comment that was made earlier about lying.

Mr Pyne—I withdraw unreservedly.

Mr DREYFUS—It is extraordinary to hear from the member for Sturt anything about mental health given the very low priority given to that area of government policy by the former government, represented by the fact that the former Minister for Health and Ageing was not prepared to take up ministerial responsibility for mental health but, rather, delegated it to the member for Sturt in his junior capacity as Parliamentary Secretary to the Minister for Health and Ageing. The one thing that is consistent with the position taken by the member for Sturt in his capacity as parliamentary secretary with some responsibility for mental health is
that he spent most of his time when undertaking that role attacking state governments. We hear from him today yet another attack, this time on the South Australian state government, because he is not interested in putting forward any policies at the federal level; he is interested simply in doing what he did as parliamentary secretary for health, which is to attack state governments. I will quote something that the member for Sturt, in his capacity as parliamentary secretary for health, said on the *Insiders* program in October 2005:

We have a national mental health strategy, which is a cooperative arrangement between the Commonwealth and all the states, so the Commonwealth certainly does have a role. In terms of more money, money is not the only issue. The most important issue is for people to take responsibility for what they’re responsible for and the states are responsible for mental health. Now if more money is needed I’m sure that’s something that can be considered down the track.

Of course it was not considered down the track. Unlike the former government, the Rudd Labor government understands the importance of mental health. The Rudd Labor government understands that one in five Australians will experience some form of mental illness during their life. All we got from the Howard government—and that is why it is an extraordinary irony to hear the member for Sturt putting forward a motion about mental health—was broken promises. We had broken promises in the 2004 election, particularly the election promise of an additional $30 million for the Better Outcomes in Mental Health Care program. That promise was broken like so many other promises of the Howard government. Perhaps it was one of those non-core promises. The approach of the former government was to attack state governments. When the member for Sturt was parliamentary secretary that is what he did, and we have more of the same. I will not mention of course what happened when the member for Sturt finally became a minister—he has not had the good grace to stay. When he finally became a minister, the Minister for Ageing, he did not want to be there. He told a group of aged-care providers that his real interest was in foreign affairs.

Dr Southcott—Mr Deputy Speaker, I seek to intervene.

The DEPUTY SPEAKER—Is the member for Isaacs willing to give way?

Mr DREYFUS—No. When the member for Sturt finally made it to the ministry, he did not even want to be there. I have mentioned what he said about his real interest being in foreign affairs. He told the aged-care providers that he did not want to open aged-care facilities or attend meetings about aged-care facilities because he was ‘young’. Of course, in his very first period as Minister for Ageing, he was missing in action entirely in being unprepared to comment on disastrous events in a Victorian nursing home.

But to return to the subject matter of this motion: I expected to hear from the member for Sturt something about mental health, not comments about damaging the local character of the area. The three sentences of this motion are concerned with state-of-the-art mental health care and helping the mentally ill rehabilitate from their illness, and they contain an attack on the redevelopment of the Glenside campus by the South Australian state government. The member for Sturt and, regrettably, members of the state Liberal opposition in South Australia have been engaged in spreading misinformation and false rumours at a number of levels about the redevelopment of the Glenside campus.

It needs to be pointed out that the Liberal Party, while in government in South Australia from 1993 to 2002, had a very long time to do something about the Glenside campus but did nothing. They had a very long time to do something about mental health but did nothing. We
did not hear from the member for Sturt while the Liberal Party were in power in the state of South Australia from 1993 to 2002 and, indeed, it might be said that the Liberal Party had 11½ years while in federal government to do something about mental health. Instead, what we have heard today is an entirely misplaced and false attack on a well thought out, thorough and careful policy of the Rann Labor government in South Australia.

There is one further irony in the comments that have been made by the member for Sturt, and that is that the member for Sturt seems to have forgotten that the former Liberal government in South Australia had already agreed to sell some of the Glenside land to the owners of the nearby shopping centre. There is more than a little hypocrisy in the attack that is now being made.

It is not true that there has been no consultation about the reforms involved here and the redevelopment of the Glenside campus. It is also not true that the redevelopment of the Glenside campus will result in a reduction in the number of adult mental health beds. A close examination of the policies that have been announced by the South Australian state government shows that there will not be a reduction in adult mental health beds. In fact, the reform of the mental health system, using the new stepped care model that has been adopted in South Australia, will deliver an estimated 86 additional adult beds across all levels of care, bringing the state total to 516 adult mental health beds.

It appears that, when the state government takes action to reform what, on any view, is an outmoded Victorian era lunatic asylum—not to put too fine a point on it—the response of the member for Sturt and the response of the Liberal opposition in South Australia has been to argue for its retention. All of this attack entirely ignores the work that has been done by the Rann Labor government in the area of mental health since 2002. We have visible in South Australia a mental health reform agenda which involves the devolution of mental health beds from central institutions to general hospitals and community settings where the care is most needed. It is a function of this policy that the institutional asylums of the past are no longer required, and that is why the Glenside campus is undergoing redevelopment.

We heard nothing from the member for Sturt of a very important report by the Social Inclusion Board called the Stepping up report, which was released in 2007. It seems entirely possible, given his failure to refer to it, that the member for Sturt has simply not read the report and, following on from his failure to refer to this very important report, which has been acted on in two successive budgets by the South Australian state government, that the member for Sturt is unaware of both the recommendations of the report and the implementation of those recommendations by the South Australian government.

The last part of this motion claims:

... mental health services in South Australia are under threat from the State Government with the proposed sale and redevelopment of the Glenside Campus.

Nothing could be further from the truth. The reality is that most of the Glenside site is underused, some of the land is surplus to requirements, more care is going to be provided in future in the community or in hospitals close to where people live. The motion is wholly misconceived. (Time expired)

Dr SOUTHCOTT (Boothby) (7.15 pm)—The first part of the motion moved by the member for Sturt deals with:
... the importance of providing state-of-the-art mental health care for the mentally ill;

When we look at mental health, we note that with the introduction of newer antipsychotics there was a move towards deinstitutionalisation. This really began about 20 years ago. If I remember correctly, Glenside Hospital previously used to have a high wall around it and the attitudes towards mental health were very different. We have seen a period of deinstitutionalisation, but one of the problems has been that the state and territory governments did not put the resources into mental health that were required while they were taking people out of institutions and putting them into the community.

One of the things in the previous speaker’s contribution that I really need to address is this. He seemed to be blissfully unaware that anything has happened in the area of mental health since 2005. He seemed to be unaware that in the 2006 budget there was an extra $1.9 billion spent on mental health services. He should go back to his research and do a bit more work next time because it is incumbent on all members not to mislead the chamber and to actually come armed with the facts and not just empty rhetoric.

It was actually the member for Sturt who played a role in getting the government to commit an extra $1.9 billion over five years—and we might want to have a look at what the Mental Health Council of Australia and all the mental health lobby groups said at the time. I note this was a result of the Mental Health Council’s landmark report in 2005, which recommended an increased investment by the Commonwealth government in mental health services and recommended such things as getting GPs, specialist mental health nurses and psychiatrists more involved in Medicare to improve the detection, treatment and management of mental illness. There was also other money to provide an extra 900 new personal helpers and mentors to assist over 50,000 people with a mental illness. This is money that will be spent over the five years up to 2010.

I am sure that the new government, just as we have heard with the tax cuts and just as we have heard with water-harvesting projects in the member for Kingston’s electorate, will re-badge some of these things and they will now become their initiatives—but there is the fact: $1.9 billion over five years announced in the 2006 budget. When we look at the specific area of Glenside Hospital, what we find is the big announcement in respect of the hospital in recent times has been that $43 million will be spent on a film studio in the grounds of the hospital. What we see is a loss of 51 beds at the hospital while at the same time $43 million will be spent on a film studio in the grounds.

In South Australia, since 2000, more than 400 beds in privately run supported residences or boarding houses have closed. As a result, many people with mental illness have simply nowhere to go and are adding to the ranks of homeless. Dr Marco Giardini, Chairman of the South Australian branch of the Royal Australian and New Zealand College of Psychiatrists, has said:

We question whether this is the right time in the evolution of this State’s mental health services to sell off land which will forever be lost to mental health consumers and services.

The State is in dire need of a substantial increase in appropriately run, high quality supported accommodation options for those with serious, chronic mental illness.

Do not take my word for it. That statement is from the chairman of the South Australian branch of the Royal Australian and New Zealand College of Psychiatrists. Community con-
sultation has been a joke. The minister has never fronted it, and it has not resulted in any re-
response from the government. *(Time expired)*

**Ms RISHWORTH** (Kingston) (7.20 pm)—Treating mental health effectively is critical to
eNSure a happy, healthy and productive society. Governments need to consider not only the
resources they provide for mental health services but also the framework that ensures that
these services are effective in addressing both treatment and prevention. Governments need to
start considering mental health on a continuum from healthy to acute illness, not as a dichot-
omy between illness and health. Not treating mental health on a continuum has led to the evo-
lution of the current mental health system that offers effectively two options of care: care in
acute mental health beds or care in the community. Working as a psychologist in primary
mental health, I saw these two options fail a number of people on a continuing basis. I saw
many people who have had a life challenge or a crisis which has exacerbated their mental ill-
ness and led to a relapse of symptoms. For many of these clients, their symptoms were not
serious enough for them to be considered in need of acute hospitalisation. However, they did
require more mental health assistance than was offered by community care. I often had to sit
by and watch the mental health of my clients deteriorate until their symptoms were serious
enough to be considered for acute hospitalisation.

For this reason I was very pleased to see the innovative approach of the South Australian
government, contained in the *Stepping up* report. The report endorses a stepped care model,
which seeks to fill the current gap between community care and acute hospital care by provid-
ing different levels of care, including 24-hour supported accommodation, community recov-
ery centres and intermediate care beds. This approach is designed to match the appropriate
level of care with the client’s needs at any one time. This approach also allows for the level of
care to be changed, depending on how healthy a client is at any one time. We can no longer
just see illness and health; we need to look at symptoms and how we best can match the level
of care we give to these clients.

In addition, I am very pleased to see the South Australian government is providing mental
health beds in hospitals and in general community settings, ensuring that services are pro-
vided where clients are. When I was working as a psychologist in a community setting I saw a
number of clients who required much more intensive multidiscipline routine treatment, much
more complex than the treatment that I and the local GP were able to provide. However, I had
to continue treating these clients because the specialised services were located on the other
side of the metropolitan area of Adelaide. These clients were not in a position to be able to
travel 40 to 60 kilometres to access services. The barriers to travel by these clients included
age, financial constraints and the seriousness of their symptoms. Without services in their lo-
cal area, they did not get the adequate treatment they required.

Those with mental illness are very vulnerable and they need the support of their family. In
my experience, positive family support has immense benefit for a client’s recovery. This
means having the family close by, even when the client is hospitalised. Once again, I support
the state government’s initiative to not only increase the number of beds available to mental
health patients but also locate these beds close to where clients and their families live.

I was very pleased when I saw the announcement of new mental health facilities being built
at the Flinders Medical Centre and a community recovery centre at Noarlunga which will be
able to provide more inpatient services to those suffering mental health difficulties in the
southern suburbs of Adelaide. In contrast to what the member for Sturt is suggesting, the state government’s redevelopment of the Glenside site is about providing state-of-the-art services in line with best practice for mental health. I would particularly like to draw the House’s attention to the consolidation of drug and alcohol services and mental health services. This integration is long overdue. It was extremely frustrating working as a psychologist trying to—  

(Time expired)

The DEPUTY SPEAKER—Order! The time allotted for this debate has expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

Autism

Debate resumed, on motion by Mr Hayes:

That the House:

(1) affirms its recognition that a combination of special education, speech therapy, occupational therapy and behavioural interventions has proved to be successful in helping people with an autism disorder;

(2) recognises early diagnosis and intervention is also essential to ensure families and carers have access to appropriate services and professional support;

(3) supports the Federal Government policy to establish specialised child care and early intervention services for children with autism; and

(4) calls on the Government to consider a specialised child care centre be established in South West Sydney.

Mr HAYES (Werriwa) (7.25 pm)—All of us with kids know how difficult and challenging it can be to raise children—the love and attention they need and the help they need to realise their full potential. However, families with children who suffer the autism spectrum disorders face many more complicated and worrying days than the rest of us. Few people really understand the challenge that parents face in that regard. Many of my local constituents who are parents of kids with autism have told me that existing services do not seem to cater for their kids’ special needs. Children with autism deserve the same start in life as everybody else, and when it comes to autism we are really talking of the need for early detection and early intervention. That is most important. The government understands this very well and is committed to offering support through six autism specific childcare centres and, in particular, the helping children with autism package. I accept that, as you say, this is a drop in the ocean, but it is a very clear start.

Parents know that mainstream childcare environments can be overstimulating for kids with autism. That makes it difficult for them to develop new skills. Kids with autism are better supported by services which take an autism specific approach to their development. These specialised childcare centres and early intervention services can also provide parents with much needed support and respite. These centres work very closely with the health services to help improve the consistency of autism diagnosis and, essentially, to assist parents with the necessary support. This initiative is most welcome by the 125,000 families affected by autism, particularly those families that the member for Fowler and I represent throughout the southwest of Sydney.
Tragically, the south-west of Sydney has a great percentage of people who suffer from autism. We are clearly overrepresented with people who suffer from autism. In fact, FaHCSIA’s statistics, which I looked at only yesterday, show that 50 per cent of people with autism in New South Wales actually live in the south-west of Sydney. The long-suffering families in the south-west of Sydney deserve the right to have access to appropriate services and professional support. This government’s commitment goes a long way to making sure that they do. Every time I speak to local families affected by autism, quite frankly it reinforces for me the need there is for support for these families and their children. These are people like Grace Fava, the founder of the autism advisory service, who has two little kids. One is Pasquale, aged six, and the other is Gianni, aged four. Both have been diagnosed with autism. Julie Dahmen, from Cecil Hills, has an 11-year-old child, Corey, who I have met on a number of occasions. They know only too well the special needs their kids have. We know that we have to do much in relation to developmental needs, occupational therapy and speech therapy, all of which need to happen early in order to help these kids.

One of my own staff, Vicki Meadows, has an 18-year-old daughter named Melissa. Melissa is autistic, with severe developmental delay. Melissa has never acquired speech and has limited life and communication skills. As a result, Vicki has a very close and wonderful working relationship with many of our local services and understands firsthand the many problems faced by families living with autism. She fulfils a fantastic role for me in that regard. I very much appreciate the compassion that she shows in her work with the families in my area.

Research and experience have shown that the earlier the diagnosis of kids with autism and the earlier their enrolment in early intervention programs, the better the outcomes. Early diagnosis and intervention are also essential to ensure families like Grace’s and Julie’s have access to appropriate services and professional support. I congratulate the Minister for Families, Housing, Community Services and Indigenous Affairs, Jenny Macklin, and the Parliamentary Secretary for Disabilities and Children’s Services, Bill Shorten, for being acutely aware of the needs in the south-west of Sydney and I am delighted that this important matter is progressing positively. South-west Sydney has very clear needs in respect of the treatment of autism—

TIME EXPIRED

Mrs MARKUS (Greenway) (7.31 pm)—I rise today to support the motion and the initiatives put forward to assist families with children with autism spectrum disorders. This is something close to my heart and something that I worked very hard to achieve when the coalition was in government. In particular, I support the call to have a specialised childcare centre established in south-west Sydney. It was the coalition that got the ball rolling on help for families with children with autism spectrum disorders. Last year the coalition announced funding of $190.7 million over five years. The key to that package was $116 million for early intervention programs to assist young children up to age six and their families to gain access to better support and services.

Historically, funding had gone to the states for broader disability support but those programs did not adequately address the needs of families with children with autism. As a consequence, many families battled on, getting what help they could from a state system that could barely cope with the demand. Alternatively, families saw how hopeless the state support system was and shouldered the costs themselves. In some cases that cost was estimated to be up to $20,000 per annum. The coalition took leadership on the issue and came up with a compre-
hensive plan. Over the five years of that plan, up to 15,000 families, carers and children were
to gain access to a range of education, support and early intervention services.

The specific causes of autism are not known. What is known is that intervention works best
when diagnosis is made early and a broad range of support services are utilised. There is no
single, short-term solution. That is why I worked hard with families and my colleagues to
come up with a plan to help those families. The coalition’s comprehensive plan to help fami-
lies included: extending Medicare to cover diagnosis and treatment for children up to 13 years
of age for paediatricians, child psychiatrists, speech pathologists and occupational therapists;
training and support programs for parents and carers to undertake early intervention activities
at home; one-day workshops and information sessions, including access to online workshops
and information for up to 5,800 parents and carers of school students with autism spectrum
disorders; professional development for an estimated 1,800 teachers and other support staff to
assist school students with autism spectrum disorders to achieve better education outcomes;
up to 200 new autism specific playgroups across Australia, providing access for more than
8,000 children with autism, by 2012; access for up to 4,000 eligible children who require
more intense activities than can be offered through playgroup to one-on-one and tailored
program for two years; and for 1,200 children who are the most severely affected, in-
dividual assistance of up to $20,000 for eligible families over two years to contribute to inten-
sive early intervention services.

While I congratulate the new government for following the leadership of the coalition on
this matter, I note that some of the specific programs put forward by the coalition have been
watered down. Some of the numbers against specific programs appear to be missing. Many
families are desperate for help and have enormous financial, emotional and social challenges.
They are coping but barely. I want to thank not just the coalition for listening to my represen-
tations on behalf of my community but also my colleagues—the member for Sturt, the mem-
ber for Riverina and the member for Canning to name some—for their advocacy.

There is much more that needs to be done. The challenges are still there. That is why I sup-
port, and call on the government to consider, a specialised childcare centre to be established in
south-west Sydney. This is a good start but more is needed. I note that the government has
said that through a related initiative they will establish six autism specific childcare centres
which will provide individualised programs for children with autism spectrum disorders, but
where is the detail? Autism is debilitating but with intervention in the early years children will
have the opportunities to fulfil their potential, and they deserve nothing less. I call on the gov-
ernment to not just make a start but consider moving beyond this and consider a specialised
childcare centre not just for south-west Sydney but for other parts of Sydney and the nation,
and give families and their children with autism hope and support.

Mrs IRWIN (Fowler) (7.35 pm)—I am pleased to second the motion moved by the mem-
ber for Werriwa. Autism spectrum disorder affects more than one child in every 100 in Austra-
lia. Autism refers to a group of developmental disorders that affect a person’s interaction,
communication and behavioural patterns from mild to severe degrees. In New South Wales
alone autism affects 43,000 people. It is a disability which, as the motion recognises, can be
addressed by intervention such as special education, speech therapy, occupational therapy and
other behavioural interventions. To be most effective those interventions should begin at an
early age when they can lead to those affected achieving a full and productive life.
In south-western Sydney the rate of autism is, for unknown reasons, higher than in other parts of Australia. In this less well-developed part of Sydney, which is home to more than one million people, autism services are stretched to the limit. Waiting lists can be as long as two years. When early diagnosis and intervention is critical for success, the delays can reduce the effectiveness of intervention programs. This puts further pressure on dedicated parents anxious to help their children to lead a normal life.

Among the most effective ways of assisting children with autism spectrum disorder is access to specialised childcare facilities. Centres which provide the appropriate education and therapy as well as developing the skills and resources of parents represent the best way of dealing with autism in urban communities.

My interest in the plight of families with children diagnosed with autism was refreshed by my constituent Mrs Grace Fava. As the mother of two boys aged four and six, both of whom have been diagnosed with moderate autism, Mrs Fava is well acquainted with the frustration faced by parents. Mrs Fava founded and is currently president of the Autism Advisory and Support Group. Her experiences have much in common with other parents in south-western Sydney. While services are targeted at those severely affected, those at the moderate and lower end of the scale have a greater potential to lead normal, productive lives. The lack of available services condemns them to achieving less than their full potential. In honouring an election commitment, the government has recently announced $190 million over five years to helping children with an autism package. In addition, the government is committed to the development of six autism specific childcare centres.

I am not one of those members who advocate resources for their own electorate when there is a stronger case for resources in other parts of Australia. In this case, however, there is a clear case for locating an autism specific centre in south-western Sydney. For people from other states and even for people from inner Sydney, it is often difficult to get across the sheer size of Sydney. With nearly four million people spread over 2,000 square kilometres, it is not a matter of saying one centre in Sydney can serve the whole area or population. In other parts of Sydney—in the eastern suburbs and inner western areas—general preschool disability services are available. Services such as speech therapy, which is an important part of autism intervention, however, are not as readily available in south-western Sydney as they are in other areas.

It is important to consider the needs of regional areas of Sydney if we are to effectively deliver these essential therapy services to the families in need of them. Too often we have seen families forced to spend many hours each day travelling to centres located far from their homes and employment. While I can appreciate that in country areas this is not unusual—and I do sympathise with isolated families—surely we can plan for the efficient delivery of services in our major cities in ways that reduce this costly and stressful burden on the families of children with disabilities. The location of one of the six autism specific centres in south-western Sydney is a much-needed step in providing these important services in a place close to the children and families who so desperately need them.

Mrs Hull (Riverina) (7.40 pm)—It is again a great pleasure to rise in support of a member who has decided to put his support behind autism and the families of people with autism. I have done this many times in the House. I have had grievance debates and put up many issues in relation to autism. So it gives me great pleasure to now stand as a member of the opposition
supporting families who have children with autism. There is no doubt that we need early and accurate diagnosis of autism. This needs to be supported by treatment plans that are prepared by early intervention specialists. I have one such early intervention specialist in my city of Wagga Wagga that covers the entire area around the Riverina. They do a sensational job and it is not autism specific but it is dealing with a lot of mums and dads and new babies and providing a significant approach to the way in which autistic children will be able to achieve their life’s potential.

It is unfortunate that, at the completion of education, around seven out of eight people with autism receive the disability support benefit once they reach an eligible age. With early intervention this can be halved if not further reduced simply because it enables the much-needed speech pathology and a host of other occupational therapies to take place that will enable a child to go into mainstream, if that is the case, and be able to make a fist of that. We need to be able to prepare our young autism sufferers to live and work independently. In fact, it can happen. The majority of these young people do not have intellectual disabilities and they do not have health reasons why they really cannot participate in a normal workforce. They just simply have not had access to early diagnosis and the available treatments with significant treatment plans that give access to numerous services.

Just recently 27-year-old Justin Omrod from Orange, who suffers from Asperger’s syndrome, decided to go on a bike ride. He came through my region of Cootamundra, Junee, Wagga Wagga and Gundagai. On his ride he was trying to indicate to the minister that he wanted the commitment to autism honoured. During his ride Justin launched a 16-page publication called Turning wheels for autism. It is a navigation book for country New South Wales. This is a guide to autism and the book contains information about what autism is, hints for families and carers, and contacts and support services. Justin did a fabulous job in raising the issues of autism through his ability to cycle such long distances.

I would like to thank the government and the minister particularly for funding for another 12 months the program from Currajong Early Intervention Service called Team around the Child. It was most welcome, and even if it is just for 12 months it has enabled us to keep our professionals. I would urge the minister to come to visit the program and to see just what a hub and spoke network does for early intervention services in rural and regional areas. We have this outreach service that goes out to the communities, and many of the clients of Team around the Child have been the families who are experiencing autism in one or two members—at times there can be three tragic cases—where there has been no support services made available to these families.

I thank the minister for funding Team around the Child: Working together in early childhood intervention. It was a fabulous initiative of the last minister. It has now been responded to by the Minister for Families, Housing, Community Services and Indigenous Affairs, Jenny Macklin. I openly urge her to look at this program, to see that this program could be rolled out right across Australia. It is sensational. It has now been adopted in many countries overseas. In my view, it is a great credit to Kurrajong Early Intervention Services, particularly Sue Davies, who has retired and moved on to easier issues. She is a women who has fought fiercely for the rights of those in the disability sector. (Time expired)

Mr SIDEBOTTOM (Braddon) (7.45 pm)—A vital part my education on autism has been Burnie couple Marisa and Andrew Barry, who have been dealing first hand with autism since
their twin daughters Zara and Kayla were first diagnosed. Andrew describes the diagnosis as ‘being let loose in a maze with a blindfold and nobody to help guide you.’ To their great credit Marisa and Andrew were not deterred when heading into that maze and through perseverance and a daily battle they have seen their daughters make great progress in their development. In their own words, it has been a search, and one that continues to this day—something they hope to help overcome for other families through input in a new autism centre announced for my electorate of Braddon by Jenny Macklin, the Minister for Families, Housing, Community Services and Indigenous Affairs. Andrew says:

The week after Zara & Kayla’s second birthday we received their initial diagnosis of PDD-NOS (Pervasive Developmental Disorder—Not Otherwise Specified). The girls received the diagnosis of PDD-NOS not Autism as determined by the Assessment criteria as they were under 3 years of age.

The most disappointing aspect of the diagnosis was the manner in which it was delivered which in summary was ‘they are 12 months behind now, that is a lot for this age, they will probably never catch up, I am very sorry to be delivering you this news but I have to rush I have another appointment to attend.

We didn’t receive any referral to the Autism Tasmania Network or suggestions of possible or potential treatments or interventions.

This was our first example of the ignorance of the Tasmanian Medical Community to (ASD) Autism Spectrum Disorder.

The couple started their search for information and assistance and began an applied behaviour analysis program developed by Dr Ivor Lovaas and recognised as the most successful and proven intervention for autistic children. Andrew goes on to say:

Research has proven that if a child receives 40 hours a week of 1:1 intervention from an early age (preferably 2) a significant proportion of children lose their diagnosis of Autism.

We commenced this therapy program with Marisa being the active therapist and given other parental responsibilities of 3 young children could only manage 1 hour of therapy per child a day. In order to increase these hours it necessitated us to recruit suitable persons to undertake this role. This process within itself to obtain suitable and reliable persons to undertake this role is very difficult and stressful. Due to lack of services in Tasmania it was necessary for us to engage the services of Victorian ABA Providers. This was necessary to train therapists to undertake the ABA. This involved a weekend training workshop and monthly visits thereafter. It is necessary for us to pay for her flights to and from, arrange accommodation in addition to her consultancy payments.

We have seen Zara & Kayla progress with their ABA from being strapped in their highchairs requiring full physical prompting to have them clap or wave to now being able to sit at a desk and attend school for lengthy periods of time completing various tasks. These tasks include

- able to read in excess of 250 words
- reasoning skills
- math skills
- appropriate play skills
- appropriate conversation &
- now have receptive comprehension to age level.

As earlier commented, GP & Paediatric services were grossly inadequate, accordingly we sought out specialist services. To obtain such a service we waited for 12 months to see a well-known Sydney based Autism Specialist.
This trip required us to have our eldest daughter cared for whilst we undertook a stressful journey with Zara & Kayla to Sydney for their initial consultation.

Phone consultations on a monthly basis are required to monitor treatments and further testing. As these were not done by visitation they are not Medicare claimable and as such are extremely costly.

The Barrys remain optimistic. Andrew says:

There is no cure for autism. But there is a lot that can be done to improve the quality of life, not only for the directly affected children but also for their families. It is possible to provide any affected children with a normal life through their adolescent and adult life. Sure they may still have a few quirks but haven’t we all—

indeed—

For some this journey will last a lifetime. However it is possible to make a significant difference. Early diagnosis and intervention is the key.

It should not be this hard, Colleagues, and it is families like the Barrys who are blazing a trail for others to follow, particularly in my electorate. We should be doing everything we can to help them, and others who follow, to negotiate their way through the autism maze. I thank honourable members, particularly my colleague for raising this very important issue.

Mr HUNT (Flinders) (7.50 pm)—I rise to give my wholehearted and bipartisan support to this motion. My office and I have interacted with families of children who have autism or autism spectrum disorders, as have almost all—perhaps all—members in this chamber. It is a real challenge and, as the father of a three-year-old, I understand how lucky and blessed I am to have a child with just the normal array of toddlers’ challenges. For parents of children with autism there is a great challenge, and the challenge comes about from this particular fact: it is permanent but it is treatable. That is the most important thing. That means it is something for which those of us in this chamber and in this parliament have a responsibility. In our time and on our watch we can do more to deal with this challenge.

I had the fortune recently to meet with researchers from Monash University, and they explained to me that through early intervention and early diagnosis we are able to take early and permanent action. The action which is taken in the first five years of life for those diagnosed with autism or autism spectrum disorders can make a difference for an entire life. That is a weight, a task and a responsibility which is real, important and significant. Many of our debates here are important but in some way anodyne, disconnected from the reality of a person’s day-to-day existence, but if we give bipartisan support on this issue the work that we do can be real and profound and transform not just one life but an inordinate number of lives of children and, in turn, of brothers and sisters and of parents. It is the ripple effect writ large.

Let me turn to one particular example. I have had the fortune to meet a woman in my electorate called Helen Lloyd. Helen is the mother of a little boy, Jordan, who has an autism spectrum disorder. He is making his way through primary school and is on his way towards secondary school. Every year Helen stages a walk of about 20 kilometres along the southern coast of the Mornington Peninsula. She does that to raise money for funds to provide additional assistance for Jordan in school. Without that additional assistance, Jordan would not be able to progress, would not be able to take the steps which have seen him become such a delightful young man. It has been a real honour to know Helen and Jordan, but I have seen the struggle which they have had to go through in order to obtain that special assistance, the additional teaching support. Jordan is a sufficiently high-functioning and intelligent boy to be
classified as not needing the full array of support, which would give him the chance of leading the fullest, best life that he could lead. Therefore, his mother has had to struggle and scrape and work to make that difference. The challenge we face with autism is defined, to me, in the life and existence which Helen and Jordan Lloyd have had to lead. They have succeeded and triumphed and beaten the odds, but it is, I think, through the strength and courage of Helen and through the determination and delightful character of Jordan that they have been able to do so.

Not everybody has been as lucky as to have that combination. That is where our task begins. There are two things which need to happen: firstly, the groundbreaking research through organisations such as Monash University. If there is anything in our society which is deserved of funding, it is this sort of research to assist with understanding the diagnosis, the early intervention and, ultimately, the treatment which will deal with this problem of autism. Secondly, it is the funding itself for each individual case to ensure that as each child goes through preschool and primary school they get the direct support of additional personal assistance. That personal assistance will make the difference to the quality of their lives. That is real and important and that is what we stand for in this parliament. It is our task. It is our watch. I thank the member for the very valuable motion and we offer our bipartisan support.

Ms BIRD (Cunningham) (7.55 pm)—Thank you, Mr Deputy Speaker. Firstly, I thank the member for Werriwa for putting the motion before the House today. Like many members here, I also have a fair amount of lobbying occur in my electorate from parents of children with autism. On 30 April I was invited by the principal, Mr Bruce Rowles, of the South Coast School for Children with Autism to a parents’ coffee morning at which there were approximately 30 parents present who wanted to take the opportunity to talk to me about some of the experiences and challenges they had come across in having a child with autism. I firstly put on the record my sincere appreciation for the great honesty and optimistic way in which they presented the issues to me. It is interesting to note that a number of them have multiple children with autism spectrum disorders. Often it is not just one child that a family can be dealing with; it is not uncommon for there to be multiple children with the ASD at varying levels within one family.

It is also true, as the paediatrician in my area with whom I was talking about this acknowledged, that it is an increasing occurrence. For reasons we do not yet understand, the regularity of ASD in children is increasing significantly. It is, sadly, not a condition that we are seeing decrease over time, but in fact increase. I reinforce the comments of the previous member about the importance of research not only, I suspect, into the nature of the condition and its best treatment but also perhaps into reasons why we are seeing an increasing occurrence of it in our society.

Having said that, one of the most profoundly telling stories that came through to me from these parents was that very initial experience of the often drawn-out, difficult and very worrisome process of identification and diagnosis. Many of us have been referred by our GP to a specialist for particular tests and we come back to the GP to get the results. Few of us realise that that is exactly what happens also with parents whose child has been referred to specialists for testing and they come back to the GP for the result of that testing. Sadly, with the best will in the world, most of our GPs rarely have these cases so they are not well-equipped to actually deal with the parents at that very critical point where they are getting that diagnosis back, at
the point where you have the most chance of connecting them to the relevant services and to letting them know that there are supports and particular interventions available.

This was a very common story round the table from all 30 parents. As a result of that, I contacted the Illawarra Division of General Practice to get them to have a look at the issue of providing better service support to our GPs so that when they get a diagnosis back—and I cannot imagine they have too many in their professional career—they can connect with the division of GPs and say: ‘I have the diagnosis back; I have the parents coming in. What do I need to be telling them? What is the best way to handle this?’ The following most common story is their frustration with knowing that early intervention is critically important and can make a world of difference and then finding access to that early intervention. In some ways it is almost worse than thinking that there is nothing there, to know that there is something and you cannot access it for your child.

That is why I think many of the initiatives under the Helping Children with Autism package are profoundly important for these families—in particular, the Department of Health and Ageing’s contribution to that package for helping children with autism, to increase and provide Medicare items. I just want to acknowledge these because they are important to these parents: Medicare items for consultant physicians to diagnose and develop a treatment plan for children aged under 13 on referral from the GP; psychologists, speech pathologists and occupational therapists to provide up to four services per child to collaborate with the psychiatrist or paediatrician on the assessment where required, so they are not left alone to do that; and psychologists, speech pathologists and occupational therapists to provide early intervention treatment following diagnoses of up to 20 services per child. It is a significant increase. I know, for those parents in my electorate, it is a really important initiative which will assist them.

**The DEPUTY SPEAKER (Hon. DS Vale)**—Order! The time allotted for this debate has now expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

**Hormone Treatments**

Debate resumed, on motion by **Fran Bailey**:

That the House:

1. recognises the unapproved recipients of hormone treatments, including young men and boys who received human growth hormone, between 1960 and the mid 1980s;

2. acknowledges that the report it commissioned in 1993, known as the Allars Inquiry, found that approved female patients receiving the same treatment for infertility suffered negative effects and as a result of that report, received compensation from the Commonwealth; and

3. recognises the male recipients—both approved and unapproved—who received the same hormone treatment for growth purposes and provides similar compensation.

**FRAN BAILEY** (McEwen) (8.01 pm)—I rise to speak to the motion listed in my name. On 1 November 1971, the Melbourne *Herald* ran a story that reported on scientific work being conducted at Prince Henry Hospital that was a breakthrough in the treatment of abnormal growth in children. A means of measuring children’s height stature enabled doctors to ascertain the height stature of children. The treatment developed to correct predicted stature abnormalities was to administer a human growth hormone
known as HGH that was extracted and collected from cadavers. This program was known as the Australian Human Pituitary Hormones Program, known as AHPHP.

The human growth hormone administered to these children was in fact the same hormone, human pituitary gonadotropin, known as hPG, that was administered to over 1,500 women and an estimated 60 men for infertility. Thanks to the member for Higgins, the tragic issue of the connection between hPG and the fatal disease of Creutzfeldt-Jakob disease has been recognised as a public health issue.

As well as being treated with hPG, unknown numbers of prepubertal and adolescent boys with a prediction of short stature were treated with synthetic androgens or steroids to accelerate their growth after being primed with hPG. This caused hypogonadism, including prostate disease, in unknown numbers of boys. This meant that these boys developed a permanent defective reproductive system resulting from a lack of function of the testes often accompanied by lack of sexual development and premature menopause. Those treated with hPG fell into two categories: those who were treated as ‘approved’ patients as part of an official program, and unrecorded numbers who were treated in the same way, using the same hPG, by medical practitioners who did not officially record details of patients they treated. These are referred to as ‘unapproved’.

The Allars inquiry established by this House to investigate the operation of the Australian Human Pituitary Hormones Program, conducted by Associate Professor of Law, Margaret Allars, is to be commended for its investigative work in relation to establishing the link between hPG and Creutzfeldt-Jakob disease and its recommendations to assist recipients, including compensation.

However, as the Allars inquiry states, the departmental database records 188 unapproved recipients, but only 28 per cent of those were able to be traced. The reality is that there is a high probability that there are many hundreds more than the recorded 188 unapproved recipients. As was stated in evidence in the Allars inquiry:

Some doctors have come clean and told the department, others haven’t. This is why there are bound to be a lot of unofficial people out there that doctors have treated like this.

I am raising this issue tonight because Mr Michael O’Meara, a constituent of mine, came to me seeking assistance in relation to hPG treatment he received as a boy. His treatment was unapproved, and as a result it has taken many years to access any information about this treatment. His search for information was reiterated by Professor Allars when she stated in her submission: ‘When recipients were asked at interview what they wanted from the government, the vast majority said they wanted factual information.’ They, like my constituent, need that vital information in order to understand why today, some 30 years after the initial treatment, they experience debilitating side effects that cause hardship in daily living and real anxiety about future prognosis. Those concerns go to the heart of this motion and underpin the reason I have brought these issues to the attention of the House.

We need to recognise that the many hundreds of unapproved male recipients like my constituent received the same treatment as those who were approved in receiving hPG treatment, that they suffer the same, if not worse, risks and side effects because they have been denied access to medical records and because they have been part of this hidden or non-existent list of unapproved recipients. They have never been included in any considerations, whether they be in counselling, appropriate treatment or financial compensation. Further, in spite of the
Allars inquiry making a recommendation on further actions which government might take to identify people in Australia who received the pituitary derived hormones and to provide counselling and support to them, this has not happened.

I want to emphasise further that, following the Allars inquiry, the Senate community affairs committee reported on the CJD settlement offer that resulted from Allars. While the compensation is to be commended, neither the Allars inquiry nor the Senate committee acknowledged the other side effects of hPG treatment, which have resulted in castration, delayed puberty, induced puberty due to high doses of testosterone or hypogonadism. The government accepted the Senate recommendation stating:

That once it is established that a person did receive hPG or hGH from the AHPHP, the recipient’s status should be of no difference to that of approved recipients.

I strongly commend that Senate committee for making that recommendation to government and government for accepting it. But the point is that, in accepting this recommendation in relation to a link to CJD with hPG recipients, this acceptance should also be extended to other life-debilitating and life-threatening side effects of hPG treatment.

Let me give the House an actual example that my constituent has given me permission to speak of. My constituent was treated with hPG as a boy of 10 years of age. This resulted initially in a spontaneous onset of full-blown puberty. As treatment doses and frequency were varied, he was effectively castrated, with his testes so damaged that puberty was then delayed to such an extent that he was treated with anabolic steroids to induce puberty. This experimental nature of hPG treatment was exposed by Dr Wes Whitten, reproductive physiologist and former assistant director of the then National Biological Standards Laboratory. When giving evidence to the Allars inquiry, he said,

It was a shocking product, I can’t believe this had ever been marketed.

As a result of hPG treatment my constituent, as an adult, some 30 years later suffers from hypogonadism and requires three operations per year to keep him alive and reduce these extremely debilitating side effects. Every four months he has to undergo testosterone implants because, without these, his hormone level replicates that of a man over the age of 100. Mr O’Meara is just one of many hundreds treated with hPG who officially do not exist on any health department list and who suffer in silence.

I commend Mr O’Meara for his courage in being prepared to come forward and to provide me with very personal details in order to highlight the plight of so many others like him who justly, I believe, must be included in any government response to the ongoing needs of those whether approved or unapproved for treatment.

In the same way that approved recipients who were treated with hPG became victims of CJD and were recognised as being in need of counselling and compensation in some instances, so too do all the unapproved recipients need recognition of the treatment they received. This means that the spirit of Allars and the Senate committee must not just be adhered to; they must be implemented. There is simply no discrimination in the suffering experienced by both the men and women who were subjected to this treatment, and certainly no discrimination and suffering between those men and women who were approved under specific programs or those who were not approved. All who received hPG treatment and have suffered as
a result of that treatment need to be recognised and supported. I commend this motion to the
House and I thank my colleagues who have agreed to speak to this motion.

Ms SAFFIN (Page) (8.11 pm)—I rise to support the statement of the honourable member
for McEwen. For the record, I am speaking about hormone treatment that was derived from
pituitary glands taken from people who had died and the people who were subsequently af-
fected by that treatment. Over 2,100 Australians between 1960 and 1985—and some reports
say 1967 because that was when the official program started but it was actually between 1960
and 1985—were treated with such for infertility in women and short stature in children, par-
ticularly boys and young men, the particular focus of the member for McEwen’s statement.

I did have a chance today to have a look at the 800-page Allas inquiry report, which I could
only look at very briefly, and I know if I was able to read it I would be much better informed
on this. Also I did have a look at some other documents in the Senate inquiry to which the
honourable member for McEwen referred. What happened was an absolute blight on our
medical history. What happened to individuals in the community and to families and people
who are still feeling the impact of that today was the result of systemic failure.

In speaking in support of the spirit of the statement and from the research that I have done,
and when I looked at the Senate committee report that was looking at the CID, the
Creutzfeldt-Jakob disease settlement offer where it outlined all of the findings, it is obvious
that there was an absolute systemic failure on the part of all agencies, groups and everybody
else involved with it who had some oversight. These are the agencies that we the public, the
community, look to for trust and we were badly let down during this period. The Senate in-
quiry report also said that it started some 30 years ago—but 30 years ago we still had knowl-
edge of things like this. Also, what I have read leads me to believe that there was knowledge
about the hormone growth treatment that should have led us to different conclusions and dif-
ferent oversight.

I should also state here that the Allas inquiry terms of reference were not concerned di-
rectly with the young men and the boys who received that hormone treatment. They were not
the main targets. The inquiry really came out of the four cases of the women who we thought
had the Creutzfeldt-Jakob disease. That prompted the inquiry. The report, however, speaks of
those young Australians who received the growth hormones via the Australian Human Pitui-
tary Hormone Program, because that was the program under which they received it, whether
they were approved or unapproved, official or unofficial. In that sense, understanding the Al-
las inquiry and then the Senate report is apt and it is not analogous to use it as the primary
response for this debate.

There are a number of key findings and conclusions that I found to be very alarming and
they were repeated in the Senate inquiry. It concluded that the history of the listing of the
hormones was one of circumvention of the PBAC and direct dealings between various agen-
cies, the Director-General of Health and the minister. It said the testing by the NBSL itself
was of great concern, and on the guidelines it said:

The distribution of hormones under s.100 of the National Health Act appears to have been regarded by
PBAC as a vehicle for delegating to the expert committees its normal function.

That was something that really should not have been delegated on. On the use of section 100
it said:

MAIN COMMITTEE
... it was sought to create a role for the expert committees which would be responsible for approving patients for treatment.

Those patients were let down. It went on to say:

It was an improper purpose and the Minister’s decision to list the hormones was an abuse of the power under s.100.

The last finding in this particular section talks about the role of the government decision makers and outlines a litany of tragedy of the medical history at that time. The Allars inquiry investigation, looking particularly at the Human Pituitary Advisory Committee and its subcommittees, exposed many issues of concern. The concerns were grouped under headings, and in some ways the headings themselves are sui generis.

The heading ‘research allocations’ talks about how some research allocations were allocated without the proper scrutiny and processes in place. Then it talks about ethical considerations and how various subcommittees failed to have regard to ethical considerations in a number of matters including the approval of the use of out of date hPG for ovarian stimulation tests in spite of disclaimers from CSL of their responsibility and failure to adequately sanction practitioners who failed to forward treatment sheets or failed to return hormones when their participation in the program was suspended. Then it talks about conflict of interest, which is another heading that is self-evident. Under the heading ‘knowledge of CJD’ it says that HPAC failed to respond appropriately to the knowledge of the risk and then it talks about exclusions in the regulatory role and the failures there. In the Senate inquiry report at 7.108 it says:

The Committee considers that there is evidence to suggest that treatment under the AHPHP was of a more experimental nature than has previously been suggested.

That is very alarming in itself because, before we can actually know the impact some medical treatment is going to have, there has to be a period where it is used. From my reading of it—and I am not an expert in it—it was being used as a treatment to correct some medical problems but we were not told it was experimental. Everything I have read to date leads me to the conclusion that it clearly was experimental. I found that very worrying when I read it.

The other matter is unapproved recipients. I have come to the conclusion that the unapproved recipients seem to be harder to trace than the approved recipients for a whole range of reasons, as the honourable member for McEwen has already outlined to the chamber. But that should not stop them being traced. If something is the right thing to do, the fact that it is hard to do need not stop us from doing it. They do have to be traced.

In conclusion, it was particularly young men and boys—not exclusively so; there were some girls—who received some of this treatment. In our society, short stature might not be seen as a medical condition but it is seen as not being quite acceptable. As a person who is what I consider to be short—I am about 150 centimetres—I know what it is like to be little but I am a woman and I was always the little girl at school. Boys were treated very differently. Often in our society, with girls and slimming, there are a whole range of cosmetic things that impact on us psychologically where it is recommended to us that we treat these conditions medically. We have to change how we respond to people in our society with different sorts of looks. So it seems even sadder that some of those drugs were given to people, particularly to young men and boys, and some girls, just because they were short. Listening to what the honourable member was saying about the impact that has had on constituents in her area causes
me some distress because, yes, I have read about it, but she is obviously interacting with people who have been affected. I give my support to the resolution. *(Time expired)*

**Dr WASHER** (Moore) (8.21 pm)—I thank the member for McEwen for drawing the House’s attention to the male recipients of growth hormone between 1960 and the mid-1980s. In the mid-1950s scientists learnt how to extract human growth hormone from the pituitary glands of cadavers. This hormone was injected into children of short stature, increasing their height. Professor Allars’s inquiry demonstrated, unfortunately, a failure to adequately protect public safety in relation to the Australian Human Pituitary Hormone Program, AHPHP. There was evidence of failures in the production of product, including the collection of pituitary glands; failures in supervision of the product and programs by government agencies, including the health department, the National Biological Standards Laboratory and the Human Pituitary Advisory Committee, or HPAC; and failures of appropriate action undertaken by the department following suspension of the program in 1985. There were inadequacies in tracing the recipients, the information provided, the epidemiological studies, and blood and organ donation.

Around 2,100 Australians were treated with human pituitary hormone under AHPHP, which ran in Australia from 1967 until 1985. This program treated approximately 1,570 women and about 60 men for infertility with human pituitary gonadotrophin and approximately 660 children for short stature with human growth hormone. Five Australians have developed and died from Creutzfeldt-Jakob disease, or CJD, as a result of receiving human pituitary hormones. The program was suspended in 1985. Twenty-two years ago, genetically modified growth hormone became available and side effects with this hormone are rare. There is certainly no risk of CJD.

CJD is one of the transmissible spongiform encephalopathies. CJD was first described as a disease in 1920 and knowledge of CJD grew from the late 1960s as research was conducted into other spongiform encephalopathies including kuru, an encephalopathy associated with ritual endocannibalism of the Fore tribe in the remote highlands of New Guinea.

In 1968, transmissibility of CJD by inoculation of chimpanzee brains was reported. The first iatrogenic person-to-person transmission by corneal transplant was reported in 1974. In the same year, warnings appeared in the literature regarding the need for special precautions beyond routine sterilisation procedures. In 1976, UK scientist Dr A Dickinson expressed concerns about the possibility of CJD contamination of growth hormone produced in the UK.

Human-to-human transmission of CJD and other spongiform encephalopathies is now limited to cases of accidental transplantation of an organ from a diseased person or in parenteral exposure to CJD tissues through contaminated instruments, and in variant CJD transmission may be possible by blood transfusion. Bovine spongiform encephalopathy, BSE, or mad cow disease, was probably caused by dietary supplementation of cattle with processed organs from sheep with scrapie. People eating infected cattle can become infected themselves. In all spongiform encephalopathies there is the presence of a protease-resistant pathogenic form as an endogenous protein or prion in the brains of all infected species. Deformed prions corrupt other brain proteins that aggregate and expand, recruiting more proteins forming insoluble deposits that injure neurons and neuroglia. Neuroglia is the glue or supporting tissue for the neurons and when lost causes the holes of spongiform encephalopathy.
The disease has a long incubation period of typically many months to years. When it manifests itself, the dementia however progresses rapidly, unlike Alzheimer’s, which is slower. No single test other than brain biopsy can confirm CJD and this is not easy, so examination of the cerebral spinal fluid along with electroencephalography and MRI help confirm the diagnosis. We have no proven anti-prion drug or vaccine so our males deserve the same compensation as our females.

Mr CRAIG THOMSON (Dobell) (8.26 pm)—I start my speech by saying that while listening to the member for McEwen one could not be other than moved by hearing the personal story that came from one of her constituents. Such personal stories put faces to these sorts of problems and make debates more than just talking about facts and figures. I commend the member for bringing this motion on hormone treatment before us this evening.

This motion recalls a very unfortunate period in Australia’s medical history. Between 1960 and 1985 several thousand Australians receive hormones derived from pituitary glands taken from people who had passed away. The hormones were used to treat children with growth problems and to assist in treating infertile women. In 1985 a link between cardaveric derived hormones and CJD was recognised, and the use of cardaveric derived hormones was stopped. Synthetic human growth hormone, which was developed in the early 1980s, and follicle-stimulating hormones derived in other ways then came into widespread use. A number of Australian recipients of pituitary hormones died from CJD in the late 1980s and early 1990s. The last recipient to die from CJD did so in 1991.

In May 1993, the then government asked Professor Margaret Allars from the University of Sydney to carry out an independent inquiry into the use of human pituitary derived hormones in Australia and CJD. In responding to the findings of the inquiry, the government, in November 1994, announced a number of programs including funding for ongoing counselling and support services for human pituitary hormone recipients and their families, funding for the medical and other care needs of human pituitary hormone recipients who had contracted CJD, funding for commissioned research in Australia to assist in developing a diagnostic test and treatment for the disease and for further epidemiology research, and funding for continued information activities including a free 1800 number, medical advice and HPH Newsletter.

The government subsequently made a settlement offer to recipients which included compensation for any psychiatric shock suffered by the recipients, as they were told that they were at increased risk of contracting CJD. The settlement offer was examined by a Senate committee of inquiry which reported in late 1997. One of the Senate committee’s recommendations was:

... the Department allocate resources to tracing unapproved recipients of human-derived pituitary hormones.

In response, the government, in March 1998, noted that the then Department of Health and Family Services was investigating strategies to identify unapproved recipients of the hormones and to trace the remaining recipients. The government noted that information about unapproved recipients was only available in the records of doctors who had been providing treatment under the program and that the department would need to contact each surviving treating doctor, requesting their further assistance in identifying unapproved recipients. I understand that this work was carried and that, as far as the department has been able to determine, 96 per cent of those patients have been traced. All patients, both approved and unap-
proved, were given an information package about the compensation available and were in-
vited to apply for compensation for psychiatric shock if they believed they met the criteria. Two hundred and sixty-five recipients applied and $3 million was distributed to them. There was no distinction between male and female recipients and between unapproved and approved recipients in the compensation that had been made available—and that is a good thing.

The pituitary hormone trust account established in 1994 remains with a balance of almost $4 million. While the counselling services funded from the account were wound down in 2005, two years later than recommended by Professor Allars, pituitary hormone recipients can still access funding by contacting the Department of Health and Ageing, and that is something they should look at.

I think perhaps the saddest aspect is that this treatment went on for 25 years. Often I think with medical science we rush for the miracle cure too quickly; we do not spend the time and the research that are required to make sure that these products, these new methods, are safe. It is absolutely vital that in the future we do not go down this same path again and have the same sorts of very sad speeches being made in this place and around the country because we have rushed to a cure that turns out not to be a cure but an absolute curse. I commend the motion.

The DEPUTY SPEAKER (Ms AE Burke)—Order! The time allotted for this debate has expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

GRIEVANCE DEBATE

Question proposed:
That grievances be noted.

Australian Broadcasting Corporation

Mr RANDALL (Canning) (8.31 pm)—The accusations of ABC bias which have been outed in the media over recent weeks during Senate estimates have come as no surprise to me. In September of last year I brought to the attention of this House a report on The 7.30 Report, aired in June 2007, which has been proven to be bogus. I will go to this shortly.

This bias is entrenched. It is no secret that the ABC is an incubator for ALP candidates, parliamentarians and their staffers. The most high-profile ALP export is the member for Bennelong, Maxine McKew. She was with the ABC for over 30 years working as a presenter on The 7.30 Report, Lateline, the Carleton Walsh Report, AM, PM, the Bottom Line et cetera. The The 7.30 Report presenter, Kerry O’Brien, was a former press secretary to Gough Whitlam. Insiders presenter Barrie Cassidy worked as a media adviser to Bob Hawke. David Hill, former economic adviser to Neville Wran and former Managing Director of the ABC, stood as an ALP candidate for Hughes in 1998. The former Labor Premier of New South Wales Bob Carr worked as a current affairs journalist for the ABC. Mary Delahuntly, the former ABC newreader and host of Victoria’s The 7.30 Report, was elected to the Victorian seat of Northcote in a by-election in 1998. She held that seat until stepping down in 2006, having held several senior portfolios. ABC journalist Mark Bannerman worked for a senior minister in the Hawke and Keating governments, John Button. The Western Australian Premier, Alan Carpenter, started as a state political reporter for the ABC, moving on to be the Western Australian presenter for The 7.30 Report and the first presenter of Stateline. Former ALP Northern
Territory Chief Minister Clare Martin was a journalist for ABC Radio and presenter of *The 7.30 Report*.

Tom Switzer in the *Australian* said:

When it comes to the quality of news and current affairs programs, our public broadcaster could do so much better if a certain bias did not cloud so many stories.

He is right. As an example, spare a thought for Andrew Fraser. During last year’s New South Wales election, the ABC ran a caption that had the Coffs Harbour Nationals MP seeing red. It read ‘Andrew Fraser the strangler won’, referring to an incident in 2005 in the New South Wales chamber. This appeared three times.

It also emerged during the Senate estimates hearings that the Prime Minister’s minders are now censoring the national broadcaster, preventing filming and who knows what else. The fact that the ABC has allowed this is certainly not surprising.

So, taking these and many other examples into account, it is good to see that the ABC is planning for a review to improve transparency and the effectiveness of its handling process of complaints. I hope it works. To date the ABC has monitored its election coverage and political discussion through external vetting. Essentially, this means that, as long as equal air time is given to major parties and candidates, everything is okay. Obviously, under this system there is no way to monitor actual bias or favouritism. While politicians and commentators can spend the same amount of time on air, the perception the audience is left with can be vastly different. One can certainly not underestimate the power of the media. Even the ABC has conceded the external vetting process is weak, saying:

… the data has limited utility … it cannot prove or disprove the presence of impartiality.

There is no mathematical way to determine bias; there has to be an action by the broadcaster. I welcome the review into the ABC’s bias vetting. I am pleased that the ABC has also committed to reviewing its complaints handling processes. But it must make a difference. The cultural left-wing bias is now so entrenched in the ABC that it will take strong measures to eliminate it. As I mentioned earlier, the matter I raised last year was another example of the ABC running the union agenda on *The 7.30 Report*. Kerry O’Brien of the ABC is a regular and habitual offender.

The story focused on a petition apparently signed by around 200 people at the Mount Whaleback mine site at Mount Newman. The crux of the petition was that the signatories suggested that they had been victimised and intimidated so as to sign an AWA and they raised safety concerns. With a number of fly-in fly-out workers in my electorate contacting me with the real story, I wanted the ABC to set the record straight. The signatures were not all credible. At least 80 of them were ineligible. Many of them were from people who were not even working at Mount Whaleback, and some of the names were of people who did not even exist.

Managing Director Mark Scott responded to my complaint, stating that the ABC had looked into the matter and that they had believed it was a relevant story at the time. Mr Scott said that, following the investigation of the Western Australian mines inspector, the ABC would look at doing a follow-up story. He said that *The 7.30 Report* is awaiting the final report of this investigation and that he intends to do this in a follow-up story. Madam Deputy Speaker, I have a letter here from Mr Scott and my letter to him, which I would like to table if that is okay with the members opposite.
Leave granted.

**Mr RANDALL**—The mines inspector had already completed his report, in which he said he found the site to be of a high standard of safety, comparable to and higher than the standards found in other major companies and sites in the region. He also said that the allegation that the employees were too afraid to raise safety issues was not supported by greater than 90 per cent of the people in question. In fact, this mine site had actually won a safety award for its track record on the mine site.

My point is that *The 7.30 Report* story, with Mr Kerry O’Brien and Mr Peacock, the reporter, had no foundation. It was an effort by the unions to support Labor’s push to demonise AWAs, and the ABC and Kerry O’Brien were key conspirators. Mr Scott assured me that there would be a follow-up story. I am still waiting for the story or Mr O’Brien’s correction nearly 12 months later. Mr Scott has now become a willing member of the ABC’s gulag on this issue.

**China**

**Mr DANBY** (Melbourne Ports) (8.37 pm)—In recent years there has been a rapid rise in China’s military and economic development, with growing global influence. Much uncertainty surrounds China’s future course, in particular in the area of expanding military power and how that power may be used. This has significant implications for Australia, our region and the world. China has long-term goals, joining economic growth to military power. The Japanese slogan meaning ‘rich country, strong arms’ was transformed into China’s 16-character policy which states, ‘Combine the military and the civil; combine peace and war; give priority to military products; let the civil support the military.’

China’s peaceful rise and its economic development attract widespread acclaim around the world. Unfashionable as it may be, however, I want to use these remarks to focus on its rapid and non-transparent growth in military power. China is transforming its forces into a full spectrum military capable of military operations and remote power projection. It has recently acquired advanced foreign weapons and it has continued high rates of investment in its domestic, defence and science technology industries, as well as making substantial organisational and doctrinal reforms to its armed forces.

This expansion, as well as improving its military capability, is changing military balances in East Asia. The improvement of China’s strategic capabilities has implications for Australia, East Asia and beyond the Asia-Pacific region. Only recently, the construction of a vast new naval base has only become known via commercial satellite imagery. The opening of the Sanya base will enable China’s new type 094 ballistic missile submarines to find a safe 5,000-metre-deep operating area south of Hainan Island.

To protect these nuclear submarines and to defend China’s growing interest in securing sea lanes to critical resources in distant areas like Africa, the Persian Gulf and Australia is the apparent strategic purpose of this base. According to Richard Fisher in the May issue of *Jane’s Intelligence Review*, Sanya can be expected to host future Chinese aircraft carrier battle groups, given the size of its piers. It has the capacity to host eight nuclear submarines according to the size of the openings of the piers and tunnels that the submarines go into. This has been detected by commercially available satellite imagery. According to the Asia *Wall Street Journal*, in mid-November 2007 the PLA held major naval and air exercises south of Hainan.
Island. In conjunction with this exercise, or soon after, the first type 094 nuclear submarine moved into Sanya.

China has the most active ballistic missile program in the world. It continues to develop and test offensive missiles and upgrade missile systems. It has deployed an increasing number of short-range ballistic and cruise missiles opposite Taiwan. In addition, China is modernising its long-range ballistic missile force and it is now also in the process of developing a new submarine-launched ballistic missile. China is modernising its nuclear force, presently fielding the new DF 31 and DF 31A intercontinental range missiles, which has increased its strategic strike force capabilities.

From the point of view of strategic stability in our part of the world, it is of concern that China is developing advanced cruise missiles and antiship missiles designed to strike ships at sea, including aircraft carriers, from great distances. Moreover, in January 2007, without warning the international community China successfully tested a direct ascent antisatellite weapon, destroying a defunct Chinese weather satellite. This unannounced test raised concerns internationally and demonstrated China’s ability to attack satellites as well as posing a danger to space flights. In addition, in November 2007 China successfully launched its first lunar orbiter. Together they demonstrate China’s ability to conduct complicated space manoeuvres which have far-reaching military implications.

Moreover, China is increasing its army and ground forces as well and equipping them with modern tanks, APCs and artillery. According to the Pentagon’s assessment and analysis ‘Chinese Military Power’, its ongoing military reforms and modernisation emphasise the need for highly qualified officers and soldiers trained in modern and key technologies. This military modernisation emphasises the need to equip them with new and high-tech weaponry, making them capable of advanced military operations as well as directing and participating in what is called ‘informatised warfare’. In addition, the PLA emphasises the role of modern information technology as a force multiplier to enable their forces to conduct military operations with precision at ever greater distances from China. Due to the modern battlefield and the need for high technology and equipment, which it does not have itself according to many governments, China is running an aggressive effort to acquire advanced technologies, particularly from the United States. Investigations have revealed there has been considerable illicit export of US arms and technologies to China. In 2007 many computer networks around the world, including the US information systems, were intruded upon, and they appeared to be targeted from the PRC. This is of great concern to many governments around the world.

Continuous and steady economic growth is the basis of China’s future development. As China emerges as a regional and global power, its continued economic development remains the foundation of the power of the Communist Party of China and leads it to further military expansion and modernisation because of the prestige it gives the party in nationalistic sentiment within China. According to Mark Helprin in a speech given to the Hoover Institution:

A country with restrained population increases and a high rate of economic expansion can over time dramatically improve its material lot while simultaneously elevating military spending almost beyond belief. The crux is to raise per capita income significantly enough that diversions for defense will go virtually unnoticed. China’s average annual growth of roughly 9% over the past 20 years has led to an absolute tenfold increase in per-capita GNP and a 21-fold increase in purchasing-power-parity of its military expenditure.
As far as China’s nuclear forces are concerned, the Chinese leadership as well as the Chinese defence paper of 2006 reiterate their commitment to a declaratory policy of no first use. The main purpose of its nuclear force is to deter other countries from using or threatening to use nuclear weapons against China. However, doctrinal material suggests additional purposes for its forces, like deterring conventional attacks against nuclear assets or conventional attacks with WMDs in order to reinforce China’s great power status.

In 2007 Beijing announced an astonishing 19.47 per cent increase on the previous year’s military budget to approximately $45.9 billion, which surpasses the growth of its overall economy. Moreover, its defence budget does not include other large categories of expenditure such as the expenses for strategic forces, foreign acquisitions, military related research and development and paramilitary forces. Therefore the actual military expenditure of China is hard to estimate due to its lack of transparency. Even though its actual military expenditure is not apparent, it is certain internationally that China significantly underreports its military expenditure. The US Department of Defense estimates that China’s total military expenditure for 2007 will be between US$97 billion and US$139 billion. The US and other nations continue to urge China to increase the transparency of its military expenditure.

The US nuclear reductions and China’s acquisition of ballistic-missile submarines, multiple warhead mobile missiles and modern Soviet air fighters—the SU series—the expansion of the Sanya base that I mentioned and the increase in China’s ballistic missile preparations and its mobile nuclear missiles will eventually lead to the two countries becoming level in strategic nuclear weapons. Moreover, US military force reductions are not only nuclear but conventional as well. As the world is occupied with wars in Afghanistan and Iraq, this shift in the Pacific, identified by Professor Helprin and others, goes largely unnoticed. I did not want the shift in the Pacific to go unnoticed by this member of parliament.

Australians welcome China’s peaceful rise and we all want good relations with the People’s Republic. We want Australia and East Asia to continue to have good economic relations with China and to benefit from its economic development. But we have to note these fundamental shifts in strategic power that are taking place in our region. The now obvious sensitivity of the operation of this base in Sanya was emphasised to us a few years ago by the apparently overboard decision of the Chinese military to seize a US reconnaissance aircraft over Hainan Island. It was obviously because of the Chinese preparations for this vast submarine and naval base, which, as Mr Fisher argues, will have piers that can host potentially future Chinese nuclear powered aircraft carriers. These projections of power that are far beyond the coast of China are something that countries like Australia and all the countries in the Pacific have to note. We have to view Chinese growth with equanimity but we should at the same time note its exponential military growth, prepare for it and understand it. Above all, we should not ignore this Chinese growth in military power.

Kalgoorlie Electorate

Mr HAASE (Kalgoorlie) (8.47 pm)—My grievance this evening is substantial. In 2011 there will be a census. Prior to the new government coming into power there was an allocation of some additional $20 million to assist in the 2011 census, and $6 million of it was going to go towards the repair of some of the damages that we were made aware of in the 2006 census. I am speaking on this topic this evening because when it comes to the question of the ABS and the census it is a critical situation for me as the member for Kalgoorlie. All of my
The majority of the centres within my electorate are subject to the demon of the Kalgoorlie electorate and that is fly-in fly-out workers. Fly-in fly-out workers, bless their cotton socks, all come to my electorate to earn a quid. I do not mind them doing that; it is simply that when they earn that income for working reasonably hard and contributing to the great export value from this nation they take all they earn back to their city domestic situation where they spend it.

I do apologise to my colleagues who happen to represent those populations, but nevertheless it is true to say that fly-in fly-out workers contribute virtually nothing to the areas in which they work. They come in, they produce a product, they receive an income and then they leave and spend that income elsewhere. But all the time they have been in the area in which they are working they have been utilising, as required, situations such as community pools, libraries and rubbish collection services—all of those things provided by hardworking shire councils that have great difficulty in working through that whole protracted process of the Grants Commission, figures supplied by the ABS and figures obtained by the census to establish just what the population is of a local government area.

I have looked into this very carefully. It has been a great concern for me, in the last nine-plus years, that my local government areas are not being funded correctly because they have to in fact provide services for more people than are recognised at the time of the census as being resident in their particular local government area. I have been trying to have the census documents ask questions that will more accurately extract a figure of those persons residing, albeit temporarily and possibly only for the sake of employment, in those local government areas.

I have read the explanation of the methodology deployed by the Grants Commission to work out the allocation of funds to those local government areas. I think we must have had some graduates of Canberra arrive in Western Australia to write that particular methodology document! I do not have any great love of Canberra-speak; it makes it very difficult to read this methodology document—with all due respect to the very hard working staff of this chamber and others in the House. The fact is that, when it comes to allocating funds accurately to local government regions, to truly reflect the fact that there are a number of people working within that local government area—and who, therefore, local government has to provide services for—who are residents or who come in on a fly-in fly-out basis is extremely difficult.

Everyone can establish very quickly where people live because they give their residential address and that invariably is their enrolled address for voting in this democracy. But the question of where you work and where you earn your income is a vexed question because, of course, you can only give one answer. If you are a fly-in fly-out worker and you are working across many areas in my wonderful electorate, then you can determine one address. You might determine that on the basis of where you spend the majority of your time. It may be eight weeks a year because everywhere else you spend seven, but it is hardly a fair way of allocating funds.

I urge the ABS to look hard at the questions contained within the census. I look to this government to fund satisfactorily those responsible for the collection of the census forms to make sure that there are sufficient funds allocated for the deployment of staff to distribute and collect census forms. The anecdotal evidence I have from people that fly-into and out of my elec-
torate to get their income is rather shocking, as viewed by ABS staff. When they are con-
fronted by a census worker offering a census form, the common statement from fly-in fly-out
workers is, ‘No, don’t worry about that. On census night my wife will fill that out for me back
home.’ Well, I ask you, is there no reality to the census? The whole authenticity of the census
document is to record where Australians and others who are visiting this country are on that
night. If it is not done accurately then it destroys the authenticity and reliability of the statis-
tics that are arrived at.

But, worse still, when the government takes $20 million out of the funds available to the
department and then asks them to return reliable information, it creates a conundrum. If you
cannot collect accurate data because you do not resource the ABS satisfactorily, how can you
then rely on that data collected to fund local government and so many other things? ABS stats
are held in high esteem by so many, unless they go to the number of people working in par-
ticular local government areas. Then they fall down because (a) the department has not been
funded satisfactorily to distribute and then collect the census forms and (b) the wording of the
questions on the census is not satisfactory to establish where people fly-into and out of to gain
the majority of their income. That is compounded by the fact that you then gut financially the
department. They were planning a review this year; they advertised and they called on agen-
cies throughout the regions to get together to create a forum to establish what was wrong in
2006 and what might be done better in 2011. But, suddenly, there was a change of govern-
ment. There was a change of heart as to the significance of those statistics. There was a
change of heart as to whether or not we ought to fund the ABS, and the government ripped
$20 million out of ABS—$6 million of that was to go towards a better collection of statistics
of the population of Australia in 2011. All of those people in local government areas that were
working to develop committees that were knowledgeable about the failures of the 2006 cen-
sus were suddenly gutted, left stranded, with nowhere to go with the pieces of information
that they had gleaned.

I got complaints from right across my electorate—from Broome, from all local government
areas in the Pilbara and from the area of Derby, West Kimberley. The city of Kalgoorlie-
Boulder was full of criticism of the collection of the 2006 census. It is a shame. This govern-
ment is condemning Australian local government areas to a litany of miscalculated numbers
for the funding of the hard work they do within their community for their community mem-
bers.

Wages

Ms GEORGE (Throsby) (8.57 pm)—In tonight’s grievance debate, I want to raise the is-
issue of the double standards that I believe prevail in the setting of wages in our community. I
do so in light of the impending decision by the Fair Pay Commission on the level of the
minimum wage that should apply in Australia. As I understand it, that decision is due some
time in July. When you look at the history of the deregulated wage-fixing environment that
was gradually introduced over the last decade as we moved to a system of enterprise bargain-
ing, it was always the view of reasonable minded people in the community that an industrial
safety net—a living wage—should apply to those members of the workforce with the least
industrial bargaining power. Then you could ensure decent standards applied at that lower
end. That living wage was particularly relevant to those industries that saw large numbers of
women and large numbers of workers in part-time and casual employment and to those areas
where there was a large concentration of migrant workers, like the clothing trades. As we know, that is one of the industry sectors that has always battled to ensure a fair wage for their workers.

At the moment, the ACTU has a claim before the Fair Pay Commission for a $26 a week rise in award minimum wages which would apply to around 1.6 million low-paid workers. Obviously, the union movement sees that this $26 a week wage rise would be to compensate for real pay cuts that many workers suffered under Work Choices with the removal of overtime and shift penalty loadings, and also to compensate for families struggling with the impact of rising interest rates, with increases in petrol which, for many, is not a discretionary item of expenditure, and other basic pressures that come from cost of living increases. As we know, the burden for many individuals and families has been made even worse with the legacy left by the Howard government—the legacy bequeathed to the new Rudd Labor government—of a regime of very high inflation and, of course, people on these wages having to contend with 10 interest rate rises in a row. Despite the claims that the former Prime Minister made about working families never being better off, I can assure you that is not the case in an electorate like mine where there are many workers receiving very low rates of pay.

If we look at the ACTU claim for a $26 a week increase it would, in fact, take Australia’s minimum wage from $522 a week to $548 a week, which works out to $14.40 an hour. Imagine trying to raise a family on that level of wage remuneration, which amounts to less than $30,000 a year. The case that has been presented to the Fair Pay Commission by the union movement shows that 62 per cent of minimum wage workers have suffered a fall in their real wage levels, largely due to its previous two decisions. The Fair Pay Commission’s 2007 decision awarded workers on the minimum wage a $10 increase against the union’s claim of $28. This saw only four per cent of the 1.6 million minimum wage workers receive a real wage increase, which averaged just six cents extra a week. For the remaining 96 per cent of workers on minimum wages, their real wages in that period fell between 28c and $15.67.

As I said earlier, many individuals and families in my electorate fall into that low-income earning bracket and are totally dependent on increases that flow from the decisions made by the Fair Pay Commission in relation to the minimum wage. The 2006 census revealed that the median weekly individual income in my electorate was $373 compared to the national figure of $466. Many families in my electorate are struggling because they receive a lot less than Australian average weekly earnings, and a lot of them are in casual and part-time employment.

It is obvious that inflation is a major economic challenge, but it seems to me that the well-paid members of our community should, in fact, take the lead in terms of wage moderation rather than expecting people struggling on minimum wages to bear the burden. In that regard, a 12-month wage freeze for federal politicians should have sent a message to the wider community, and to corporate Australia in particular, to rein in their unrestrained salary growth in managerial and executive remuneration. Interestingly enough, just one executive—the outgoing chief executive of Macquarie Bank—last year earned more in a year than the entire federal parliament, in that he received a $33.5 million salary and bonus package. It is interesting that the business community is very silent in this debate when it touches the corporate world, but at the same time it is these people from the business community and their employer or-
ganisations who are now urging the Fair Pay Commission to restrict the wage outcome for workers on minimum wages to no more than $10 a week.

Professor John Shields, a Sydney University economist who tracks executive reward and performance, reports that the average annual remuneration for a chief executive of a top 100 Australian company is now almost $4 million. That in itself is more than 80 times the average full-time wage of around $56,000. In 1992, a chief executive then earned 22 times the average weekly earnings. So you can see by those relativities the huge growth that has occurred at the top end of town.

‘Executive remuneration has spiralled out of control,’ says Stuart Wilson, the executive director of the Australia Shareholders Association. He went on in a recent article to say:

We believe company boards, which are charged with determining executive pay, have lacked the backbone in their negotiations with their executives. Obscene executive bonuses must have an impact in the community that is negative, and that is never good for business.

As we know, often there is no correlation at all between company performance, or the views of shareholders about executive remuneration packages, and the actual outcomes that the boards determine for their top executives.

There is no doubt in my mind that Australia is seeing a rapid growth in wages inequality. Figures released by the Australian Financial Review in November 2007 showed that salary packages for executives jumped by 28 per cent to an average of $2.5 million. This constituted a massive pay rise in that year of some $570,000, or roughly $11,000 a week. In the booming mining and resources sector, the growth in white-collar income is even more acute. Analysis by recruitment consultant Derwent Executive shows that, from 2005-06, the salaries of executives earning a base income of between $200,000 and $700,000 had risen by an astronomical 55 per cent. Importantly, this figure exceeded the growth in market capitalisation and profit performance for many mining stocks. And yet all the indications are that this kind of income growth will continue unfettered, despite our Prime Minister’s urging for moderation by all in the community.

As well as inequality between the growth in wages for low- and high-income employees, there is inequality between sectors of the economy. In particular, low-skilled sectors such as hospitality, retail trade and basic clerical work all experienced a lower rate of wage growth over the year to last September than the 4.2 per cent increase across all occupations for that period. For example, hospitality wages only grew by 3.3 per cent, nearly a percentage lower than the economy-wide figure.

In conclusion, can I say that the whole community does need to be involved in the fight to rein in inflation, but it is unfair and unjust to expect that low-income earners, like the many in my electorate, should be forced to bear the brunt of the challenge, while executives and other high-income earners continue receiving huge, unfettered and potentially inflationary income and remuneration packages.

Indigenous Communities: Education

Mrs VALE (Hughes) (9.07 pm)—In this grievance debate, I want to raise the issue of Indigenous education and the impact of pornography in remote and mainstream Australian communities, which allows some of the most vulnerable members of society to be so easily exploited. On previous occasions in this House I have raised the point that a real opportunity
exists for a better deal in the education of Indigenous children in remote communities. It
could be provided by boarding schools located in regional towns closer to their home com-
munities. I am pleased to note that prominent Indigenous leaders like Noel Pearson and War-
ren Mundine continue to enthusiastically press the issue and actively encourage the gov-
ernment to take a role of creative leadership in providing educational opportunities for Indige-
nous children.

I add my voice to their call and point out that quality boarding schools have existed in Aus-
tralia from the earliest days of formal education in colonial times. Two of my aunts attended
Mount St Mary’s at Katoomba as boarders in the years around the First World War, when my
grandmother lived at Blakehurst, then a tiny farming hamlet south of Sydney on the Georges
River. At the same time, her two eldest sons were boarders at St Joseph’s at Hunters Hill.
Many of the most prominent men and women of Australian society, whether they made their
mark in private enterprise or on the land or in public office, received an excellent beginning in
their life’s journey from their education in many of the nation’s finest boarding schools. Such
establishments are an ideal way of providing the same opportunities for Indigenous young
Australians in remote and regional Australia. While I have raised this subject in earlier
speeches, it is appropriate to raise the issue once again and give support and encouragement to
the innovative leadership of Noel Pearson.

We are all well aware of the reality of life for children in remote communities. There are
many communities which do not have a primary school and there are many other obstacles
that Indigenous children have to overcome to obtain even the most basic schooling. Most par-
ticularly their disadvantage is intergenerational. There is little literacy within their families
and their communities, and the lack of English only compounds a complex situation for them.
Even when they are able to attend some primary schooling, poor health, poor nutrition, irregu-
lar meals, highly irregular sleep patterns and the intermittent violence of drunken behaviour
from some adults in their communities all combine to make it difficult, if not impossible, for
Indigenous children to learn and remember what formal lessons they may receive. It is im-
perative that all governments listen to the voice of those leaders within the Indigenous com-
munites who have a real understanding of the severe disadvantage faced by Indigenous chil-
dren and who are passionate about addressing such disadvantage.

However, I do note that there are suggestions that the children should be accommodated in
boarding schools in southern capitals. I also note that some commentators have pointed out—
including the Fred Hollows Foundation—that the very idea of boarding Indigenous children
in southern boarding schools is destined to fail from the start. It is considered that young In-
digenous people would miss out on understanding their roles and cultural responsibilities
within their communities. On their return from boarding school, feeling detached from their
own traditional society and not having sufficient sense of place in mainstream Australian so-
ciety or fully understanding its laws and expectations, they could well find themselves caught
between two worlds and have no sense of belonging in either. These concerns are very real
and are a part of the dilemma for governments—national as well as state. It seems clear to me
that massive funding is required at a national level to establish top quality boarding schools
with the best teachers that money can attract that can become centres of excellence in Indige-
nous education, but with the very important requirement that such centres of learning be es-
established in regional towns located as close as possible to the local communities they are intended to serve.

For example, a regional boarding school could be established at Katherine in the Northern Territory, or at Kalgoorlie or Geraldton or Broome in Western Australia, or at Bourke in New South Wales—just to name a few—to provide the appropriate education for children in their surrounding communities. The children could attend school from Sunday evening to Friday evening and be flown or bussed into or out of their home communities on a fortnightly or monthly basis—that is, they would attend home at regular intervals. It is clear that young Indigenous children should not be moved so far away from their communities that they cannot return home on a regular basis. They must be able to maintain their social and cultural contacts with their families and communities. Yes, of course it will be expensive, but we as a nation cannot afford not to address this issue any longer, otherwise we will lose another generation of bright, young Indigenous Australians to hopelessness and even substance abuse.

This is not to say that young Indigenous students should be prevented from applying to the many prestigious boarding schools in the southern capitals. The excellent initiative funded by the Macquarie Bank and the Cape York Institute’s Higher Expectations Program enables Indigenous students from remote Queensland communities to attend boarding schools in Brisbane, Townsville, Rockhampton and Cairns. The Cape York Institute was devised by Noel Pearson and is aimed at providing the top 10 per cent of students in Cape York with an education that would open their lives to the excitement, opportunities and employment possibilities that we all know a good education offers. Such excellent initiatives should continue and provide a model for similar corporate sponsorship across Australia so that young Australians in remote areas can have a choice and share in the great Australian dream for the future.

This initiative alone will not address the issue across the nation. Such a national issue requires a national initiative to be taken by the federal government. It is clearly the role of the federal government to establish boarding schools in appropriate areas that can provide a protected learning environment for Indigenous young people in key areas relatively close to their home communities. I am speaking about a strong leadership role for the federal government to fund and build quality boarding schools in the regional centres of remote Australia for the benefit of Indigenous children living in those areas. It is only through such learning centres that we can provide a protected learning environment to break the cycle of poverty, cross the barriers of language, overcome poor health and poor nutrition, escape violent and abusive behaviour, and ultimately overcome the disinterest in learning that is endemic in those remote communities.

Quality, well-funded boarding schools would provide the opportunity to encourage improved health through good hygiene and appropriate sleep patterns. They would provide the opportunity to supervise diet and provide better nutrition and regular meals, especially breakfast. And of course they would ultimately engender an active interest in learning through improved study and homework patterns. We owe these young Australians nothing less than the opportunity to get the very best education that we can provide for them. I take this opportunity to remind the Prime Minister and his government about the Prime Minister’s comments in his address on the apology to Australia’s Indigenous people in February this year when he said in the parliament:
… old approaches are not working. We need a new beginning … a new beginning that draws intelligently on the experiences of new policy settings across the nation.

Here is a new policy, and it comes from the Indigenous community itself. Here we have a new policy for the education of the current generation of young Indigenous Australians. It will require massive funding because it is a massive undertaking. But the government has a huge war chest—left to it by the previous government—that equips it for a noble purpose such as this.

On another issue of concern, in the short time I have available I wish to raise the issue of pornographic material that continues to be received in remote Indigenous communities in the Northern Territory. While I understand and applaud the fact that the government has continued the ban of pornographic videos that was put in place by the previous government under the Northern Territory emergency response program regarding violence towards women and children in remote Indigenous communities, it has left these same remote Northern Territory communities vulnerable to the scourge of pornography by refusing to ban pornographic material being received by satellite pay TV. It is my understanding that the government says it is open to the elders of the communities to ask for the transmission of the offending material to be prevented from being received within these communities. Yet it is the women and the children who are the victims of pornographic material—as identified in the many reports on this subject—and they are not in a position to ask for its removal.

These women and children are disempowered in these communities. It is the powerless women and children who are the hapless victims of pornography, and they are hardly in a position to have such material stopped from being received into their homes by pay TV. This is a serious dereliction of duty of care by this government towards these women and children, and I ask the government to ban pornography received by pay TV in these remote communities. It is well documented that pornography is corrosive in human relationships. It objectifies women and creates a lack of respect in the viewer.

In conclusion, we can clearly see that the impact of pornography in communities in remote Australia in the utter breakdown of the society of our Indigenous Australians. (Time expired)

**Public Transport**

Mr KELVIN THOMSON (Wills) (9.18 pm)—In my speech in the address-in-reply debate in February this year, I praised the work of the activist organisation GetUp! in putting together and promoting a people’s agenda for this, Australia’s 42nd parliament. One of the elements of that agenda was support for public transport. In the last couple of weeks GetUp! has engaged in a follow-up to that initiative, with an email campaign promoting the need for public transport infrastructure. I have received around 200 of these emails and I dare say other MPs would have received similar correspondence. The GetUp! members take the trouble to personalise their emails, which I think is a good thing. While it is pretty much impossible for us as MPs to provide individual replies when we receive so many emails, it is good for us to get a feel for exactly what our constituents are thinking, and it is a reflection of their real commitment to the issue that constituents go to the trouble of personalising their remarks.

Public transport infrastructure is one of the great unmet needs of our time. Ever since the car took off in Australia, post-war public transport infrastructure has failed to keep pace with suburban growth. In my own city of Melbourne, there is a strong public transport infrastructure of train and tram lines out to Melbourne’s city limits circa 1950, but beyond that there is
precious little. The million Melburnians who live beyond Melbourne’s 1950 city limits have to drive cars in order to leave their suburbs. Those who commute to the city or other parts of Melbourne to work face long, expensive and tiring trips to and from work every day. Taking their cars through the inner suburbs turns many inner areas into traffic sewers, doing nothing for the quality of life in inner Melbourne.

In the 21st century, the need to increase public transport is not just about congestion and quality of life. We have to reduce our carbon emissions to tackle global warming. In Australia, transport accounts for 14 per cent of carbon emissions. Without change, our transport carbon emissions are predicted to grow by 42 per cent by 2012 and 67 per cent by 2020. This is simply unacceptable. How on earth are we going to cut carbon emissions if transport emissions head in the other direction? For this reason, I regard it as essential that transport emissions are included in the emissions trading scheme being developed by the new Labor government. I regard the suggestion by the Liberal leader, Dr Nelson, that transport be excluded from emissions trading as an attempt to undermine our efforts to cut carbon emissions. Sadly, it is ongoing evidence that the Liberal Party still do not get it on the issue of climate change and global warming. They continue to be part of the problem.

There has been an unfortunate history of neglect of public transport in the last 50 years. State governments have been guilty of it. So have federal governments. When the Liberal-National Party coalition has been in government, the National Party have always demanded and been given the transport portfolio. They invariably spent all the transport money on roads, mostly to pork-barrel their own electorates. National Party transport ministers never give a cent for urban public transport. I hope this will now change. It certainly should change, and I welcome the statement by the Prime Minister:

… hasn’t the time come for some decent, decent public transport systems, invested in by the national government across our major cities …

There are plenty of worthy urban public infrastructure projects ready, willing and able to go. In Melbourne, the Eastern Transport Coalition incorporates the councils of Greater Dandenong, Knox, Manningham, Maroondah, Monash, Whitehorse, and Yarra Ranges. It is holding a major public transport summit on 4 July to talk about how to get better public transport in Melbourne’s east. Its chair, Councillor Mick Van de Vreede, has said that, following the Eddington study, it is clear that we need a transport plan for the rest of Melbourne and, in particular, the eastern suburbs. He is right, and the sorts of projects that plan could end up giving effect to are, for example, a rail service along the Eastern Freeway corridor from Victoria Park to Doncaster; a heavy rail connection from Huntingdale station to Rowville, along the median of Wellington Road to Stud Park shopping centre; or duplication of the Belgrave and Lilydale lines beyond Ringwood station, with the addition of a third track in a number of locations along the Belgrave and Lilydale lines. I do not wish to involve the chair in debate, but I dare say the chair has some good ideas for improving public transport access to Monash University. I support the Eastern Transport Coalition’s request for funding for a feasibility study into these projects, with that funding to come from the $75 million announcement in the budget for the preparation of business cases for the Building Australia Fund to consider.

The Eddington Report into Melbourne’s transport infrastructure was released in April, and it is now open for public comment. It has many commendable features—in particular, plans for a rail tunnel from Footscray to Caulfield; a rail link from Werribee to Sunshine; and the
proposal for electrification to Sunbury. But I do not support its proposal for a $10 billion east-west road tunnel. It is not just a question of the money, though we all know how these road projects have an uncanny knack of blowing out to double, or more, their pre-construction estimates. It is a question of how such a controversial megaproject will completely soak up the time and energy of the Minister for Infrastructure, Transport, Regional Development and Local Government, of departmental officers and of engineers so that other projects simply get postponed.

If the tunnel goes ahead, it will be inevitably at the expense of public transport infrastructure in the eastern suburbs and other areas of Melbourne’s outer suburbs. It is those projects that we really need to meet Melbourne’s transport needs. This is not anti motorist, or anti truckie. Indeed, I believe many truckies and motorists who have no choice but to use the roads would welcome an invigorated public transport network which reduced road congestion and shortened their travel times.

Public transport infrastructure is not cheap—nor are roads, yet we manage to find the money for them. The consequences of our failure to invest in public transport in the past are already apparent enough in Melbourne, Sydney and Brisbane. Our living and working conditions will get worse, they will not get better, unless we tackle that problem.

There are two alternative scenarios for our major cities as we go forward into the 21st century. There is the scenario of more and more people spending more and more time in more and more cars paying more and more for petrol as it starts to run out, getting stressed and anxious sitting becalmed in traffic jams all over a town defaced with tunnels, overpasses, off-ramps and exits by planners desperately trying to catch up with the ever increasing demand. And there is the other scenario: a network of trains and light rail vehicles moving large numbers of people in a calm, sustainable way both to the city and to local communities which are quieter, healthier, wealthier and less stressed. This is the choice we face, and we will not be thanked by future generations if we do not face up to it and address it.

The greatest challenge facing the 21st century is the challenge of climate change. We cannot tackle climate change by building more roads. By all means let us build more transport infrastructure—let’s be a nation of builders—but let it be public transport infrastructure, let it be for trains, trams and buses. We cannot build our way out of congestion. We have been trying it for years and it does not work. Time and time again we have seen that increasing road capacity in congested road networks generates and induces more vehicle trips. US studies have shown that those United States cities with a decent rail system have fewer congestion problems than cities which do not have a decent rail system. Professor Ross Garnaut’s paper on transport and urban planning included an issues paper which found that building new roads may make Australia’s greenhouse emissions from transport issues worse. He noted that the provision of road infrastructure may induce growth in passenger car use by reducing the competitive advantage of public transport, and possibly inducing additional travel.

These are urgent and serious matters. I am impressed with the understanding that GetUp! members have of these issues. I urge all my parliamentary colleagues to listen to what they are saying and to tackle the task of public transport infrastructure with the sense of urgency and commitment that this issue requires.
The DEPUTY SPEAKER (Ms AE Burke)—Order! The time allotted for this debate has expired. The debate is adjourned and the resumption of the debate will be made an order of the day for the next sitting.

Main Committee adjourned at 9.28 pm
QUESTIONS IN WRITING

Human Services: Staffing
(Question No. 22)

Mr Pearce asked the Minister representing the Minister for Human Services, in writing, on 11 March 2008:

How many departmental staff (including permanent, temporary and casual staff) work in the Minister’s Parliament House office, and that of any other Minister and Parliamentary Secretary associated with the Minister’s portfolio; and what is their length of service in the office.

Ms Plibersek—The answer to the honourable member’s question is as follows:

As at 18 April 2008, two officers from the Department of Human Services and one officer from Centrelink are working as Departmental Liaison Officers in the Parliament House office of the Minister for Human Services. One officer from the Department has been working in the office for 10 weeks and the other for nine weeks. The Centrelink officer has been working in the office for 20 weeks.

Indigenous Communities
(Question No. 27)

Mr Abbott asked the Minister for Families, Housing, Community Services and Indigenous Affairs, in writing, on 11 March 2008:

(1) Which Indigenous townships in the Northern Territory have implemented quarantine measures for welfare payments.

(2) In respect of student attendance at schools in Indigenous townships in the Northern Territory: (a) at what time(s) of the day is a roll-call conducted; (b) what are the (i) daily, (ii) weekly and (iii) monthly attendance figures for each school; and (c) will attendance figures be published regularly.

(3) How will irregular attendance at school impact upon the payment of welfare and other benefits to the parents of truanting children.

(4) What mechanism will be used for transferring truancy information from schools (or the Northern Territory Government) to Centrelink and other bodies providing payments to parents.

Ms Macklin—The answer to the honourable member’s question is as follows:

(1) As of 19 May 2008, income management has commenced in the following communities and their associated outstations:

- Acacia Larrakia
- Ali Curung
- Amoonguna
- Areyonga
- Atitjere
- Barunga
- Belyuen
- Beswick
- Binjari
- Bonya (Ortipa-Thurra)
- Bulman
Canteen Creek
Daguragu
Engawala
Finke (Apatula)
Galiwinku
Gunbalanya
Hermannsburg
Imanpa
Kalkarindji
Kaltukatjara (Docker River)
Kintore
Lajamanu
Maningrida
Manyallaluk
Milikapiti
Minjilang
Mt Liebig
Mutitjulu
Nauiyu (Daly River)
Nguiu
Nyriripi
Palumpa
Papunya
Peppimenarti
Pirlangimpi
Saint Teresa
Tara
Tjilikala
Wadeye
Wallace Rockhole
Warruwi
Weemol
Willowra
Wilora
Yuelemu
Town Camps
Adelaide River Town Camps
Alice Town Camps
Darwin Town Camps
Elliott Town Camps
Jabiru Town Camps
Katherine Town Camps
Tennant Creek Town Camps

(2) School authorities, both government and non-government, are responsible for the recording, monitoring and reporting of daily attendance. The Northern Territory (NT) Government recently published enrolment and attendance data for NT government schools.

(3) and (4) The 2008-09 Budget measure, Improving School Enrolment and Attendance through Welfare Reform, will introduce conditions on the receipt of income support payments whereby parents are obliged to ensure their children of compulsory school age are enrolled in school. Parents will also be expected to take reasonable action to ensure children attend school regularly. The measure will initially be implemented in selected locations, including six sites in the NT and two metropolitan sites outside of the NT.

For enrolment, parents will be required to inform Centrelink directly of the school at which their child is enrolled. For attendance, state and territory school authorities will be able to notify Centrelink where parents have not taken reasonable action to ensure their children attend school regularly. Centrelink will then notify parents of the consequences for non-compliance with their obligations. Parents who persist in failing to meet their obligations without a reasonable excuse may have their income support payments suspended until they comply.

Once parents demonstrate they are taking reasonable steps to ensure their children are attending school, income support payments will be restored with back payment.

These measures are being implemented from the second half of 2008.

Indigenous Communities

(Question No. 29)

Mr Abbott asked the Minister for Families, Housing, Community Services and Indigenous Affairs, in writing, upon notice on 11 March 2008:

(1) Will the Government quarantine the welfare payments of parents whose children do not regularly attend school.

(2) What is the Government’s policy on quarantining the welfare payments of parents whose children do not regularly attend school; in particular, (a) what constitutes regular school attendance; and (b) what are the consequences for parents who do not ensure that their children attend school regularly.

(3) When does she anticipate that a system of welfare quarantine will be established for parents whose children do not attend school regularly.

(4) What mechanism will be used for transferring truancy information from schools to Centrelink (or other bodies providing payments to parents) to enable quarantining of welfare payments to take place.

Ms Macklin—The answer to the honourable member’s question is as follows:

(1) to (4) The 2008-09 Budget measure, Improving School Enrolment and Attendance through Welfare Reform, will introduce conditions on the receipt of income support payments whereby parents are obliged to ensure their children of compulsory school age are enrolled in school. Parents will also be expected to take reasonable action to ensure children attend school regularly. The measure will initially be implemented in selected locations, including six sites in the NT and two metropolitan sites outside of the NT.
For enrolment, parents will be required to inform Centrelink directly of the school at which their child is enrolled. For attendance, state and territory school authorities will be able to notify Centrelink where parents have not taken reasonable action to ensure their children attend school regularly. Centrelink will then notify parents of the consequences for non-compliance. Parents who persist in failing to meet their obligations without a reasonable excuse may have their income support payments suspended until they comply.

Once parents demonstrate they are taking reasonable steps to ensure their children are attending school, income support payments will be restored with back payment.

These measures are being implemented from the second half of 2008.

Indigenous Communities

(Question No. 79)

Dr Jensen asked the Minister for Families, Housing, Community Services and Indigenous Affairs, in writing, on 13 May 2008:

In every State and Territory: (a) how many Aboriginal and part-Aboriginal children have been removed from their parents or extended families by State or Territory government welfare or child protection authorities, or other similarly empowered offices, over the last 15 years; (b) how many of these children were subsequently returned to their families; and (c) how many of these children were later removed again.

Ms Macklin—The answer to the honourable member’s question is as follows:

The following table derived from the Australian Institute of Health and Welfare’s (AIHW) annual publication, Child Protection Australia provides data for the number of Indigenous children aged 0-17 years in out-of-home care by state and territory at 30 June for the past eleven years. There is no published national data for children in out-of-home care prior to 1997.

Table 1: Figures for Indigenous children in out-of-home care across Australian jurisdictions at 30 June for the eleven years from 1997-2007

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>ACT</th>
<th>NSW</th>
<th>NT</th>
<th>QLD</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
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<tr>
<td>30 Jun1997</td>
<td>28</td>
<td>1270</td>
<td>58</td>
<td>549</td>
<td>219</td>
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<td>318</td>
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<td>36</td>
<td>1153</td>
<td>71</td>
<td>522</td>
<td>188</td>
<td>34</td>
<td>320</td>
<td>310</td>
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<tr>
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<td>36</td>
<td>1153</td>
<td>71</td>
<td>522</td>
<td>188</td>
<td>34</td>
<td>0</td>
<td>310</td>
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<tr>
<td>30 Jun2000</td>
<td>29</td>
<td>1815</td>
<td>94</td>
<td>592</td>
<td>211</td>
<td>38</td>
<td>297</td>
<td>420</td>
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<tr>
<td>30 Jun2001</td>
<td>29</td>
<td>2139</td>
<td>100</td>
<td>637</td>
<td>227</td>
<td>31</td>
<td>454</td>
<td>456</td>
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<tr>
<td>30 Jun2002</td>
<td>27</td>
<td>2098</td>
<td>105</td>
<td>708</td>
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<td>29</td>
<td>489</td>
<td>511</td>
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<tr>
<td>30 Jun2003</td>
<td>48</td>
<td>2375</td>
<td>142</td>
<td>813</td>
<td>252</td>
<td>43</td>
<td>507</td>
<td>570</td>
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<tr>
<td>30 Jun2004</td>
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<td>2459</td>
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<td>587</td>
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<tr>
<td>30 Jun2005</td>
<td>60</td>
<td>2543</td>
<td>218</td>
<td>1275</td>
<td>286</td>
<td>78</td>
<td>526</td>
<td>692</td>
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<tr>
<td>30 Jun2006</td>
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<td>2897</td>
<td>247</td>
<td>1496</td>
<td>359</td>
<td>98</td>
<td>552</td>
<td>766</td>
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<tr>
<td>30 Jun2007</td>
<td>89</td>
<td>3689</td>
<td>268</td>
<td>1724</td>
<td>405</td>
<td>113</td>
<td>626</td>
<td>978</td>
</tr>
</tbody>
</table>

NB: Victoria was unable to disaggregate Indigenous children and other children in the 1999 reporting period.

As each jurisdiction operates under separate child protection legislation, this data must be read with caution. Also, data taken at a point in time (30 June) each year in eight different jurisdictions with different legislation, policy and practices, subject to review and modification over time, should be interpreted with caution.

The AIHW, which is the main source of statistics on out-of-home care in Australian states and territories, does not include information on restorations to families or subsequent removals from those families.
Dr Jensen asked the Minister for Defence Science and Personnel, in writing, on 13 May 2008:

In respect of the Defence Science and Technology Organisation (DSTO) facilities at its Canberra Headquarters and its research facilities in Melbourne, Edinburgh, Canberra, Brisbane, Sydney, HMAS Stirling, Scottsdale and Innisfail: does the Government intend to make any significant changes, up to and including closure; if so, for each facility affected: (a) what changes are proposed; (b) what is the estimated cost of these proposed changes; (c) what are the estimated cost savings of these proposed changes; (d) what impact will these proposed changes have on employment; (e) what is the reason for these proposed changes; and (f) what impact will these proposed changes have on DSTO’s ability to fulfil its obligations to provide expert, impartial advice and innovative solutions for Defence and other elements of national security, and to maintain its status as a world leader in defence science and technology.

Mr Snowdon—The answer to the honourable member’s question is as follows:

There are currently no plans to close any DSTO facilities, but there are plans to upgrade facilities in Melbourne, Edinburgh, Sydney and Scottsdale.

(a) Melbourne – DSTO plans to upgrade its facilities at Fishermans Bend in a staged manner with Stage 3 being completed in 2016. This will provide a number of new laboratories and the upgrading of existing laboratories and office accommodation to meet current and future demands. This is further augmented by a series of physical, passive defence measures to ensure these upgrades are appropriately protected.

Edinburgh – DSTO plans to update its facilities at Edinburgh in a staged manner with Stage 1 being completed in 2016. DSTO’s two highest priorities for this site (secure communications and training facilities) are currently being progressed at an estimated cost of $25m.

Sydney – DSTO is developing a new waterfront facility at HMAS Penguin as part of the Penguin Redevelopment Project.

Scottsdale – DSTO is upgrading the Manufacturing Facility at Scottsdale.

(b) Melbourne – $130m.

Edinburgh – Project planning for remaining requirements has not commenced, the cost is not yet known.

Sydney – $3m.

Scottsdale – $3.5m.

(c) None.

(d) None.

(e) Melbourne – Stage 3 upgrades will provide additional research capability for DSTO Fishermans Bend staff particularly in the areas of Human Protection and Performance, Air Vehicles and Maritime Platforms Divisions.

Edinburgh – A secure communications project will provide DSTO with appropriate accommodation for its Corporate Information Services staff and IT infrastructure, who presently occupy a WWII ammunition storage facility. A training facility project will provide DSTO with the capability to conduct in-house training as well as accommodate highly secure and sensitive events with coalition partners in an appropriately classified facility.

Sydney – This facility replaces the Pyrmont waterfront facility due to lease expiry.
Scottsdale – The manufacturing facility will be upgraded.

(f) Modernising and adapting its facilities to support the changing demands of its scientific work will have a beneficial impact on DSTO’s ability to fulfil its obligations.

Rural Beginnings Project
(Question No. 86)

Mr Abbott asked the Minister for Families, Housing, Community Services and Indigenous Affairs, in writing, on 13 May 2008:

(1) Is she aware that the Rural Beginnings Project run by the Kurrajong Waratah Early Intervention Service in Wagga Wagga is currently helping up to 200 families with developmentally delayed children and that it is the only service in this area of its type.

(2) Is she aware that this outreach service to the Riverina region is funded by her department through the Stronger Families and Communities Strategy.

(3) Has the Kurrajong Waratah Early Intervention Service contacted her department seeking renewal of the funding contract for the Rural Beginnings Project.

(4) Will her department renew the funding contract for the Kurrajong Waratah Early Intervention Service; if so, when.

Ms Macklin—The answer to the honourable member’s question is as follows:

I am aware that the Rural Beginnings Project run by the Kurrajong Waratah Early Intervention Service in Wagga Wagga is currently helping up to 200 families with developmentally delayed children and that it is the only service in this area of its type.

I am aware that this outreach service to the Riverina region is funded by my department.

I have approved the extension of funding for one year to 30 June 2009 for this project under the Invest to Grow program and the service has been advised accordingly.

Local Answers Initiative
(Question No. 89)

Mr Abbott asked the Minister for Families, Housing, Community Services and Indigenous Affairs, in writing, on 13 June 2008:

In respect of Youth Insearch, a north west Sydney-based organisation working with young people referred by school counsellors, the New South Wales Department of Community Services and Police Liaison Officers—

(1) Is she aware of this youth organisation, and that: (a) about 1,200 young people attend its camps and courses each calendar year; (b) it has received $250,000 funding from the Local Answers stream of the Government’s Stronger Families and Communities Strategy in each of the last four financial years; and (c) this funding has allowed the employment of up to ten fieldworkers to liaise between authorities and young people.

(2) Will this funding be extended beyond 30 June 2008. (3) By what date will Youth Insearch and other bodies funded under the Local Answers program be informed about further grants.

Ms Macklin—The answer to the honourable member’s question is as follows:

Yes, I am aware that Youth Insearch is a project funded under the Local Answers initiative. Since 2004, Youth Insearch has received funding of $982,200. The current project activity is due to finish in May 2008.

I am pleased to confirm that funding for Youth Insearch has been extended until 30 June 2009.
Australian Skills Vouchers Program
(Question No. 93)

Dr Southcott asked the Minister for Education, in writing, on 13 May 2008:

In respect of the (now concluded) Australian Skills Vouchers Program: (a) in total, how many (i) Work Skills Vouchers, and (ii) Business Skills Vouchers, were issued; (b) what is the breakdown of (i) qualifications for which the Work Skills Vouchers were used, and (ii) trades for which the Business Skills Vouchers were used; and (c) has a review of the Program been undertaken; if so, will the report on the review be released; if so, when.

Ms Gillard—The answer to the honourable member’s question is as follows:

With respect to the Australian Skills Vouchers Program (ASVP) 80,780 Work Skills Vouchers and 866 Business Skills Vouchers were issued.

The breakdown of the top ten qualifications for Work Skills Vouchers (based on the number of vouchers issued) is as follows: Business; Information Technology; Transport and Distribution (Warehousing and Storage); Hospitality (Operations); Transport and Distribution (Road Transport); Security Operations; Retail Operations; Community Services Work; Community Services Support Work; Nail Technology. Information about Business Skills Voucher applicants’ trades was not collected.

The department is undertaking an internal review of the implementation process which will be used to inform the ongoing policy development and enhancement of the Productivity Places Program. Although some outputs were achieved, the ASVP was not operational for long enough to show impact and for that reason, the outcomes of the review are not intended for release.

Skills Australia
(Question No. 95)

Dr Southcott asked the Minister for Education, in writing, on 13 May 2008:

In respect of the Government’s commitment to providing an additional 450,000 training places over the next four years under the Skills Australia initiative: (a) how many Certificate II courses will be offered in each phase of the program, and will they be capped at each phase; and (b) how many of the 20,000 training places available in phase 1 have been accepted.

Ms Gillard—The answer to the honourable member’s question is as follows:

As part of its Skilling Australia for the Future initiative, the Government has allocated funds for 630,000 training places over five years to ensure that Australians develop the skills that industry needs.

It is expected around 91,000 Certificate II level places will be offered over five years as part of the Productivity Places Program. The nominal allocation for each year is as follows:

- 2007-08 – 15,000 places
- 2008-09 – 15,400 places
- 2009-10 – 18,130 places
- 2010-11 – 21,420 places
- 2011-12 – 21,420 places

These allocations will be subject to change based on demand for the places.

Of the initial 20,000 places from 1 April 2008 to 30 June 2008, 15,000 places are available across 78 Certificate II level qualifications. As at 2 June 2008, a total of 5,053 participants have enrolled in the program. Of these, 1,958 participants have enrolled in Certificate II qualifications and 3,095 have enrolled in Certificate III qualifications.
Natural Resource Management Programs
(Question No. 96)

Mr Haase asked the Minister for the Environment, Heritage and the Arts, in writing, on 13 May 2008:
In respect of the Government’s natural resource management program, Caring for our Country, commencing on 1 July 2008: (a) what will be the total cost of converting to this new program including, but not restricted to, premises and the general signage, stationery, promotional and advertising material and artwork of rebadging the various existing natural resource management programs; and (b) will all of the stationery and promotional material for the existing natural resource management programs be recycled.

Mr Garrett—The answer to the honourable member’s question is as follows:
(a) The running costs of Caring for our Country are no higher, and are indeed, similar to the combined running costs of the previous natural resource management programs. There will be some costs related to implementing the new program arrangements but these will be more than offset by the efficiencies gained in streamlining the administrative processes and integrating the previous four natural resource management programs into one program to be delivered through a single program delivery arrangement.

(b) The limited amount of stationery and promotional material that is held for the existing natural resource management programs will be used, if possible, or recycled. As it is, existing stocks of stationery and promotional material are meagre because the 2007-08 financial year is the final year for both the Natural Heritage Trust and the National Landcare Program; the Environmental Stewardship Program had not yet begun; and Working on Country has produced limited promotional material as it targets a very specific stakeholder group.

Defence (Special Undertakings) Act: Prosecutions
(Question No. 99)

Mr Melham asked the Attorney-General, in writing, on 14 May 2008:
What was the total cost to the Government for the prosecution of persons for alleged offences under the Defence (Special Undertakings) Act 1952.

Mr McClelland—The answer to the honourable member’s question is as follows:
The total external expenses incurred for the prosecution of persons under the Defence (Special Undertakings) Act 1952 is $138,805.

Joint Defence Facility Pine Gap
(Question No. 100)

Mr Melham asked the Minister for Defence, in writing, on 14 May 2008:
1. How many personnel are currently stationed or employed at the Joint Defence Facility Pine Gap (JDFPG).
2. How many JDFPG personnel are: (a) Government employees; (b) United States Government employees; (c) employees of Australian contractors; and (d) employees of United States contractors.
3. Does the figure for the number of Government employees include Australian Federal Police Protective Service personnel stationed at the JDFPG
4. What are the company names of the Australian and United States contractors currently providing personnel at JDFPG
5. What was the cost to the Government of running JDFPG in: (a) 2006–07; and (b) 2007–08.
(6) Who is the current: (a) Chief of the JDFPG; and (b) senior Australian officer at the JDFPG; and when did these officers commence duty in their current roles.

Mr Fitzgibbon—The answer to the honourable member’s question is as follows:

(1) Approximately 800 personnel.
(2) (a) Approximately 12 per cent.
   (b) Approximately 18 per cent.
   (c) Approximately 41 per cent.
   (d) Approximately 29 per cent.
(3) Yes.
(4) Raytheon, Northrop Grumman and Hewlett-Packard.
(5) (a) Approximately $12 million.
   (b) Approximately $14 million.
(6) (a) Mr Kevin Keating, Chief of Facility, commenced duty on 12 July 2005.
   (b) Mr Cameron Ashe, Deputy Chief of Facility, commenced duty on 13 January 2008.

Australian Secret Intelligence Service Records

(Question No. 103)

Mr Melham asked the Minister for Foreign Affairs, in writing, on 14 May 2008:

In respect of applications for access to Australian Secret Intelligence Service records (ASIS) under the Archives Act 1983: for every fiscal year from 1996–97: (a) how many applications were referred to ASIS by the National Archives of Australia; (b) how many related to (i) individual persons, or (ii) organisations and/or subjects; (c) how many resulted in the release of material; (d) how many were subject to (i) internal reconsideration, and/or (ii) review by the Administrative Appeals Tribunal; (e) did any reviews result in the release of additional material; and (e) on how many occasions did the Minister for Foreign Affairs or his delegate issue conclusive certificates under the provisions of the Act in relation to ASIS records.

Mr Stephen Smith—The answer to the honourable member’s question is as follows:

(a) For the relevant period, the number of applications per financial year for access to Australian Secret Intelligence Service (ASIS) records referred to ASIS by the National Archives of Australia was as follows:
   2001/02 – two;
   2002/03 – one;
   2005/06 – three;
   2006/07 – four; and
   2007/08 (to date) – fifteen
There were no other applications referred to ASIS by the National Archives of Australia during the relevant period.

(b) During the financial year 2001/02, both applications related to organisations and/or subjects; during 2002/03, the application related to individuals; during 2005/06 the three applications related to organisations and/or subjects; during 2006/07 two applications related to individuals, and two related to organisations and/or subjects; and during 2007/08 (to date), 13 applications related to individuals and two related to organisations and/or subjects.
During the relevant period, six of the applications resulted in the release of material. One occurred in 2001/02, one in 2002/03, two in 2005/06, and two in 2006/07.

During the relevant period, based on the original application year, six of the applications were subject to internal reconsideration and/or review by the Administrative Appeals Tribunal (AAT). One application was subject to review in 2005/06 (internal reconsideration and also AAT), four in 2006/07 (all were subject to internal reconsideration, two of which were also subject of review in the AAT), and one in 2007/08 (to date) was subject to internal reconsideration and appeal to the AAT.

On two occasions, an internal review resulted in the additional release of material. These related to applications from 2006/07. To date, no additional material has been released as a result of review by the AAT.

During the relevant period, the Minister or his delegate did not issue any conclusive certificates under the Archives Act 1983 in relation to ASIS records.

**Mobile User Objective System Ground Station**

(Question No. 106)

Mr Melham asked the Minister for Defence, in writing, on 14 May 2008:

In respect of the project to establish a satellite ground station at Geraldton in Western Australia for the United States Department of Defense’s Mobile Users Objective System: (a) what is its current status; (b) when will construction of the ground station commence; (c) can he confirm how many United States contractors are/will be involved in (i) construction and (ii) operation of the ground station; (d) how many Australian contractors are/will be involved in (i) construction and (ii) operation of the ground station; (e) what costs will be borne by the Government as part of this project; and (f) when will the ground station become operational.

Mr Fitzgibbon—The answer to the honourable member’s question is as follows:

(a) The project is currently in the design phase and is awaiting approval from the United States Government to commence the initial ground work.

(b) July or August 2008.

(c) (i) The United States Navy, as the project owner of the Mobile Objective User System, has contracted Boeing Australia to provide construction services for the ground station at Geraldton. Boeing has sub-contracted Gutheridge, Haskins and Davies (GHD) for the construction services. Fewer than 20 United States staff will be involved in construction of the antennas.

(ii) The Mobile User Objective System Ground Station will be unmanned and will require only call-out contractor maintenance support.

(d) (i) There is currently approximately 70 Australian full-time and part-time contractors working on the design phase of the Mobile User Objective System. Up to approximately 100 Australian contractors will be used during the construction phase.

(ii) See (c) (ii).

(e) All costs for the Mobile User Objective System Ground Station will be borne by the United States.

(f) Current planning has the ground station operational by 2011.