



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

Main Committee

PRIVATE MEMBERS' BUSINESS

World Diabetes Day

SPEECH

Monday, 23 February 2009

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Questioner
Speaker Georganas, Steve, MP

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Mr GEORGANAS (Hindmarsh) (7.10 pm)—I too rise in support of this motion and to speak on this private member's motion before the House today. I also welcome this motion and I thank and congratulate the member for Pearce for bringing such a critical issue to the parliament. I also thank and congratulate you, Deputy Speaker Adams, for your involvement in the Parliamentary Diabetes Support Group. I know how committed both of you and all the members are. I am the chair of the Standing Committee on Health and Ageing, which is currently looking into issues of obesity in Australia. We are all well aware on the committee of the growing diabetes epidemic caused by obesity in Australia. We are also aware of the personal impact diabetes has on people's lives and the implications for the health budget. On a personal note, a direct member of my family has had diabetes for many, many years.

The incidence of diabetes in Australia—type 1, type 2 and gestational diabetes—has grown in the past two decades. In the 15 years up to 2004-05, the number of people diagnosed with diabetes more than doubled, to 700,000 or 3.6 per cent of the population. Of these, 13 per cent had type 1 diabetes and 83 per cent had type 2 diabetes. In 2005, there were 901 new cases of children with type 1 diabetes aged under 15 years. This was a 20 per cent increase in the rate of new cases compared to the figure in 2000. Australia is already among the top 10 countries for incidence rates for type 1 diabetes in children. In my electorate, I have had many discussions with many people—including a young woman called Michelle Teslik of Glenelg East, who gave me a real insight into her life and how so many of our young people are forced to live with diabetes through absolutely no fault of their own.

As I said, I have had experiences with diabetes—my father has been a diabetic on insulin for over 45 years now. He was diagnosed when I was about 15 years old. He is from a non-English-speaking background and, even though he could communicate in English quite well, when he had to see doctors and talk to specialists I was taken along as a translator—this was in the days before interpreters. So I have a good insight into diabetes—how it operates and how it works. My father has been insulin dependent for 45 years, and he often says that if it were not for his diabetes he would be dead today, because he had not been looking after his diet. He was drinking perhaps a bit too much and doing a whole range of other things. But when he was diagnosed he took it upon himself to ensure that he led a very healthy lifestyle. Now he is 81 and he still rides approximately eight kilometres on his bike four or five times a week and walks one hour every night.

A couple of years ago we had a group of young children who were insulin dependent here in Parliament House. I told them that my father was a diabetic and in his 80s, and one of the immediate questions I got from one of these children was: does he have both his legs and can he see? These are the fears that children growing up with diabetes have. I think sometimes it is good to give them a positive role model and to say to them, 'Look, if you do look after yourself, if you do the right thing, you can live quite a normal life.' I gave them the example of my father. They were quite surprised that this insulin-dependent person had all his eyesight, had all his limbs and was leading a pretty healthy lifestyle.

Juvenile diabetes, of course, is not caused by poor diet, lack of exercise or any of the other factors that contribute to what most of us think of as diabetes. We do not know what brings it on in children. It does not have anything to do with lifestyle, being overweight or a poor diet. I meet regularly with young children, and I have become very good friends with a young student from Henley Beach, Kate Cox, whose ambition is to be a politician one day. Kate lobbied me for federal support for the creation of a program to assist young people such as her to access a better means of managing their type 1 diabetes—that is, an insulin pump. Early last year I also met with young Amelia Lester, aged 13, who wrote me a heartfelt letter requesting my help in the management of her diabetes. Her request was also for Commonwealth support for access to insulin pumps.

I am very pleased that the government is supporting children like the ones I have just mentioned and others to get the insulin pumps that they deserve so much. The government made \$5.5 million available to assist families with a child with type 1 diabetes to access the insulin pumps. This assistance will help many children and their families to better cope with and manage this condition. Diabetes has been a national health priority area for all

Australian governments since 1996 and is one of eight national health priorities. In April 2007 COAG agreed to new measures reducing the cost of type 2 diabetes, with governments agreeing to collectively commit at least \$200 million. (*Time expired*)

The DEPUTY SPEAKER (Hon. DGH Adams)—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.