



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**  
**MATTERS OF PUBLIC IMPORTANCE**  
**Rural and Regional Health Services**  
**SPEECH**

**Tuesday, 30 September 2014**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Questioner**  
**Speaker** Fitzgibbon, Joel, MP

**Source** House  
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**Responder**  
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**Mr FITZGIBBON** (Hunter) (15:40): I do have a degree of respect for the Minister for Health but that was one of the worst contributions to a matter of public importance that I have seen in my more than 18 years in this place. I grant him that he did not have much to work with, obviously having been so comprehensively rolled by the ERC and cabinet on so many occasions. Nothing else could explain his paltry contribution to this debate, if you can call it a debate. In a debate, no matter which side you sit on, you have to accept that others on the opposite side may have some points to make. The minister made no points whatsoever. He spent most of his time getting stuck into the trade union movement. What that has to do with this debate remains beyond me. When I think of the trade union movement within health services I think of ambos and nurses, who rely upon their unions to ensure their conditions and wages are maintained.

We do not have the speakers list from the other side. It will be interesting to see who comes to their feet. There are only two choices for people from rural and regional seats, seats like that of the member for Capricornia, who is in the chamber. I count the member for Bass in that category as well. Even the member for Macquarie I count in that category. Will they speak or will they run? They have two choices. They have to come in here and defend the indefensible or run. It will be interesting to see whether they run and it will be interesting to see whether all those other regional and rural National and Liberal party MPs—

**Mr McCormack interjecting—**

**Mr FITZGIBBON:** I did not see the member for Riverina sneaking across to the other side of the chamber. Of course I include him in that category, as I do the member for Lyne, who also is in the chamber. Let me tell them this: they will wear the abandonment of their seats around them like a crown of thorns all the way to the election. To paraphrase Paul Keating, there will be no early exit for any of them; we will pursue them slowly all the way to the next election. It will not be just the member for Bass and the member for Lyne but the member for Braddon, the member for Page, the member for Eden-Monaro and all those others in relatively marginal seats, who have completely abandoned their constituents.

Those on the opposite side, particularly the minister, do not seem to understand the difference between health in the capital cities and health in the bush. In the capital cities, of course, you have plenty of hospitals. You have plenty of GPs. That is why bulk-billing rates are so high, because GPs enter into competition for patients. You have plenty of nurses, although we can always have more. There are specialists galore. In the bush we go to Sydney too often—that is, if you live in New South Wales—to visit a specialist. Just as importantly as all of that is that we travel a long way to get to them. In the bush there are fewer GPs, fewer hospitals, fewer specialists and fewer nurses and it usually takes us a long time to access them. These things have always been taken into consideration by governments of all political persuasions when developing health policy.

Sadly, this government has abandoned those conventions. Not only has it cut the health budget generally but it has imposed a number of new savings initiatives which will fall disproportionately and adversely upon rural and regional Australians. The \$7 GP tax of course does not apply just to GPs; it applies to a range of health services and is a perfect example of a savings measure which will fall disproportionately on those living in rural and regional Australia. The changes to the Pharmaceutical Benefits Scheme will fall more heavily on people living in rural and regional Australia. These are issues not canvassed by the minister in his contribution this afternoon. In fact at no point did he acknowledge that the way we deliver health services in rural and regional Australia is different from the way we deliver health services in the cities. They have taken the Medicare Locals, which in my area at least, have made an enormous contribution to closing that gap, enormously addressing GP to resident ratios. But I have got a very bad feeling: we will see no rural and regional member from that side contribute to this debate. (*Time expired*)