



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**Federation Chamber**

**ADJOURNMENT**

**Chifley Electorate: Aboriginal  
Medical Service Western Sydney**

**SPEECH**

**Thursday, 13 August 2015**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

**Date** Thursday, 13 August 2015  
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**Questioner**  
**Speaker** Husic, Ed, MP

**Source** House  
**Proof** No  
**Responder**  
**Question No.**

**Mr HUSIC** (Chifley) (11:42): The electorate I represent is proud to boast the highest urban population of Aboriginal Australians in the country. Peoples from various lands have made their home in the land of the Dharug people. As with all communities, accessible, quality health care is a priority for many people. For the last 28 years residents have benefited from the services of the Mount Druitt-based Aboriginal Medical Service Western Sydney. I have previously spoken within parliament about the important need for AMS to continue to provide culturally appropriate primary health care and coordinated allied health care, but for some time there have been concerns about the threat posed to the AMS by a combination of financial, taxation and administrative challenges.

The interaction of these challenges led to two events. First, the federal government announced in late June that it would not provide continued funding to the AMS beyond an advised period of three months, which then triggered the second event, a decision by the AMS board to place themselves into voluntary administration. Both the Howard and Rudd governments had previously intervened to extend financial assistance to the service. In light of the current financial circumstances in which AMS finds itself, the question was asked: would a third wave of assistance provide a sustainable solution to the organisation's situation? The Abbott government decided not to proceed down that path.

The easiest thing for me, as an opposition representative, is to criticise and campaign against the decision. But I am not interested in politicking. I want a service to remain in our area for our Aboriginal community and I want solutions. I am taking this opportunity to report to the parliament and my community about the steps I have taken to achieve this. I have represented the concerns of our community directly with the health minister. I have spoken with her and with advisers to her office and the offices of the assistant health minister and the Minister for Indigenous Affairs. In July, the member for Lindsay and I—as we share a conviction about maintaining the service in this area—met in my office in Mount Druitt with representatives of the assistant health minister and the federal health department about what could be done to maintain the service in our area. At all times, I have strongly urged the federal government to acknowledge three critical priorities relating to the service. These priorities reflect the concerns of senior members of our local Aboriginal community. The priorities are, firstly, that there be a continuity of service and, as much as possible, minimum disruption, and that our local community continues to access health care while a longer term service is being provided. It has been estimated that there are about 11,000 people who have used, or are using, the service. They need to be able to continually access that type of assistance. Secondly, I have indicated that the front-line people employed by the AMS should be maintained in their positions or that the same number of people continue to provide service to our local community. Thirdly, in the interim and into the long-term the voices of the local community should be represented in an advisory committee and there should be local control, and the maintenance of that control, by the Aboriginal community in relation to healthcare services.

At all times the government have indicated their willingness to observe those three priorities. To their credit, they have worked within the federal and the state jurisdiction to see what can be done. I am particularly grateful for the involvement of a Medicare Local—now renamed WentWest—through the leadership of Walter Kmet. He is providing a degree of assistance in the transition period and I thank him. I understand that the member for Lindsay has coordinated within her area an equal service to also provide some assistance in the short term. The only criticism I have is that I have asked a number of times that all the patients of the service be either emailed or written to and be advised about what is happening with the service and the fact that the service will be maintained. I do not believe that an adequate communications strategy has been employed and I remain hopeful that there will be appropriate actions taken in this regard.

I come back to the point: it looks like there will be a maintenance of service. If the Abbott government is maintaining service within the existing funding envelope, then that is good and that is proper and I will support that. If this is a mechanism to shut down the service, I will be one of the most vocal opponents of what is being done, but I see very little evidence at this point that this is what is happening. It is clear that both sides of politics

are working together very actively to ensure that our local community maintains a health service in an appropriate and quality way.