



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



**HOUSE OF REPRESENTATIVES**

**Main Committee**

**PRIVATE MEMBERS' BUSINESS**

**Tuberculosis**

**SPEECH**

**Monday, 21 November 2011**

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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## SPEECH

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**Speaker** Entsch, Warren, MP

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**Question No.**

**Mr ENTSCHE** (Leichhardt—Chief Opposition Whip) (11:01): I rise today to speak on this motion because this is a motion that is literally a matter of life and death. It is a desperate call for help on behalf of the people of Papua New Guinea's Western Province, the people of the Torres Strait and the people of the Northern Australian mainland, all of whom may be affected by the recent decision to withdraw tuberculosis services from the northern part of our country. The government has made a decision to provide short-term funding of \$631,000 to clinics on Saibi Island and Boigu Island. These clinics are only about three kilometres from the mainland of Papua New Guinea. This funding is to be a frontline, if you like, to identify and treat tuberculosis in the population in the Western Province of Papua New Guinea. They have also committed a further \$1.1 million to work on Daru hospital. This decision clearly demonstrates an absolute lack of understanding about these grave and critical issues. Quite frankly, this short-term funding is going to do absolutely nothing to ameliorate the problems that we have in that area; if anything, it is only going to make it worse.

I say that not in isolation, because my position is much supported by Australia's leading tuberculosis experts, who themselves have labelled the announcement as very misguided. They have said that the decision will result in unnecessary deaths of Papua New Guinea nationals and will inevitably spread the tuberculosis across the international border into Australia. Tuberculosis experts—such as Dr Julian Waring; Professor Ian Wronski from James Cook University; Dr Graham Simpson, who is one of our frontline fighters on tuberculosis in the region; and Dr Konstantinos—all insist that it is in Australia's self-interest to protect our citizens from exposure to this virulent and debilitating disease. Furthermore, they believe that the recent closure of tuberculosis clinics in the Torres Strait Islands diverges alarmingly from our self-interest. My principal concern is that, if the treatment of tuberculosis patients in the Western Province, especially those with the multi-drug-resistant tuberculosis, MDR-TB, ceases, that MDR strain will proliferate and migrate into Australian territory.

If you have any doubt at all about the competency of the Daru hospital to support this, I will refer to an article from the Papua New Guinea *Post-Courier* of 20 September this year. This front-page article, in this leading Papua New Guinea newspaper, starts:

After 36 years of independence, one town has nothing to show for.

The once peaceful town of Daru in Western province is on the verge of collapsing and the impact is being felt around this vast province.

There is no government presence with Governor Bob Danaya operating in Port Moresby because his official residence is rundown and has been taken over by squatters ...

The local magistrate has fled the province because the jail has been closed for seven years and he has nothing to do.

Convicted criminals are roaming the streets with ordinary citizens on good behaviour bonds and that has sent fears to the community.

It goes on to say:

Most doctors of the Daru general hospital have also deserted with the last one leaving last Wednesday while the acting Chief Executive Officer Dr Amos Lano is in Port Moresby on private business.

Administrator Goinau on Sunday admitted the serious nature of the situation.

... ..

The Daru hospital has no drugs and the three buildings funded under AusAID and the South Fly District Services Improvement Program (DSIP) are incomplete.

... Hospital staff say all they have were chloroquine—

for treating malaria—

and panadol but they have now also run out of the latter.

So they do not even have panadol in the hospital.

Mr. Goinau said drug was a problem in all hospitals in the country and Daru was no exception.

So that is the sort of place we are talking about putting \$1.1 million to stem the problem.

This is a major concern. The statistics show that Indigenous Australians in my electorate in the Torres Strait and in Cape York are eight times more likely to become infected with tuberculosis, and of course there will be corresponding increases in rates of hospitalisation due to this disease. If the MDR TB develops into an even more severe strain of the bacterium, which is the extensively drug resistant strain of TB, the population of Northern Australia will be burdened with a disease that is effectively untreatable.

If you have a look at what is happening in Papua New Guinea at the moment, the care of patients in the Western Province is a major issue. The PNG government's National Health Plan 2011-2020 depicts a trend of deteriorating health indicators and inadequate and inaccessible health services. And the health statistics tell a woeful tale: eight percent of children will die before their fifth birthday. Tuberculosis now consumes 13 per cent of all hospital bed days and is the cause of 11 per cent of deaths in the Western Province, and currently more people are contracting tuberculosis than are being affected by HIV. If left untreated, any person infected with tuberculosis or any potential lung infection will infect another 10 to 15 persons each and every year of their life. The other alarming thing is that 30 per cent of tuberculosis cases reported are in the age group from birth to 14 years.

A recent incident I was involved in highlights the gravity of the situation. I was asked to assist Mr Petru Aniba, a resident of Kadawa village, on the mainland of PNG's Western Province, about 45 kilometres from Daru. He had travelled to Daru and then embarked on an 8½ hour sea journey in a futile attempt to save his 14-year-old daughter, who was gravely ill with advanced tuberculosis. She got to Saibai and then down to Cairns but unfortunately she passed away. And there was a hell of an effort made by some incredibly generous people who raised money to allow Mr Aniba to take his daughter back home and give her a decent burial—4½ months after she had passed away.

Surely any reasonable person would ask why a father desperate to save the life of his dying daughter would embark on an 8½ hour open sea journey, bypassing Daru, if adequate medical facilities had been available in Daru. And therein lies the problem. We have to take responsibility for this. We have to make sure that we have our medical experts involved in this. I certainly support the concept of Australian development aid in PNG being incorporated into strengthening the government's health institutions, but it should not be done in the face of continued failure.

With respect to tuberculosis, we must admit that PNG cannot provide the health services that are desperately needed to combat this disease and we need to look at doing it ourselves. I think what is needed immediately is for the federal government to continue to appropriately fund the Boigu and Saibai island clinics. In the longer term, we need to build capacity for healthcare provision by directly funding aid posts strategically placed in villages in the Western Province. These aid posts need to be operated under Australian supervision and would be able to minimise, treat, diagnose and monitor tuberculosis in their catchment areas. One of the problems is supplying this support in widely scattered Western Province villages. Recently I have become aware of the YWAM medical ship that sails out of Townsville, *MV Pacific Link*, which has an outstanding record of providing a whole broad range of services. I think that, with the appropriate level of funding, that could be used as a front-line service in this Western Province area, referring on patients for further treatment. I think new ideas such as this need to be seriously considered.

Desperate people will continue to come to Australia for treatment and, with them, will come the very real threat of a tuberculosis outbreak in this country. An appropriate cross-border health solution will not occur by throwing

good money after bad. A resolution will only eventuate if the government ensures its decisions are considered, compassionate, innovative and informed. In paragraph (5) of my motion I first of all urge the government to immediately consult with the front-line medical experts in this field to develop a long-term strategy that will deliver effective health outcomes to the region and minimise the number of inevitable deaths from this dreadful affliction. I plead with the government to treat this matter with the utmost urgency.

**The DEPUTY SPEAKER ( Hon. Peter Slipper ):** I commend the Chief Opposition Whip on his heartfelt contribution. The question is that the motion be agreed to.