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**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** Irons, Steve, MP

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**Mr IRONS** (Swan) (11:22): It is a pleasure to be here in the committee today at such short notice to speak on the motion brought forward by the member for Leichardt, and I see some fellow members and ex-fellow members of the Health and Ageing committee on the opposite side. I must admit I was not on the trip to PNG, but I was on the trip to Thursday Island and visited Saibai Island, and I heard the previous member for Shortland talking about our experience on that trip. I remember quite clearly visiting the clinic. The woman who ran the clinic was the Western Australian, from Rockingham in the member for Brand's seat. It was very enlightening to hear about some of the experiences that they had had with the PNG nationals who had crossed the two- or three-kilometre stretch of water to get to the clinic.

As an example to highlight the problems with underfunding and under-resourcing of these clinics, one particular PNG national had been trying for four months to get into the clinic on Saibai Island. Eventually, on the day he had his scheduled visit, he collapsed in the waiting room. They revived him and sent him down to Thursday Island the next day for treatment, where he died. He had been waiting for four months to get in and due to lack of resources and funding he could not. He died, and the cause of death was HIV and tuberculosis.

In the 2009 Committee on Health and Ageing report into the health in the South Pacific, it was stated that tuberculosis is an infection primarily in the lungs caused by a bacterium called *Mycobacterium tuberculosis*. It is spread from person to person by breathing infected air during close contact. The most common symptoms of TB are fatigue, fever, weight loss, coughing and night sweats. The diagnosis of TB involves skin tests, chest X-rays and sputum analysis. TB can remain in an inactive or dormant state for years without causing symptoms or spreading to other people. When the immune system of a patient with dormant TB is weakened, the TB can become active or reactive and cause infection in the lungs or other parts of the body. As such, people with HIV-AIDS are at a high risk of developing the disease due to lower immunity, which is what I just spoke about—the gentleman who died and who had tuberculosis and HIV.

TB is a leading cause of death worldwide and, although rates in Australia are thankfully very low, there are signs that the disease may be making a comeback in developed countries, with the recent outbreak in the UK a case in point. With the considerable movements of people between the Top End of Australia and the South Pacific, many of which have been part of the culture for many years, this is an area that we must be mindful of and cannot neglect.

That is why I rise today to support the motion brought forward by my friend and colleague the member for Leichardt and condemn both the federal and Queensland governments for indicating that they will terminate the tuberculosis clinics on Saibai and Boigu islands. These clinics provide vital tuberculosis surveillance and clinical care for Papua New Guinean nationals and reduce the risk of the emergence of drug-resistant strains of tuberculosis. By taking this course of action, the federal government is showing a lack of understanding of the issues at stake, and this is why the member for Leichardt also has the support of Australia's leading TB experts in the motion he brings before the House today.

TB is a global health problem in which Australia has a responsibility and the capacity to make a difference. Australia has been successful in treating TB at home, and we have low levels of TB. Despite this good record, the federal and Queensland governments should not have assumed that, because we have been successful in keeping levels low, it will continue. Australians are not immune to future outbreaks of TB, and the Australian and Queensland governments must have appropriate policies in place to deal with this reality. According to Edith Cowan University reports, there were 1,142 new cases of TB notified in 2006, with 969, or 85 per cent, of these for people born outside Australia. Most of Australia's TB cases come from overseas, and the risk of TB spreading from PNG to Australia needs to be managed.

I also note that those at greater risk of contracting TB are Indigenous Australians. These clinics, which the government is indicating it will close, play an important role in preventing transmission to Australia through early

detection and treatment and are a huge benefit to the local community. If TB does spread to Queensland from PNG, it is the Indigenous populations of the north who will experience the most harm. Even more worrisome is that, according to the Australian Medical Association, multidrug-resistant strains of TB—MDR-TB—are active in the Western Province of Papua New Guinea and are now spreading to the Torres Strait Islands and Australia.

With the close proximity of PNG to Australian territory, efforts to control TB are essential to ensure that it does not become a problem in Northern Queensland. In the worst-case scenario, the more severe strain of TB could spread to Northern Queensland, with the population burdened with a strain of TB that is effectively untreatable. A prudent government would be acting on this threat to ensure Australians are protected. I am afraid the closing of these clinics in Saibai and Boigu islands indicates the opposite of this approach.

The government has taken the decision to transfer responsibility for treating TB patients to the Western Province of PNG. This is despite reports that the health system in PNG lacks the capacity to provide such care. The government of PNG's National Health Plan 2011-2020 depicts a trend of deteriorating health indicators and inadequate and inaccessible health services. The number of health facilities in PNG is declining, and the quality of service is deteriorating. As at 2010, the population of the Western Province was 212,109 people and was purportedly served by 5.4 doctors per 100,000. This figure is probably optimistic, as in 2008 there were only four doctors on the island. Furthermore, between 2003 and 2008 the number of rural health staff declined in health services. There has been a reduction in equipment and supplies such as refrigeration and treatment manuals; retrieval systems in emergency situations are effectively nonexistent; and communication systems are poor. Procurement and distribution of medical supplies, including immunisation for measles, triple-antigen IPV and basic medical supplies, have waned. PNG has displayed an inadequate ability to prevent the spread of preventable diseases, and the government is reckless to assume the health services provided by the Western Province will overcome this decline. The federal and Queensland governments must admit that PNG cannot provide the health services that are desperately needed to combat this disease. In order to continue to fight the spread of TB in PNG and to protect the Top End from the risk of its spread, the government must continue to appropriately fund the Boigu and Saibai clinics. We support calls on the federal government to immediately provide long-term funding, through AusAID, to clinics that provide tuberculosis services to Papua New Guinea nationals and front-line health protection for Torres Strait Islander Australians.

Tuberculosis is not the only health issue facing this region. In 2009 the House of Representatives Standing committee on Health and Ageing conducted an inquiry into health issues jointly affecting Australia and the South Pacific, which involved a parliamentary committee delegation to Papua New Guinea and the Solomon Islands, which, unfortunately, I could not attend.

**Ms Rishworth interjecting—**

**Mr IRONS:** I did see the photos of the member for Kingston in that report and she looked as though she was struggling in the heat up there. From this delegation we heard evidence of the great challenges facing Papua New Guinea. As was recorded in the report, Professor Le Mesurier spoke of the high incidence of eye conditions in the Pacific. He referred to the approximately 800,000 people in the Pacific who are blind and an additional 250,000 people with severe vision impairment. Maternal mortality is another problem in the region and a worsening problem in Papua New Guinea, with government sources suggesting the maternal mortality rate has increased to 733 for every 100,000 live births. Compare this to a rate of seven deaths per 100,000 live births in the UK, according to 2002 UNICEF figures, and six in Australia, according to the World Health Organisation. PNG's rate is the second highest in the Asia-Pacific region, after Afghanistan.

Other preventable diseases, such as gastroenteritis and diarrhoea, as well as increased levels of bacterial infections, including severe skin infections, are caused by poor access to safe drinking water and basic sanitation. These diseases can often kill. In August 2009 there was a severe outbreak of cholera in Morobe Province in Papua New Guinea, with some 300 reported cases and 20 deaths.

It is imperative that we maintain the funding for the clinics on Saibai and Boigu islands so that they can keep up the fight against these diseases and assist the PNG nationals who come across and seek treatment, because it is obvious that the people in Papua New Guinea do not have the ability at the moment to contain their disease levels.