



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

Main Committee

PRIVATE MEMBERS' BUSINESS

Tuberculosis

SPEECH

Monday, 21 November 2011

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Questioner
Speaker Laming, Andrew, MP

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Mr LAMING (Bowman) (11:43): It is a great tragedy that today's debate on tuberculosis in Papua New Guinea has not been bipartisan. The two sides of parliament could have worked together to look after severely ill tuberculosis patients from Papua New Guinea, who for years have been treated by the finest infectious diseases physicians from Queensland Health. They have been nickel and dimed by the combination of the Queensland Labor Premier, who was looking for a short answer with less dollars to spend, and the Prime Minister, who simply did not have the will and the commitment to find a solution.

To blame the treaty is one thing but to embark on a personal attack against the local member who knows these islands is nothing short of a disgrace. We all love and work hard for our constituents. None of us here would ever suggest that those on the other side do not do that. For the member for Shortland in this debate to accuse the federal member for Leichhardt of not having visited the islands concerned is very disappointing. The member for Shortland is so far away from the focus of this debate and has probably never even seen a desperate PNG national crossing by dugout canoe in the hope they can get a family member or a child treated by the world's No. 2 health system. It was heartless, if not completely disappointing. It is a disgrace to make comments like that in a debate like this because we had a chance to get this right, a chance to inject a relatively small amount of money into making sure that our biosurveillance remains intact and that people who on compassionate grounds need life-saving tuberculosis care can access it. Mr Deputy Speaker, it was neither you nor me who designed the fact that Australia is within two miles of Papua New Guinea, neither you nor me who is responsible for the fact that the world's 174th ranked health system abuts by just a narrow, narrow isthmus of water the No. 2 health system in the world. So we do have to adapt to the inevitable people movements—up to 50,000 of them a year—and the desperate, desperate attempts by PNG nationals to seek out tuberculosis care.

This is an endemic disease. This is one of the three great killers in the world. It is only two kilometres away from us here in Australia, in the Torres Strait. You would almost think that those on the other side do not recognise that Torres Strait Islanders are Australian citizens. I am sure that if we lived that close to the perils of TB we would be calling out to the law-makers of the day to find a way to ensure that the most simple task of distributing tuberculosis treatments to people who live along the Western Province coastline was possible. But alas it is not.

To inform this debate, one just needs to talk to people like Fred Gela, from the Torres Strait Island Regional Council, or—as the member for Leichhardt has—Toshie Kris, the Chairperson of the TSRA, or even Ron Enosa. These are the people on Saibai who know exactly what it is like. It is a complete affront to come to a debate in the nation's heart, be it 2,000 or 3,000 kilometres away from the Torres Strait, to wipe away and ignore such eminent and informed figures in the Torres Strait Islands and to turn this debate into a naked, partisan breakdown where basically one blames the other for the suffering of PNG nationals.

There is plenty of precedent for overseas nationals receiving Australia's first-class care, and there are plenty of committed clinicians who are already delivering it. They already travel, at great expense to their own practices, to Saibai and Boigu with nursing support and with top-quality TB expertise to deliver the service. It is not a major distortion to PNG health services because that entire coastal belt of PNG—even Indonesia itself—is wracked with the endemicity of chronic TB.

The great challenge we have, if we are going to enter this clinical space, is that we have to do it right. We have to completely treat people, as has been mentioned earlier in this debate. The risk of extreme resistance or even partial resistance to our TB treatments simply presents Australian citizens with an even greater challenge—that is, with extremely resistant TB, resistant to all drugs known to mankind and the medical system, we face the risk that an Australian can be infected by TB and be utterly untreatable by all the technology, all of the antibiotics and all of the advanced drug families, the second-line treatments, known to the medical profession.

Let us go through the history of this dispute, because, only a year ago, things were going well. It makes you wonder: just what does a Labor government have to do to get in and spoil a perfectly functioning clinical

arrangement serving about 30 serious TB patients each year, visiting those islands of Saibai and Boigu and at the same time maintaining the biosurveillance that is so important for the northern parts of Australia? Here goes. First of all, Premier Anna Bligh spent herself into deficit within an inch of her fiscal life. She hit \$85 billion in debt and said: 'Who can we find that's small and vulnerable and doesn't vote for me? Let's pick some Papua New Guinean citizens. There's not much they can do if we cut off their medical care.' So off she went and wrote a letter to the Prime Minister.

You would have thought that the Prime Minister of this nation would have looked upon that challenge and said: 'This is clearly a simple resource issue. We have the skills. We have the capacity. We have the distribution networks. We have, after all, the health system, and we have half a billion dollars every year poured into Papua New Guinea, so surely we already have the will, the commitment and the historical precedent.' But, no, there was a breakdown. In the correspondence from early this year there was a subtle suggestion: 'No, we won't be opening the purse strings because we're running the economy just as badly in Canberra as you are in Brisbane.' No, that was not inserted in the letter, but it said that what was referred to as an external arrangement would be reached. That was code for dipping into the AusAID pot, because that was a little bit more generous at the time, and surely we could find some money in there to come up with an alternative. That was the sudden prospect that, after 25 years in this space, we could actually begin a Western Province TB program domiciled in Papua New Guinea in just three months. That is right: it was the Labor notion that we could train clinicians, distribute drugs, get DOTS going and have fieldworkers trained in TB in just three months. Do you know what was more important than all of that? What was more important for these two jurisdictions was to cut off the clinics that come from Cairns, take the best people up there and offer the clinical support.

The federal member for Leichhardt has personally met the families involved, like the PNG man who brought down his dying daughter only to see her, with cerebral TB, lose her life despite the best care available in Australia. He had to look after that gentleman and all the arrangements that had to follow. This became a personal commitment by the federal member for Leichhardt working with partners in Cairns because this TB issue is one that is real for Northern Australia. It may not be real if you come from Melbourne. It may not be real in this debate here today. But if you are up there on the frontier this is incredibly important. If you are representing Torres Strait Australians, who are Australian citizens, it is really important because they have the cultural connections and they travel for trade, for markets and for family connections. Unfortunately, with TB endemicity does come the risk to Australian citizens.

We did not set about turning this into a potent and toxic political divide today. What we really wanted was some agreement from the other side that we could take this issue up to the Main Committee and have general agreement, in a non-controversial way, that together we can talk to the providers of this care and find a better way to do it. Has anyone on the other side talked to Horn Island? Have they talked to the Torres Strait about other ways of looking after the severely ill instead of having to transport them to Cairns or further? There are more cost-effective ways to do it, but this whole clinical area has been abdicated by the two jurisdictions that are in question in this motion.

So to people like Fred Gela, Toshi Kris and Ron Enosa, I am compelled now to say, after this has completely broken down as a result of the appalling contribution from the member for Shortland, that we on this side of the chamber will not forget their needs. We know this is a complex issue, but we are not going to pretend that there is a TB program in PNG when there is not. Already this morning I am receiving communications from the infectious disease clinicians in Cairns saying that the same patients that they saw and handed over last month have not received their follow-up drugs in Papua New Guinea. No, they have not. For all the effort in the world and after a generation, there is still not the capacity anywhere in Papua New Guinea to look at a sputum sample and work out what treatment is needed for one of their own citizens. So don't pretend in this place that AusAID has the answers to this challenge in a month. In three years? Perhaps. It is a noble goal to set up a TB program to train the PNG locals to directly observe the taking of TB medications so as not to have people, as they do so compassionately, share their TB medications with family and friends, innocently believing that that will cure them as well when it simply makes matters worse.

We need education. We need coordinators who have real telephones and are able to communicate with carers in Daru, Port Moresby and Cairns. Most of all, we need mobility through the use of maritime vessels to ensure these services are provided right along all the villages. But what we need more than anything is an injection of reality into this debate. It will not be done overnight. It is ridiculous to kill off the clinics and then talk about solutions. Worst of all, and most duplicitous, is to have these two jurisdictions squirting out press releases reassuring

everyone that it will be okay in Papua New Guinea when anyone who has spent more than five minutes studying TB or more than five minutes on one of those islands knows it is a far more complex proposition. The intent of this motion from the member for Leichhardt was to raise this issue publicly and to garner the support of the government, something that I am very disappointed to say has not been achieved.