

Mr Mark McGowan; Mr Roger Cook; Mr Colin Barnett; Speaker; Ms Margaret Quirk; Mr Paul Papalia; Dr Kim Hames; Mr David Templeman; Ms Andrea Mitchell; Mr Troy Buswell

HEALTH; TOURISM — PORTFOLIOS

Matter of Public Interest

THE SPEAKER (Mr M.W. Sutherland) informed the Assembly that he was in receipt within the prescribed time of a letter from the Leader of the Opposition seeking to debate a matter of public interest.

[In compliance with standing orders, at least five members rose in their places.]

MR M. McGOWAN (Rockingham — Leader of the Opposition) [3.05 pm]: I move —

That this house calls on the Premier to remove the Minister for Health; Tourism from one of his portfolios so that each portfolio gets the attention it deserves.

We are moving this very serious motion in relation to the Minister for Health and for Tourism because we think the minister is not doing his job in the important areas of health and tourism. They are both incredibly serious portfolios—one concerns the health of the citizens of this state and has the biggest spending budget in Western Australia; the other is one of the major employers in Western Australia made up of tens of thousands of small businesses across Western Australia that need a minister who is committed to the task. There have been failures of application, of administration, of policy and, I might add, of sensitivity on the part of this minister. What defines the Minister for Health and for Tourism is his view that it is always someone else's fault when something goes wrong. Last week, when we unveiled the figures about the record amount of ambulance ramping in Western Australia, which I will go into shortly, he said it was always someone else's fault. His excuse was that the population is growing. That was his excuse for the extraordinary failure with regard to ambulance delays at our hospitals across Western Australia. Who would have known that Western Australia's population was growing? It has been doing so for only 180 years, but this minister does not seem to realise that is the trajectory we are on. There has been extraordinary population growth of, reputedly, 1 500 people a week moving to, settling in or being born in Western Australia. Who would have known?

His excuse today in relation to his extraordinarily insensitive comments was, "I was taken out of context." I have read the article a number of times. I do not see how he was taken out of context. He also provided the Premier with the explanation that he did not say it. Then the Premier said that the minister did not say it—but then he said, "He did say it; he was just taken out of context." This is a minister who does not take responsibility for his own actions and the failures inside his portfolios. We need only look at what he had to say over the past week. "While the Premier is away, the ministers fail." Those are his own quotes over the last week. This is what he had to say about his jobs within tourism and health: "Tourism stuff tends to be after hours, so a lot of night time and weekend stuff; whereas health tends to be during the day." In saying that he is saying, "Well, nine to five I do health; after hours I go to functions on the weekends and I travel. I take off in the government jet after hours; I go to all corners of the state and nation." Apparently he has a permanent booking on that government jet. He is the most common user of that government jet all over Western Australia, but we will get the details on that.

Mr R.H. Cook: Particularly the Kimberley.

Mr M. McGOWAN: Yes. Apparently he is very fond of fishing in the Kimberley. He is well known for using the government jet on his fishing expeditions up to the Kimberley.

Dr K.D. Hames: That is not true.

Mr M. McGOWAN: There are very common reports on that one.

In relation to the facilities and amenities at the existing children's hospital, the minister said, "We've just got to put up with it." Who is "we"? The minister does not have to put up with it. Those people with young children have to put up with it. Day in, day out people have complained about the conditions and amenities at that hospital. They are the ones who have to put up with it; it is not "we". The minister is not part of the "we". It is not a royal "we". When the minister says, "We've just got to put up with it", it is those people who have to put up with it. Of course they are at the end of their tether, and they have brought these issues to public attention. Why is it that we have to seek charity to ensure that there are some decent amenities or furniture inside these hospitals? Why is it that Western Australia no less has to seek charity from individuals whose charity might be better directed to areas that are not core government responsibilities? Yet that is happening in the modern state of Western Australia. Earlier today I raised how insensitive the minister was to say all these things and to allow all these failures, yet at exactly the same time or over past years—it will be incumbent on him to be clear about this—he claimed \$265 a night to live in his residence in the middle of Perth. That is \$30 000 a year to live in the centre of Perth, yet we see shocking conditions for parents at Princess Margaret Hospital for Children. Maybe the minister should devote some of that allowance—I think it is unethical for someone in his circumstances to claim that allowance—to improving the conditions at that hospital for families.

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There are major problems in each of his portfolios, and I will go over them briefly. They include cancer services and the conditions at Princess Margaret Hospital; ambulance ramping at hospitals around Western Australia; the fact that we have no permanent director general of Health; the delays with Fiona Stanley Hospital and the untold cost that that may put on the taxpayers of Western Australia; the decline in the tourism budget in this state; and the impact that this government has had on tourism numbers coming to and holidaying in Western Australia. I will go over each of them in turn. We have seen a massive growth in demand for oncology services at Princess Margaret Hospital and a failure to keep up with that growth in demand, so much so that desperate parents have been forced to put photos of their children on the front page of *The West Australian* to try to obtain an improvement in the services at that hospital. There are substandard facilities at that hospital for parents who have to sleep next to the beds of their sick children, so much so that they complain about sleeping in plastic recliner chairs and request that the minister experience it for a night so that he can see exactly what is going on there. Then there are demands from the medical fraternity, which I think are justified, that the new children's hospital, which the taxpayers of Western Australia are paying for, which was foreshadowed by the Reid review and which was announced and committed to by the former government, will not have enough beds to cater for the demand. I heard the minister's excuse during question time, but there is a massively growing population in Western Australia, yet the new children's hospital will have the same or barely any increase in the number of beds for a cost of \$1.2 billion. We support a new children's hospital. We think a new children's hospital is a good thing. It was announced by our government and foreshadowed by the Reid review nine or so years ago.

Mr C.J. Barnett: You didn't do it.

Mr M. McGOWAN: The government has been in office for five years and it has not done it.

Several members interjected.

The SPEAKER: Members!

Mr M. McGOWAN: It has not been built. How will it keep up with the massive demand for services when there has been no increase in the number of beds over those currently at Princess Margaret Hospital? How will it keep up with the demand for services with the number of people coming to Western Australia? The minister has not answered the question of whether there will be a major increase in the number of beds. He says that the beds might move around between divisions inside the hospital. But for \$1.2 billion of taxpayers' money, where is the increase in beds to cope with the demand?

Then there is the ambulance ramping. In May there were 1 214 hours of ramping by ambulances in Western Australia; that is 1 214 hours in one month in which ambulances with patients in them sat outside hospitals in Western Australia. Back in 2005, when there were 181 hours of ambulance ramping over 10 months, the minister described it as a crisis. I will do the maths. It has increased 70 fold on his watch. He described it as a crisis back in 2005. What is it now? By his own definition, it is a catastrophe of mammoth proportions. All these people are sitting in ambulances outside our hospitals and the minister has a plan to bring in some British doctor to look at the system. Some guy from Britain is going to sort it out. Some guy the minister met online or during one of his many travels around the world is coming out here to sort it out.

Several members interjected.

The SPEAKER: Members!

Mr M. McGOWAN: What is the answer? How is the minister going to sort it out? How is he going to solve the problem for all these people sitting in ambulances outside hospitals today? The former director general of Health announced in December last year that he was leaving, yet six months later virtually to the day we still do not have a permanent director general of Health. It is the biggest agency in Western Australia, it has the biggest budget in the state government, and it is virtually the biggest employer in the country west of Melbourne, yet it has been without a leader in place for six months. Fiona Stanley Hospital, which was commenced by the former government and is being built by this government —

Mr C.J. Barnett: No, it wasn't.

Mr M. McGOWAN: Yes, it was. The Premier needs to get his history straight.

Mr C.J. Barnett: Not a brick was laid.

Mr M. McGOWAN: Things actually commence without a brick. I do not know whether the Premier has ever built a house, but he might want to have a look at that definition.

Fiona Stanley Hospital will not be ready in time for the start of the Serco Australia contract. The minister cannot advise how much the taxpayer penalties will be a full year afterwards. He advised the house in question time that he knew there was a problem some months ago, or perhaps even years ago, but he commenced the mitigation process only after it was on page 3 of *The West Australian*. What will be the cost to taxpayers of delaying it,

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when the minister knew some months ago or years ago that there was a significant issue? What will that do to the mitigation costs under the contract? These are significant questions that the minister needs to answer, because the fact that he delayed until it was in the press means that a very significant penalty could be paid by Western Australian taxpayers.

Lastly, the decline in tourism has been dramatic over the past five years. The minister comes up with figures that show that it has increased in the past year. He should look at the five-year record. That is when we get to the bottom of these issues with the tourism industry. Anyone in the tourism industry will tell us that it is in dire straits in Western Australia. The minister divides his time between the two portfolios. My view is that he should do one of them properly or none at all.

The minister has announced that he will retire. Good for him; everyone has to at some point. But the fact of the matter is that over the next three and a half years, it would be far better if he devoted his time specifically to health or specifically to tourism and related portfolios rather than trying to do both, because he is doing both badly at the moment. I think it would be far better if he dedicated himself to one of those portfolios so the people of Western Australia know they have someone who is truly committed to the job over the next three and a half years.

MR R.H. COOK (Kwinana — Deputy Leader of the Opposition) [3.18 pm]: In a time of austerity and tight budgets, it is incumbent upon ministers to conduct themselves with a measure of respect, particularly in the face of criticism. But in the face of extraordinary and extravagant expenditure, the Minister for Health's response to the parents of those kids with cancer is totally unforgivable. While the Premier furnishes his new office, the parents of children with cancer are forced to support their children in substandard facilities. What has been the response of the minister to that criticism? It was that they will just have to get used to it. What these parents are complaining about is not the state of the corridors; they are talking about the state of the equipment and facilities. They see day in, day out the staff in these hospitals run off their feet in a hospital system that is under intense pressure. What we have seen in the cancer ward of Princess Margaret Hospital are the consequences of a policy of consecutive and repeated efficiency dividends and of a process that ensures that spending on such items as patient care or support is considered extravagant, excess to needs and not directly within the clinical process, and are therefore stuck on the backburner. The health system has been cut to the bone by this minister, and the policies that he has put in place have had a significant impact upon services. The parents of these kids are right to criticise the minister. This is a minister who said initially, "I wasn't aware that there was such a problem. I'd better go down and have a look at it." This is a minister who criticised the previous Minister for Health when he said that he was a part-time minister for having another portfolio. In fact, the Liberal Party's policy in 2008 states that time and time again problems in health arose when it was obvious the then minister, Jim McGinty—even though the minister now concedes he did a pretty good job—was not across the full detail of his portfolio.

The Liberal Party policy states that in a Liberal government there will be a full-time health minister and an Indigenous Affairs minister, whose chief concern will be looking after the health needs of our state and our people, including the special needs of Indigenous Western Australians. This was a solemn undertaking by the Liberal Party to make sure that health, and Indigenous health in particular, was going to be an important focus. What a dreadful lack of trust and faith in that particular cause. What an extraordinary loss of vision, if the minister now believes that marrying it with a portfolio like tourism is quite nifty. Essentially, the minister has conceded that he has lost track of the nature of health in the Indigenous affairs portfolio. That was particularly obvious the other day when he was asked to recommit to the Council of Australian Governments agreement on Indigenous health and he could not do so.

The Fiona Stanley Hospital is a large project; it is a long-term project with many owners. As the Leader of the Opposition demonstrated, this project was envisaged and substantially designed under the Labor government; it was all but paid for under Labor! To his credit, the minister has continued with the project. But the problems that have beset that project at that campus are entirely of this minister's making for two very crucial reasons, with the first being the minister's decision to retain Royal Perth Hospital. As was said, this was an idea which was good politics but very poor policy. The consequences of that decision were brought to bear by the Auditor General in June 2008 when he stated —

The risk at not having enough staff at FSH will be affected by the government's decision to keep Royal Perth Hospital open. The FSH business case assumed the majority of staff would come from Royal Perth Hospital when it closed. Closing Royal Perth Hospital would have released over 1 700 medical, nursing allied health professionals. WA Health's latest plans assume that Royal Perth Hospital will stay open with 400 beds.

What has not been reported to date in the delays around Fiona Stanley Hospital is a chronic lack of staff. Although it has received accreditation for the interns of that hospital, at this stage only 60 per cent of the

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positions—that is, resident consultants and registrars—have actually received accreditation. It has had very few applications for doctors to practice in that role. This will not so much be a hospital with no patients, as they say in *Yes Minister*; this will be a hospital without staff! I remind members that this hospital is due to open in fewer than 12 months and still we do not have any clinical heads appointed in that hospital. It is a hospital that is flaying around still trying to establish the service criteria across the board. The Auditor General was also critical of the risks associated with IT in that area—risks that were said to be entirely transferred to Serco under the government’s decision to privatise hospital services at that hospital. A June 2012 report of the Public Accounts Committee reads —

The DoH has identified ‘ICT project delivery risk’ — which is said to be the risk that the ICT project is not on budget or on time — as a risk that has been entirely transferred to Serco.

It goes on —

... DoH advised that the contract places obligations on Serco to integrate its software system with whatever system the DoH has in place on the day that FSH is opened.

Let us roll forward now to June 2013. It is clear those risks have not been transferred. It is clear that taxpayers have now been exposed to substantial risk. It is clear that the secrecy that has shrouded this \$4.3 billion contract with Serco is now placing this hospital in serious jeopardy. Why is it that they did not know about these information and communications technology issues? Indeed, the Auditor General said in his report of 5 June 2010 —

If PAS —

Patient administration system —

is not in place then reliable key information may not be available or timely, which could impact on both the efficiency and safety of patient care.

It is clear that a number of instrumentalities warned about the problems that have beset this health campus. A number of committees and government instrumentalities all pointed to the problems that have beset this campus, yet the minister appears to have done nothing about it. What has changed since June 2010 when the Auditor General reported on this and today? In December 2010 the minister was appointed the Minister for Tourism. It is clear that since then the minister has not had his finger on the pulse in health. It is clear that he has allowed this situation to go from being concerns flagged by the Auditor General and the Public Accounts Committee to now being a crisis of confidence in our health system. This crisis is impacting on staffing and ICT at that hospital, and clearly it has now exposed the taxpayers of Western Australia to substantial risk.

This minister has simply taken his eye off the ball. That is why we see desperate parents who see their kids cared for in the cancer ward and hospital staff who are desperate to have the conditions they need to provide safe health care. That is why they go to the media and, as the Leader of the Opposition says, put their kids on the front page of the paper. They are desperate to draw the public’s attention to what the minister should already know, to what the minister should have taken steps to avoid and to what the minister should have safeguarded the WA health system from and what it is now confronting. It is clear that the minister has not resolved these issues. It is clear from his answers in this place today that he has known about the problems that have beset Fiona Stanley Hospital for the last couple of months, and now he has a crisis on his hands. It is a crisis which the minister cannot avoid and which has been brought about by decisions that he has made; and it is a crisis in our health system which is entirely of his making.

MR C.J. BARNETT (Cottesloe — Premier) [3.28 pm]: I fully endorse the Deputy Premier, Minister for Health and Minister for Tourism for the work he does. He is an outstanding health minister and, indeed, when the Liberal Party —

Several members interjected.

The SPEAKER: Member for Girrawheen, you have been called to order three times. I do not want to do what I have to do in such circumstances, so I ask you to please settle down. Member for Collie–Preston, would you settle down please.

Mr C.J. BARNETT: The Minister for Health inherited a public hospital system already under pressure when he came into power in September 2008. He also inherited a situation in which, under the previous eight years of the Labor government, there had been underinvestment in our public hospitals. That is the simple reality. Let me tell members about it. Under this Minister for Health and this government, \$7 billion has been committed in capital works on our public health system. Under the last term of the previous Labor government, only \$880 million was spent. We have put in place a more than eight times greater investment. That is the reality with one term compared to another.

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Several members interjected.

Mr C.J. BARNETT: They do not like to hear it, but they underinvested and this minister has picked up the slack.

Several members interjected.

Mr C.J. BARNETT: Carry on. Carry on, underperformers—serial underperformers.

The SPEAKER: Member for Willagee, I call you to order for the second time. The idea is to allow some form of debate here and not to just drown out the person speaking.

Mr C.J. BARNETT: That is \$7 billion committed to projects during our first term, and they are already underway. Let me just remind members of Fiona Stanley Hospital, \$2 billion; the new children's hospital, \$1.3 billion; the Midland public health campus, \$360 million; Joondalup Hospital, \$230 million; QEII redevelopment, \$47 million for cancer; \$59 million for PathWest; and Albany health campus. Do you remember that one, member for Albany? The member's government promised it twice and failed to deliver it twice. This government did it in its first term for \$170 million. There was also Busselton health campus, \$118 million; and Kalgoorlie health campus, \$56 million.

However, we were not just out there building the capital works that had been neglected by Labor; this minister also set about fundamental reforms to our health system, such as the four-hour rule, through which we are leading the nation in our emergency departments, which are under great pressure as numbers of presentations increase. There is also the Southern Inland Health Initiative, which was neglected for years by Labor in terms of a lack of doctors. The old hospital facilities have been revamped as a result of the \$565 million committed by this government. There is the Friend in Need program to help elderly people receive care in their homes rather than having to go into hospital—that is \$85 million. St John Ambulance, which again was under great pressure, has \$149 million committed to it by this government. There is \$75 million to bring more doctors into postgraduate work, and \$200 million for child health therapists and specialists to deal with preventive and remedial work for children with a disability. There is \$30 million for elective surgery. The patient assisted travel scheme has \$31 million, and the Royal Flying Doctor Service, which Labor denigrated as an interest group —

Mr M. McGowan: Rubbish!

Mr C.J. BARNETT: Yes; Jim McGinty did that. There is \$68 million for that service. There are currently 450 more beds in the public health system than there were when Labor was in power—and within two years there will be 574 more. That is not a bad record for a Minister for Health.

I listened to members opposite. Once again, they denigrated the public health system and denigrated the state. They knock everything in Western Australia. They are not true believers in Western Australia. At best, they are messenger runners for Julia Gillard; that is about as good as they get.

Ms R. Saffioti: Is that your key line?

Mr C.J. BARNETT: Yes, it is a key line. I am meeting her tomorrow, by the way. She and I get on well.

Several members interjected.

The SPEAKER: Members!

Mr C.J. BARNETT: I listened very carefully to what the member for Kwinana said and, amongst other things, he used the words “respect” and “trust” in a particular context. I think that if one is the Minister for Health for Western Australia, respect and trust are important, and competence, confidence and hard work are also important matters. What standard did the member for Kwinana set as a shadow minister and prospective Minister for Health during the election campaign? He denigrated public health in Mandurah, as did the member for Mandurah.

Mr R.H. Cook: No, I denigrated privatisation.

The SPEAKER: Members!

Mr C.J. BARNETT: He made speech after speech in this chamber —

Mr D.A. Templeman: Prove it! Prove it! Go on!

The SPEAKER: Members! Member for Mandurah, you will have the chance to talk.

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Mr C.J. BARNETT: The member made a desperate attempt to discredit the Liberal candidate for Mandurah, and he succeeded; he succeeded in a dishonest campaign of denigrating health services to try to attack a candidate.

Several members interjected.

Mr C.J. BARNETT: You might listen, because you have yet to account for this.

Several members interjected.

The SPEAKER: Members!

Mr C.J. BARNETT: What did the member for Kwinana do? He made a number of speeches in this house in the lead-up to the election campaign, and he talked about the whistleblower. He praised the whistleblower for her bravery—one Ashton Foley. Did he know that she was a convicted criminal? I doubt it. I doubt he knew that she was a convicted criminal in the United States —

Point of Order

Mr R.H. COOK: The Premier is reflecting on a matter that is either in court or in hand. At the very least it is wrong, but at the very worst it is an abuse of this place.

The SPEAKER: I do not think that is a point of order. Premier, if you have any knowledge of it being before a court —

Mr C.J. BARNETT: Mr Speaker, if I can explain, Ashton Foley was convicted in the United States of both theft and fraud—a convicted criminal—and, yes, she has been charged now by WA Police.

Ms M.M. Quirk interjected.

Mr C.J. BARNETT: No. Mr Speaker, she has been charged by the Western Australia Police and that matter is proceeding.

Ms M.M. Quirk: It's sub judice!

The SPEAKER: Member for Girrawheen!

Ms M.M. Quirk interjected.

Suspension of Member

The SPEAKER: Member for Girrawheen, a member whose conduct has made it necessary for the Speaker to formally call the member to order more than three times during the course of one sitting for a significant breach of the rules may, by order at the discretion of the Speaker, be suspended from the service of the Assembly until the adjournment of that sitting. Will you please leave the house.

[The member for Girrawheen left the chamber.]

Debate Resumed

Mr C.J. BARNETT: I doubt the member for Kwinana knew that Ashton Foley had a criminal record in the United States.

Mr D.J. Kelly: Why are you bringing it up, then?

Mr C.J. BARNETT: I am bringing it up because I would like to hear from the member for Kwinana —

Several members interjected.

The SPEAKER: I want to move on with this. Premier, as long as you do not make any comments about what is happening in Western Australia at this point in time, the members on the other side will not respond.

Mr C.J. BARNETT: The member for Kwinana has a responsibility to explain to this house his relationship with Ashton Foley.

Mr R.H. Cook interjected.

The SPEAKER: Thank you, member for Kwinana. I call you to order for the first time.

Point of Order

Mr M. McGOWAN: Mr Speaker, you called the member for Kwinana to order after interjecting, yet the Premier continues to invite him to interject, so he is entrapped, in a way. Surely it would be incumbent upon the Premier to actually stick to the motion that has been moved and answer the questions contained within it, rather than inviting interjections from the member for Kwinana. He will keep interjecting if he is invited to.

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The SPEAKER: After I stopped the last time, I asked the Premier to continue. The member for Kwinana, as far as I am concerned, started shouting out straightaway. Premier, please now move on, and members on the other side can address whatever you raise.

Debate Resumed

Mr C.J. BARNETT: If I may just say, the point I am making is that the Deputy Leader of the Opposition talked about respect, trust and the like; he has a public responsibility to this house and to the public to explain the nature of the relationship he had with Ashton Foley and to tell this house whether he received information relating to the Peel Health Campus. He has a responsibility —

Several members interjected.

The SPEAKER: Members! Member for Armadale! Premier, we have heard that explanation, so could you please move on.

Mr R.H. Cook interjected.

The SPEAKER: Member for Kwinana, I call you to order for the second time.

Mr C.J. BARNETT: In my opinion, given that we are talking about respect and trust, a person who presents himself as a potential health minister has a responsibility to explain the nature of his relationship with Ashton Foley. Did he receive information, and did he ensure that that information was legally obtained? He has that responsibility.

Point of Order

Mr M. McGOWAN: Mr Speaker, do you want the member for Kwinana to interject? The Premier keeps asking him to, yet you have ordered him not to. This is hardly the way a debate in this circumstance should be conducted, particularly because it is not on point. This motion is about the Minister for Health; Tourism and his conduct of his portfolios.

Mr C.J. BARNETT: Further to that point of order—I do not think it is one—this is an attack by the Labor Party on the credibility of the health minister.

Mr M. McGowan: Well, defend him.

Mr C.J. BARNETT: That is what I am doing. I am pointing out some of the low standards of members opposite.

Mr D.A. TEMPLEMAN: Mr Speaker, the opposition has moved a motion. The interjections that have been invited by the Premier through his comments are the cause of the problem. I think you should call him to order and get him back to the point.

The SPEAKER: I think the Premier has finished.

Debate Resumed

Mr C.J. BARNETT: Just about. I have finished on that issue. It is a matter of integrity, honesty and accountability to the public.

I want to conclude my comments. As I said during question time, health is a complex and large portfolio—I think the most demanding of all portfolios. Senior members of government, no matter which side of politics is in power, always carry more than one portfolio. They will carry a major portfolio and they will carry an additional portfolio. The record of this minister in funding hospitals and in reform within the hospital system, both in the city and country areas, is quite outstanding. That is not to say that there are not pressures with the growing population and the increasing number of young children with cancer, or the increase in the child population more likely. There are pressures. That is why we are building more public hospitals. That is why we will ensure we have the best public hospital system in this country and one of the best in the world. It has been led by this minister, a doctor himself who has worked in our hospital system for years. He has better knowledge of the reality of health care and the requirements and pressures on staff than anyone in this chamber. The opposition's sole point is to come in and denigrate him. It should be praising him. There will always be issues in health. He is an outstanding minister and, I repeat, in my opinion the best health minister this state has ever had.

MR P. PAPALIA (Warnbro) [3.41 pm]: Apparently, we should apologise. It appears as though we have upset a couple of members opposite, in particular, the Premier, which is not that surprising because he is notoriously thin-skinned. It is a little disturbing that the Minister for Health is so sensitive that he requires an apology, because he appears over time to have accrued a reputation for not being upset about much at all and wearing the label “Teflon man”, with good reason. I apologise to the Premier and the minister for standing up on behalf of

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the patients and the parents of the children at Princess Margaret Hospital for Children. I apologise to the Premier because he was not in the state when the minister embarrassed himself. He was not here when he upset parents of children with cancer. He was not here when he upset parents who have lost children to cancer. It was not the opposition that came into the public domain and said that our health system was Third World by nature; it was the parents of a child who died last year, Rick and Emily Parish, whom the minister may have met. The minister may be aware that they were upset. They made that statement, not us. They, not the opposition, demanded that more attention be given to the facilities at Princess Margaret Hospital for Children. It was the parents of the children. That is why we raised the matter. The powerful message to the minister and to the Premier in his absence came from the parents of the children at Princess Margaret, not from the opposition. It was not the opposition that was complaining and saying that the minister should go down to Princess Margaret and sleep in the chairs that the parents of the children have to sleep in. That was Tonie Blewett. That was not us. That was the parent of a child.

It was not the opposition who said that the advertising cuts would cripple tourism in Western Australia. They are the advertising cuts for this year that the minister denigrated, a term he throws so liberally around this chamber. It was not us who said that the advertising ban would cripple Western Australian tourism; it was the Tourism Council Western Australia. It was Evan Hall who said that the minister should not cut the tourism budget because it would devastate the industry already reeling from the high Australian dollar. It was not us who said this was the worst possible time to do this as it will destroy the tourism industry in Broome if we are not going to market the peak period now. That was not us; that was Evan Hall.

It was not us who said that if the minister cuts the budget instead of increasing it by an extra \$6 million a year, as he promised at the election, he would be facing a backlash and heavy criticism of the decision if it was not reversed. That was not us; that was Bradley Woods. It was not us who caused this criticism to come into the public domain. All we are doing is acting as we should—as representatives of the people of Western Australia on behalf of the people of Western Australia. We are asking the minister to explain and answer the question he did not answer in question time.

If the minister argued during that ridiculous “extraordinary taxi ride” advertising campaign that every dollar spent on that campaign resulted in \$22 of income for the state, when his argument is normally that every dollar of advertising results in \$20 of revenue for the state, he must be able to say what the consequences are in loss of revenue by cutting back the advertising budget by \$1 million. It is not a stupid question; it is something that the modelling of Tourism WA should easily be able to provide him with. He should have used it in cabinet to argue against the core business of the state’s advertising arm being cut by 30 per cent of its remaining budget this financial year.

DR K.D. HAMES (Dawesville — Minister for Health) [3.46 pm]: I thank members opposite for the opportunity to answer some of the issues that have been put forward in recent days. I would like to deal with some of the comments made about things I have said, particularly about the balance between the tourism and health portfolios. I would like to clear up the misconception that has been put forward by the opposition relating to that. During that debate—the Leader of the Opposition read it out—the opposition called for me to cut one portfolio or the other and I was asked whether it was my intention to do so. My response was that the Premier gives me those portfolios. In fact, those two portfolios work very well together because the health stuff tends to occur during the day and the tourism stuff tends to occur in the evening. That does not mean that I do not do tourism work during the day; I have many tourism meetings during the day. The key issue relating to the functions I attend relevant to those two portfolios is that they tend to be at separate times. That gives me lots of time to be able to do both. They are a perfect fit. That is the point I was making.

It should not be said that this is a part-time job. As the member said, ministers have many portfolios. The Leader of the Opposition had more than one portfolio when he was a minister. I know he had tourism but he had other portfolios at the time.

Mr M. McGowan: Racing, gaming and liquor are actually related.

Dr K.D. HAMES: Sure. They can be related or they can be balanced. There are those two options. Attorney General and Health together were not so well related or were not so well balanced.

Mr R.H. Cook: And you roundly criticised him.

Dr K.D. HAMES: I did.

Mr R.H. Cook: What has changed?

Dr K.D. HAMES: As I said, Jim McGinty was a good health minister. I criticised him because while he could do stuff at arm’s length, particularly working on waitlist surgery and the problems on the ground in health, he did

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not roll his sleeves up and get down into emergency departments in the hospitals and the wards like I do and make sure he addressed those things.

I will just remind members of a couple of things that occurred in those days. One headline read “Patients queue as hospital beds close”. The article stated —

The crisis facing Perth’s major hospitals deepened yesterday when it was revealed that nearly 50 beds would be closed on the same day Health Minister Jim McGinty conceded almost half the beds promised for the winter season would not open.

That was one headline. The other said “RPH patients face 13-hour wait for beds”. Huge banks of patients were sitting in the corridors desperately waiting for a bed. I would walk into one of those corridors and all the patients would lift their heads, thinking, “Thank God; it must be my turn to go to the ward and get a bed.” But when they saw that I was just visiting, as I did as shadow minister, their heads would go down in despair.

The study done by Dr Sprivulis showed that a significant number of patients were dying as a result of having to wait for a bed. Members opposite may laugh. But because of those delays, 120 patients a year—or between 40 and 50 per cent of patients—at Royal Perth Hospital had to wait for more than eight hours for a bed. One of the first things that I did in government was to bring in the four-hour rule. I went to the United Kingdom to look at their system, and I insisted that the four-hour rule be put in place in Western Australia. That system, which has now been copied by the federal government and is demanded in every other state, has led to a huge reduction in the number of people waiting for a bed.

This graph that I am holding shows a significant reduction in the incidence of access block. Under the Labor Party, compliance with the four-hour rule was at 50 per cent. Members can see from the angle of the blue line—I will show the graph to members later if they like—that in terms of compliance with the four-hour rule, we are now leading the nation. The red line is for access block. Under the Labor government, it was at nearly 50 per cent. Now it is right down. A study that was done by the former President of the Australian Medical Association, Professor Gary Geelhoed, has shown that the significant reduction in access block under our government, because of the four-hour rule, has saved the lives of up to 240 patients per year. It is true that the incidence of ambulance ramping under our government has been significantly high. But the difference is that under Labor, there were seriously ill patients who had been seen but who were dying in corridors because they could not get a bed. The situation now is that only category 4 and 5 patients are being ramped outside hospitals and cannot get in.

The Leader of the Opposition made a point about how we can best deal with the huge surge in our population numbers, the incidence of ambulance ramping because of the fixed number of beds available in our hospitals, and the number of patients who are suffering because of the delays in getting an ambulance to come to their home. I have one more graph here. This graph compares the response times under the Labor government with the response times under the Liberal government. We did a review during our first couple of years in government when ambulance response times were deteriorating. We put in a significant amount of funding, as we have heard from the Premier. We also significantly increased the number of ambulances and the number of paramedics available to respond. The grey line on this graph shows the response times under the Labor government. This line shows where we put in the money and our response time now. It is now well above the 90 per cent guideline. It is sitting at 92.2 per cent for priority 1, 91.9 per cent for priority 2, and an impressive 96.1 per cent for priority 3. Under the Labor government in 2004–05, for example, the response time was 85 per cent, compared with 96 per cent under our government.

It is unfortunate that patients are being ramped out the front of hospitals. In conjunction with St John of God Healthcare, we have put in place a plan under which lower-level patients without serious medical problems will be diverted to Hollywood Hospital to help deal with that issue.

The member for Kwinana denigrated the doctor who will be coming here from the United Kingdom. What a disgrace that the member would do that. Professor Derrick Bell is one of the leading specialists in the United Kingdom. The UK has 40-odd tertiary hospitals. Professor Bell and his team are the ones who go to hospitals in the UK to help them when they are having trouble meeting their four-hour rule requirement. Nearly all of those 40-odd tertiary hospitals are achieving between 95 and 98 per cent compliance. Although hospitals in the UK no longer have the four-hour rule requirement, they still comply with that rule, because they recognise the importance of that rule in providing the best care for patients by getting them into hospital and getting them treated. They send a team to hospitals that are doing what we are doing and getting only 80 per cent compliance. It is a bit like what happens with a boat. When we start up the boat, the tail sits in the water. But when we get up enough speed, the boat planes and it is a lot easier. At our hospitals, the tail is still in the water, but I am hoping that Professor Bell and his team will get us up so that we can plane over the top of the water.

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I will tell members why that will make a big difference. It is because our emergency departments and our doctors are working extremely hard at trying to process the significantly increased number of patients that we are getting through the system. It is really a struggle. A lot of it is about the admission process and the discharge process. The UK does have a different system. Members will know that I have just been back to the UK to have a look. All of their clinical specialists are 100 per cent behind increasing the flow of patients through the system. They talk about the things that we need to do to make that work. We are not doing all those things. But I can tell members that we will be doing them all, because we want to make sure that our hospitals adopt those systems that will help to increase that flow. That will mean the patients do not sit out the front of the hospital waiting to get in. It will mean that we get a smooth flow of patients through the hospital.

We have heard about how much money this government has put into the health system, both into hospitals and into other services. I am particularly proud of the 50 per cent increase in funding for the patient assisted travel scheme that we have put in place. We focused particularly on providing cancer patients from the country with the best possible care by increasing the accommodation rebates so that they could be accompanied by their carers and by providing higher petrol rebates. That has made a significant difference to those people.

We have also provided an additional \$20 million a year to Silver Chain to enable people to be treated in their own home by doctors and nurses instead of in hospital. That has freed up an additional 800 beds a year. That is proving to be such a good system that the New South Wales government is looking to see whether it should be introduced in that state.

Of course I also have responsibility for the tourism portfolio. That is an area about which I am passionate. The people in tourism wanted the Minister for Tourism to be a senior minister who had the interests of tourism at heart and who had experience in getting out and covering vast areas of this state, as I have done in the past. The Premier asked me to take on that role, and I am very proud to do so. I get on very well with the people in tourism. We have made a significant difference. An amount of \$10 million a year is available through royalties for regions to spend on events. A number of significant new events will be coming to this state. One is the Perth International golf tournament. That is an event that we had lost and that has now come back to this state. We also have the Margaret River Gourmet Escape, which people are talking about all the time. The Margaret River Pro has now been elevated to world status championship. We also have the BHP Billiton Aquatic Super Series, which is a great new event. We also have the basketball event between Australia and China that we have just seen—the Sino–Australia Challenge—which we sponsor through Tourism WA. New airlines have started direct flights to Perth. I took specific responsibility for the direct flights between China and Perth, which many people have tried to put in place in the past, including the Leader of the Opposition as a former Minister for Tourism. But it was our government that nailed it—it was me who nailed it—through dealing directly with the leaders of China Southern. Garuda is commencing direct flights between Jakarta and Perth. We are working at increasing the number of tourists to this state. We have virtually doubled the number of tourists from China. We have had a large growth in tourism numbers since I have become the Minister for Tourism. But particularly we have had growth in length of stay and growth in spend in this state. We have also increased the number of minor events that we sponsor. We have increased the number of minor events from 34 in 2009–10 to 95 just three years later.

Of course I am also the minister responsible for Rottnest Island. We are part way through the completion of a new golf course at Rottnest. That golf course has been designed by Bob Shearer, and reticulated wastewater will be used to green it. That will help add to the number of tourists who go to Rottnest, particularly during the winter season, which is the part of the year when things are so difficult.

I want to close by briefly coming back to the story published in *The West Australian* and the comment of “Put up with it”. The article contains all the words; they are correct. The words around the —

Mr M. McGowan: The Premier said you didn’t say it; that wasn’t true?

Dr K.D. HAMES: I have the article here; the Leader of the Opposition can read what I said. What were we talking about in that article? We were talking about the crowding in the hospital and the lack of space within those rooms. I visited the hospital just last week and spoke to Dr Alessandri, the chief clinical officer and chief paediatrician, and to the senior nursing staff in the office and said that surely we could find extra space. I spoke to parents who told me of their despair, and one parent whose child, a young baby boy, was dying from a brain tumour; they despaired at the lack of space they had. Across the curtain was another child who had cancer and was crying, and there was no space. I said that surely there was somewhere else in the hospital for that family to go. They said they had a palliative care room where that case would normally go, but they had another child there having chemotherapy who had to be in isolation. The hospital is old; it is 100 years old. There is not sufficient space. My words “Put up with it” were saying that we are unfortunately not able to address this issue of a lack of space in the hospital because there is no space. So we, meaning we the government, will have to put up with the problems that that causes families until we get the new hospital built and developed. However, I

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talked about other issues, the complaints coming about different issues, not the original issue raised by the doctor of the pressure that she has been under, which she said has been in the last six months. I knew there was increased demand in that area, but there is increased demand in other areas too. That is not the only area; we knew that some of those areas were under pressure, but not about the extreme shortage of specialists. Two are on leave—one on sabbatical and one on training; so we have increased the number by one, but that has put a lot of pressure on the specialists that were there. That is what the doctor was complaining about. Then the parents complained about poor conditions there. I went to have a look and I did not get to see the whole hospital. I have to say that where I was, the chairs I saw did not look to be in dreadful condition, but I was only there for a short time and I did not get to see the rest of the hospital. Therefore, I respect what the parents said. The public has very kindly donated funds to address those things. I have spoken to Telethon and it has agreed that although that money is normally for research or equipment, we can use it for those things. I have put a committee together. Some of those parents on the front page of the paper have agreed to be on it. Mr Rick Parish has been asked whether he wants to be on it, and I think he will.

Mr M. McGowan: So you are taking money away from child research are you?

Dr K.D. HAMES: No, because that is not what the people donated for. The people ringing up responding to the story in the paper specifically donating that extra money were not donating it for research; that is just what the fund they had to donate to was for. Those people wanted to improve those conditions at hospitals. The point I made was that we welcome that funding and we are grateful for it. We will need to put up an extra \$3 million or \$4 million to improve the staffing for that ward and we are preparing an urgent business case to address that funding issue. If I had to have a lot of additional money to spend on health, there are a lot of other areas it could be used for. There are other areas, both in child health and adult health, where we are under pressure because of growth in demand. If I had extra money, I would really need to spend it there, not on replacing the furniture or the TVs in the existing hospital. We have brand-new stuff going into the new hospital, but there are other areas where I would need to spend that money if it were available. I am very grateful to those people who have put their hard-earned money on the table and said they are willing to put it in to help those families have better conditions, and we will get on with doing that as quickly as we possibly can.

MR D.A. TEMPLEMAN (Mandurah) [4.04 pm]: I cannot believe the rewriting of history we have just heard from the Minister for Health, the member for Dawesville, because that is what it was—a rewriting of the history of what he said and what he has been reported as saying by *The West Australian* newspaper. He has been highly embarrassed by the comments reported, he has been highly embarrassed by the fact that the parents of children with cancer, and the general public, responded in the way they did to insensitive comments by the Minister for Health about not only the conditions in the hospital that were mentioned, but also the fact that for small, or relatively small, amounts of money those conditions can be improved. This minister now has a history of claiming he has been misquoted by newspaper reporters. Indeed, dare I say it, mosquitoes have been another issue on which he was allegedly misquoted when he claimed during the election campaign that he would eradicate mosquitoes in residential areas, and on which he then backtracked and said he did not actually say it. Then, this afternoon, we heard the same comments. I know this issue is a sore point and I do not mean this in a denigrating way, because that is what the minister accused the member for Warnbro of being. Tonight, I assume that if the minister is still doing what he has been doing for the last five to 10 years —

Dr K.D. Hames: We discussed this before.

Mr D.A. TEMPLEMAN: But this is true, and this is where the minister does not understand the point. Tonight the minister will go home, like other members, and claim when he goes home to his house in Perth —

Dr K.D. Hames: You're a disgrace.

Mr D.A. TEMPLEMAN: No I am not; this is a real issue. The minister will claim \$266 for a night in his own bed while people in that hospital just up the road who have sick children will not be able to do that.

Mr P.T. Miles interjected.

The ACTING SPEAKER (Ms L.L. Baker): Excuse me, member for Wanneroo, enough, thank you. You are not interjecting; you have not been asked to interject. That is enough.

Mr D.A. TEMPLEMAN: They will go to the hospital up the road and their night time piece of furniture is a dilapidated plastic chair. I think the Leader of the Opposition was right when he referred to the country allowance that the member for Dawesville, the Minister for Health, claims. I assume he still claims it.

Dr K.D. Hames: I had a discussion with you off the record.

Mr D.A. TEMPLEMAN: This is a point the Minister for Health does not understand. It is a real issue when people at that hospital cannot get the resources they badly need for their children and people like the minister and

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other members are able to go home to their places of residence in Perth and claim an allowance. It is an absolute fact.

Point of Order

Mr P.T. MILES: The member for Mandurah is clearly not staying on the subject of the matter of public interest. Several members interjected.

Mr P.T. MILES: It is a point on relevance and if the member for Armadale actually opened his ears he might listen to see what the point of order is.

The ACTING SPEAKER: Thank you, member. I have got your point of order.

Debate Resumed

Mr D.A. TEMPLEMAN: The minister's comment is this, "We have just got to put up with it." I do not agree with that, nor does the opposition and nor do the parents of children in that hospital who have cancer and who do not receive the appropriate services and resources they so richly deserve. When there are stark examples of unfairness, and, I would say, moral concerns, it is an issue, and I disagree with the member for Wanneroo when he claims a point of order. The fact is that there are members in this place, people who live in Perth, who do claim \$266 a night and they should not be doing it.

Mr P.T. Miles interjected.

The ACTING SPEAKER: Member!

Mr D.A. TEMPLEMAN: The person who particularly should not be doing it and who should be donating that money so that those resources up the road are actually delivered is the Minister for Health himself. Yes, I have had this out with the Minister for Health. I do not claim the allowance. I am eligible to, but I do not.

Dr K.D. Hames: You did before.

Mr D.A. TEMPLEMAN: No, I did not. This is a point the minister does not understand. The fact of the matter is that the minister should morally say he will not claim that allowance, as is the case with the Leader of the National Party, who resides in a Perth suburb and does not claim the allowance—I assume he still does not claim it. This is the exact point: whilst people up there are suffering, the minister does what he does.

MS A.R. MITCHELL (Kingsley — Parliamentary Secretary) [4.08 pm]: I rise to speak against the motion and to speak in support of the Minister for Tourism. He has mentioned a number of things already, but I want to put a few things on the table too. One thing the industry was very strong about was that it wanted someone who got out, knew what was going on and listened and spoke with industry. This minister does not sit in his office and sign documents; he is out and about and knows what is going on. At the same time, he has a very strategic approach to tourism and we are taking things to another level. We will thank this minister in a few years' time because he has opened up the Chinese market through China Southern Airlines. We all know that the Chinese tourism market is the best market coming up. It is the growth market and it is the market that spends the money when its people come here. Strategically, we have just opened up a major tourism market for Western Australia. We want to, and we need to, thank him for it. His other strategic approach has led to a change in the way we position our events. They have changed to include the arts and culture, a couple of which he has mentioned, and food and wine. We are hosting events we did not host before and everyone recognises Western Australia for that. He has taken a nature approach to tourism, and that is fantastic. Of course, there are also the sporting events, which I probably know most about.

Mr J.E. McGrath: Hear, hear!

Ms A.R. MITCHELL: There are probably 103 events on offer in Western Australia. Do members know the number of events that were held during the last year of the previous Labor government? I will repeat it a couple of times. There were 49; we now have 103. The minister has already mentioned a few of those, but we can see the difference that has been made through this Liberal-National government and this minister. It is very important to see what goes on. Sometimes people think the minister can just go out and get an event. I happen to have a bit of experience in this area. Believe me, to get an international event it is not a matter of just taking a little trip overseas, shaking someone by the hand and ending up with an event. It takes dedicated time and the ability to negotiate and work with people to build up a relationship. I know that many of the events that have come on board will be here to stay, but if not, they will grow and morph into other things. It is very important we recognise that this minister has made a difference to tourism.

The minister did not mention accommodation and the need to facilitate investment into our hotel market. There is the proposed 600-bed hotel at the Crown Casino and the expressions of interest from consortiums to build hotels at Elizabeth Quay. Even yesterday we heard about the new hotel planned for Northbridge. These are the

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things that go along with the tourism role. It is not just about going out on a fishing trip or something like that. The things that count are the investment and the trust that the industry has in this minister—trust that we are listening. We do not always have to spend the same amount of money. It is how we use that money for the best value, and often it is about opening doors and getting backing from those people who make the real difference in the marketplace and in what is happening in this industry in Western Australia. I am very pleased to support the minister and I know that this side of the house will continue to do so.

MR T.R. BUSWELL (Vasse — Treasurer) [4.12 pm]: In the two minutes I have, I quickly rise to record my very strong support for the Minister for Health and Minister for Tourism. I, as Treasurer, see him from a different point of view. He is passionate and committed to health, not only in terms of the size of the cheque we write every year to the Department of Health, but also he has been prepared to tackle very bold reform initiatives. It is easy for a minister to sit there and demand a bigger cheque and go home. The hard thing to do is to drive reform, such as the four-hour rule, the arrangements that will be in place at Fiona Stanley Hospital with Serco, the type of health service that will be delivered to the people of Midland at the Midland Health Campus, the growth of the Joondalup Health Campus and the introduction of the work Silver Chain does so that hundreds of Western Australians can be treated in their homes. These are bold reforms delivered by a minister who is not afraid to tackle the difficult elements of his portfolio. That is a reflection of someone who is on top of his job—of someone of whom we should all be very proud for his performance as health and tourism minister.

As I close, on behalf of the constituents of my home town, and I am sure on behalf of the member for Albany's home town, Minister for Health, can I thank you for the work you have done in delivering improved regional health services.

Division

Question put and a division taken with the following result, the Acting Speaker (Ms L.L. Baker) casting her vote with the ayes —

Ayes (17)			
Mr L.L. Baker	Mr F.M. Logan	Mr J.R. Quigley	Mr B.S. Wyatt
Dr A.D. Buti	Mr M. McGowan	Mrs M.H. Roberts	Mr D.A. Templeman (<i>Teller</i>)
Mr R.H. Cook	Ms S.F. McGurk	Ms R. Saffioti	
Mr W.J. Johnston	Mr M.P. Murray	Mr C.J. Tallentire	
Mr D.J. Kelly	Mr P. Papalia	Mr P.C. Tinley	
Noes (34)			
Mr P. Abetz	Ms M.J. Davies	Mr A.P. Jacob	Mr D.C. Nalder
Mr F.A. Alban	Mr J.H.D. Day	Dr G.G. Jacobs	Mr J. Norberger
Mr C.J. Barnett	Ms W.M. Duncan	Mr S.K. L'Estrange	Mr D.T. Redman
Mr I.C. Blayney	Mr J.M. Francis	Mr W.R. Marmion	Mr A.J. Simpson
Mr I.M. Britza	Mrs G.J. Godfrey	Mr J.E. McGrath	Mr M.H. Taylor
Mr T.R. Buswell	Mr B.J. Grylls	Mr P.T. Miles	Mr T.K. Waldron
Mr G.M. Castrilli	Dr K.D. Hames	Ms A.R. Mitchell	Mr A. Krsticevic (<i>Teller</i>)
Mr V.A. Catania	Mrs L.M. Harvey	Mr N.W. Morton	
Mr M.J. Cowper	Mr C.D. Hatton	Dr M.D. Nahan	
Pairs			
	Ms J.M. Freeman	Ms E. Evangel	
	Ms J. Farrer	Mr R.S. Love	
	Mr P.B. Watson	Mr R.F. Johnson	

Question thus negatived.