

Legislative Assembly

Thursday, 26 March 1981

The SPEAKER (Mr Thompson) took the Chair at 10.45 a.m., and read prayers.

HOSPITAL: FREMANTLE

Bicton Annexe: Personal Explanation

MR YOUNG (Scarborough—Minister for Health) [10.46 a.m.]: I seek leave to make a personal explanation.

Leave granted.

Mr YOUNG: When replying to the member for Melville on a question without notice on 25 March, I asked him to repeat the second part of his question because I was unable to write down his words as he read them.

When he repeated the words to me there was some degree of interjection from the Leader of the Opposition and I understood the honourable member was referring only to discussions which might have been held with the company which was subsequently granted the lease of the Bicton Annexe of the Fremantle Hospital.

On reading the *Hansard* transcript when it was given to me for correction, I noticed the honourable member had referred to "any or all potential operators".

Having now seen the words asked by the honourable member, I advise the House that I had discussed the possibility of Bicton's future use with the Councillors of the City of Melville who at the time considered proposing its use for aged persons.

I might add that that was public knowledge and was in the newspaper. However, just for the record I thought that to comply with the exact words of the honourable member's question, I should make the matter clear in this House.

I also discussed the matter with a lady who rang me asking about the annexe's future and I advised her the matter would come up for tender in the normal course of events.

I do not recall any other discussions on the matter.

GRAIN MARKETING AMENDMENT BILL

Second Reading

MR OLD (Katanning—Minister for Agriculture) [10.50 a.m.]: I move—

That the Bill be now read a second time.

The purpose of the Bill is to amend the Grain Marketing Act to facilitate the transition from a State barley research levy to a Commonwealth barley research levy.

The legislation amends the Grain Marketing Act 1975 to—

provide power to terminate and vary levies under section 28 of the Act;

enable money collected under section 28 of the Act since the advent of the Commonwealth Barley Research Levy and Barley Research Acts to be withdrawn from the grain research fund, and transferred by the Grain Pool to the Commonwealth, or be refunded to any grower who has directly paid the Commonwealth levy.

At present, in Western Australia, a barley research levy of 15c per tonne is collected under section 28 of the Grain Marketing Act. The funds are paid into the grain research fund and are distributed by the Minister for Agriculture on the recommendations of the grain research committee.

The Australia-wide barley research scheme has been established after consultation between the Commonwealth Minister for Primary Industry and State Ministers representing agriculture. The scheme is embodied in the Commonwealth Barley Research Levy and Barley Research Acts which passed through the Commonwealth Parliament in November-December last year and received Royal assent on 17 December 1980. The Commonwealth levy commenced with the 1980-81 harvest and will be collected in Western Australia by the Grain Pool of Western Australia. The funds from the levy, which will initially be set at the same rate as the State levy—15c per tonne—will be paid into a Commonwealth trust account together with a matching Commonwealth contribution.

The funds collected in Western Australia will be allocated for research purposes by the Minister for Agriculture according to the recommendations of a State committee which will have the same composition and members as the grain research committee set up under the Grain Marketing Act. The matching Commonwealth contribution will be allocated for research purposes by the Commonwealth Minister for Primary Industry on the recommendation of a barley industry research council.

To ensure that growers do not have to pay both a Commonwealth and a State levy the State levy needs to be rescinded. However, this could be done only by amending the Grain Marketing Act to provide power to terminate levies imposed

under section 28 of the Act. This was not possible until State Parliament resumed in March. As a consequence, Western Australian growers will still have to pay both levies unless the funds collected under the State levy can be transferred from the grain research fund into the Commonwealth trust account and the State levy has been rescinded.

The Commonwealth is agreeable with this arrangement. Indeed, it has agreed to a delay in the payment due to be paid to the Commonwealth by the end of February until 8 May 1981, without a penalty being incurred.

I commend the Bill to the House.

Debate adjourned, on motion by Mr H. D. Evans (Deputy Leader of the Opposition).

DRIED FRUITS AMENDMENT BILL

Second Reading

MR OLD (Katanning—Minister for Agriculture) [10.55 a.m.]: I move—

That the Bill be now read a second time.

The Bill proposes to amend the Dried Fruits Act to enable—

- (1) The contribution by growers towards the expenditure incurred by the Dried Fruits Board in carrying out its functions to be set by regulation.
- (2) The fee for registration of premises used for dried fruit packing or processing to be prescribed by regulation.

Expenditure incurred by the Dried Fruits Board in carrying out its duties and functions under the provisions of the Dried Fruits Act is met from contributions made by growers. At present, the Act provides for a maximum contribution of \$4 per tonne of dried fruit produced by the growers during the last preceding years, or, in the case of a new grower, \$4 per tonne on the quantity of dried fruit estimated to be produced by him during the current year.

The Dried Fruits Board has requested that this maximum contribution be increased to \$8 per tonne to enable the increasing cost of administering its responsibilities under the Act to be met.

Growers' contribution rates have not been increased since 1974 and the Western Australian Branch of the Australian Dried Fruits Association agrees that it is necessary for the board to be able to increase its income periodically to offset inflationary trends.

The board has requested also an increase in the fee charged for registration of premises where

dried fruits are processed or packaged. This fee, which is presently \$2 per annum, is to cover the cost of inspections undertaken by the board to ensure that premises and equipment are suitable for the production of dried fruits of the standards specified by regulation. The board has asked that the fee be increased from \$2 to \$5 per annum.

In order to avoid the necessity to amend the Act when further variations in the contribution rate or registration fee become necessary, it is proposed that provision be made in the Act for the rate and fee to be prescribed by regulation.

The Bill sets out in clauses 3 and 4 the amendments to sections 16 and 26 of the Act that are needed to achieve this.

Provision has been made in clause 2 for the legislation to be brought into operation by proclamation. This will enable the necessary regulations to be made after enactment, but before commencement, and to come into operation on the same day as the Act.

I commend the Bill to the House.

Debate adjourned, on motion by Mr H. D. Evans (Deputy Leader of the Opposition).

MINING AMENDMENT BILL

Second Reading

MR P. V. JONES (Narrogin—Minister for Mines) [10.59 a.m.]: I move—

That the Bill be now read a second time.

The Bill before members is for the purpose of—

- (a) validating a long-standing past practice of granting mining tenements pegged on land temporarily reserved under section 276 of the Mining Act 1904; and
- (b) ensuring that miners' rights issued under the 1904 Act will subsist with the Mining Act 1978.

For many years, occupancy rights to explore for minerals over land temporarily reserved under section 276 of the Mining Act 1904 have been granted on the condition, *inter alia*, that—

Notwithstanding any other condition contained herein the Minister may from time to time cancel any part of this reserve and the right of occupancy of that part, and in respect of such land:

- (1) Grant one or more mining tenements to any person (including the occupant)—
 - (a) in respect of any application comprising ground marked off pursuant to the Mining Act prior to the creation of this reserve; or

- (b) for any mineral other than the said mineral(s) if the Minister is satisfied that any such grant would be unlikely to interfere with the occupant's operations on this reserve; or
- (c) for any mineral the subject of any application made not later than three months after the commencement of the term hereof and pursuant to the Mining Act, if the Minister is satisfied that the applicant was at the time of the creation of this reserve, carrying out bona fide prospecting operations on the ground applied for.

This is a condition well known to, and accepted by, the mining industry, and the long-standing practice has been to allow—

- (a) the occupant of the reserve;
- (b) an applicant for a mining tenement for minerals other than those granted to the occupant in his right of occupancy; and
- (c) a bona fide prospector applying for a mining tenement within three months of the creation of a temporary reserve,

to peg within the boundaries of a temporary reserve and, on any subsequent grant of an application so pegged, the Minister for Mines simultaneously cancels the coinciding portion of the temporary reserve.

A decision of the Full Court of the Supreme Court of Western Australia delivered on 26 November 1980 in the matter of CRA Exploration Pty. Ltd. v. Australian Anglo American Prospecting Limited is that the pegging of a mining tenement over ground temporarily reserved under section 276 of the Mining Act 1904 is invalid.

This decision has placed all mining tenements pegged on land temporarily reserved, including tenements pegged by the occupant of the reserve, open to challenge. The decision has far-reaching implications extending over many years, and could involve thousands of mining tenements. The decision of the court means that, before lawful pegging can take place within a temporary reserve, the Minister for Mines must first cancel the portion of the reserve concerned.

Administratively, this is completely impracticable, because it is impossible accurately to establish such an area on the ground unless pegs have first been placed to identify the ground required.

The Bill, therefore, is to amend the Mining Act 1904 to include a new section 277B, which provides that a mining tenement granted or applied for over land that at the relevant time of pegging was temporarily reserved under section 276 shall not be invalid by reason only that the pegging took place whilst the ground was so temporarily reserved.

Some doubt has been expressed also as to whether miners' rights issued under the provisions of the 1904 Act will continue in force when the Mining Act 1978 is proclaimed.

The last amendments to the Mining Act 1904 on 8 December 1978 included the repeal of the provisions restricting the term of miners' rights to one year from the date of issue, and allowed them to be issued for an unlimited term, and this situation will apply also under the 1978 Act.

It was the intention that miners' rights issued under the 1904 Act would continue to be valid after the 1978 Act is proclaimed, and therefore clause 3 of the amending Bill has been inserted to provide that a miner's right issued under section 22 of the Mining Act 1904 and in force immediately before the repeal of that Act by the Mining Act 1978 shall, notwithstanding such repeal, continue in force and have effect in all respects as if it were issued under section 20 of the Mining Act 1978.

I commend the Bill to the House.

Debate adjourned, on motion by Mr Harman.

LIQUEFIED PETROLEUM GAS SUBSIDY AMENDMENT BILL

Second Reading

MR P. V. JONES (Narrogin—Minister for Fuel and Energy) [11.05 a.m.]: I move—

That the Bill be now read a second time.

Members will recall that, following the enactment of the Liquefied Petroleum Gas (Grants) Act 1980 by the Commonwealth Parliament, complementary State legislation was passed by this House, and received the Royal assent on 5 November 1980, having retrospective effect from 28 March 1980.

Amending legislation was passed by the Commonwealth Parliament and received the Royal assent on 17 December 1980.

This extended the scope of the Commonwealth Act so that the \$80 per tonne Commonwealth subsidy applies to commercial and industrial customers in areas where natural gas is not readily available, with effect from 30 September 1980.

The Bill now before the House provides complementary legislation to amend the Liquefied Petroleum Gas Subsidy Act 1980 in a like manner.

The scheme in the current legislation provides for the subsidy of LPG used by householders, non-profit residential-type institutions, and schools, for a period of three years to allow time for them to adjust to the rising prices of LPG and, where possible, to convert to more readily available alternative fuels, such as natural gas and electricity.

The Bill recognises that other users are disadvantaged relative to their counterparts in areas where natural gas is available. It therefore provides for the subsidy to be extended to LPG consumers in industry and commerce broadly defined, which will enable such users to adjust and, where possible, to convert to alternative fuels. In some areas the subsidy may only apply for a limited time until reticulated natural gas becomes available.

As previously stated, this Bill will have retrospective effect from 30 September 1980 except for clause 4, which will come into effect on the 28th day after the day on which this Bill receives the Royal assent. This exception has been introduced because that clause has penal implications, and members of the public should therefore receive some warning of the change of law.

Clause 3 of the Bill provides the necessary adjustments, extensions, and alterations to section 3 of the principal Act which is the interpretation section.

Provision is made for the Minister for Business and Consumer Affairs to declare those areas in which natural gas is available and which are thus ineligible for the subsidy and also those industries which are ineligible for the subsidy.

I must emphasise, however, that the provisions of this Bill will not affect the position of those users of LPG previously declared eligible for the subsidy, regardless of location.

Automotive use will remain ineligible, except when the LPG is used for forklift trucks or similar factory or warehouse vehicles. Similarly, users in the petrochemical industry and those engaged in oil and gas production and refining will be expected to negotiate prices freely with the LPG producers. It is therefore intended that the subsidy will not be extended to those users.

Extension of the subsidy should not be allowed to encourage the large-scale use of LPG by new users. Where industries consider large increases in use of LPG for material processing, etc., their

assessment of alternative energy supplies must be made at full market prices.

These matters will receive close attention from officers of the Department of Business and Consumer Affairs when assessing future developments.

Clause 4 of the Bill provides for an extension of section 13(3) of the principal Act, and is intended to clarify the actions which an authorised officer may pursue under that section.

In no way do these amendments change the position whereby payment of the subsidy to registered distributors is conditional in all cases upon the benefit of the subsidy being passed on to the consumer.

I commend the Bill to the House.

Debate adjourned, on motion by Mr T. H. Jones.

MINING AND PETROLEUM RESEARCH BILL

Message: Appropriations

Message from the Governor received and read recommending appropriations for the purposes of the Bill.

ADDRESS-IN-REPLY: FOURTH DAY

Motion

Debate resumed from 25 March.

MR HODGE (Melville) [11.10 a.m.]: During the past few months the Court Government has unleashed the most savage and sustained attack ever made on the public hospital and health care system. The unprecedented ferocity, severity, and callousness of the Government's attack has left health care professionals reeling, the public bewildered, and a once excellent hospital system reduced to second rate. The repercussions of this attack by the Government are being felt—

Mr P. V. Jones: Are you reading?

Mr Watt: Who wrote this for you?

Mr HODGE: The Government's actions have had a profound effect on both the providers of health care services and the consumers of health care services; namely, the general public.

The Government's ideologically based attack on the public health care system has not been entirely negative; it has had some positive results. It has succeeded in motivating probably the most conservative and passive profession into one of militancy, anger, and disgust with the Court Government. There can be little doubt that the Government's callous and inept handling of the

public health problems has meant it has lost the confidence of the health professionals in this State. The Government has embarrassed and disgusted many of the health care professionals. I have had a staggering number of people from the very highest positions in the health profession to the lowliest hospital employee contact my office by telephone to protest.

I have had Liberal-appointed members of hospital boards, medical consultants, hospital administrators, doctors, nurses, social workers, and hospital orderlies—people across the whole strata of the medical and health care profession—contact me to complain and express their disgust at the way this Government and in particular, the Minister for Health, is handling the Health portfolio.

Mr H. D. Evans: The Minister should resign.

Mr HODGE: The flood of comments and complaints has been staggering. The general public is also contacting members of Parliament in unprecedented numbers. I know they are contacting all Labor Party members of Parliament and I suspect they are also contacting Liberal and Country Party members in the same proportion. In fact, I have even had members of the public tell me they have telephoned their local member of Parliament, who happened to be a Government member, only to be advised by that member that they should hang up and telephone me.

Several members interjected.

Mr Bryce: That is how good their backbenchers are today. Is it any wonder they are on their way out?

Mr P. V. Jones: Give us the member's name.

Mr HODGE: I can go even one better than that. I have had members of the Minister for Health's own electoral committee in Scarborough ring me—after they had telephoned the Minister for Health—to express their disgust to me.

Mr Young: That is an untruth. No member of my electoral committee has done that, so it is an obvious untruth.

Mr Tonkin: Withdraw!

Mr Young: I will not withdraw, because the member for Melville has told an obvious untruth. I have not been contacted by a member of my committee.

Mr HODGE: I spoke to a lady for some 30 minutes. She said she had tried without success to speak to the Minister for Health, but that he would not return her calls. Eventually, she telephoned him early in the morning before he left

for work, and expressed her disgust at the way the Minister was handling his portfolio.

Mr Davies: The same lady telephoned me.

Mr HODGE: For years, this lady has distributed pamphlets for the member for Scarborough; however, he would not pay her the courtesy of returning her call. She was forced to telephone him early in the morning to express her feelings on the matter.

Mr P. V. Jones: Are you going to tell us the names of the board members who contacted you?

Mr HODGE: I do not intend to reveal the lady's name. However, the Minister for Health spoke to her.

Mr Young: The fact that the Minister for Health did not speak to her has nothing to do with your translation of what is true.

Mr P. V. Jones: I hope *Hansard* notes that you will not give us the information we seek.

Mr HODGE: The reaction of the general public is growing daily. The general public is losing confidence in the ability of this Government to administer the Health portfolio. The medical profession already has lost confidence in the Government, and the public is losing confidence rapidly.

Mr Old: Are you reading again?

Mr HODGE: What has happened has been no accident, because it is Liberal Party philosophy right through from the grass roots level to the highest level, and it is a philosophy shared by this Government's counterparts in Canberra.

At the commencement of my remarks I said that this has been an ideologically-based attack; I believe that to be the case. The Liberal Party has not tried to hide the fact it has no commitment to the public hospital system.

Mr O'Connor: We have a commitment to the taxpayer.

Mr HODGE: Members opposite want to see a situation where private hospitals profit from the health care system; they want to see people returning to private health insurance and to private medical practitioners, purchasing their drugs and medication from private pharmacists.

It may have been an accident that it just happened that the very profitable part of the Fremantle Hospital's operations—namely, the Bicton Annexe—was sold to a couple of prominent Liberal Party members. We all know the Bicton Annexe is capable of being run by a private operator in a very lucrative way. I have in my possession a feasibility study by a leading Western Australian hospital consultancy firm

which reveals that, at an easily obtainable 75 per cent bed occupancy rate, a private operator at the Bicton Annexe could expect a clear profit of over \$400 000 in the first year of operation. Is it any wonder this Government made a decision to sell the Bicton Annexe? The Government is prepared to sell to its friends anything which can be made to run at a profit to enable them to make a fast buck and the public—the taxpayers—are made to finance the unprofitable part of the health care system.

This point of view is borne out in a very interesting article which appeared in *The West Australian* of 7 February this year. The article was written by Paul Murray, and states as follows—

Patients who leave health-insurance funds and take advantage of free treatment in public hospitals are placing a financial strain on private institutions.

The move away from private hospitals has damaged the viability of the 18 which operate in Perth. . . .

The downturn is bad news for investors—including property developers and doctors—who put money into new private hospitals in the 1970s only to see profitability drop as Medibank was rearranged.

That is a quaint way of putting it! The article continues—

The State Government supports the role of private enterprise in the hospital system and wants it to relieve the burden on public hospitals.

The Minister for Health, Mr Young, favours a shift of emphasis from public sector to private where possible and practical.

Mr Young wants people who can afford to pay for health care to be made to pay for hospital treatment.

The article goes on to reveal the number of doctors involved in the ownership of private hospitals. I do not approve of doctors being involved in the ownership of private hospitals. In fact, I have grave doubts about whether we should have privately owned hospitals at all. Having a doctor as a part owner of a private hospital is like a judge having shares in a prison; it is putting the rabbit in charge of the carrot patch. Is it any wonder the national health bill is increasing daily, when we have doctors with vested interests in ensuring that people are admitted to hospital?

For the past few months it has been a very traumatic time for people with an interest in public health and the well-being of public

hospitals. We have seen nurses' jobs disappear at an unprecedented rate. In fact, some 300 hospital workers' jobs have disappeared, yet the Government is boasting about it; the Deputy Premier put out a Press statement lauding the fact that 300 jobs had disappeared in the hospital system.

We have seen the elderly, the sick, the poor, migrants, and supporting mothers turned away from outpatient clinics; in fact, we have seen outpatient clinics abolished altogether. We have seen people told to go away and buy their own medication. Many unfortunate things have happened. We have even read about the unfortunate death of a person recently because of the lack of beds at Royal Perth Hospital, a situation which quite clearly was caused by the policies of this Government. The buck for the chaos in the public hospital system in the past few months rests fairly and squarely at the feet of these Ministers who are so disinterested in this motion today.

Mr Bryce: Like a range of extinct volcanoes.

Mr O'Connor: What motion?

Mr HODGE: The amendment I am going to move in a few minutes.

Mr Young: No!

Mr HODGE: I hope the Minister is not disappointed.

Mr B. T. Burke: It is all right for you to make a joke of it. You think it is funny. The Minister for Health thinks it is a joke.

Mr Young: No.

Mr HODGE: The whole traumatic experience that the public and the health care professionals have gone through in the past few months has been caused by the fact that this Government was not prepared to fund the deficits of the public teaching hospitals to the tune of \$4.1 million. That is the amount by which the five teaching hospitals will exceed their budgets in this financial year. That amount is based on the figures given to me by the Minister for Health; so I hope he does not believe I am telling untruths when I say that. He seems to think I make up everything I say.

Mr Young: Only about 85 per cent—fair go!

Mr HODGE: We could have averted all of the heartache, hardship, and suffering that has occurred in the past few months for the sake of \$4.1 million. If this Government had been really interested in averting that, it could have applied to the Commonwealth under the cost-sharing agreement for a 50:50 deal. The Commonwealth could have put in \$2 million, and the State could

have put in \$2 million. Other State Governments have done that.

The New South Wales Premier (Mr Wran) has authorised Kevin Stewart, his Health Minister, to tell the Commonwealth that the New South Wales Government was prepared to put up an extra \$5 million if that would be matched by the Commonwealth. That would take care of the deficits in the teaching hospitals in that State. The New South Wales Government is prepared to do that, rather than do what this Government has done. This Government has tried to wreck the public hospital system; but Mr Wran was not prepared to do that.

I asked a question of the Premier of this State; and when one cuts through the bureaucratic jargon in the answer, one finds it is quite clear that he is not prepared to make that sort of request of the Commonwealth. He would see the public hospitals system run down and brought into a second-rate condition, rather than approach the Commonwealth to share this deficit on a 50:50 basis.

As I said at the outset, the professional staff, the administrators, the consultants, the patients, and the hospital staff have been outraged at the way the Government has handled the Health portfolio. When one picks up *The West Australian* one finds incredible the stories on the front page quoting the administrator of the hospital, professors of medicine, and other very senior staff. They are conservative people—people who do not become involved in any political arena; people who do not make political statements usually.

I would like to quote from *The West Australian* of 19 March 1981. It is an article written by Catherine Martin, and it states—

Professor Lawrence Beilin, WA University professor of medicine at RPH, said that the service the hospital was providing was deteriorating as a result of State Government policies.

The doctors' views were reinforced by the RPH administrator, Mr V. F. Driscoll, who said last night that the situation was extremely serious.

Professor Taylor said that facilities and staff in his department were stretched beyond the limit.

They are very blunt, forceful statements by senior people in the medical profession; and yet this Minister and this Premier have the nerve to stand in the Parliament and denigrate and belittle those people; and they suggest it is all a plot and a put-

up job. The Minister and the Premier claim that they know better.

The Royal Perth Hospital Board has warned that if the Government continues to make these cutbacks, the standard of care and attention would drop. That is clearly set out in the article in *The West Australian* of 19 March as follows—

The clinicians fear for the safety of their patients and are working under stress, as are other health professionals in the hospital.

The clinicians said that their silence till now might appear as acceptance of, and agreement with, the present conditions.

They now felt that it was time to speak out in the interests of their patients and in the hope of achieving speedy action.

Professor Beilin said—

"It seems ludicrous to have a ward of 34 beds on the third floor closed."

It was also ludicrous for a 65-bed ward at the Mt Lawley annex that could take some of the pressure off the main hospital to be closed, too, he said.

The article continues—

"The Government has said that there will be no deterioration in patient services, but the hospital board has told the Medical Department and the Minister for Health, Mr Young, quite clearly that cuts they will have to introduce will result in a deterioration.

"How can the politicians say that there will be no deterioration when the board, advised by its medical and nursing staff, says that it cannot be prevented?"

There we have in black and white that the hospital board, advised by the medical staff, told the Government, the department, and the Minister that the situation is deteriorating; yet they have chosen to ignore that excellent advice and to criticise those people who gave it.

All manner of people have been speaking out. The Royal Australian Nursing Federation, which is not usually one of the most militant industrial organisations in Western Australia, has lately become very militant indeed. It has spoken very forcefully about the situation. We have seen social workers, matrons in hospitals, and large numbers of health care professionals speaking out, to their credit.

The Royal Perth Hospital is in a state of crisis. It is not the only hospital that is affected; but it is the one with which I intend to deal for the next few minutes. A very interesting article appeared

in *The West Australian* of 26 February. That article underlines the state of crisis as follows—

Some emergency patients intended for admission to Royal Perth Hospital were diverted to Gairdner Hospital on Tuesday because of the shortage of beds at RPH.

The RPH authorities asked St John ambulance personnel to divert patients to the Gairdner wherever possible.

Things have certainly reached a very sorry state when an injured person or an ill person in an ambulance has to be shunted around the metropolitan area, trying to find a hospital that has a spare bed for him. If anybody had told me a few years ago that that could happen in Perth, I would have laughed.

Mr Young: That shows your abysmal lack of knowledge. That sort of thing goes on, under seasonal conditions, year after year, between the hospitals.

Mr H. D. Evans: To the present degree?

Mr Young: Yes, from time to time.

Mr HODGE: There was an end result of the professors' sticking their necks out and speaking, because the Government was humiliated to the point that this Minister finally initiated discussions with these people. There was an article in the newspaper giving a version of the discussions that occurred between the medical superintendent (Dr Joyner) and various other officials a few days ago. The article appeared in *The West Australian* of 21 March; and it indicated that the Minister had now agreed to reopen the ward that he previously closed in Royal Perth, and that he was giving consideration to reopening the 65-bed Mt. Lawley Annex.

Mr Young: Of course, that is patently false, because the ward was not closed. You really ought to get your facts right.

Mr HODGE: The Minister will have his turn in a moment, and I will look forward to it. He can clear up the misconceptions that I, the professionals, and everyone else have.

Mr Young: You have scant regard for the truth.

Mr HODGE: To the credit of the Minister for Health, he did have a sense of shame; so he decided he had better do something. While he was trying to pour oil on the troubled waters, his illustrious leader, the Premier, was going around lighting matches and throwing them onto the oil, making outrageous, confrontationist statements that the whole thing was a put-up job, that the professors had been acting in some form of

conspiracy, and that the hospital patients had been put up to it.

I do not know what the Minister for Health said. He remained very silent about those outrageous and scurrilous insults.

Mr Young: Well, I was not there.

Mr HODGE: But the Minister's leader was.

Mr Young: The Premier told this House that he took notes. I was not there. Are you expecting me to go down there and take notes?

Mr HODGE: For many years the Minister for Health has basked in the glory of the reputation he has had of being a small "I" liberal; of being a reasonable man; of being a bit of a trendy Liberal, not one of the dyed-in-the-wool conservatives like the Premier.

Mr Young: I also happen to be a big "L" Liberal.

Mr HODGE: That reputation has taken a hiding recently because of the savage cutbacks brought in by the Minister. Many people have said to me that the Minister does not seem to have his heart in the cuts, that he is not defending them vigorously, that he really does not seem to relish the job the Premier has given him. I do not know whether the Premier set him up, but the way he has handled the situation has put paid to his leadership chances.

Mr Bertram: He never had any.

Mr HODGE: The popular Press was putting him up as a potential leader, but the way he has handled this fiasco has put an end to all that.

Mr B. T. Burke: The Press put him up and the Premier put him in the cart.

Mr HODGE: Although Royal Perth Hospital is facing a crisis, it is not restricted to that hospital alone. Numerous warnings have been given by the medical superintendent at Sir Charles Gairdner Hospital, the matron of King Edward Memorial Hospital, and the director of medical services at PMH. An unprecedented number of warnings about this crisis from senior medical people have appeared in the Press, and it does not stop there.

Eight peripheral hospitals around the metropolitan area, the non-teaching Government hospitals, are also in a state of crisis. This area has not received as much publicity, but administrators and other senior people from these hospitals have been constantly in touch with me. They have been told that they must reduce their staff establishment to the 1974-75 level; yet all of them are currently operating at a 97 per cent or 98 cent bed occupancy rate.

A dramatic increase in the number of patients using the operating theatre has occurred at Swan District Hospital; there has been almost a 50 per cent increase. The midwifery area has had an increase of 40 per cent. However, during this time no increase in staff has occurred and these hospitals have been told to reduce their staff to the 1974-75 level. Swan District Hospital is already refusing to accept certain types of patients, such as children who require barrier nursing. This is because the hospital does not have the nursing staff available to ensure the adequate levels of nursing which are required.

It is absolutely ridiculous for the Premier and the Minister for Health to try to paint the picture that all is still rosy in the hospital system, that there is no crisis, and that all these doctors who are speaking out are subversives in a conspiracy. The Premier is quite out of touch with reality and I would have expected better from the Minister for Health. I guess he is anxious to retain his portfolio. He had a long, hard fight to become a Minister. He slipped back once before and I guess he is being sure he does not lose the position again, so he has to cop all this. The Premier makes the bullets and the Minister has to fire them.

Some of the statements from senior people in hospital administration should be brought to the attention of the House. There was a very long and detailed statement by Mr Driscoll, the administrator of RPH, which appeared in *The West Australian* of 9 December 1980. He was referring to the cutbacks in expenditure, and I quote as follows—

Mr Driscoll said yesterday that the hospital board had been horrified that it had to consider such action.

The hospital had previously been able to improve services while coping with increasing numbers of patients.

"Cutbacks are the last thing the board wants," Mr Driscoll said.

"As well as its duty to the Government to live within the funds provided, the hospital also has a duty to provide services.

"To consider closing services is a move backwards, but the board has no choice.

"We have asked Mr Young to reconsider the position.

"If he and the Government changed their minds, we would not have to go ahead with the cuts.

"But in view of the strong and repeated pronouncements by the Government publicly

and in discussions with the Public Health Department, I guess it is unlikely to change its mind."

RPH had cut all the corners it could, and had used all its spare financial capacity, Mr Driscoll said.

Further on—

For the past four financial years the hospital had been allocated funds which did not allow for rises in the consumer price index, but at the same time the number of inpatients had risen substantially.

Mr Driscoll said RPH was in the fourth year of a financial freeze.

There has been an average of a 13 per cent or 14 per cent increase in the hospital's number of inpatients in the past few years, yet since 1976 there has been a complete freeze on hospital staff. During the time there has been this dramatic increase in the number of inpatients, staff numbers have remained static.

Inpatients at RPH have been increasing in number by 1 000 each year over the past three years; that is a 14.5 per cent increase annually. RPH currently has about 4 000 staff members. If that hospital had a 14.5 per cent increase in staff it would be equal to 500 additional people. Instead, there has been no extra staff allotted because there has been a complete no-growth policy. In reality, that has meant that instead of looking after 25 patients every nurse now has to look after 30 patients, an increase of 20 per cent. That is the sort of workload that has been put on to the nursing staff in our hospitals.

Mr Young: Are you suggesting that a nurse has to look after 25 patients?

Mr HODGE: That is the figure Mr Driscoll has quoted.

Mr Young: You did receive my answer to your letter the other day which indicated there was a 3.1 staff to one patient ratio?

Mr HODGE: I am talking about nurses.

Mr Young: What do you think the majority of people in hospitals are?

Mr HODGE: If the Minister thinks that either Mr Driscoll or I am telling lies, he should say so.

Mr Young: Did you check with Mr Driscoll to ascertain whether that was a hypothetical figure?

Mr HODGE: No.

Mr B. T. Burke: This Minister has gardeners looking after patients!

Mr HODGE: The State Government does not appear to have any long-term policy objectives or

any health policy at all other than to build up the private side of medicine, the empires of private hospital investors, private health funds, private doctors, and private interests. The Government sees nothing wrong with running down the public health system in order to build up the private health system.

The other day I asked the Minister for Health whether he would agree to make a modest sum of \$2 500 available, out of the \$6.5 million a year he receives from Canberra for Aboriginal health requirements, for the Broome Aboriginal Medical Service to avert its closure. The Minister said he would not do this. He does not approve of the Aboriginal medical service. At the same time he is a great advocate of taxpayers' money being poured into private hospitals; he supports hospitals getting tax subsidies from taxpayers. So we have a double standard of private investors and private doctors who own private hospitals receiving taxpayers' subsidies, but the Minister is not prepared to give the Broome Aboriginal Medical Service, which is operated and controlled by Aborigines and has been highly successful over the past few years, a token amount of \$2 500 to avert a crisis. He would rather the service folded up.

Mr Bryce: They do not kick into the Liberal Party funds at election time!

Mr Nanovich: Don't be so naive!

Mr HODGE: When I spoke about the numbers of staff the Minister seemed to doubt that there was any shortage or that they were working under great stress. I suppose he thinks that the matron of RPH (Miss Mary Sellick) is also a subversive. Her views were quoted in an article in the *Weekend News* of 21 March 1981, and I shall quote from the article as follows—

Royal Perth Hospital has lost some of its senior nurses because of stress caused by staff and bed shortages.

Staff are also distressed because they are unable to spend time giving emotional support to seriously ill and dying patients.

RPH Matron, Miss Mary Sellick, said two senior charge sisters had resigned and the jobs of two other senior staff had been either changed or modified at their request.

Mr Young: That is a lot out of a staff of hundreds!

Mr B. T. Burke: Are you saying it is a good thing?

Mr Young: I am not necessarily saying that, but—

Mr HODGE: To continue—

Recently I had one acute surgical ward with 21 beds and 17 of those patients on intravenous feeds, and two nurses for the night duty.

I know the Minister does not want to hear the truth. He is spending most of his time trying to talk me down, but I intend to continue with my speech. I suppose the truth is somewhat unpalatable. The article goes on to say—

I had to take staff from elsewhere and that left other areas deprived.

We have got to the stage where we do not have the resources to cope with the crises that we know are going to happen.

We are the most efficient big hospital in Perth in terms of money and I have the lowest nursing staff-patient ratio of the teaching metropolitan hospitals. But we got the biggest financial cuts.

A few minutes ago I said that this Government did not seem to have any real, long-term health policies or objectives, other than to prop up private companies, private investors in hospitals, and private doctors and chemists. It is astounding to see the confusion in regard to the Government's policies.

Constantly the Minister for Health has issued contradictory statements. The Premier issues statements regularly which also contradict the statements made by the Minister for Health. In January, when the Minister for Health was talking about Federal funding for State hospitals, he started off by saying that the 50:50 cost-sharing agreement had to remain and he would be alarmed if it failed or disappeared.

However, a few weeks ago the Premier came bursting into print saying he would be delighted if the Commonwealth Department of Health was abolished, if the 50:50 cost-sharing agreement was abandoned, and if we got the health budget money from general taxation revenue grants. He said he would be quite happy about that. The Minister for Health does not agree with that, but he is not prepared to contradict the Premier.

Mr B. T. Burke: Ask him whether he agrees with it. The Minister is very silent.

Mr HODGE: I ask the member for Balcatta not to provoke the Minister, because he has not been silent throughout my speech!

A very interesting article appeared in the *Daily News* of 14 January under the heading "Young unhappy at cost move". It reads, in part, as follows—

WA could suffer badly if hospital cost-sharing agreements were scrapped.

The Minister for Health, Mr Young, said this was his view based on information so far received.

The Minister made a number of other statements which included the fact that he was in favour of charging patients who attended public hospitals. We know also that he is in favour of a means test for patients who go to public hospitals—at least, he was in favour of it, but I am not quite sure of his stance today.

In *The West Australian* of 15 January a further article appeared in which the Minister for Health had this to say—

However, Mr Young indicated some concern with the report recommendation that hospital cost-sharing agreements between the States and the Commonwealth should be abolished.

He said that it appeared that a big State such as WA could be seriously disadvantaged if the scheme was scrapped because its population was so scattered.

That seems to me to be a rather reasonable statement and I thought that, for once in his life, the Minister seemed to be proceeding in the right direction; but, of course, that direction was altered by his leader.

Another very significant front-page story was published in the *Daily News* of 16 February and that helped to change the Government's view. Under a big headline which read "PM hopes to unload hospitals", the following statement appeared—

The Federal Health Department could be scrapped if the government decides to force the States into accepting responsibility for the financial management of public hospitals.

The Prime Minister, Mr Fraser, is keen to push the mounting problems of hospital management and funding over to the States.

It is quite clear the Federal Government is anxious to wash its hands of the whole hospital problem, to scrap the Federal Department of Health, to scrap the cost-sharing agreement, and to give the States some form of money, perhaps in the general revenue grants and tax-sharing agreements.

Not all members of the Government agreed with that. A letter written by Mr N. E. Baxter appeared in *The West Australian* a few days after 16 February. We all know Mr Baxter was Minister for Health in this State a few years ago.

Mr McIver: He got the chop!

Mr HODGE: Of course, Mr Baxter took the Government to task for suggesting that it might

accept this change. I should like to quote from this letter which appeared in *The West Australian* of 26 February in the section devoted to "Letters to the Editor". The letter reads, in part, as follows—

I believe that the Fraser government is trying to renege on the liabilities contained in the written agreements, in the same way as it reneged on the unsigned agreement that the Whitlam government entered into with the States to provide \$460 million for hospital development in the States over a five-year period.

The States received only \$190 million under this arrangement, and were left to carry the burden of \$270 million to which they had been committed.

Mr Young: You agree with Mr Baxter on this, do you?

Mr HODGE: I agree we have to be very careful before we abandon the 50:50 cost-sharing agreement.

Mr Young: Do you agree with that piece about the hospital development programme? You obviously agree with Mr Baxter's letter. Do you agree with the piece you have just read out?

Mr HODGE: I agree that the Fraser Government welshed on the deal and said it would not provide the capital funds for health programmes.

Mr Young: Do you agree that would have some effect on the hospital system in this State?

Mr HODGE: Of course it would. I realise the Minister and his Government did their very best to ensure the Fraser Government was returned to power in Canberra at the last election. The Fraser Government is of the same political ilk as members opposite.

Mr Young: As I said last night, it is a little like contemplating old age which is lousy until you consider the alternative.

Mr HODGE: Of course, the Premier leapt to the defence of the Government and criticised Mr Baxter. He rushed into print in *The West Australian* of 21 March where he said—

The prospect of the States resuming full responsibility for hospital costs is not as daunting as N. E. Baxter, MLC, (Letters, February 26) and other commentators seem to fear.

Provided that an intelligent and responsive financial arrangement is made, both the Commonwealth and the States will benefit—that means the people will benefit.

Given this sort of arrangement, there should be an overall saving for the taxpayers and a continued steady improvement in health services.

Of course, that demonstrates the Premier lives in fantasy land. Obviously if the Federal Government wants to change the system and the cost-sharing arrangements, it will not do it in a way which will benefit the States. It will not do it in such a way that the States will have more money for health. The only changes which will be made by Fraser and his crew will result in less money for the States and less money for health.

An Opposition member: The Fraser-razor gang!

Mr HODGE: Of course, the Premier is in full agreement that the Commonwealth Department of Health should be abolished and he is in full agreement that the money can be given to the States in any form the Federal Government likes, by means of revenue grants or in some other way. The Premier does not mind. He is quite confident in the ability of the State Government to manage the hospital system.

It is very difficult to discern exactly the stance of the Minister for Health on this matter. Is he still in favour of means tests? Does he still think we should have a 50:50 cost-sharing agreement? Does he think we should have a block grant? Does he think the Federal Department of Health should be abolished? The Minister for Health has been strangely silent on these matters and, to the best of my knowledge, he has not made a public statement on them.

I hope the debate we are involved in today will give the Minister the opportunity to tell us about this Government's long-term health policies, its objectives, and where he stands on the matter. We should know whether the Minister is the true spokesman on health matters or whether in fact the real spokesman is the Premier. At times it is very hard to tell.

A great deal has happened in this State over the past few months and, in a 45-minute speech, it is very difficult to try to cover the whole gamut of what has happened. Probably the most disgraceful cutback which has occurred has been that which resulted in the termination of the outpatient clinic at Royal Perth Hospital.

Mr Young: You mean the general practice clinic, don't you?

Mr HODGE: The Minister may call it what he likes, but it is an outpatient clinic.

Mr Young: That was its name.

Mr HODGE: It was there to serve the needs of the poor.

Mr Bryce: It was for the needy. Haven't you got any poor and needy people in Scarborough who used that facility?

Mr HODGE: The brunt of the cutbacks have been borne by the less fortunate people in our community; they have been borne by the poor, the disadvantaged, and the needy. They are the people who have been discouraged from seeking hospital care at the outpatient clinics of the teaching hospitals. The drug supplies which these people require have been cut off and they have been told to go to private practitioners and private chemists. That has caused a great deal of hardship and anxiety to all sorts of people. They are the members of the community who do not have any political clout. They do not know to whom to turn and they do not know how to organise themselves to lobby politicians.

These people are not a powerful pressure group; they are just sitting back and coping it. These are the sorts of people this Government is hitting, and hitting the hardest. The Minister has said naively that those sorts of disadvantaged people can go to a private practitioner or private chemist and obtain their prescriptions on the free medications list. We all know that that is just not true—it is a load of rubbish. Many people on the poverty line—poor people who are not pensioners—cannot do that. We all know the restrictions placed on general practitioners in regard to the types of drugs they can order, the number of drugs they can order, and the quality of drugs they can order. We all know that the Minister's claim is not true.

I do not have time to deal with the many matters relating to health care, but they will be dealt with by other speakers from this side of the House. We intend to give the Parliament of Western Australia a full and ample opportunity to discuss the things which have been happening in the health field in this State over the past few months. Whilst I do not have time to cover any more, I assure you, Mr Acting Speaker (Mr Crane), that other members of the Parliament will cover all the other areas.

Amendment to Motion

Mr HODGE: I move an amendment—

That the following words be added to the motion—

but we regret to inform Your Excellency that your Government has caused a severe run-down in the State's hospital and health care system thus reducing the standard of care and attention available to the public, and this House notes with alarm:—

the intolerable increase in pressure on already over-crowded hospital facilities that is occurring because of the government's cuts in health funding,

the heavy additional burden the cuts are imposing on hospital staff already under pressure because of a 13 per cent increase in patient numbers over the last two years without any staff increases,

the disgraceful and unnecessary reduction in hospital staff because of a modest pay increase granted to nurses,

the long-term hospital cost increases that will occur because of the deferment of hospital maintenance programmes,

proposals to transfer all funding and administrative responsibility for hospitals from the Commonwealth to the States,

proposals to abandon the Commonwealth-State hospital cost sharing agreement in favour of a system of per capita grants to the States,

attempts to dissuade people seeking medical treatment at government hospitals,

the restrictions on the issuing of medication to government hospital outpatients and the hardship this is causing many people,

the closure of outpatient services to the detriment of the needy,

the withdrawal of the State from participation in the Federally funded trachoma and eye health programme, and the Government's stubborn refusal to provide any funding or recognition for Aboriginal controlled medical services,

the run-down in preventive health programmes that will follow the reduction in the number of community health nurses,

the wasteful proposed closure of government nurses' homes which will cause inconvenience to many nurses, problems for trainee nurses from the country and risks to hospital staff who finish work late at night.

MR BRYCE (Ascot) [11.53 a.m.]: I have pleasure in seconding the amendment moved by the member for Melville, a man who in the opinion of the Opposition should be the Minister for Health and not the Opposition spokesman for health.

Opposition members: Hear, hear!

Mr O'Connor: The public decided otherwise.

Mr BRYCE: During the last 45 minutes the member for Melville demonstrated how the present Minister for Health and the Treasurer have set themselves the task of dismantling the public hospital system in Western Australia.

It gives me a great deal of pleasure to second this amendment to the Address-in-Reply. It gives me an opportunity to express to the new Governor of this State a few factual comments about some of his Ministers who sit on the front bench opposite, many of whom found fairly laughable and quite humorous some of the serious comments the member for Melville made during the course of his speech.

In my humble opinion the present Minister for Health will be remembered as the ideologue who attacked the public health system of Western Australia. He has set himself the task of reducing it to a lame and sick substitute for what it was. At the same time he is helping his mates who build private hospitals to make a "big quid" out of other people's misery and sickness. I take this opportunity to explain to the House that I abhor the immorality involved in that. We have heard back-bench members of the Government say "Hear, hear!" because they think it is a jolly good idea.

I totally endorse the remarks of the member for Melville that there is something just a little immoral about doctors being allowed to invest in hospitals; having a vested interest in seeing those hospitals full of patients and then seeing their friends who they support on the eve of an election go into office and mangle the hospital system and dump patients into their laps so that they may make, in colloquial terms, a "big quid" out of people's misery and sickness. I absolutely deplore the immorality and double standards involved.

The Treasurer is as much at fault as the Minister for Health. Perhaps the Treasurer is the real demon in the situation. Certainly the actions of these two Ministers of the Crown ought to be drawn to the attention of the Governor. The Treasurer will be remembered for his mineral boom mentality and his promise to take us to the promised land. For 20 years with this mineral boom mentality he has promised a wonder deal for all Western Australians irrespective of their stations in life. For 20 years he has hoodwinked us into believing that the boom and its benefits—the spin-offs from the boom—will be equitably distributed amongst Australians.

Mr B. T. Burke: It is a confidence trick.

Mr BRYCE: The Treasurer has made such statements throughout his political career, yet we find he is the Treasurer who cannot pay—this man with the so-called Midas touch in regard to resource development. He says he cannot afford to pay the salaries of nurses; he cannot find enough money to provide hospital beds for the sick; he cannot find enough money to provide for medication in the outpatient facilities of our hospitals; and he cannot find enough money to provide nurses' accommodation.

He is the Treasurer of a Government which turns people away from public hospitals and directs them to private hospitals by ensuring the public hospitals simply cannot cope. He is the Treasurer who has promised Western Australians for more than 20 years that all they need is a little patience, and he with the Midas touch—

Mr B. T. Burke: And the West Trade Centre.

Mr BRYCE: —will produce the promised land.

Mr E. T. Evans: He is running out of time now.

Mr BRYCE: Of course, he is in the twilight of his career and is becoming jolly well embarrassed by the evidence on the blackboard.

Mr Nanovich: He still has hair on his head!

Mr BRYCE: Pythagoras from Whitford has made his speech for 1981 with an original interjection and I congratulate him for it! It is fair to say that the attack by the Minister for Health and the Treasurer on the public health system of Western Australia will be remembered for a long time, but the most unsavoury feature of their attack is that each and every time they have had to face the public for their actions they have sought to blame someone else. I would not call it cowardice because I know you, Mr Acting Speaker (Mr Crane), would not permit me to use that word, but I describe it as something which is despicable and lacking in courage. It is the way in which these two Ministers of the Crown have meted out their attack on the public health system in this State. When they are under the hammer for an explanation they have looked in other directions for it. They have blamed the doctors, the nurses, and the administrators of hospitals; they have blamed the unions which represent nurses; they have blamed the Federal Government, and they have blamed even hospital patients. We saw that simple spectacle only a few days ago, with the opening of this Parliament, when the Premier stood in this Chamber and blamed the patients. He suggested there were infiltrators—

Sir Charles Court: I did not blame the patients.

Mr BRYCE: —and today his absurd remarks were absolutely rejected out of hand.

Sir Charles Court: I did not blame the patients!

Mr BRYCE: Sir Charles was reported in today's issue of *The West Australian* and he had the gall to say that it was presumptuous of the hospital orderly to suggest that what the Premier had said was not true. That orderly has to be one of the gamest people to live in Western Australia. He is holding down a Government job, but has spoken out, bearing in mind the fact that the Premier is a man who soothes his KGB on anyone in the Public Service who criticises him.

Sir Charles Court: The man was not there with the people who made the confrontation, and that was on his own admission.

Mr BRYCE: The hospital orderly was reported in the paper as follows—

The patients had recounted to him what actually took place, and it was clear that their approach to the Premier was neither premeditated or organised by the administration.

He went on to say that some of those patients had reported for admission, had waited all day, and then had been sent home again on more than one occasion.

Is it any wonder that ordinary citizens, in the wards and in the waiting rooms of hospitals, would be delighted to give the Premier a piece of their tongue when he presented himself there on some unofficial occasion? What right has the Premier to assume that it was premeditated and that it had been organised?

The Premier must be out of touch with the fact that his policies are having an adverse effect on hospitals.

Sir Charles Court: I do not object to people wishing to talk to me, but I object when I am told quite frankly that the head of the place—and I presume it was the administrator—told them to confront me.

Mr BRYCE: The Premier has no right to presume. The Premier was not in his place in this Chamber for much of the speech by the member for Melville.

Sir Charles Court: Yes, I was!

Mr BRYCE: I wish to emphasise one of the points raised by the member for Melville. This Government has made a monumental error of judgment in launching this attack on the public health system. I am not surprised that a Government of conservatives, topped off by a handful of millionaires, does not understand the

importance which Australian citizens have always placed on their public health system.

I have no doubt in my mind that the majority in the next Labor Government in 1983 will be directly proportional to the single-minded, pig-headedness of this attack on hospitals by the Minister for Health and the Premier. Western Australians will not put up with it. I am surprised the members of the back bench have failed to get this fact through the thick head of the Premier.

I wish to deal with four aspects of the motion by the member for Melville. The first aspect relates to the decision by the Government to make savage cuts in staffing. The Deputy Premier was proud to announce that 300 jobs would disappear—that is not bad coming from a man who is responsible, in Cabinet terms, for employment opportunities throughout this State.

It was stated by this Government that because there was a wage rise it could not afford the salaries and wages for hospital employees, yet this is the Government which spent over \$4 million on the sesquicentennial celebrations. The celebrations carried on right throughout 1979 and there was no austerity there. The celebrations could have been held during June, foundation month, but no, the Premier decided to squeeze every single iota of political capital that he could out of the 12 months' celebration.

The Premier and his friends dressed up in drag right throughout 1979 and spared no money for the celebrations, yet his Government cannot pay the salaries of nurses, and so there must be cutbacks in the public health system.

This is the same Government which appointed an army of PR officers. We have talked about the supreme Leggoe in his flash car and with his Government expenses. There is no expense spared with any activity associated with the Premier, everything he does and everything he touches is done without the sparing of one cent. However, there is not sufficient money to maintain or sustain a decent public health system in Western Australia!

Sir Charles Court: Don't you believe in some budgetary discipline?

Mr BRYCE: Of course I do. However, I do not accept the basic philosophical premise that the public health system should direct people to private hospitals so that the friends of the Premier and the Government can make a big quid out of the misery and sickness of people. That action is reprehensible.

The second facet of the amendment relates to the closure of the general clinic. For the benefit of the Minister for Health, there are people I

represent who have been referred to that clinic. They are people who have been out of work for many months, in other words the needy. On the other hand many of the doctors who run their own hospitals are the greedy.

Not long ago, I wrote to the Premier and asked him to support a proposition to the Federal Minister to supply medicines to people who have been unemployed for long periods of time. The Premier wrote back to me and said "if"—and I emphasize the word "if"—"there are people in that position, they should go to the general clinic and get their medication from Royal Perth Hospital".

I am compelled to point out to members in this Chamber that this Government has closed that general clinic. This Minister for Health has decided to restrict the availability of prescriptions to the very people who, I was told, should go to that clinic, if they were indigent.

I can understand that a person representing the areas of Dalkeith and Nedlands could not understand the position of these people. I can understand that there are no "silver-tails" in the Dalkeith and Nedlands areas who require medication from such a place. This move smacks of downright cynicism because the Government is manipulating the hospital system and asking the community to pay the price. That is reprehensible!

I have a constructive suggestion to make, although it may be revolutionary for this Chamber. I sincerely suggest to all members in this Chamber, as we gaze at the collapse of our public hospital system, that it is time we considered the returns we receive from resources development. There can be no doubt that if there is a shortage of money, then it is time we looked at the royalty agreements which were written in the 1960s and the 1970s, according to the standards of that time, and we must consider the adequacy of those agreements when we think of the future.

If we have a hospital system which is collapsing, and if we have an education system which is failing, then why for the answer do we not look to the rhetorical questions: The resources boom is for the benefit of whom? Where will the benefit go?

In the last 10 years, more than \$8 000 million-worth of minerals has been produced in Western Australia.

Approximately \$350 million only has been paid into the Treasury of this State as royalties in that time! That is less than 5 per cent.

Our health system, our education system, and our transport system are in such parlous

conditions that we are entitled to ask ourselves: Where is the return on the boom that has been promised by the Premier? Last year alone, approximately \$52 million was paid into the Treasury as royalties as a result of our mineral boom. That is not sufficient to replace Royal Perth Hospital. It would not buy a decent general hospital in our metropolis today.

I am saying that the time is overdue for us to grasp the nettle. It is time Western Australia had a decent equity in our minerals that are developed and exploited. It is not good enough for us to accept the Premier's argument that all we need is jobs. We should never let him forget that when he came into office there were 7 500 people out of work and today there are 42 000 out of work.

The Premier's inference is "You can have jobs if you stick with me and have patience for another 20 years." This State needs a decent equity in our development. Even some of the third world countries have better equity in their developments. If the Premier wants to take Anglo Saxon examples, he need look only at Scandinavia and Canada to see that provincial Governments in such countries are receiving a better return on their investments than we are. It is appropriate for us to say that at the end of his long career, this Treasurer has sold this State short.

Mr B. T. Burke: Hear, hear!

Mr BRYCE: It is because this Treasurer has sold this State short that members opposite will be sitting on this side of the House after the next State election.

Government members know they are staring defeat in the face because the citizens of Western Australia will say "The Government's talk about development is false. Who has benefited from it?"

Sir Charles Court: You have been saying that for years and years, and we are still here.

Mr BRYCE: Just let the Premier further squeeze the public hospital system and he will see a great reduction in his majority in the Nedlands electorate. It will probably give him the greatest single individual shock of his career, if he is still there as a member.

Sir Charles Court: There has been no cutback in the hospital vote.

Mr BRYCE: All the Premier talks about is that there has been no cutback. It is like putting a straitjacket on a growing child and saying that it will not affect his condition. The Premier may not define it as a cutback, but that is what it has been effectively.

Sir Charles Court: What is a budget for?

Mr BRYCE: I support the amendment, and I look forward to the day when the member for Melville is the Minister for Health and he has the opportunity to sort out the mess that this Minister for Health and this Treasurer have created.

MR YOUNG (Scarborough—Minister for Health) [12.13 p.m.]: I waited to stand up because, when the member for Melville was speaking, he indicated that many members on his side of the House wanted to follow him with rabid enthusiasm—obviously one must believe one's colleagues in this place—and I thought many Opposition members would be bounding up to see what they could do!

My colleague, the member for Subiaco, noted the fact that up to date nothing has been mentioned by any member of the Opposition that he could reply to as a practising medical practitioner.

Mr Bryce: Perhaps he had better stick to politics!

Mr YOUNG: So I will reply to the member for Melville and the member for Ascot and say that today the member for Melville has exceeded his obviously very inflated ability to reveal an abysmal lack of knowledge of the system—

Mr B. T. Burke: Oh, come on!

Mr YOUNG: —his almost unbelievable bias, and his scant regard for the truth, of which I will give a number of examples.

Mr B. T. Burke: Well, just do it without saying it.

Mr O'Connor: Give him time.

Mr YOUNG: I will give examples to the House of his very twisted and desperate desire to get a headline at any price, regardless of what system he uses, for the ingratiation of himself with his colleagues.

In the opening of his address today, he indicated that I had lost the confidence of the medical practitioners of this State.

Mr B. T. Burke: Hear, hear!

Mr YOUNG: He said that the profession and "all" the allied professions were standing in trembling fear of this Government and that people were coming to his office in droves. He gave a clear indication that the entire health system of this State was about to crumble.

The member for Melville then went on to refer to a member of my "electorate committee", as he described it. He said that this lady had rung me, that I had hung up on her, and that she had then rung the member for Melville. However, the member would not name that person, and as such

a situation did not occur perhaps either the member or the Leader of the Opposition might care to take steps to have the lady ring me again and identify herself in private. I know that it did not happen, and quite clearly the member for Melville does not care about the substantiation of accusations like that.

The member for Melville berated me at great length and so did the member for Ascot about the fact that I would dare, as a Liberal—not as a small “l” liberal, but as a capital “L” Liberal—to encourage private enterprise into the hospital system.

I would like to remind the member for Melville of some words of Mr Joe Chamberlain when he was Secretary of the Labor Party. Some years ago, after a tirade of abuse by some members of the Labor Party aimed at the then Premier (Sir David Brand) about the fact that he was selling off to private enterprise some of the interest of this State, Mr Chamberlain pointed out that all the Premier was doing was to put his party's philosophies and policies into effect, and it was time to get the Labor Party's act together to see whether it could do something about its philosophies. Just as Joe Chamberlain said that to his party members then, I say to members opposite now: As far as I am concerned, I am a Liberal member of Parliament, and I will take every opportunity I can in every circumstance—

Mr Bryce: To featherbed your mates!

Mr YOUNG: —wherever it is possible, to transfer the cost of the public purse to private enterprise where private enterprise can do the job better and more cheaply.

Mr B. T. Burke: To the disadvantage of patients!

Mr YOUNG: I will take that particular argument further. I would like to make it very clear to the member for Melville that the public situation at the moment is not a good one. It is not good that the system continues to force people into the public sector.

The member for Melville takes the stance that anything that goes into the public sector is okay and that all the Government has to do is to continue to provide the services within the public sector to cope with the demand. It has never been considered by the member for Melville that the private sector has unused capacity, a capacity to which the taxpayers of this country have contributed mightily. We ought to be commencing to gain some benefit from those private facilities.

Mr B. T. Burke: Private enterprise will never take on anything that will not make a profit. You

know that; and the State gets all the unprofitable services at the present time.

Mr YOUNG: As the Minister for Health in this State, I have made it clear that I will do whatever I can to ensure that the unused capacity is utilised, even if it means putting public patients into private hospitals.

Mr Bryce: So your friends can make a quick quid.

Mr YOUNG: The Government could pay the cost of such patients if the Commonwealth Government would allow it—

Mr Bryce: It is a raking off of taxpayers' money straight to the Liberal Party.

Mr YOUNG: I want to remind members opposite that if private hospitals can treat some of the patients more economically, it is in the interests of the people those members claim to represent to let them do so. I will continue to follow this policy. The member for Melville displays a scant regard for the truth. To illustrate the thrust of my remarks, I can do no better than to point specifically to the words of the motion itself. The preamble ends with the words, “This House notes with alarm”, and then one of the items listed reads as follows—

the disgraceful and unnecessary reduction in hospital staff because of a modest pay increase granted to nurses—

I put it to the House that if the pay increase granted to nurses was modest then the cuts made to balance that increase so that the budget comes up square must be equally modest. I remind the House of that. If the alarm—which the member for Melville and many other people, including members of the staff of Royal Perth Hospital and professorial staff, are trying to stir up—is warranted, and if it is true that this mayhem and chaos is occurring, then surely the argument of the member for Melville should be that the pay increase was massive; but obviously it was not. It was a modest increase, and to balance it we had to make modest cutbacks in services.

Mr B. T. Burke: What a fool you are.

Mr YOUNG: The amendment moved by the member for Melville refers also to proposals to transfer all funding and administrative responsibility for hospitals from the Commonwealth to the States. I ask: what proposals?

Mr Bryce: Have you not read the newspapers in your own fair city?

Mr YOUNG: When has the Premier proposed to transfer all funding to the Commonwealth?

Mr Hodge: I read out the letter.

Mr YOUNG: When has the Premier proposed to transfer all administrative responsibility for hospitals from the Commonwealth to the States? The amendment proposed is totally inaccurate, and the honorable member knows it.

The next paragraph refers to proposals to abandon the Commonwealth-State hospital cost-sharing agreement in favour of a system of *per capita* grants to the States. No official proposals were made in that respect. The amendment then goes on to refer to the restrictions on the issuing of medication to Government hospital outpatients and the hardship this is causing many people. Those proposals were made by Royal Perth Hospital to me, among many other proposals I received. I told the hospital, as I told all other hospitals, that if people to whom the member for Melville and the member for Ascot referred were adversely affected, the cuts were not to occur. I have said that only about 20 times, and I am sorry the member for Melville needs it to be said again.

I have said that on many occasions to the administration of the Royal Perth Hospital, and to all the other hospitals. If the hospital administrators do not take notice of my request, then all I can suggest to the member for Melville is that he ring the administrators and ask them the reason.

As a further indication of the member for Melville's scant regard for truth, I indicate he said that a tragedy at Royal Perth Hospital could have been averted. Even the two professors who recently caused problems by creating public furore do not suggest that. In fact, one went so far as to state specifically on the television programme "Nationwide" that the patient did not necessarily die as a result of the cuts. The professor said he could not say whether the patient would have lived or died. However, the member for Melville said a tragedy "could have been averted".

The member said also that "all" hospital staff have been outraged; he can check his *Hansard* report if he wishes to. Obviously that means I do not receive any telephone calls or representations from people saying "Stick with it; you are doing a good job." The member for Melville claims—

Several members interjected.

The ACTING SPEAKER (Mr Crane): Order! The Minister will resume his seat. I point out to members that when the member for Melville was speaking the Chamber was relatively silent while listening to the claims he made. I thought to myself that the Minister should have the opportunity to answer the claims in the same

situation, and I ask members to give him the opportunity to do just that.

Mr B. T. Burke: Hear, hear!

Mr YOUNG: It seems the member for Melville is allowed to claim—

Mr E. T. Evans interjected.

The ACTING SPEAKER: Order! I ask the member for Kalgoorlie to desist.

Mr YOUNG: —that droves of people are ringing him, but according to the Opposition I am not allowed to claim that anybody contacts me. However, people have contacted me.

Let us consider the professors. Does the member for Melville claim the two professors concerned are the fount of all knowledge within the hospital system? Does he claim everything they say has to be accepted in every way without question?

Mr Hodge: It should be considered.

Mr Bryce: Do you claim the reverse?

Mr YOUNG: That seemed to be the general thrust of the argument of the member for Melville, and the professors concerned have been the source of some of the questions he has asked and the statements he has made. I intend to quote a letter I received from Professor Michael McCall, the head of the Department of Medicine of the University of Western Australia. Perhaps the member for Melville does not accept that Professor McCall is an expert in this field.

Mr B. T. Burke: You will not accept his experts.

Mr YOUNG: This is what Professor McCall wrote to me—

I write to congratulate you on your handling of the interview on Nationwide last night and to assure you that the purpose of Government action in relation to teaching hospitals is understood and welcomed by many doctors.

I have not previously used that letter, and I do not claim that person's opinion is superior to the opinions of others; nor is it superior to the general assessment of the situation that I am able to make, the Government is able to make, my advisers are able to make, and advisers within the hospitals are able to make. In each case it is the opinion of the persons concerned, but they are valid opinions. I would counsel the member for Melville not to treat every accusation against the Government as being the gospel truth.

Let us consider the Royal Perth Hospital meeting. I called the people together; admittedly it was after the accusations made by the two

professors. However, I remind the House that Professor Taylor well knew a breakthrough had been made before he made his attack on me. Therefore one is left with the question as to why he made the attack when he knew the breakthrough had been made and that I would be talking to the people concerned on that Friday afternoon.

At that meeting it was generally recognised that the hospital was able to carry on within its budget and to reopen wards which had been closed for many months. Contrary to what the member for Melville said, I did not close those wards. At the meeting it was recognised also that the Mt. Lawley Annexe could be reopened, perhaps in April, if the negotiations with the Commonwealth proved fruitful. All that was done within the 1980-81 budget of Royal Perth Hospital.

I remind members opposite who keep talking about cuts that no cuts have been made; it has been a rearrangement of services and facilities within the hospitals, and that has occurred at the advice of the boards of the various hospitals in order to compensate for wage increases outside the indexation system requested by nurses and other hospital employees.

Mr Bryce: You have about as much credibility as Fraser has.

Mr YOUNG: The member for Melville referred to the Royal Australian Nursing Federation as having spoken out to its great credit. However, my regard for that federation has diminished because throughout the entire situation it has not on one occasion said anything constructive or aimed at assisting the situation in which the Government finds itself and in which it knew the Government would find itself.

I will give an example, and it is one of the examples used by the member for Melville in his amendment. I refer to nurses' homes. On the day the teaching hospital boards announced their intention to close nurses' homes I said under no circumstances would the Government accept such closure unless the nurses who really needed accommodation were properly accommodated.

At that time the General Secretary of the Nursing Federation said she did not care about that. That was the comment which appeared in the Press. She said jobs were important. That was my attitude in the beginning, and I have stuck to it ever since.

Subsequently, after speaking to the federation about the rearrangement of nurses' accommodation, I said to the general secretary "Please go back to your nurses and ask them if

they can present a more constructive proposition." The answer came back stating that the nurses wanted to stay where they were. There was nothing constructive; no recommendation was put to me that the nurses might be able to go along with the Government's suggestion, provided certain things were done. They wanted everything to stay as it was.

Mr B. T. Burke: They dared to disagree with you.

Mr YOUNG: If members opposite believe that was a constructive way for the administration to handle the matter, I feel sorry for them.

The member for Melville constantly asked me what I thought about the Commonwealth's role in the area of health care. Even Professor Taylor recognises the fact that Commonwealth policies, as they stand at the moment, could be blamed for much of the ills of our hospital system. It is as ridiculous to suggest that the Commonwealth system is not the cause of the present strain on our public hospital system as it is to suggest the Commonwealth Government does not control the overall economy of the State of Western Australia by controlling levels of funding and grants.

The member for Melville asked me where I stood on a number of issues.

Several members interjected.

Mr YOUNG: If his colleagues will allow me, I will attempt to answer him. He asked about means tests. We have made it clear that pensioners and disadvantaged persons will not be subjected to a means test. If members opposite agree to grant me an extension of time, I will be able to answer all the honourable member's questions; however, that is not possible in the limited time available to me now. Such people will not be subject to a means test in respect of the purchase of drugs.

The member for Melville referred to the 50:50 cost-sharing arrangements. The initial indication after the Jamison report was that the Commonwealth Government wanted to drop out of the existing funding arrangements without consultation with the States. The States were concerned about the lack of time they had to negotiate a new agreement—it had to be completed before July this year—so they decided to maintain the present cost-sharing arrangement.

The member for Melville asked about my attitude towards tax sharing as opposed to block grants. Our philosophical situation is that we would prefer a tax-sharing arrangement, provided that the base was correct and the proper services could be built into the base for the purposes of calculating the amount of tax money we would

receive. In our opinion, the Commonwealth has a notorious habit of running away from block grants; it is inclined to leave a block grant at one level, regardless of inflation or growth.

The member for Melville referred to the closure of what he termed the "outpatients" clinic—it is actually the general practice clinic—at Royal Perth Hospital and said that this would result in patients attending private practitioners. The Commonwealth Government's policy is that disadvantaged persons may be treated free of charge when they attend private medical practitioners.

In regard to the supply of drugs at public hospitals, I have made it very clear to all teaching hospitals that under no circumstances should disadvantaged people, or people with long-term illnesses who cannot afford their drugs be disadvantaged by any decision hospital administrators may make.

I am sorry I have insufficient time to answer all the matters raised by the member for Melville, because I have several more answers which would help to clarify the situation.

MR DAVIES (Victoria Park—Leader of the Opposition) [12.33 p.m.]: The Minister for Health said he sat back and waited for other members to enter the debate. We have been caught by that ploy on a number of occasions. We wanted to hear what the Government had to say, but this time we were disappointed.

The Minister for Health said that the member for Melville—who prepared an excellent treatise on the situation, and delivered it very well to the House—showed an abysmal lack of knowledge of the health situation in this State.

After what we have heard from the Minister for Health we can be fair in saying exactly the same thing about him. From August 1978, this Minister held two portfolios, Health and Community Welfare; however, since the last election, he has been responsible for only the portfolio of Health. It was quite plain, when he did not even try to answer anywhere near all the 12 points contained in the member for Melville's amendment, that he does not have a particularly good grasp of his portfolio.

Mr Young: I would have needed a machine-gun lip!

Mr DAVIES: That might be one of the penalties we pay for having amended our Standing Orders in November last year, when we decided we needed only 20 minutes each to discuss amendments to an Address-in-Reply motion.

I am quite certain that, just as there are many members on this side who intend to have a few words to say about health matters, there are as many members opposite who want to join the debate. We can hope only that they display more knowledge of the field of health care than the Minister for Health and the member for Subiaco have shown. I was not in the House when the member for Subiaco spoke yesterday, but I have read a report of his remarks.

Mr Young: Loved him on trains, hated him on hospitals!

Mr DAVIES: The Opposition takes each situation as it arises. At least the member for Subiaco has not changed his position over the years he has been here. He has always said doctors are to blame for the way hospitals are run, and I am inclined to agree with him. I tried to do something about that situation when I was Minister for Health, but had no success.

I wish to comment on one or two of the points the Minister made. He said he would ensure no means test was applied to pensioners and the like.

Mr Young: And disadvantaged persons.

Mr DAVIES: Yes, and disadvantaged persons. How can the Government apply a means test if there is no service to which to apply that means test? If the service has been completely cut out, it does not matter whether the Government applies a means test; people in poor circumstances will still be disadvantaged. This is one of the matters about which we complained; we believe the services which have been withdrawn from public hospitals should be restored.

The history of this situation does not go back only to the last Budget and the increase in wages about which the Premier and Treasurer spoke at that time. The standard of health services in Australia has been going downhill since 1975, when the Federal Government changed hands. Since that time we have had some 14 changes to our health care system. Medibank no longer continues to exist in a recognisable form. The Federal Government has foisted upon the States demands with which the States obviously are unable to cope, and the result has been chaos amongst the health care system in this State. This chaos does not exist only in public hospitals and teaching hospitals; it is also to be found in our community health services and, generally, in health care over the whole field.

As the Minister pointed out, during the six years since 1975, this Government has been confronted with a cost-sharing situation which expires this year. During the whole of that time, the Government has done nothing positive about

coming to a new agreement. It has had four years in which to iron out some kind of new agreement with the Federal body; however, we are still lamenting. We need a new agreement, but it seems to be no closer today than it ever was.

All we get from this Government and its Ministers is abuse of their Federal counterparts. We have heard the Premier and Treasurer and the Ministers for Health, Mines, Transport, and Water Resources heaping abuse on their Federal colleagues; yet they then expect them to smile kindly on this Government. Have members opposite never heard of federalism, and what it means, and tried to negotiate to obtain some advantage for this State? The best analogy I can draw to this situation is that it is like going to bed with a nagging wife. This policy of continual confrontation with their Federal counterparts has cost this State some penalty; it has got us nowhere.

The situation exploded last year when the Premier announced in his Budget speech that the Budget contained no provision to meet other than cost-of-living adjustments. There was no money in the Budget for work-value increases. He said that, as from that day, that would be the position, forgetting there were cases before the courts which needed to be heard and the results of which would need to be met. We tend to forget sometimes that this is a law-and-order Premier; according to the Premier, we should all abide by the decision of the courts. Yet the Premier has messed around with the Industrial Commission—a court of law—as far as he dares and he still does not want to abide by the decisions that court of law brings down.

We asked him by way of question how much he allowed in his Budget from Consolidated Revenue to meet these cost-of-living adjustments only; and he said "18.3 per cent." That is recorded in *Hansard*.

We contacted every other State in Australia, and the Commonwealth, and we asked them what allowances they had made. No other State had allowed more than 12 per cent for cost-of-living and work-value judgments. Yet this Premier says he allowed 18.3 per cent for cost-of-living adjustments only. Who is he kidding? That was a deliberate confrontation because, or in some areas, the Treasurer's Budget is out of control. It is out of control particularly in the health field. It may have been a deliberate ploy, knowing that the nurses were the first people likely to receive any increases.

The situation is that awards are made through the courts of the land, after cases have been

submitted; but the Government feels it is not disposed to pay them, or if it will pay them, somebody else has to suffer. Why has not the Government gone before these courts in the public interest? It gave itself the power to do that in the last amendments to the Industrial Arbitration Act. Why has not the Government pleaded its case? Its Budget would be ripped to shreds if it was cross-examined in public. That is why the Government has not done that. It could do all these things; but it has not done them.

The Government decided, probably deliberately, that it would blame the nurses and the hospital workers for the deterioration in health services; but even then the Government could not get its story together. In a question on Tuesday, 18 November last, the member for Melville sought information from the Minister regarding the amount of the increase and its likely effect. On page 3689 of *Hansard* the Minister gave the following answer to part (2) of the question—

- (2) The cutback will cause some deterioration in the services at teaching hospitals; that cannot be denied . . .

On Tuesday, 25 November, the Premier, after coming out of Cabinet, was asked certain questions. I can imagine there were some traumatic Cabinet meetings at that time. I am referring to a report in *The West Australian* on that day. First of all, the Premier was asked if he was worried that the cuts in hospital staff would lower standards. He said "It shouldn't do. I will be surprised if it does." The week before, his Minister for Health had admitted that the cuts would lower standards. Now, why could not the Minister and the Premier have put their story together better? What work did they do on the matter before they started slashing around?

What is the position now? Wards have been closed. A new hospital has been built at Wanneroo. Was it before its time? How are they able to close one complete floor of the hospital? Wards at Royal Perth Hospital have been closed.

I appreciate that under this very quaint system with the Federal Government, we cannot have new beds without old beds being closed. I do not know where there will be room for expansion under that system; but that is one of the facets of the system instituted by the Federal Government. Wards have been closed and hospitals have been sold.

I do not think the Minister knows very much about the sale of the Bickley Annexe. He gave us to understand—

Mr Young: It is Bicton, and it was a lease.

Mr DAVIES: I apologise. I do not think the Minister knows very much about the lease, because yesterday he said he did not know who were the parties involved. He said he had taken the recommendation of the Board of Fremantle Hospital. What an admission! I should imagine the Minister would want to know precisely what happened, who was involved, who the parties were, and what were the full terms of the lease.

Mr Young: If I had done that, I can just imagine what your accusations would have been.

Mr DAVIES: Sheer incompetence on the part of the Minister. He said "The Fremantle board recommends this. I agree." He cannot expect us to believe that a man like he is would not make some inquiries about the nature of the recommendation. He would ask "Who are the parties concerned?"

Mr Young: Do you know how the public tender system works?

Mr DAVIES: Of course I know. In this matter the Minister apparently took the recommendation of the Fremantle Hospital Board without even inquiring into the position. That is in relation to a matter of such intense public interest.

Sitting suspended from 12.46 to 2.15 p.m.

Mr DAVIES: Before the luncheon suspension we were considering how this lucky country cannot afford to run an adequate health care system for the population. The comments yesterday of the member for Subiaco were very interesting because he has been saying those things for a very long time. I remember that when I was the Minister for Health I invited him down to my office on a number of occasions; indeed, he had an open invitation which he did not accept.

Dr Dadour: You never had the brains to listen.

Mr DAVIES: He never spoke with the people about the suggestions he was making. This was a pity because he has some experience in the field. The only thing of real substance he did was to query whether or not there was an oversupply of staff in teaching hospitals. This is what I wish to comment on. We have to talk with the experts about that. After all, the Government meddled in the training of doctors. It said it was a terrible thing that everyone who wanted to get into second-year medicine could not do so and so the Government indicated it would fix things. This situation had been going on for years and years, and I refer to the culling of medical students after the first year. However, because it was election time the Government said we needed more doctors—despite the fact there had been an inquiry into medical manpower. The Government said it would establish training facilities in St.

John of God Hospital. Indeed, the first year it was in Government it spent something like \$90 000 to establish those facilities.

The result is that we now have an oversupply of doctors and this shows the way the Government deals with health matters. It deals with a situation as it sees it at that moment and there is no forward planning. If the Government had looked at the available evidence at that time it would have found there was plenty of scope for the training of doctors as things were.

I am sorry indeed that the member for Subiaco said that the former director of administration of the department (Mr H. R. Smith) was an empire builder. Both Mr Smith and Dr Bill Davidson, who was the Commissioner of Public Health, did more than any other two men I know to contain the growth of health services in this State. They made certain that where any growth became necessary it was considered to be absolutely essential.

But what did this Government do to try to keep control of the teaching hospitals? It took the Government representation off the teaching hospital boards. It took away a vital link between the department and the hospitals. Yet the Minister at the time—not the present Minister I am pleased to say, but one of his predecessors—decided the Government should cut this very vital link.

Mr Young: It was on my recommendation as Chairman of the Public Accounts Committee; a recommendation agreed to by your member for Mt. Hawthorn and your former Deputy Premier, the member for Cockburn.

Mr DAVIES: That was one of the worst things that happened.

Mr Young: You are disagreeing with your own members' recommendation.

Mr DAVIES: Indeed, I am, if that is where it came from. I think it was the Hon. Norm Baxter who made the decision.

Mr Young: It followed a Public Accounts Committee recommendation agreed to by your colleagues.

Mr DAVIES: The Minister is so confused. It was the Hon. Norm Baxter who made the cut, long before the present Minister was in charge of these things.

Mr O'Connor: He said it was a Public Accounts Committee decision.

Mr DAVIES: But it was the Hon. Norm Baxter who made the cut; he approved the recommendation and organised its implementation. Whether or not he did so is of

little consequence; it was still the worst move ever to be made. The Government should know what the teaching hospitals are doing. It does not know what they are doing because it was stupid enough to remove its representation from the boards. Royal Perth Hospital wanted that link because its administrators thought it was essential. Other hospitals now have a casual form of lunchtime meeting once a month between the executive. That is no good. The Government cannot know what is going on at board meetings if it does not have representation.

According to the *Daily News* the Government is considering a proposal for a commission. When the Labor Party proposed a commission during the last two election campaigns members opposite said it was a ridiculous idea.

Mr Young: When was this proposed?

Mr DAVIES: According to the newspaper reports there is a proposition before the Government.

Mr Young: I see!

Mr DAVIES: The Minister has not denied it and the member for Subiaco spoke about it yesterday. The Government is talking about putting back the same type of administration which was around when the former director of administration (Mr Horrie Smith) and the former Commissioner of Public Health (Dr Bill Davidson) were there.

The Government has tried all these things, but it has gone downhill since 1975 and particularly since 1978. If we had proposed a commission, members opposite would have cried "Another board; more control to take care of things!"

There is a further suggestion, which the Minister can confirm or deny, that the Bentley Hospital may come under the control of Royal Perth Hospital.

Mr Young: Where did you get that from?

Mr DAVIES: One of the doctors.

Mr Young: There is no such suggestion.

Mr DAVIES: The Minister is so touchy on these matters, and understandably so. He will not even answer questions put to him.

Mr Young: There has been no suggestion or inclination that that would occur and no decision has been made.

Mr DAVIES: I shall pass on from there. The Minister is too busy building the Karratha Hospital at a cost of approximately \$6.5 million whilst at the same time he is closing down a hospital 20 kilometres away which has already 40 beds. The total number of beds will be 60.

Mr Young: I will take a note of that. You are opposed to the building of the Karratha Hospital.

Mr DAVIES: Apparently this is the latest move being made by the Government. The Minister is not going to put words into my mouth, although he would like to do so. However, I am trying to highlight the way in which millions of dollars are being frittered away.

Mr Young: Are you saying we should run them both?

Mr DAVIES: The Karratha Hospital is being built when there is already a perfectly good hospital a short distance away and which has 40 beds.

Mr Young: Are you saying we should run them both?

Mr DAVIES: If the need is there.

Mr Young: And if the need isn't there, what should happen? You are saying we should keep them both open.

Mr DAVIES: A second hospital should not be built if it is not required and the Minister is saying we should close down a perfectly good hospital.

Mr Young: Which one should we keep?

Mr DAVIES: We should keep the one where the need is greatest and where money can be saved.

Mr Young: In other words, you are not opposed to the building of the Karratha Hospital.

Mr DAVIES: Members can see the sort of confusion the Government has got itself into as far as hospitals are concerned.

Mr Young: It's all right; we have taken a note of your comments.

Mr DAVIES: The Government does not have a health policy and it cannot decide where it can get the best value out of the money available to it.

Several members interjected.

DR DADOUR (Subiaco) [2.24 p.m.]: I was wondering whether I was going to be given the opportunity to have my say.

The SPEAKER: I can assure you you will get that.

Dr DADOUR: Thank you very much, Sir. I am very concerned at the way in which the amendment has been dealt with so far, because, as far as I am aware, not one word has been said in regard to costs or efficiency. This is particularly bad, because everything must be costed out. This is a very emotive area, but I am able to look at it objectively. In fact, my view is probably more objective than that of any other

member of the House, because I am familiar with all aspects of health and I practise in the medical field every day and have done so for many years.

As far as I am aware, the only comments made about money have been in relation to the big rake-offs on the part of private enterprise in this area; by that I mean the remarks made about doctors owning hospitals.

According to medical ethics, doctors or their wives should not have an interest in a hospital; but human nature being what it is, some doctors and their wives are involved in the ownership of hospitals. This is ethically and morally wrong, but it goes on.

Mr H. D. Evans: How extensive is it?

Dr DADOUR: I might add that doctors of both political philosophies are involved in these sorts of activities at the moment. However, I should like to know what are the big rake-offs being made by private hospitals? The truth is they have nearly all gone broke.

In fact there is only one left; that is, St. John of God. The balance of the private hospitals have been bought and are used as annexes of the major hospitals. Those which have been purchased and which have not been turned into annexes have been leased to the public. Mr Horrie Smith did a good job here; not only did he put them up, but he also bought them.

The public hospitals system has not operated efficiently. We knew it would happen. We knew we would be overtaxed, but initially public hospitals were provided for pensioners and the disadvantaged. However, the area of people serviced by public hospitals has increased over the years and when they became teaching hospitals the rot started to set in.

As a result of the setting-up of Medibank more people used public hospitals, because that was their right under the system. People pay high levels of taxation in order that public hospitals may operate; therefore, they are entitled to free treatment there.

St. John of God is run in a very efficient manner. It has the same medical and nursing facilities as public hospitals, but a profit is made with a bed rate of \$100 a day. However, other "A"-class hospitals cannot operate efficiently on \$100 a day, so large sums of money are lost.

In order to get to the crux of the amendment, we should examine the costs of health delivery in this State. In any three consecutive years over the last 15 years the cost of health delivery has risen over and above inflation by more than 100 per cent. Over the same period, the portion of the

State Budget allocated to health services has increased from 20 per cent to the current figure of 30 per cent. This is an indictment of health costs in this State. The Government cannot continue to bear such costs.

It is ludicrous for health delivery costs to rise at a rate of 30 per cent annually over and above inflation. These costs can no longer be contained.

The two States which are experiencing trouble with their health systems are Tasmania and New South Wales. Believe it or not, those States are administered by Labor Governments.

Mr H. D. Evans: Do you mean to say this State is not in trouble?

Dr DADOUR: Is this the situation members want? Do not members want efficiency and the best possible health delivery? Does the Government intend to give way to the administrators who have already shown the sorts of cures they are? The administrators have bitten the hand that feeds them.

Mr Skidmore: Don't start blaming the Labor Party as though it is the wolf in sheep's clothing!

Dr DADOUR: I am just saying this State is in trouble.

Several members interjected.

The SPEAKER: Order!

Mr H. D. Evans: He is going back to the fold.

Dr DADOUR: Members opposite are trying to interrupt my train of thought. We do not want a similar situation in this State as has occurred in Great Britain and New Zealand. We do not want our health system to deteriorate to that extent.

Mr Davies: It is better than the one we have here now.

Dr DADOUR: We must contain costs.

Mr H. D. Evans: What is happening in America?

Dr DADOUR: We must contain the costs of our hospital services. I have not yet set out the reasons for the increased spending on public hospitals. The situation goes back to the period during which nurses won their fight in the Industrial Commission for an increase of 5.5 per cent. If we did not agree with the decision made and felt the referee was wrong, we should have given the referee the bullet. The nurses should not have been asked not to accept the increase and they should not have been penalised for it. However, that does not matter.

I agree that expenditure should be curtailed in the health area. At the moment we are at the mercy of the bureaucrats, and either we take a stand now or we will fall. If we do not win this

battle and quickly put these people in their places, we will fail, because already 30 per cent of the State Budget is allocated to health.

That is an indictment. Nobody believed it would reach a level of 30 per cent, but it has. If the Opposition's amendment were passed the figure would go even higher. Who would pay? I certainly do not want to pay more taxes and I am certain members of the Opposition do not want to pay more taxes; so, their tongues must be in their cheeks when they speak about such matters.

We must have efficiency but we have rivalry. It is not friendly rivalry, and it costs us a great deal of money. I shudder to think of the result of the Leader of the Opposition's suggestion that the scoundrels in charge of the Royal Perth Hospital should be put in charge of the Sir Charles Gairdner Hospital as well. We would have two hospitals run so shockingly that we would never be able to survive the consequences. At the moment if we stick together and fight against the problems we might succeed.

It was wonderful to see some of the hospital administrators do what they did because they showed their hands. They showed themselves to be utter scoundrels. They were asked to cut expenses in low priority areas where the consequences would not have interfered with the treatment of patients and would not have in any way disadvantaged patients. The administrators were not asked to do very much; in fact, they were asked to contain costs by only 1 per cent which is not very much. Surely any establishment has areas in which spending could be cut by 1 per cent to keep within budget limits. But no, the administrators did not do that; they decided to cut expenditure in areas that would have the greatest political impact. They were areas of the greatest emotive concern to the public.

Of all areas in which to cut expenditure the administrators picked on the cardiac surgery unit in which in recent years great advancement has been made so that people with serious heart conditions can undergo open heart surgery. The administrators, instead of making cuts in non-emotive areas decided to take away some of the beds in that unit.

Mr Pearce: The people lost what they had before.

Mr O'Connor: What cuts were made?

Mr Pearce: He said beds were taken away.

The SPEAKER: Order!

Mr Bryce: Ask the nurses.

The SPEAKER: Order! The House will come to order! It is inappropriate to have cross-

Chamber conversations while a member is attempting to make his speech.

Dr DADOUR: As I said, if they could not make cuts—

Mr Pearce: The Deputy Premier said that was not true.

Mr O'Connor: That is not true.

Dr DADOUR: No cuts were made, the administrators were asked to keep within the budget. In simple words, the health budget is \$539 million and the administrators were required to keep within that budget.

Mr Pearce: Why were you talking about cuts?

Dr DADOUR: If the administrators had gone on the way they were, \$5 million or \$6 million more would have been required.

Mr Pearce: One minute he is talking about cuts and then no cuts.

Mr O'Connor: He is doing a good job, that is what worries you.

Dr DADOUR: Innovations in the health care system have been introduced in recent times, but they have contributed nothing to the improvement of patient care. I do not know why or how the innovations received the approval of the Public Service Board. I believe they are examples of the hospitals just finding jobs for people without offering real benefits to patients, and that has been my argument all along. In such areas expenditure could have been cut back but the administrators decided to deal with the most politically sensitive areas they could find and, in particular, picked the up and coming cardiac unit.

Mr Pearce: Back to cuts now, are we?

Dr DADOUR: The two professors at the unit—

Mr Pearce: You used the word "cut" 30 seconds ago, but 30 seconds before that there was no such animal. Make up your mind whether there have been cuts.

Dr DADOUR: Mr Speaker, what I was attempting to say was that the administrators were asked to contain their spending and they chose to cut—contain—

Mr Pearce: When you want to use the word "cut" pause for five seconds and we will know what you mean.

Dr DADOUR: The administrators chose the area of cardiac surgery and because of this the two young professors there—they are dedicated men—were frustrated; they did not have the number of beds they required for the number of patients waiting to enter the hospital for cardiac surgery. Unfortunately they had narrow vision; they could see only their department, not the

totality of the hospital. Probably they were led up the garden path and, therefore, attacked the Government. Once it was explained to them what the situation was all about they quickly changed their minds.

What I have just said indicates how emotions have been allowed to come into the matter of health care.

As I asked before: From where is the money coming? Certainly I am not prepared to pay more taxes, but the amendment before us would allow hospital administrators to have full control over the funding of health care, and if that occurred, God help us.

I will add on a note of hilarity that if, the hospital administrators had total control, medicine would be set back by 200 years because those people represent blood-sucking leeches on the bodies of the people of Western Australia; the more they suck the fatter they get, and that describes the bureaucrats very nicely.

Mr Davies: It wasn't really funny.

Dr DADOUR: The Whitlam Government introduced Medibank and I am sure that was done in good faith without the realisation of what would or would not happen. However, I cannot forgive the Fraser Government for not only continuing that system, but also compounding the difficulties of the situation. The Fraser Government has compounded the difficulties so much so that I find it very hard to believe what is its real philosophy. The situation does not add up, and Mr Fraser has to do something quickly to rectify the problems.

We hear the old cry of, "What is a million dollars to save one man's life?". Would it not be more practical to say, "How many lives can we save with a million dollars?". That would be a much more logical approach instead of looking at the matter from an emotive angle. The Government must contain costs in the provision of health care as it must in any other area.

Mr Harman: What are your views in regard to preventive medicine?

Dr DADOUR: I am pleased the member for Maylands asked that question. I believe preventive medicine is the first course to adopt. Disease is something we must live with and treat, but preventive medicine should have most of the available money spent on it.

Mr Harman: More money spent on preventive medicine would mean fewer people going into hospital.

Dr DADOUR: The administrators take and take for other areas so there is no money left for preventive medicine.

Mr Harman: What is your Government doing about it?

Dr DADOUR: It has increased expenditure but the bureaucrats have bitten the hand that feeds them. They will bite the Opposition's hand when its turn comes to govern, the same as they have bitten ours. When we were in Opposition I told the then Government just that. The Leader of the Opposition when he was in government said he invited me to his office to discuss these matters—I did not know he liked me so much.

If we do not now contain the fight against the administration of these hospitals we will never win—it has to be done now. I hope Dr Roberts who is in charge of the hospital medical services is able to act quickly because if he does not he must step out of the picture. We would then need to introduce another form of control, and there must be control by the Government over these hospitals. It is all very well for the Opposition to say that we should give the administrators the money and tell them to do their best, but their best is just not good enough.

Some of them have been proved to be scoundrels because of their need to make their empires larger and larger. I warned the Parliament about one of those men, 11 years ago, during my maiden speech. No-one believed me then, but everyone believes me now.

I have no confidence in these people and as for the hospital boards, I wonder what they do. It seems to me that they do not come into the picture at all and I am pleased that the hospital administration has chosen to kill the goose that laid the golden egg. It has now woken up to the position.

I have not one iota of confidence in them but now I feel we will get some results. I reject this amendment.

MR H. D. EVANS (Warren—Deputy Leader of the Opposition) [2.41 p.m.]: I would like to add another dimension to this debate so that it can be seen in its full perspective. It must be recorded that the country hospitals have been affected by the crisis which exists in the State's hospital system.

Most of the publicity on this issue has been centred on the conditions patients and staff in the metropolitan teaching hospitals have had to endure. As a consequence of this, the full extent of the problem has not been fully appreciated.

The patient numbers in Government hospitals have risen by 14 per cent during the last two years while staff numbers have remained static, by Government decree. If country members in this House took the opportunity to view what is happening in their own country hospitals they might have a better appreciation of the whole situation.

I have been told, in discussions with two presidents and a vice-president of country hospitals, that the claim that there has been no actual cut in funds to country hospitals is spurious. If there is an increase in costs then the administration of a hospital must make allowances for it and that is tantamount to being a cut in real terms.

Mr Rushton: That is crazy!

Mr H. D. EVANS: If we look at some of the matters which the hospital boards have to contend with we can see where the tautology occurs. The reason for the deficit in a number of country hospitals is not difficult to ascertain. One difficulty is the forecasting of wage increases as well as the number of patients with which a hospital has to contend. We note the cover for health benefits has been increased and the increases range from something like 14 per cent to 19 per cent. There is no way the hospital administration could have forecast that increase.

Doctors' fees increased quite considerably last year, yet the amount paid for hospital services has not been compensated for. In this way there is a cut in the provisions made by the board. If the board does not receive additional funds it has to cut services and that is exactly what has occurred.

I was prompted to ask a question of the Minister for Health because of an approach made to me by the president of a hospital in my area. When the budget was first introduced, country hospitals were given to understand that if there were any deficit it would not be their problem. This was reiterated at a regional meeting held at Bunbury for members of hospital boards.

Of the five hospitals in my area, three will have a deficit; two will have a deficit in the area of \$30 000 and one will have a deficit of \$60 000.

In reply to my question of 24 March the Minister for Health said in part—

The suggestion made by the Deputy Leader of the Opposition that many country hospitals will be in deficit certainly does not concur with the information I have received,

I have news for the Minister! I have received advice from people who are right within the administration of these hospitals—they are the

senior officers of the boards themselves. It appears the Minister is not *au fait* with his own health system and it is no wonder it is in the state it is.

Mr Young: What were the words you used?

Mr H. D. EVANS: I said—

Will the Minister give an unequivocal assurance that the Government will meet the deficits incurred at the end of the financial year by hospitals operating in country areas?

Mr Young: You did interject while I was answering and you said that many hospital boards in the country would not be able to balance their budgets. I said that was news to me and that was the information I had.

Mr H. D. EVANS: That does not agree with the information I have received.

Mr Young: You were asking the question in relation to the whole State.

Mr H. D. EVANS: I asked the question on behalf of country hospitals. In the second part of the answer the Minister said that the hospitals were expected to have a deficit in their operations at the end of the financial year but that they were expected to have sufficient funds to meet the deficit.

Can the Minister, by way of interjection, give an assurance that the deficits will be met? I think this should be done in fairness to the administration of the hospital boards and their bankers.

Mr Young: I thought I made it clear to you in an answer to a previous question. However, if you want a reassurance, the answer is: Their budgets will be balanced.

Mr H. D. EVANS: If the Minister had not been ambiguous in the first instance the matter would have shone in a different light. Having received that unequivocal assurance, it will be much easier for the boards, knowing that their deficits will be met.

At the same time, it does not overcome the basic problem of costing. The costs which have occurred in certain cases have been substantial. Indeed, in one hospital the staff were retrenched but they had to be re-employed. Most country hospitals have reached the stage where there is not much fat at all on their budgets. It is unfortunate that the member for Subiaco is not in the Chamber at present. To say the least, his comments about hospital boards were widesweeping and quite unfair.

Dr Dadour: I said "some".

Mr H. D. EVANS: There are some doctors who are pretty miserable characters also.

Dr Dadour: I said "some" of the hospital boards. You want to have a look.

Mr H. D. EVANS: I will accept that. The hospital board system has worked fairly well in country areas, and many board members have worked assiduously for many years. It is unfair to class them in this category.

Dr Dadour: I didn't say it, did I?

Mr H. D. EVANS: Perhaps the member for Subiaco will be a little more careful with his phraseology and he will avoid casting reflections on people who do not merit them.

I have been a member of two hospital boards for some years. The members of these boards contribute a great deal of their time to attend monthly meetings, and also to investigate, examine, and supervise various aspects of the hospital administration. They visit the hospitals and consult with the administrative staff. I trust that the member for Subiaco will look beyond the haze of the Darling Scarp and take a proper perspective view of the system that has worked so well.

I reiterate the point that the boards were given the instruction that they must live within certain budgets. Many hospitals were already under pressure, and there is no way they could cope with the additional stringencies forced upon them, including the Federal Government's continual meddling with Medibank—there have been 14 changes in approximately five years.

The number of patients at Government hospitals has increased to the degree that the hospitals cannot be expected to cope with the influx. It has been reported in the Press from time to time that fewer people are taking out hospital benefits. Country people cannot see any point in paying hospital benefits—they receive the same treatment at the local hospital whether they are private patients or not. They do not have any choice. So the costs of running country hospitals have increased for this reason.

Other increases have been caused by the doctors who have increased their fees, and the proportion of the fee for service that is met by the hospital. So the hospital crisis is not confined to the metropolitan area—it extends to every hospital in the State. For this reason I suggest to every member who represents a country area, and particularly those members who are supposed to be a part of the Government that is responsible for the running of Western Australia, that they should analyse the situation in their own areas and they should exercise the influence—if in fact

they have any influence at all—in the area of Government where it can do some good.

MR COWAN (Merredin) [2.54 p.m.]: While I am on this side of the House, I am quite happy to answer the challenge of the Deputy Leader of the Opposition. I happily admit I am not part of the Government, and it would be the responsibility of some other member on this side to defend Government back-benchers. However, I would like to take up one or two points that have been raised in this debate.

I would like to refer to the commencement of the proposed words to be added. They read as follows—

but we regret to inform your Excellency that your Government has caused a severe run-down in the State's hospital and health care system thus reducing the standard of care and attention available to the public,

That statement in itself is rather an exaggeration. I do not think anyone believes there has been a severe run-down in the State's hospital and health care system.

Mr Skidmore: Go and have a look at the Swan District Hospital.

Mr COWAN: Most people accept that there have been cuts in services—and I am not talking about cuts in funding—and that those cuts in services could have been avoided by far better administrative planning. In this particular regard, I agree wholeheartedly with the member for Subiaco. It must be a very refreshing change for that member, that for once in the last two years he has received some encouragement from a member on this side of the House as opposed to the usual interjections from this side when he is on his feet. In this case the member for Subiaco is quite right.

The causes of the problems in relation to hospital charges and hospital services relate to three factors. The first is the over-budgeting of the teaching hospitals—an amount in excess of \$4 million. No Government could be expected to just meet an additional charge of \$4 million, and I commend the Minister for Health on his decision to tell the administrative people in these hospitals that they must operate within their budgets. I have some doubts about one of the ways in which it was planned to reduce this deficit, and that was the decision to suspend the R and R programmes in country hospitals. In this regard the Deputy Leader of the Opposition made a point that the country hospitals should not have suffered through the over-budgeting of teaching hospitals in the metropolitan area. This matter was raised with the Minister for Health when he visited the

Merredin electorate. He answered the queries raised, and he gave an assurance that the suspended R and R programmes would be recommenced. I hope that assurance is still valid.

Mr Young: It is.

Mr COWAN: I thank the Minister.

The second factor to which I wish to refer is health insurance. Nobody could dispute the claim that Australia's health insurance scheme is in complete tatters. That is a great shame, and certainly it is placing a very heavy burden upon public hospitals. Any one who can avoid paying the substantial premiums for health insurance will do so, and when members of the public know that they can receive treatment from a public hospital for a maximum of \$20 provided that treatment is contained under the one item, they will do that. This has placed very heavy pressure upon the outpatient services particularly in public hospitals in the metropolitan area. It has not had quite so much of an effect in rural areas because the doctors there prefer to treat their patients privately and the same situation does not arise.

The final point, and perhaps the most emotive of all, was the Government's decision to place a ceiling on the total amount of salaries it would pay. This meant that if nurses wished to accept the 5.5 per cent work-value award granted to them, there would be a loss of jobs when nursing salaries overran the ceiling. I have worked in an industry where the income fluctuates by up to 30 per cent, and we have always operated on the basis that we must live within our budget. As I stated before, I commend the Government and the Minister for Health on being strong enough to say that \$539 million is enough and no more will be paid out. The hospitals have been told that they must live within their means. However, like the member for Subiaco, I am very disappointed that the administrative staff of the teaching hospitals in Western Australia chose to make their reduction in services in the areas they did.

I am sure many, many examples of duplication would be found within the teaching hospitals—many examples of facilities provided which are not absolutely necessary. I find it difficult to understand why those hospitals chose the areas they did in which to make cuts in services.

As far as we are concerned, the Government has shown a great deal of common sense in the handling of this matter, and we cannot support the amendment.

MR B. T. BURKE (Balcatta) [3.01 p.m.]: I rise to support the amendment.

Mr P. V. Jones: Surprise!

Mr B. T. BURKE: I want to say at the outset that the Minister for Health did himself no good at all by saying in this House what amounted to a deliberate untruth.

Mr Cowan: You always start your speeches like that.

Mr B. T. BURKE: Those members who were in the Chamber when the Minister spoke will recall he said his Government was not committed in any way to the cessation of the Commonwealth Department of Health, and that he and his Government did not state that was a policy that was in their mind or had been adopted by them.

Mr Young: Not the cessation of the Commonwealth Department of Health.

Mr B. T. BURKE: We heard the Minister say that, and he repeated it when challenged by way of interjection. Let us hear the Minister now face up to the truth rather than carry on with the twisted logic he so often prefers to use. For the Minister's edification and the enlightenment of the House I will quote a letter penned by the Premier and published in *The West Australian* on 3 March. This is what he said—

The transfer of full responsibility for health services to the States . . .

This is something the Minister said was not envisaged. He did not say it was envisaged that a sharing of responsibilities would occur; he said his Government had never envisaged the complete transfer from the Government of the responsibility for the services. But this is what the Premier said—

The transfer of full responsibility for health services to the States under proper financial arrangements would remove the need for the big and costly Commonwealth Health Department.

They are the words of the Premier.

Mr Young: I told you what was in the amendment.

Mr B. T. BURKE: I am talking about the Minister's speech, not the amendment. The Minister said his Government did not envisage a complete transfer of services.

Mr Young: What about the words "or funding"?

Mr B. T. BURKE: The Minister for Health said he did not envisage the complete transfer of services. I was here when he said that, and I heard him say it.

Mr Young: Or funding. Read the amendment.

Mr B. T. BURKE: I am talking about the words the Minister used, not what is in the

amendment. I am accusing the Minister of lying; I am not accusing the member for Melville.

Withdrawal of Remark

Mr YOUNG: To keep the member for Balcatta within the realms of reason, I would ask that he withdraw the suggestion that I lied.

The SPEAKER: At the outset of the speech of the member for Balcatta he said the Minister said something that was not true. I listened to that with a deal of interest, bearing in mind the attitude I have adopted towards one member calling another member a liar or using words to that effect. On the first occasion the member certainly did not transgress the practice of this House; but certainly on the second occasion when he used the word "lying" he transgressed, and I would ask him to withdraw.

Mr B. T. BURKE: Mr Speaker, I am happy to do so.

Debate (on amendment to motion) Resumed

Mr B. T. BURKE: I would hope the leader of the National Party does not leave the Chamber altogether, because we have one or two things to say about him.

Let me state as clearly and as concisely as possible the point I am trying to make. I was present in the Chamber when the Minister said two things. Firstly, he said his Government did not have, and had not said it had, a policy that would provoke the cessation of the Commonwealth Department of Health or the complete transfer of services from that department to a State body—

Mr Young: You left out two words.

Mr B. T. BURKE: I heard the Minister say this.

Mr Young: You did not hear me say "or funding".

Mr B. T. BURKE: I am not talking about what is in the amendment; I am talking about what the Minister said and I am trying to explain to him, if he will only listen, that his Premier has contradicted him and that he should have been aware of what his Premier had to say. If the Minister will cease interjecting long enough to allow me to complete the quotation, I will tell him what his Premier had to say. He said—

The transfer of full responsibility for health services to the States under proper financial arrangements—

Mr Young: Note the words "proper financial arrangements".

Mr B. T. BURKE: I continue—

—would remove the need for the big and costly Commonwealth Health Department.

It would also end the immense amount of duplication in budgeting, planning, auditing and decision-making that goes on among State and Commonwealth health and treasury officials.

Given the type of financial adjustment we propose, it is an area that should be left to the States with benefit for all.

Mr Young: All of that is true.

Mr B. T. BURKE: The Minister denied saying in his own speech that he was not committed to the complete transfer of responsibility for health services. I heard the Minister say that, and yet we see that the Premier himself has pre-empted the Minister by contradicting the views the Minister put forward.

Mr Young: I said we did not agree to the transfer of funding.

Mr B. T. BURKE: That is not the only contradiction; the Minister's statement today was shabby and deficient.

Mr Young: You have a problem.

Mr B. T. BURKE: The Minister's logic was so twisted that facts he attempted to put forward were contradicted by himself within the space of five or 10 seconds on some occasions. I will point to one area in which the Minister clearly contradicted himself, and I think even the Minister will have trouble saying that is not the case.

We recall that the Minister said, amongst other things, during his efforts to blame everybody but the Government for what is happening, that the Opposition regarded professors and other academics as the founts of all knowledge. Perhaps the Minister would care to deny that.

Mr Young: I said "fount".

Mr B. T. BURKE: Well, "founts" or "founts".

Mr Young: I asked the member for Melville whether he considered those professors were the founts of all knowledge.

Mr B. T. BURKE: I think the Minister said that the Opposition proceeded as though it considered the professors concerned to be the founts of all knowledge.

Mr Young: I said that was the thrust of his suggestion.

Mr B. T. BURKE: Why did the Minister then seek refuge in quoting the Professor of Medicine at the University of Western Australia; and why did he then quote Professor Taylor and use the

arguments of those two gentlemen to bolster his own shabby arguments?

Mr Young: I qualified them.

Mr B. T. BURKE: The Minister did not qualify anything.

Mr Young: Yes I did; I have just read through my speech.

Mr B. T. BURKE: Why did the Minister seek the strength that he attempted to deny to the member for Melville? If that is not a sufficient example of twisted logic, then I will give him another example of his shabby deficiency.

The Minister said we on this side of the House remarked that the wage increase proposed for nurses was fairly moderate; and the Minister then proceeded to say that because we said that rise was moderate the corresponding or parallel cutbacks in service also must be moderate. What sort of twisted stupidity is that? It is absolutely stupid.

Mr Young: No, it is not; because you must consider that wages make up 70 per cent of the budget. When you consider that, it is not stupid.

Mr B. T. BURKE: Oh, my God! I believe it took the Minister a minute and a half to think of that. It is plainly ridiculous to say, on one hand, that because a wage rise is moderate any sort of reduction which parallels that wage rise must be moderate also. Before the Minister can say that, he must justify his argument by talking in absolute terms about the effects of the cutbacks; and the argument as to whether the cutbacks in a particular area are moderate as reflected in a given wage rise does not impinge at all upon whether they retain their moderation when made in another area.

Mr Young: Of course they do when they are the major cost in the entire accounting structure. Don't be absurd. You have already bombed out with three of your arguments; try for four.

Mr B. T. BURKE: I do not really want to deal any more with the Minister's continuing illogical argument, but it is strange that he now sees fit to qualify his argument. I suppose the Minister would say the cuts in services are seven-tenths as moderate as the rise in wages, because wages form seven-tenths of the costs. That is how stupid the Minister's argument is becoming.

Mr Young: When you read this back you will cringe with shame.

Mr B. T. BURKE: As the Minister for Health is cringing now, I will say it again for the benefit of the Minister: If the Minister maintains the wage rise was moderate and, because it was moderate, the reduction which paralleled it was

moderate and if he has now changed ground to say that statement was justified because wages comprised seven-tenths of the operating costs, is it not logical to assume that the cutbacks must be seven-tenths as moderate? Does the Minister agree with that proposition?

Mr Young: Other factors were involved.

Mr B. T. BURKE: Mr Deputy Speaker, I wish to have a few words to say about what your predecessor in the Chair had to say when the Minister for Health was speaking. We have seen the Minister's performance during my speech; he has said about as much as I have said, despite the fact that I am the one on my feet. Let us not think the Government in this place gives the Opposition unbridled opportunity to make interjections, and then to make interjection-free speeches. Just so that members are not under any misapprehension, I should like to read to the House a note attached by *Hansard* to the member for Melville's duplicate. It reads as follows—

Mr Hodge,

Parts of your speech were inaudible due to the level of interjections. Please check against prepared notes.

Yet, Mr Deputy Speaker, your predecessor was prepared to say that the member for Melville was heard in relative silence. Certainly, he was not heard in relative silence by *Hansard*. That is the sort of silence which has been demonstrated by the performance of the Minister for Health over the last 10 minutes or so.

The other point I wish to make is that it ill becomes the Minister for Health to direct all his efforts to evading responsibility, blaming everybody else who is even remotely connected with the area in which he has responsibility. It is a very unbecoming sight to see the Minister adopt this tactic time and time again. He commenced his remarks by blaming the administration of the hospitals; he said they refused to take note of his suggestions. He does not seem to realise he is the Minister; if the administration refuses to take note of what he says, it is his job to make sure it does. It is not sufficient excuse for him to say "Look, they have failed to do as they were told, therefore they are to blame." He is the Minister; he is the one responsible to this place and to the public.

After that, we heard the Minister for Health move from blaming the administration to blaming the doctors.

Mr Young: No, the professors.

Mr B. T. BURKE: They were next; the doctors came second. To use the Minister's own words, he

said the doctors "caused the problem". It is strange that all of a sudden, in 1981, the doctors are the ones who are causing the problem. They did not cause it during the previous years when this man was the Minister, or during the previous years his party was in Government. Now, all of sudden, the doctors are causing the problem.

If the doctors are causing the problem, why does the Minister not do something about it? He is the Minister, and he is responsible for this area.

Mr Young: I have never heard you misquote as badly as you have today in this place. I intend to write to you about it, taking your speech apart bit by bit.

Mr B. T. BURKE: Let me tell members a story about this Minister, and his letters. He has promised to write to me and, when I receive the letter, I undertake to table it for the benefit of members. However, last November the member for Melville asked the Minister for Health a question. When Parliament resumed, the member for Melville placed a question on the notice paper asking the Minister why he had not replied. After asking his original question in November and after waiting through the recess for an answer, the member for Melville found a courier arriving at his electorate office with a written answer. Therefore, while I undertake to table the Minister's letter, members should not expect to see it too soon.

This is a Government which is facing financial stringency; it is a Government of hardship and of frugal policies. Yet, because one of its Ministers was neglectful, and failed to provide an answer within five months of a question, it could afford to send out the answer by courier. Members have my promise that I will table the letter the Minister for Health writes to me in which he intends to take me apart piece by piece.

Mr Young: I am very happy to have that undertaking.

Mr B. T. BURKE: Having accused the doctors of causing all the trouble, the Minister for Health moved to the professors who, according to him, are the founts of all knowledge. Apparently they share with the administration and the doctors the blame for causing all this trouble. Once again, if they are causing the trouble why does the Minister for Health not do something about it?

The Minister then moved to members of the executive of the Royal Australian Nursing Federation; apparently they were causing all the problems, too, because they did not agree with the Minister. When the Minister asked them how they would like to shift from their Government-provided accommodation they said "We do not

want to shift." So, they were causing the trouble for not co-operating in the details of doing something they did not want to do. They were not being "constructive".

Mr Parker: Nothing is constructive unless it goes along 100 per cent with the Government.

Mr B. T. BURKE: The biggest sin this Minister has perpetrated today has been his complete failure to explain to the House what he means by the term "disadvantaged". We have seen him flee to the compassionate refuge of his statement that pensioners and disadvantaged people will continue to receive medical treatment and services free of charge and without financial burden. However, the major stumbling block with which the Minister has failed to grapple today, as on previous occasions, is that of a definition of what he means by the term "disadvantaged".

It would be of great benefit to everybody in this place and to the public to know just who the Minister includes amongst those people he believes are disadvantaged.

Mr Young: I probably include exactly the same people who are included by you, the member for Melville, the member for Ascot, and other members opposite who refer to the "poor and underprivileged".

Mr B. T. BURKE: It is simply not good enough for the Minister to answer a question by refusing to say anything except that he would use the term in the same way as he infers—deprecatingly—members on this side would use it. Quite clearly, members on this side are not restricting services to disadvantaged people. The meaning we might assign to a particular word is not reflected by the eligibility of people for certain necessary services.

I ask the Minister for Health once again to be more specific for the sake of those pensioners who, whenever they go to outpatient clinics, receive 10 days' supply of pills instead of their normal monthly supply. Just who does he include in the term "disadvantaged"?

Mr Young: I would include anyone who found himself in a situation where he could not reasonably afford to pay for particular drugs or services. There is no way anyone in this country can specifically define in a moment exactly what is meant by the term "disadvantaged". The major thrust of what you are saying, really, in the final analysis must be determined by the medical superintendent of the hospital in question. He makes a decision on the various cases put before him. That was the decision at which I arrived.

Mr Parker: In other words, the doctors are imposing a means test.

Mr B. T. BURKE: The Minister's answer is still far from satisfactory and it is not quantified in any way by reference even to the poverty line, and to people living below or above it.

Mr Young: I did not refer to the poverty line.

Mr B. T. BURKE: It is illustrated only by reference to words like "reasonably able" and by the use of very vague and indefinite terminology.

This is the real problem. The Opposition consistently has maintained that the cutbacks introduced by the Government reflect more heavily on people who are unable to bear the cost of those cutbacks. These people have a right to know whether they are considered to be amongst the "privileged disadvantaged" as this Government appears to be making them out to be, or whether they will be required to pay for their medication. Unless the Minister in absolute terms reveals some sort of policy setting out guidelines to cover that situation, his integrity will remain shot to pieces.

Mr Young: That definition will be decided upon by all States, including the Labor States, in conjunction with the Commonwealth.

Mr B. T. BURKE: It would have been a fine thing had the Minister bothered to determine that matter before he started imposing these restrictions and sanctions on people. The guidelines he now says will be determined in consultation with all States and the Commonwealth should have been determined before the Government took this drastic action.

Finally, I wish to quote from a letter from a constituent which sums up the whole situation. This man is not on his own. He is not a lonely figure. This is what he says about his experience—

May I then indulge upon you to read this short account of one day during my admission for heart surgery. I'm sure our present Minister for Health never really gets to know (or really wants to know) this side of the story.

Prior to my operation, my surgeon (through his Secretary) booked me into R.P.H. giving himself a lee-way of some three weeks. I arrived at R.P.H. at 9.30 a.m. on March 2nd to be admitted to my allotted Ward area. My wife and I were greeted graciously by the hospital staff who were most apologetic and pointed out that, due to a bed shortage, . . . there would be a slight delay

. . . (seven hours and a very sore tail later) I received word that my bed was available, . . .

It makes me wonder if Mr. Young is fully aware of what his proposed cut-backs are doing to the morale of these wonderfully dedicated staff members working in this area of medicine and crying out for just those few more beds that are such a necessity, but being told that budgetry-wise their request is utterly impossible.

MR BRIDGE (Kimberley) [3.21 p.m.]: I rise to support the amendment. I will confine my remarks to those issues of concern in my electorate of Kimberley. However, I wish to touch on a few comments made by the member for Subiaco earlier.

I was rather disappointed to hear the member for Subiaco call upon this House to support the Government in its fight against the administrators and bureaucrats.

Mr O'Connor: He is one who knows a fair bit about it.

Mr BRIDGE: The point is that we are dealing with people when we are arguing these matters before the House today. It is all very well for members on the other side of the House to say that we have a fight on our hands and that it is necessary for us to be united in fighting these battles which the supposed bureaucrats and administrators are waging against the Government; but let us have a look at the strategy of that proposal. We are dealing with the health and lives of people. Surely it calls for a great deal more responsibility than is displayed by our standing up here and being united on something because the Government says it is necessary to control funding.

I will not speak at great length about the metropolitan situation because, to be quite frank, I know very little about it. As a country man, it is interesting for me to learn the things that are happening in the metropolitan area.

I was in a taxi last week, and the taxi driver told me "Look, I have just dropped off a lady back in Gosnells who has made two attempts today to be treated in one of the hospitals of the metropolitan area." He said "It cost her \$8 each way to go in", which amounted to \$32 for the day, effectively. He said "I have just left her off, and she had not been seen to at that stage." When one hears things like that, they are reasons that we as members of the Parliament ought to be concerned about the situation.

It is not realistic for us to go along with the proposition put up by the member for Subiaco;

but it is necessary for us to face the situation, formulate a strategy within this Parliament, and then stick by it. The reverse is important. We have to face up to the realities of a very important situation in this State in the area of health services. It seems that in the metropolitan area at least there are very real problems in the health field.

Another matter that illustrates the Government's difficulty in coming to grips with reality involves the comments which are attributed to the Premier. Some weeks ago I read in the paper that the Premier said that amongst the steps being taken to save money was the reduction in tea and biscuits, and the like. In the area of community health, that is just not good enough. The people concerned have never called upon the Government to provide those sorts of things, anyway; but the needs have gone well beyond that. That is just an illustration of how far from reality this Government is in handling the health problems faced by the people, and in handling the reduction in health services which the public are experiencing in this State.

As I said a while ago, I am not an expert on the metropolitan area; so I am guided, to some extent, by the comments of people like the taxi driver. Such comments may not be reliable or accurate; but those things have been expressed to me as a member of Parliament; and I am concerned about those sorts of things.

I turn now to the area of the Kimberley which concerns me. There are two matters I shall speak about, one relating to the community health services, and the other relating to the Aboriginal medical services.

Generally, the services being rendered by the community health services have not been affected by the freeze in funding; but there are places in the north where the established ceiling was imposed prior to the freeze and, as a consequence of the freeze, the ceiling has dropped appreciably. I am saying that something designed initially to be achieved by the right sort of staffing ceiling has not been fulfilled previously because of a restriction in staffing; but it has further been inhibited by another reduction in the ceiling. That is because the Government has said it is wrong for us to criticise unnecessarily or unreasonably its policies.

There are problems that the people are encountering; and we have to face them. What will happen in places like the Kimberley if these services are to be sustained? I do not dispute that the Government has introduced good services in this State; but we have to maintain them. The

stop-start method of health services is just not on. It has to be a continuous programme providing a good health service to the people. In an area like the Kimberley, where there is a preponderance of Aboriginal people, we require the constant delivery of health services.

The community health services up there are having difficulty in engaging Aboriginal health workers in the meaningful work that they ought to be doing. The people should be under the supervision and guidance of trained nursing or professional people, working in the communities; but they are finding that is difficult because of the shortage of staff and the need to work independently, rather than as a team. The idea of recruiting trained nursing people from the metropolitan area and other places, and engaging them in training the Aboriginal health workers, is not fulfilled because, invariably, the Aboriginal health workers are having to go out working on their own as independent people, without the aid and the supervision of the trained nursing staff. That is not the type of training which the community needs.

There is a problem in itself. We are looking at the basics of teaching people hygiene, and explaining the fundamentals of the problems existing within the communities; and there is no better way to do that than to train the people to understand the whole problem themselves.

In the Kimberley today, the advancement of this so-called Aboriginal participation in the health services is not occurring. It is being inhibited by the constraints placed on the funding, and the work load being laid upon the staff engaged in this work.

The other way to adjudge this matter is to look at the turnover of staff in the Kimberley. It is not hard to recognise why there has been such a large turnover; the work load is so great the staff cannot cope. These people go to the area to teach and practise curative and preventive medicine and to teach the people the basics in hygiene and living standards to achieve better health. Their efforts are being inhibited at the moment because of the Government's policy with respect to funding.

I point out to the member for Subiaco that it may well be the percentage increase in health does measure up with inflation, but it is not right to expect people freely and willingly to accept the present situation. I consider myself to be a fairly fit bloke and I continuously monitor my health, and this costs me money. I do not pay out the money just so that I may go to the hospital; I do it

because it is a fundamental part of keeping going. Why should I not have the services I expect?

Mr Herzfeld: The problem is that some people are not paying for the services.

Mr BRIDGE: If a person is concerned about his health he is entitled to health care. People are concerned about the lack of health services.

Mr Herzfeld: Do you think it is people in your party?

Mr BRIDGE: I am speaking for people generally. It is not right for us to be saying to ourselves in this Chamber that we have a fight on our hands to control funding, that constraints are very necessary, and that we have to put the bureaucrats and the administrators of these hospitals in their place. Those people are the experts, although I am not suggesting the member for Subiaco has no expertise.

I would like to touch on another subject affecting the Kimberley, and that is the Aboriginal Medical Service. Various people have made comments about this service, including Ministers, particularly in regard to the Broome Aboriginal Medical Centre. I was disappointed to learn that the Minister had rejected a call over the last few days for a \$2 500 grant to that service. I know that service is in a crisis situation. It would have shown a measure of good sense on the part of the Government to agree to supply that money.

For some unknown reason it seems that members of the Government consider that the service is a separate entity and that it is very much orientated to a particular role in society; that it serves just Aboriginal people and has therefore to paddle its own canoe. The point is that it does not serve only Aboriginal people. It is extensively used by non-Aborigines and, in fact, it is used perhaps to a greater extent by these people. It is providing an excellent service in a region where its services are very necessary. There are many people in Broome who have switched from attending the previously established services and agencies to this Broome Aboriginal Medical Centre. They are doing this of their own free will and they are finding it provides a very good and reliable service whenever they require it.

We should consider the reason for its being established in the first place. It was not as though someone pulled a number out of a hat and said that because it was a certain number a medical service was to be built. At the time it was decided to establish this centre, health services in Broome were far from satisfactory. Both Aborigines and non-Aborigines in Broome will verify that fact. The hospital in Broome has in some measure been

improved since the establishment of this centre, but prior to that things were very unsatisfactory. In order to have decent health services in the area the people had to go ahead with the decision to establish this centre. It was not something done out of the blue; it followed a good deal of consideration and concern by people in the region.

The service does not operate in conflict with the Government agencies which are operating in the area; the services complement each other. Yet for some reason the Government sees it as a duplication of health services. It is not, because the Aboriginal Medical Service has the ability to get to the root of the problem with respect to Aboriginal health. The ability is there because the centre has people who are members of the community and who are able to communicate very much more positively and directly with the people about their health problems.

We are looking at a situation today where it is not a question of the figures being compounded and where people have to toe the line; it is a question of health services quite clearly being reduced in a number of areas to the point where the people are not receiving a reasonable health service, the kind of service they expect. I mention again the passenger in the taxi who make two attempts to be treated. It is a fair thing for a person to expect to go to a hospital and receive treatment. Members should bear in mind that the passenger had been treated previously on another occasion. That indicates the measure of the reduction in the services evident in the State today.

We have to face reality. It is a good man who is prepared to accept the realities of what is taking place and to admit that there is a decline in health services. If the Government rigidly adheres to its present policy it will make it very hard for the people to have the health services they require. The Government will make it very much harder for the two services in the Kimberley, which are so necessary, to continue their services, and I refer to the Community Health Service and the Aboriginal Medical Service at Broome.

I suggest that the Government looks very seriously at the reality of what is happening in this State at present. I suggest the Government and all members of the House pay little regard to the strategy being proposed by the member for Subiaco calling upon all of us to stick together and fight it out with the bureaucrats. I suggest that all members should acknowledge with great concern that the people are experiencing a decline in health services. The services provided by the two agencies I have mentioned in Broome should be considered very seriously. The Broome

Aboriginal Medical Centre is in great strife and is in need of support from the Government. It is not to be seen as an unusual request for me to ask the Government to offer assistance, because the community health service is suffering due to the constraints that have been placed on it. It is having great difficulty in delivering the type of ongoing service which is very necessary for people living in areas like the Kimberley.

MR HERZFELD (Mundaring) [3.39 p.m.]: It has been a long and wearisome debate and I do not intend to speak for very long against this amendment. Having listened to a great number of red herrings drawn across the path of this House today I think it would be worth while at this late stage to concentrate on what I see as the two main points that need discussing.

As I have understood the debate, the Opposition has said again and again—and indeed the member who has just sat down made the allegation—that cuts in funding have occurred. I should like to deal with that question and I shall turn also to the matter of whether or not it is appropriate for the administrators to be responsible for managing their budgets and the funds put at their disposal by the Government.

I should like firstly to deal with the question of funding. The Minister for Health and the Premier have repeatedly said that no cuts in funding have taken place this financial year.

Mr Bridge: I used the word "restraint".

Mr HERZFELD: In fact this is the case. No cuts in funding have occurred and that point needs to be sheeted home to members opposite.

The second point in regard to funding which must claim our attention, and which I do not believe was mentioned today during the lengthy debate which has taken place on health services, is that hospital funding has increased over the years and, in order to substantiate this, one must examine the level of funds paid to hospitals over the last decade.

I researched the figures, because I wanted to satisfy myself that what I believed to be the case was in fact the reality. I do not intend to talk about total funds, because I see capital funds as being something quite different. Over the last decade successive Governments have been more than generous with capital funds allocated to the hospital system. Indeed frequently we have heard the member for Subiaco level criticism in this place on that issue.

I shall confine my remarks to the Consolidated Revenue Fund or the operating fund. If one refers to *Hansard* one will see that in 1970-71 an amount in excess of \$52.5 million was allocated to

health activities—that is for the operation and maintenance of the health services in this State.

Ten years later, in 1979-80, the outlay is estimated to have grown to \$440.5 million. That is approximately an eightfold increase.

It is perhaps more realistic to examine the figures on a *per capita* basis and we see that in 1970-71 *per capita* expenditure on health services was \$63.25. During the last year, 1979-80, the outlay has grown to \$303.97. That is a fivefold increase in outlay over a 10-year period. Even if one examines the level of inflation over the same period, one finds that on a *per capita* basis—that is the most realistic way of looking at it—the increase in the outlay on health services has almost doubled. Therefore, a charge that adequate funds have not been allocated to health in this State cannot be sustained. In fact, the reverse situation is the case and the emphasis placed on health care has been much greater than the emphasis placed on other sectors of the Budget.

In effect the amendment with which we are dealing indicates that, notwithstanding the growth which has taken place and which I have just demonstrated, the Government should pour a considerable amount of extra money into health care. I put it to you, Sir, that the amendment is a most irresponsible one. It is irresponsible because the Opposition has thrown caution to the wind in its helter-skelter rush to try to make political capital out of a situation which is quite different from what it has represented it to be. The Opposition has acted in a most irresponsible way, because while it has made a number of criticisms today, at no stage has it indicated the cost to the Treasury of its proposals. The Opposition has not even tried to establish whether any of its proposals have real priority.

The Opposition has certainly referred to some individual cases in which people have maintained they have not received the services which were their due. However, if a system such as the health system in this State which is spending \$440 million a year cannot be super efficient, it must fall down occasionally. Therefore, it is to the credit of the Government that it has taken this line of action and has indicated bluntly to the hospital administrators that the areas over which they have control must be operated more efficiently and that the dollars allocated to them must be spent more wisely.

I return now to the element of irresponsibility which is evident in the amendment. It is clear that, by and large, the public are sick and tired of digging deeper and deeper into their pockets for

more and more Government taxes. The response of the Government to the problems experienced in the hospitals this year reflects the views of the public and they should be grateful to the Government for the action it has taken.

I shall refer now to the second point at issue and to which I referred at the beginning of my speech which relates to the fact that the Opposition maintained it was unbecoming—as one member put it—of the Minister to blame the hospital administrators for the problems experienced in the hospitals. This shows the total ignorance of members opposite of the way in which Government works. This is not surprising when one bears in mind the fact that they have spent so much time on the Opposition benches. However, people who are elected to Parliament are supposed to act responsibly. Therefore, they cannot use the fact that they have spent a great deal of time on the Opposition benches as an excuse for not understanding how government works.

The only control Governments can exercise over the operations of departments and authorities they fund is through the Budget. It would be foolish for a Government to attempt to suggest to experts how they should do their jobs. Therefore, the only option open to a Government is for it to establish policies which it wants its authorities to carry out and then make the appropriate funds available for the work.

Over past years the Government has given the hospital authorities the funds for which they have asked, but the administrators or boards have come back to the Government half way through the year or later on in the year and have said "Sorry chaps, we look as if we are going over our budget. We need more money." They have expected the Government, by some means or other, to produce more money. To the Government's credit this year it said "Enough is enough", and the administrators were not very happy with that situation. They were accustomed to growing budgets and, as has happened in areas such as education, having had the taste of empire building it was very hard for administrators to accept its cessation. It is natural that they resisted or resented the Government's stand. However, it is inexcusable the tactics some have used to try to get their own way.

I can relate only my own experience in regard to a particular matter about which the Minister is well aware. You will recall, Mr Deputy Speaker, that towards the end of last year the hospital authorities were asked to give the Minister their proposals as to how they would deal with the crisis that had arisen over the unaccounted for increases in nurses' pay. The Minister asked them

to put forward their proposals for cuts in expenditure. One of the statements he made was that there were to be no cuts in services to people in the greatest need, those who could not withstand the economic impact of new charges, and this applied particularly to people with permanent health problems. I saw his statements reported in the Press. Shortly afterwards one of my constituents, a quadriplegic, rang me and said "I have been told by the hospital that from 1 January I can have only a two weeks' supply of the whole list of drugs I need." I said to him "This is not what the Minister intended to happen." He said "Well, I queried it because I saw the statements in the Press. I was told 'Blame Charley Court for it'."

Mr Hodge: Hear, hear!

Mr HERZFELD: The administrators had said this to that man. I checked on the situation and brought the matter to the Minister's notice—it was soon rectified. However, that is an example of the lengths to which the people in positions of responsibility went to try to protect their empires. They did not adopt a responsible attitude to the problems of the State as a whole.

Mr Young: Just so that you don't end up having some problem with that statement—to clear up that matter—it was not the administrators who said that, it was an official at the hospital. You used the word "administrators", and I thought I should correct you lest you encountered that problem again.

Mr HERZFELD: I correct my earlier remark by saying it was someone in the administration.

I have said enough to cover the two main points I wanted to make. I will end on this note: I fully support the actions of the Government and, particularly, the Minister for Health who handled this very difficult and delicate situation in a most responsible and decent way. I hope we will see an end to the political nonsense which has occurred, and particularly, coming from members opposite and their spokesmen who should know better. We must determine the proper basis on which the health services of this State are to be administered so that the people in greatest need receive the best services.

MR PARKER (Fremantle) [3.55 p.m.]: I will contribute briefly to this debate mainly to place on record my feelings about what has happened in regard to what used to be the Bicton Annexe of the Fremantle Hospital as a result of this Government's policies and activities. The annexe was catering for ordinary public patients—people of limited means, disadvantaged people, call them what one will—who were able to obtain medical

and hospital treatment at the Fremantle Hospital and, if necessary, at the Bicton Annexe, and convalesce as patients at the Bicton Annexe. Now the situation has changed and people at Fremantle cannot go to the Bicton Annexe unless they are privately insured or wealthy enough to afford the costs involved.

Mr Young: Are you aware that every single patient in that annexe prior to that decision had been for quite a long time privately insured?

Mr PARKER: I understand some of them were.

Mr Young: All of them were.

Mr PARKER: One person came to me and said his wife had been an uninsured patient at that hospital and had had a lengthy convalescence at the annexe. Admittedly that was during the second half of last year. Be that as it may, the possibility existed that people not privately insured for health care could go to the Bicton Annexe; and the amounts charged for health care meant that people entering as privately insured patients needed to maintain only a low level of insurance. But now each person has to have a high level of health insurance to enter the Bicton Mediacentre or whatever it will be called. Instead of having a situation whereby ordinary people could enter that establishment on the basis of their medical need, only people with a high level of private health insurance or an ability to pay the high costs involved will be able to enter. They are the people who use their own medical practitioners instead of the medical staff employed at the hospital.

Instead of having the annexe for the benefit of Fremantle residents generally the Government has it running for the benefit of certain people. We explored this matter yesterday. The people concerned in this venture are a member of the Legislative Council for 18 years and the chairman of the Liberal Party policy committee and a candidate for pre-selection to the Curtin electorate, Mr David Siggers. Those people have entered the venture not because they want something to do with their time. Mr Siggers entered it not because he is disappointed that he will not have the opportunity to represent Curtin; he is in the venture because he intends to make a profit out of it. I have figures before me relating to the feasibility study in regard to the annexe if it were run privately, and it deals with lease payments and so on. With a 70 per cent occupancy rate the operators will make in the course of one year a profit in the vicinity of \$300,000, and on the basis of a 75 per cent occupancy rate a profit in the vicinity of

\$411 000. So, that hospital will not be run for the benefit of the State and, in particular, the health of the people of Fremantle. It will be run to the benefit of the bank balances of the people who are in control of it and are Liberals.

It is very interesting to note the propositions put forward by the Liberal Party in respect of health which will have the effect of improving the profitability of private health care.

The member for Melville referred to a newspaper article in *The West Australian* on 7 February 1981 and I would like to refer to some further points contained in it. One point was that the State Government gave a guarantee of \$1.3 million to the people operating the Glengarry Hospital in order that that private hospital could maintain its services. The hospital operates principally as a private maternity hospital and is situated in a northern suburb near Wanneroo.

In direct contrast to that, the Wanneroo Hospital recently closed its maternity section. That hospital was built by the Government but public patients wishing to use the maternity hospital facilities cannot attend that hospital.

Mr Young: That is untrue because maternity patients are still being accepted there.

Mr PARKER: They have to go to the general wards.

Mr Young: That is of no consequence.

Mr PARKER: Then, why was a maternity section provided?

Mr Young: It was to allow for expansion and it is called forward planning, something about which Opposition members know nothing.

Mr PARKER: Another point which was made in this newspaper article is a statement made by Mr Kernot who is associated with companies operating private hospitals. Mr Kernot said he would be interested in the Bicton Annexe when it returned to the private sector. He said that private enterprise would never be able to take over the bigger hospitals because they were too hard to run on a cost-efficient basis. So, there is private enterprise, making capital out of illness, but not prepared to run the larger hospitals.

That is the whole philosophy of the Liberal and Country Parties: socialise their losses and capitalise on their gain. If they can run something at a profit they want to do it but if it runs at a loss they want the taxpayers and the nation to pay for it.

The Minister said he was prepared to hand over to private enterprise as many things as possible because it was his philosophy. What he was really saying was that he wanted to hand over those

things which do make a profit for private enterprise and keep the things which do not.

I am sure the Minister is aware of the proposal for health care which has been put forward by a prominent Liberal. The prominent Liberal concerned has proposed that a non-taxable income of \$5 000 would be the cut-off point where disadvantaged people would stop being disadvantaged. The Minister would probably agree that such people would be regarded as disadvantaged. However, the Liberal Party philosophy is that the people earning less than \$5 000 would be covered.

Mr Young: I did not propose that.

Mr PARKER: Is the Minister saying he rejects it?

Mr Young: I do not reject it totally but for a start it is far too low an income.

Mr PARKER: What about the other part of that proposal which was in relation to a bankcard system for hospitals? It would be interesting if people could pay off their debt over a period of time, perhaps at an interest rate of 18 per cent. Perhaps, if people could not pay their credit rating would drop and they would not be able to go to hospital at all.

Mr Jamieson: That would cure you!

Mr PARKER: It would certainly solve some of the problems of health care; there would be no people to care for. If that is the sort of thing a prominent Liberal can come up with then I believe he is not likely to achieve the high office to which he aspires. It is more than likely that if he did, there would be a change in Government.

I am more than happy to support the amendment moved by the member for Melville and I cannot see how anyone who is looking in a fair way at the hospital system in this State would want to disagree. Anyone looking at this state of affairs and the way the Government is running and influencing the system could only be horrified with the developments which have taken place. The amendment proposed by the member for Melville should be carried.

Amendment put and a division taken with the following result—

Ayes 17

Mr Bertram	Mr Jamieson
Mr Bridge	Mr McIver
Mr Bryce	Mr Pearce
Mr B. T. Burke	Mr Skidmore
Mr T. J. Burke	Mr Taylor
Mr Carr	Mr Tonkin
Mr Davies	Mr Wilson
Mr Harman	Mr Parker
Mr Hodge	

(Teller)

Noes 24

Mr Clarko	Mr McPharlin
Sir Charles Court	Mr Nanovich
Mr Cowan	Mr O'Connor
Mr Coyne	Mr Old
Mr Crane	Mr Rushton
Dr Dadour	Mr Sodeman
Mr Grayden	Mr Spriggs
Mr Grewar	Mr Trethowan
Mr Herzfeld	Mr Tubby
Mr P. V. Jones	Mr Williams
Mr Laurance	Mr Young
Mr MacKinnon	Mr Blaikie

(Teller)

Pairs

Ayes	Noes
Mr Barnett	Mr Hassell
Mr T. D. Evans	Mr Sibson
Mr T. H. Jones	Mr Watt
Mr H. D. Evans	Mr Shalders
Mr Bateman	Mr Mensaros
Mr Grill	Mrs Craig

Amendment thus negated.

Debate (on motion) Resumed

Debate adjourned, on motion by Mr Bryce.

QUESTIONS

Questions were taken at this stage.

QUESTIONS ON NOTICE

Closing Time

THE SPEAKER (Mr Thompson): I wish to announce that questions on notice for next Tuesday will close at noon tomorrow. I intend to make an announcement next week as to the closing times for questions on notice, as there appears to be some doubt in the minds of members as to the precise closing times.

House adjourned at 4.31 p.m.

QUESTIONS ON NOTICE

EDUCATION

Country High School Hostels

100. Mr BRYCE, to the Minister for Education:

- (1) Is it a fact that the former administrator of the Narrogin Senior High School Hostel disappeared from Narrogin during October last year?
- (2) Is it a fact that the financial affairs of the hostel appear to have been mismanaged in recent years?
- (3) Who are the people who comprise the board of management of the Narrogin Senior High School Hostel?
- (4) What is the nature and extent of the accumulated debts of the Narrogin Senior High School Hostel?
- (5) (a) Is it a fact that the CIB has been called in to investigate the situation;
(b) if so, what charges, if any, have been laid;
(c) what conclusions have been reached by the CIB as a result of its investigations?
- (6) When were the financial accounts of the Narrogin Senior High School Hostel last audited?
- (7) Who is responsible to audit the financial accounts of the Narrogin Senior High School?
- (8) (a) Have officers of the State Audit Department been directed to examine the financial position of the hostel;
(b) if so, will he provide details of the conclusions reached?
- (9) (a) Is the Country High School Hostels Authority responsible for supervisory or over viewing the administration of the hostels attached to various rural-based senior high schools in Western Australia;
(b) if so, is his department satisfied that the authority has fulfilled its responsibilities in respect of the hostel at Narrogin?

Mr GRAYDEN replied:

- (1) Yes—present whereabouts is unknown.
- (2) Yes—investigations are still continuing.
- (3) The present board of management is—
Mr C. W. Andrews—Chairman
Mr B. Walters
Rev D. Hope

Mrs R. Lutz
Mr J. Humphries
Mr D. Banfield
Mrs M. Porter
Mr D. Fairclough
Mrs K. White
Mr R. Murray
Mr A. Lineham
Mr L. Metzke.

These people serve in a voluntary capacity on the board.

- (4) As at 30 December 1980 the following amounts were owing—

	\$
Wages	15 732.00
Tax deductions	12 055.00
Miscellaneous accounts relative to running expenses of hostel	43 974.00
	<hr/>
	\$71 761.00

Most of these outstanding accounts have now been paid through the State Treasury Department.

- (5) (a) Yes;
(b) none;
(c) investigations have not been completed.
- (6) August 1978.
- (7) Internal audit section—Education Department.
- (8) (a) No—it was discussed with officers of State audit and agreed that departmental internal auditor first attempt to reconstruct the books as many of the required records were missing;
(b) accounts up to 30 December 1980 have been reconstructed and new accounting records established for current school year.
- (9) (a) Yes;
(b) yes.

WATER RESOURCES

Charges and Metropolitan Water Board

135. Mr B. T. BURKE, to the Minister for Water Resources:

- (1) When is it proposed to introduce legislation to reorganise the Metropolitan Water Board?

- (2) Will proposed increases in water, sewerage and drainage charges be deferred until after the legislation is introduced?

Mr MENSAROS replied:

- (1) Spring session of the 1981 Parliament.
(2) No.

WASTE DISPOSAL

Liquid

136. Mr B. T. BURKE, to the Minister for Health:

- (1) Can he give assurances that the Gnangara liquid waste dump will close in October?
(2) What proposals are under consideration for an alternative site?
(3) Whilst the dump is still in operation, what action is being taken to prevent acids, oil, lime, and hospital waste from being dumped at Gnangara?
(4) What steps are currently taken to monitor the types of products dumped in the pits?

Mr YOUNG replied:

- (1) No.
(2) Three proposed local health authority sites and one private enterprise undertaking are currently being examined.
(3) and (4) Local health authority supervision.

BUILDING INDUSTRY

Companies

137. Mr B. T. BURKE, to the Honorary Minister Assisting the Minister for Housing:

How many building firms in Western Australia have ceased operations in the current financial year?

Mr LAURANCE replied:

Records in my office indicate that six building companies have ceased operations during the current financial year.

However, the Housing Industry Association advises that the actual number of firms is four.

For accurate statistics of company failures the member should approach the companies registration office.

DESTINATION EXPRESS

Government Action

138. Mr McIVER, to the Minister for Labour and Industry:

- (1) Has he received correspondence from myself re the firm Destination Express and the courier service it operates?
(2) If "Yes", what action does the Government intend in order to recoup the money paid to Destination Express by those people who were under the impression they were investing in a business operation?
(3) Will the Government introduce legislation this session to ensure there is no repetition by persons who want to operate courier services such as Destination Express?
(4) If not, why not?

Mr O'CONNOR replied:

- (1) Yes.
(2) As the proprietors of this business name are registered as a company their activities come within the provisions of the Trade Practices Act. I understand that no complaint has been made to the Trade Practices Commission in Perth against this firm.
(3) and (4) Until any investigation is made and because I am not aware of the full details of any alleged fraud, I am unable to express views concerning the need for any other legislation.

TRAFFIC ACCIDENT

Mr T. W. Bradbury: Death

139. Mr WILSON, to the Minister representing the Attorney General:

- (1) Why was Mrs Marilyn Bradbury not notified of the Coroner's Court hearing into the death of her husband Thomas William Bradbury, as a result of a traffic accident on 17 August 1980?

- (2) Why did the Crown Law Department make no attempt to contact Mrs Bradbury in connection with the case of dangerous driving causing death brought against Geoffrey Mark Armstrong following the death of her husband?

Mr O'CONNOR replied:

- (1) The Coroner's inquest was held. However on 12 March 1981 the Coroner conducted an informal inquiry into the death of Thomas William Bradbury. On that day he wrote to Mrs Bradbury to inform her that the inquiry had been completed. A copy of the Coroner's finding was enclosed.
- (2) The Crown Law Department was not involved in the prosecution of Geoffrey Mark Armstrong. The matter was a police prosecution dealt with in the Court of Petty Sessions. In any event it is not normal practice for police prosecutors or Crown prosecutors to notify the spouse of deceased of an impending trial unless that person was required as a witness.

QUESTIONS WITHOUT NOTICE

STATE FINANCE

Budget: Review

39. Mr DAVIES, to the Treasurer:

- (1) Will the Treasurer table a copy of the Treasury's Budget review for the seven months ending January 1981 at the next sitting of the House?
- (2) If not, why not?

Sir CHARLES COURT replied:

- (1) and (2) The answer is "No" and for reasons the Leader of the Opposition will appreciate. The Government has made a comprehensive statement on the results for that period and I think that is more than previous Governments have done. Further, my practice whilst Treasurer has been to make a most comprehensive report available to all members of Parliament and the public and that is as far as I am prepared to go.

Mr Davies: Take it a little further.

Sir CHARLES COURT: I will certainly not because it will create a bad precedent to allow a document of that significance—between the Government and its officers—to be made public.

DESTINATION EXPRESS

Government Action.

40. Mr McIVER, to the Minister for Labour and Industry:

My question arises from the Minister's reply to a question I asked on notice today. He said that as the proprietors of the business have their names registered as companies, their activities come within the provisions of the Trade Practices Act.

Will the Minister have his department check this, because my understanding is that it is a corporate body and because of that it cannot appeal under the Trade Practices Act? I am referring to the organisation known as Destination Express.

Mr O'CONNOR replied:

The information provided to the member was supplied by my department. I will have it re-checked, and the member advised.

GOVERNOR

Appointment of an Australian

41. Mr BRYCE, to the Premier:

I wish to ask the Premier a question concerning the appointment of the new Governor, bearing in mind the publicised initial reaction of the Governor himself, "Why a Pohm?" Will the Premier indicate to the Legislative Assembly how widely he canvassed the possibility of appointing an Australian to the position of Governor, why he appointed an Englishman, and whether we are to assume that in his opinion there was no Australian suitable for this high office?

Sir CHARLES COURT replied:

Dealing with the last part of the question first, it should be apparent to the honourable member that normally the Government would select a suitable Australian for this position, or rather we would invite an Australian to accept the position and make a recommendation accordingly. We need only refer to our previous Governor (Sir Wallace Kyle) to realise this. He was a Western

Australian, born and educated here before he took up his career overseas, a career in which he achieved great distinction.

I would not be prepared to canvas publicly the extent to which the Government went to approach, select, or suggest people who might be suitable appointees, because it would be quite wrong and improper to do so. I can only reaffirm what has been made public many times: On facing the question of a new appointment we look to see whether a suitable Australian is available. It must be realised many people would not be prepared to adjust their lives to accept such a position.

Of all the people available to us to be approached, invited, and then recommended, it appeared that the present incumbent was the best person. He has a service record which is quite exemplary, and appeals to most Australians also. He is a very earthy person whom I believe will endear himself to the people of Western Australia, and generally the public reaction to the appointment of Sir Richard Trowbridge is vindication of the Government's action. I repeat there will be times when a suitable Australian is available and he would be preferred. His Excellency the Governor knows and accepts that, and I think that is what prompted his remark.

PUBLIC RELATIONS

Director: Special Allowance

42. Mr B. T. BURKE, to the Treasurer:

- (1) Did the Government's Director of Public Relations receive a special allowance in lieu of his wife and family taking up residence in Western Australia?
- (2) If so, when did the special allowance begin, when did it cease, why was it made, and how much did it comprise?

Sir CHARLES COURT replied:

- (1) and (2) I am not aware of what special allowance, if any, the gentleman received, but quite obviously the member for Balcatta is on a bit of a witch hunt in regard to this person.

Mr Davies: No, we are just seeking the truth.

Sir CHARLES COURT: These matters are not determined by the Treasurer, they are determined by the Public Service Board in the normal way. I will be only too pleased to ask the Public Service Board exactly what conditions were laid down in this case, because there would have been no favoured treatment.

Mr B. T. Burke: Will you write to me on it?

Sir CHARLES COURT: I will tell the House.

Mr B. T. Burke: You conveniently forget these things.

Sir CHARLES COURT: I do not.

HOUSING

Fremantle

43. Mr PARKER, to the Honorary Minister Assisting the Minister for Housing:

My question 77 of yesterday's date referred to four-bedroomed accommodation in Perth generally, and in particular in the Fremantle region. I asked the Honorary Minister what plans the SHC has to increase the number of four-bedroomed houses, and he replied that a firm capital works programme could not be established until precise funding arrangements were made. While I appreciate that point, I would like to ask whether it is a matter of priority to increase the number of four-bedroomed houses in the region, either by way of additions to smaller houses, or by the construction of new four-bedroomed houses, in view of the appalling waiting list for people in that category in the region.

Mr LAURANCE replied:

I would like to indicate that the reply I gave yesterday was accurate. Even through discussion in this House, he would know that the funding available to the State from the Commonwealth has not been decided yet, and the State will also have to look at the matter in the context of the Budget.

The building programme for four-bedroomed houses will depend upon the demand in all areas. I will take into account the figures he has indicated to me when the programme is being drawn up.

Each year the State Housing Commission undertakes a programme of additions to three-bedroomed homes. Existing tenants can apply for assistance to add bedrooms where required. It is not a particular policy of the commission to add bedrooms to houses unless a special request is received from a tenant.

INDUSTRIAL DISPUTES

Iron Ore Industry

44. Mr HARMAN, to the Minister for Resources Development:

- (1) Was the Minister correctly reported in *The West Australian* of 25 March 1981 wherein he stated—

However, in the past two years the percentages had been affected by strikes at both Hamersley and Newman?

- (2) Has the Minister read the 1980 annual report of Hamersley Holdings Limited where it is stated on page 7—

Hamersley shipments totalled a record level of 38 938 000 tonnes compared with 30 093 000 in 1979. This result reflected a more stable industrial relations climate and efficient performance by the operations, particularly in the first half of the year during which shipments at a monthly rate of 4 million tonnes were consistently achieved?

Mr P. V. JONES replied:

- (1) and (2) The answer to both parts of the question is "Yes". The first comment related to the percentage of the Australian iron ore imports to Japan, and the statement made by Sir Russell Madigan in the brochure from which he has just quoted—

Mr Harman: Aren't they true?

Mr P. V. JONES: —are also quite true. Those statements relate to the total shipments from the Hamersley mine to all its customers, and not just Japan.

Mr Harman: That makes your statement untrue then.

HONOURS

Imperial and Australian Systems.

45. Mr BRYCE, to the Premier:

I wish to ask the Premier a follow-up question to question 93 of 25 March, which was part of a series of questions about the selection body in Western Australia which makes the necessary judgments for Western Australian and Imperial honours. I was quite surprised to hear the Premier say there is no selection committee. My question is—

- (1) Will he indicate who is responsible for making the selections, bearing in mind that 331 Imperial honours have been granted in this State since 1974?
- (2) Also, in view of the fact that only 121 Australian awards have been offered in that same period, does he have any explanation to offer for the disparity in the two figures?

Sir CHARLES COURT replied:

- (1) and (2) First of all, I thought it was made clear that in respect of Imperial honours it is the Government which makes the recommendations through the Governor of Western Australia to the palace.

Mr Bryce: Doesn't that mean Cabinet?

Sir CHARLES COURT: The Cabinet does not sit around and hold a big meeting about what honours are going to be bestowed.

Mr Bryce: That is why I asked you about the selection council.

Sir CHARLES COURT: I will tell the member about that if he will sit still for a minute.

Submissions come from all parts of the State and from all types of people, including some members of the Opposition—in spite of the fact that they are supposed to be opposed to Imperial honours. The submissions are then examined by the Under Secretary and another person who is accustomed to handling very confidential matters. Personal details are checked and where necessary the matter is sent back to the people who made the recommendations for further details and verification. Finally, the matters are listed for review.

The Premier, of necessity, must make the final recommendation, but where appropriate he consults with his colleagues not only to obtain their recommendation but also to ascertain their views in particular cases. No such formal body as a selection committee exists, and I hope there never will be one. The recommendations in fact go forward from the Government.

In respect of Australian honours the situation is different, because the control of Australian honours is centralised very much in Canberra. We do have someone on a committee in Canberra which deals with these honours; for a while it was the late Sir David Brand, but in recent times it is the Under Secretary (Mr R. D. Davies). That gentleman attends meetings at least twice a year when recommendations from the various parts of Australia, including Western Australia, are considered. My view is that the number of Australian honours will progressively increase. According to the statistics I gave the member the other day Western Australia has received its share according to its percentage of population. I suppose it would be fair to say that in the Labor States which do not recommend Imperial honours the percentage of population might be higher, but I would not be sure about that. I gather those States make nominations for Australian honours and not Imperial honours.

I do not know what happens after the nominations are received and considered, because it has nothing to do with us and we are not acquainted with what happens until the announcement is made to the media.

As I said, my view is that Australian honours will progressively increase. It is a fact that in the early stages there was no great enthusiasm for Australian honours and people were reluctant to recommend them, but with the passage of time it has become understood that the Queen is the head of the order and more people are prepared to allow a submission to go forward for an Australian honour as distinct from an Imperial honour. We are encouraging people to accept the Australian honours system with the Queen as the head of the order, and I think the numbers will progressively increase.

STOCK

Foot and Mouth Disease.

46. Mr JAMIESON, to the Minister for Agriculture:

In view of the outbreak of foot and mouth disease in Europe and, particularly, the United Kingdom, I ask the Minister—

- (1) Is he aware of any special action being taken at Perth Airport by Commonwealth authorities to guard against the disease entering this country by way of the footwear of passengers?
- (2) Is he aware whether food scraps from foreign airliners are incinerated or otherwise destroyed?

Mr OLD replied:

- (1) Certainly the vigilance would be tighter now, but the quarantine inspectors—most of whom are employees of the Department of Agriculture—are well aware of the necessity to ensure that all footwear has been treated or is left at the airport for treatment. I cannot inform the member of any stepping up of activities, but I can assure him the department is conscious of the fact that the outbreak is serious. We have asked one of our vets in the United Kingdom to keep a watching brief on the situation, and he is doing that. As the member has raised the matter, I will certainly check on it for him.

- (2) Food scraps are incinerated.

The SPEAKER: I will take one more question. The member for Kalgoorlie.

MINING

Iron Ore: Japanese Contracts

47. Mr E. T. EVANS, to the Minister for Mines:

- (1) Has the Minister read page 4 of the annual report of Hamersley Holdings Limited?

- (2) If he has, how does he relate his answer to a question without notice on 24 March in which he said "... the Japanese steel mills have not drastically reduced their shipping tonnages for the reason which starts on 1 April" with that part of the chairman's statement appearing on page 4 of the annual report which says under the heading "Iron ore in over-supply"—

Due to the lack of growth in the steel industry, the global demand for iron ore continued to fall significantly short of the production capacities of suppliers.

For the first quarter of 1981, for example, some major customers will accept only 60% of their minimum contractual tonnages?

Mr P. V. JONES replied:

- (1) and (2) The answer is similar to that I have already given. The statement in the Hamersley Holdings Limited brochure relates to the first quarter of the shipping season, which starts on 1 April. The last quarter of the year just finished also shows a downturn.

The statement I made relates to two things. Firstly it relates to the estimated total shipments for the whole shipping year—which is currently being negotiated—on an estimated Japanese steel production of either 104 or 105 million tonnes for the total year, and not the first quarter of the shipping season.

Mr B. T. Burke: Do you agree they will be down for the first quarter?

Mr P. V. JONES: Secondly, the other statement is simple: There is no finality yet in the negotiations. So when I referred to the fact that no reductions had yet been determined as was suggested in the headlines in last Saturday's paper, that was perfectly true because the negotiations have not yet been completed.

PUBLIC RELATIONS

Director: Motor Vehicle

48. Sir CHARLES COURT (Premier):

Yesterday the member for Balcatta raised some questions regarding the

alleged misuse of a Government vehicle allocated to the Director of Public Relations, and I undertook to have the matter investigated to ascertain the correct position. I would like to report as follows—

In response to the member's question, he is advised that the Director of Public Relations is entitled to the use of a Government vehicle as he is on call for duty at all hours of the day, weekends and public holidays included.

During the period in question the Director of Public Relations was approved nine days' leave, but to meet the Government's requirements remained on call continuously throughout his leave. In fact, I have been advised he spent several days of his leave in Perth, except by arrangement for a 48 hour visit to the south-west where he undertook some work-related activity and continued to be on call.

In all fairness it was felt reasonable that he should have official transport in the south-west not only to fulfil the work-related activity, but also in order that he would be able to respond to any call to return for duty.

That report was supplied by the officer directly concerned with the supervision of activities of this kind.

PUBLIC RELATIONS

Director: Motor Vehicle

49. Mr B. T. BURKE, to the Premier:

Mr Speaker, I seek your indulgence in asking a supplementary question, as the Premier did not provide this information until after you told the House there would be no further questions. I ask the Premier: It is a fact that during the three, four, five, or six days this employee was holidaying in the south-west he was on call; and, if so, is it efficient to have people in the south-west on call in that manner?

The SPEAKER: As I am a tolerant Speaker, I will allow the supplementary question.

Sir CHARLES COURT replied:

The facts set out are those told to me by a very responsible officer whose only duty and desire was to supply the information sought by the member for Balcatta. I am assured that the whole of the period of approved leave—

Mr B. T. Burke: It is not possible.

Sir CHARLES COURT: —has been charged against the officer concerned as leave being taken; it is not unusual for

people in his position to take leave on that basis—he was on call.

Mr B. T. Burke: Whilst he was on holiday in the south-west with his family?

Sir CHARLES COURT: I am telling the member for Balcatta that although he was on leave, he was on call. If the honourable member does not believe that, he does not have to, but that is the situation.

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