



DEBATES

OF THE

LEGISLATIVE ASSEMBLY

FOR THE

AUSTRALIAN CAPITAL TERRITORY

HANSARD

28 March 1990

Wednesday, 28 March 1990

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MR SPEAKER (Mr Prowse) took the chair at 10.30 am and read the prayer.

OBSTETRIC CARE

MR BERRY (10.31): I move:

That this Assembly acknowledges the need for high quality obstetric care for the women of the ACT and their children with a range of options to cater for both high and low risk pregnancies and opposes the removal of any obstetric beds from the public sector which would limit those options, particularly for women without private insurance.

Mr Speaker, the issue of obstetric beds allocation and utilisation is an important one which needs the fullest exploration and understanding by all members of this Assembly. The reason that this motion arises is because of concern amongst women in the Territory and amongst the members of the Labor Opposition about the philosophical position of the Government opposite. The Liberal factor in the Government opposite has a bent towards privatisation. The Residents Rally factor of the Government opposite has a very flexible bent. It is very difficult to find out what their direction is in relation to their own policies at any one point in time, except, that is, for the recent failure of their leader on civil libertarian issues. In relation to the No Self Government factor, of course, there are many words from Ms Maher about her position in relation to services for women. However, having regard to the performance of the No Self Government factor of the Government in the past, people would find her position very difficult to believe.

This is a complex issue and covers such issues as individual rights of women and children in the ACT, the training and career paths of nurses - particularly midwives, the medical profession, and the economics of service provision in ACT hospitals. It has become more evident in recent times because of a dispute, if one should call it that, arising from issues concerning a homebirth. A woman who had chosen homebirth in the first place later required admission to the hospital system because of some complications.

I suppose it is timely that this issue should turn up now because yesterday Mr Humphries made a statement which highlighted the benefits of the collocation of specialist services in which he claimed that there were efficiencies

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to be gained in financial terms of placing services in one system and not in two or three. Labor recognised these benefits in its plan for the redevelopment of Canberra's hospital system and with our longstanding commitment to affordable, accessible health care planned a strong, viable public health sector. Labor's philosophical position on this issue is unequalled in this house. Included in that plan was support for a range of options for women planning motherhood.

I would like it recorded that there was not one mutter of protest about the outstanding position of Labor on the rights of women from the benches opposite. I am referring, of course, to an ACT birth centre. I was happy to see Mr Humphries support Labor's plans for just such a centre, but I believe that a simple promise of a birth centre without the support for ancillary services and the other programs on which the success of such a centre depends, is short-sighted and fails to acknowledge the range of complex issues surrounding the delivery of obstetric services in the ACT.

That the ACT lacks a full range of antenatal and postnatal services for patients without private health insurance is an indictment of our health system, and, of course, it was one that Labor in office was moving to rectify. To give credit where credit is due, the Minister's support for a birthing centre is welcome though it is yet to be realised. Nevertheless, the words of support are welcome but they lack mention of antenatal and postnatal services for patients without private health insurance. With an understanding of the philosophical bent of the Liberals opposite one would be concerned that the absence of words means that there is an absence of commitment.

It is important for pregnant women to have access to comprehensive antenatal care and, at the same time, it is important that we provide full training for midwives in the ACT, as I mentioned earlier. The strong supportive role of midwives in childbirth is recognised by women in childbirth and the experience and expertise of midwives is recognised and greatly appreciated by both women and members of the medical profession who rely on them.

It is true to say however, that there are issues, which could be described as issues of demarcation, which arise from time to time in the delivery of these services. There are issues between those who argue for more control of the birthing process by midwives and mothers and those who argue that the medical profession has the sole right of control over the act of birth in the hospital system. There are two very strong debates in relation to that but one has to stand up for the rights of women in relation to this issue and, in my view, the Government members opposite have so far failed to do that. This is particularly evident because of the actions of the Government so far. The Chief Minister, with his ministerial responsibilities in respect of women, supported by Ms Maher, has made no

great advances in relation to establishing or even offering support for the establishment of the sorts of services that Labor seeks to secure.

It is important that we ensure that obstetric beds remain in the public health system - and I say that at the risk of censure from those opposite. It is nice to see that the members opposite are suitably chastened after some reflection on their behaviour yesterday. The silence that we hear today is a welcome contrast to the rebellious behaviour that we saw from the benches opposite yesterday.

Of course, what this debate focuses on is the wish of the John James Hospital to open obstetric beds. That may suit the ends of some members of the medical profession who are not as supportive of the public health system as others, but it would undermine obstetric services in the public system and that is what Labor is about; ensuring that the public system is strong. The short-sighted granting of approval for obstetric beds at John James would leave training programs for both the nursing profession and the medical profession in doubt. It would also leave women in the ACT with fewer options for birthing. The transfer of beds from the public sector to the private sector would create an artificial shortage of beds within the public sector and force women into private insurance in order for them to afford those private beds set up in the private sector.

No government has the right, in my view, to force women into private insurance to avail themselves of these sorts of services. There has to be an open and accessible public service available for women wherein they can exercise a number of birthing options. That is not evident in the words or in the actions of the Government members opposite and some future for the provision of these services is in doubt because of the absence of any action from the Chief Minister and his Executive Deputy, Ms Maher.

It is quite obvious, from my point of view, that the level of care provided by these two members is not as desired by the women of the ACT. That these women are already disadvantaged in relation to women in other States needs to be addressed, but to further disadvantage them by reducing the opportunities for higher level training of both nursing and medical staff is unforgivable. It is for this reason that I move this motion today, because if the efficiency of the delivery of public obstetric health services is diminished by reducing the number of public beds and handing them over to the private sector, then the training opportunities for our nurses, for our midwives and for members of the medical profession and ancillary staff will be significantly diminished in the public sector.

That would result in a reduction of services to women in the ACT and I would hope that during the course of the debate the Government members opposite would indicate that they are prepared to do some work. It is fairly clear that

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they have not been prepared to do anything to date in relation to legislation, but I would hope that we would be able to get some indication that they are prepared to do some work to provide quality, affordable, accessible services for women who are planning childbirth in the ACT. That is aside from rhetoric about birthing centres. Birthing centres do not stand alone; these sorts of services have got to be supported by antenatal and postnatal services. They have got to be public services and they have got to be services that are available to women who cannot afford private health insurance.

The Liberal factor, as I mentioned earlier, has a bent towards the private sector and would be taking any action it could to force women to turn back to private insurance so that the private sector could make a profit. The fact of the matter is that there are a lot of women in the ACT who cannot afford that. These women have got to be guaranteed accessible health care for themselves and any children that they are about to have.

To show the support of this Assembly for a strong, viable public health sector which allows women the greatest range of options in childbirth and access to the highest quality of care, it will be necessary for this motion to be passed without amendment. It is a matter of record that the Government members opposite move quickly to amend motions where they feel that their thunder has been stolen, but I would implore the members opposite to have a commonsense view on this issue and show the strongest support possible for this motion. This range of options will narrow and the quality of care will suffer if we as an Assembly do not ensure that the strength of the public health system is reinforced and that no obstetric beds are allowed to be transferred to the private sector.

I repeat that this is an extremely important motion for the women of Canberra, particularly those who cannot afford private insurance. It is obligatory for all members of this Assembly to support this motion.

MR HUMPHRIES (Minister for Health, Education and the Arts) (10.46): Mr Speaker, I am a little flattered by Mr Berry's remarks in the debate this morning. I am flattered because I think that it says something about the position that the Government has taken with respect to the range of obstetric services in the ACT, that in order to score a point in respect of the Government's decision it was necessary for the Opposition members to actually misrepresent and distort the position that the Government has taken.

I refer briefly in that respect to the comment last night by Mr Berry that the Government was going to sell off the Acton Peninsula. One can see very clearly that the Opposition needs to make those kinds of remarks before they will win any ground on this debate. I am very flattered that that has been the case because I think it confirms the correctness of the decision that we, as a Government, have made.

Mr Berry: Do you support the motion or not?

MR HUMPHRIES: To answer Mr Berry's question, yes, the Alliance Government will be supporting the motion that Mr Berry has put forward. However, it will be adding other words which clearly indicate the true position in this regard. Everything Mr Berry has said certainly indicates strong support for the position the Government has taken and I welcome that. However, it is worth noting that a number of other things have not been said by Mr Berry. I will refer to the amendment that I have moved in respect of this. I have circulated that amendment and I will be speaking to that shortly.

The Alliance Government is committed to the provision of a range of high quality obstetrics services which will cater for the needs of women across the range from low to high risk. I do not need to mention the value of the principal hospital concept in this regard; the principal hospital will be important in providing that particular care for high risk women. There are also the other options developed and announced by the Government yesterday which cater for women in the low risk category. I will come back to them in a moment.

There is already a high quality obstetric service available in Canberra. There are presently about 122 obstetric beds available in our three public hospitals. Here is a point Mr Berry has missed: there are 122 obstetric beds available in our three public hospitals but there are none in private hospitals, none whatever.

The choice in the public hospitals provides a variety of style and philosophy which meets the needs of most clients. The variety available in our public hospital system is very important and I think Mr Berry would support that, but Mr Berry cannot seriously argue that women in the ACT should not have the option of birth in a private facility. Surely Mr Berry will not rise in this place and say that women should not have the right to obstetric services in private facilities, and yet that is the import of what he has been saying to us today. He is suggesting, I suppose, that transferring some of those public beds to private facilities will remove the availability of those beds from the public sector and women in the ACT will not be able to give birth in public facilities. That is simply utter nonsense.

I want to give Mr Berry some figures he might like to ponder about. I mentioned that there were 122 obstetric beds available in our three public hospitals. Let us assume that each person who uses those beds uses them for a whole week. That is quite a long time; the average time is considerably less than that. Let us assume it is for a whole week, then 52 weeks x 122 equals 6,344 clients, patients, women who can be accommodated in our public hospital system at the moment. How many births are there

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in the ACT each year? The fact is that the number of births in the ACT stands at a figure of only 4,700. With population growth we could expect this to rise to somewhere around 5,000 births per year over the next decade.

Mr Moore: Five thousand children.

MR HUMPHRIES: Not necessarily 5,000 children, but 5,000 births per year over the next decade. What that means is that there is considerable slack in the obstetric services available in the ACT at the present time. There are considerably more obstetric beds than there are births. What that ought to mean to anybody with a modicum of commonsense is that there is no need to increase the total number of obstetric beds available in the ACT, but there is a need, as I pointed out before, to expand the range of options and permit some women to have birth in private hospitals because none of those beds are available in private hospitals.

Let us face facts. I know that some of the women who sit here in this chamber have had babies. They would know, and their peers would certainly know, that when women make a number of choices about health care in their lives, one thing that women most often take out private health insurance for is to be able to have their babies in top quality facilities, and for some women that means in private facilities. Many women make that choice but in the ACT at the present time - - -

Mr Moore: Some cannot afford to make that choice.

MR HUMPHRIES: No, Mr Moore, there is no question of not having a choice. At the moment the choice is denied in respect of women who want private birth. That is where there is no choice. Women who want public births have absolutely no problem. There are heaps of beds for those women, no shortage whatsoever. The fact is, Mr Deputy Speaker, that a realistic government - and ours is a realistic Government - has no choice but to provide for the desires and the needs of all women in the ACT. That is precisely what this Government will do. We will approve a small number - - -

Mr Moore: On a point of order, Mr Deputy Speaker; I just draw your attention to the lack of a quorum. More than half the Government is not here and we do not have a quorum.

MR DEPUTY SPEAKER: Thank you, Mr Moore. (Quorum formed)

MR HUMPHRIES: It says something about the desire not to hear me on this debate that a point of order was made.

Mr Moore: No, I am very interested.

MR HUMPHRIES: You would not have called a point of order and cut my time back, Mr Moore.

Mr Moore: I am happy to extend your time. I am sure other members will - - -

MR HUMPHRIES: Mr Deputy Speaker, as anyone can see with a cursory glance at the announcement made yesterday by the Government, the fact is that this Government will be expanding the number of public beds provided in the Australian Capital Territory from something like 900 to something like 1,000 in, say, three or four years' time from now. How that diminishes choice; how that diminishes opportunities for people wishing to make services available in the ACT is quite simply beyond me. The logic entailed in Mr Berry's arguments simply escapes me.

The development of a principal hospital will provide a wonderful opportunity to establish a centre of excellence for obstetric services. That will obviously be at the principal hospital which is to be on the Woden Valley site. A centre such as that will be the focus for training and research and will provide a high level service to mothers and babies most at risk of complications. Entailed in that development will be the fact that Calvary Hospital will expand its obstetric services over the next year. This will meet a growing demand in north Canberra and ensure a high quality service is available to more people. If Mr Berry bothered to speak to people in the system he would hear effusive praise for the obstetric services available at Calvary Hospital. They are very good; they are highly prized and valued by those that use them.

Future planning for obstetric services in Canberra will include, as the Government announced yesterday, birthing centre facilities collocated with our major obstetric units. Under the Government's program for redevelopment and upgrading of our public hospitals this will mean that birthing centre facilities are likely to be developed at both the new Royal Canberra Hospital - which will be on the Woden Valley site - and at the Calvary Hospital. It is hoped that the first of these new birthing centre facilities will become available during the next year, possibly being included in the expansion of obstetric services at Calvary Hospital.

I know Mr Berry made a comment about Labor's plan for birthing centres. I must have been away one day, Mr Berry. I missed the press release where you announced you were going to have a birthing centre in Canberra. Perhaps you could refresh my memory as to what day the press release came out, or the announcement in the chamber came out. Perhaps I was not listening. I cannot recall the announcement by the Labor Government that it was going to have a birthing centre. I remember words of support. We have all given words of support. They are very cheap, but Labor made no announcement that I can recall, unlike this Government which was able to announce yesterday that Canberra will have birthing centre facilities. We have made that clear. We are going to provide them and they will be provided soon.

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I think it is churlish in the extreme when we see Mr Berry coming forward with this critical motion - or, at least, critical in its intent - and making not one word of praise or recognition or congratulation to this Government, which has finally bitten the bullet and finally provided the service that he has been crying about for some time and which he, when in government, was not able to provide to the people of Canberra. That is pretty low behaviour, and I think that the amendment that I put forward will adequately cover the omission in Mr Berry's motion.

Obstetric services should include a range of care which extends across the needs of women experiencing normal birth to those who experience complications or who are in high risk groups. Demand for birthing centre facilities has arisen from women's concerns at increased technological intervention in the normal birthing process and the perception of birthing as an illness, which, of course, it is not.

Birthing centres promote a philosophy of care which encourages involvement of the family. They are based on minimal intervention and promote pregnancy and childbirth as normal and healthy life events for the majority of women. I think the arguments and the advantages of a birthing centre are well-known and I do not propose to go through those in much detail.

The hospitals board determined late last year an interim policy for birthing at Woden Valley and Royal Canberra Hospitals. This interim policy was developed in full consultation with the medical profession. I detect a distinct anti-doctor streak in some of the remarks made by some of the members of the Australian Labor Party. That is regrettable. I would not like to see the polarisation of opinions in that fashion and this Government will not be fostering that kind of polarisation. But it does occur, unfortunately.

I can say that that policy with respect to birthing has been developed and, as I said, developed in full consultation with the medical profession. It is presently being examined by the board, by both boards, and by the maternity services working party at the hospitals. This group has representatives of the medical profession and also includes midwives, nurses and consumers. The board's policy will appropriately recognise the rights of clients and health care providers.

I am also aware that the Australian Medical Association has, in the last few months, released a policy with respect to birthing which does, in fact, embrace ideas such as birthing centre facilities. I believe it is an appropriate compromise - that might not be the right word - but certainly an appropriate acknowledgment of the strong arguments in favour of birthing centre facilities in the modern community.

I can also make reference to the midcall program which has improved choice for parents in the ACT. It was introduced in Woden Valley and Royal Canberra Hospitals late last year. It gives mothers a successful physical and emotional recovery from the stress of pregnancy and labour. That occurs by allowing women to go home early to spend the early period of their postnatal care in their own homes. I was pleased to congratulate the one-hundredth participant in the midcall program a few months ago. I think it has been completely successful. A key element is to encourage the mother-child relationship and promote parenting skills which helps the mother to undertake the care of the infant confidently in the family environment. As I said, more than 100 mothers have already experienced the benefits of this program.

Public antenatal services in Canberra are less than adequate in the Government's view and we will be taking steps in consultation with obstetricians and gynaecologists and other health professionals to improve the availability of these services, particularly to disadvantaged groups. Nothing that the Government has announced so far will prejudice that particular line of attack.

I see Mr Berry made reference to having the Government's thunder stolen. It seems to me that the reality is that the Opposition's thunder has been stolen by the courageous decision announced yesterday by the Government.

I think that the amendment I have moved acknowledges two very important things. The first is that the redevelopment of Canberra's public hospitals by increasing the number of public beds available in the ACT will provide an increasing range of birthing options for women in the ACT. The second is that it commends the Government's redevelopment plans with respect to the establishment of birthing centre facilities in Canberra.

How those statements can be said to be inaccurate is beyond me. Why those statements would not be supported by the Opposition would also be beyond me. I certainly hope that Mr Moore, in particular, who I am sure supports these ideas, will support the amendment being put forward by the Government. I move:

At the end of the motion, add the words: "This Assembly notes that the Alliance Government will, through the redevelopment of Canberra's public hospitals, provide an increasing range of birthing options for women in the ACT. This Assembly commends the Government's redevelopment plans and, in particular, its decision to establish birthing centre facilities in Canberra."

MR MOORE (11.01): I rise to speak on birthing centres because I think that this topic has been of great interest to the people of Canberra, particularly to people involved

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in obstetrics. I speak in terms of birthing centres, in particular, as one of the options open.

Let me start by commenting on the amendment moved by Mr Humphries. No, I will not be supporting the amendment moved by Mr Humphries. It is not that I object to the first paragraph of it in particular, but I am not in any way going to commend the Government's redevelopment plans because I object most strongly and most strenuously to them. If Mr Humphries believes that he can swing us in with a cover-all motion along those lines to support the ridiculous and objectionable redevelopment plans that the Alliance Government has put forward, then he is sadly mistaken.

Mr Jensen: That is pretty inconsistent.

MR MOORE: I see Mr Jensen interjecting but, of course, he is feeling guilty about the shift from Rally position. I can understand that, but by now he ought to be getting used to the notion that they shift from their position all the time, anyway.

The most important thing here to me, and the most disappointing part about Mr Humphries' motion, is that the original motion was bipartisan. We could have had a motion coming out of here that was bipartisan, and then he could have gone to the press and said, "Look, we have a bipartisan motion and the Alliance Government has already put it into practice". I would have found no trouble with that. I would have been quite comfortable with it, and quite comfortable, as I say, with the first paragraph of that motion.

What we have instead is a situation that whenever members of the Opposition put up a motion the Alliance Government uses its numbers to turn it around to pat itself on the back. If members of the Government really think that that is going to work, then I think that they will have to realise that all they can achieve by doing such things is to ensure the lack of a bipartisan approach on such matters. I find the way that Mr Humphries has done that entirely objectionable. I accept what he is trying to achieve and I accept that he has taken a major step, which Labor refused to do, and he has made a commitment on birthing centres in particular. I will get back to birthing centres later because I do congratulate the Government on that particular initiative. It is not words, it is action, and I make no bones about congratulating you on that.

The question really is who has responsibility in terms of obstetrics, and the answer to me is very simple, it is the mother. Often that concept has been lost, particularly by members of the medical profession. There has been a growing recognition amongst women that they have certain rights over their body, including the whole birthing process, and part of those rights is to choose how they are going to have that baby.

One of the problems has been, particularly since the second world war and earlier - probably since the Victorian era - that women have tended to allow doctors, largely male doctors, to tell them how they were going to have the baby. There was a whole reversal of this role. Women are coming to realise, as part of the whole women's revolution, that this simply is not appropriate and the choices are theirs. One of the things that we are attempting to do - and I know Mr Humphries is attempting to do it, I just do not like the way he is going about it - is to increase those choices for mothers.

I am now going to go to one of the saddest things about the announcement of the closure of the Royal Canberra. As an active participant in the Nursing Mothers Association at the time I was home with my small children, I had discussions on many occasions about such things as episiotomies, and babies, chafed nipples and so on, but most often the discussion in the Nursing Mothers Association would go back to which hospital, or which style or which choice the mother would prefer, and almost always there were one or two women who chose the homebirth option. Many of the other women would argue at the time that the homebirth option was fine while everything was going okay. By and large that is the sort of argument that Mr Humphries has put up, that it may well be appropriate in the low risk situation. But, with birth, we do not always know it is going to be low risk. The problem for mothers is that they often want to remain either with their families or with their husband, or they want to stay in appropriate surrounds.

The birthing centre concept actually provides for a familiar home-style environment with a little more safety so that the risk is lower. When that is on a site that is close to a hospital, then there is a further safety factor, because if it is necessary to have a caesarian or some other form of emergency then the hospital equipment is there, and the theatre is close by. That is one of the issues that must be considered when locating the birthing centre.

Not only homebirths and birthing centres would come up in that discussion, but what also came up for the vast majority of women there, was which hospital they preferred. By and large there was a range. Some preferred Woden, some preferred Calvary, and some preferred Royal Canberra. Living in north Canberra the majority of people that I discussed this with happened to prefer Royal Canberra. Some of the reason for this no doubt was that the location was close to their homes and therefore it was a matter of preference. But, more importantly, the discussion centred around attitudes - the attitudes of the doctors and the staff - and that is what normally tended to push women towards one particular area or another.

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Now the choices in terms of hospital births are going to be narrowed to Woden Valley and Calvary. Some people are going to find that the Calvary option is simply not available to them because of an old long-time Catholic philosophy. I asked the director of nursing at Calvary about this at an interview some months ago - it is the notion that when there is a choice between the mother and the baby, then the choice should be to save the baby.

The current response to that is almost a political answer that any of us would be proud of getting away with in the media. We say, "Yes, but we do not want it ever to come to that, and we always work to save both". Still, underlying that philosophy is a notion that you put a higher value on the value of the life of the baby than you do on the mother. That makes Calvary Hospital unacceptable to a large number of people, and quite rightly so. Therefore, they come back to a choice. If they want a hospital, they come back to a choice of Woden Valley and no other. Well, that is no choice.

Conventional hospital birthing has changed a great deal from a time when women were told to lie back and do as they were told to a situation now where women have so much more control. But it does not happen at all times. I know of a situation, just four or five years ago, where a woman requested a birthing chair or to be able to sit up for a birth, and a doctor said to her, "There is no way; I am not bending over for anybody". Granted, that was an elderly male obstetrician from Canberra. No doubt that attitude is changing. The point of the birth is that it is about the mother, and it is not about what is good for the doctors.

If that is the case, I hope there will be a great deal of consultation in terms of the new range of birthing facilities and that those consultations take place with mothers, with representatives from organisations like the Nursing Mothers Association, the birthing centre people, the physiotherapists, the midwives and others because it is the midwives that the birthing centre is about. When you read their submission - and no doubt you have done so - you will realise that part of the philosophy of birthing centres is about taking doctors out of the birthing process when the birthing process is normal and running normally and leaving that in the hands of the mothers and the midwife. That is part of this choice.

MS MAHER (11.11): First I would like to clarify a couple of points that Mr Berry raised. He has stated that I have no commitment or interest in women's affairs and he also mentioned it of the Chief Minister. Well, I find that totally untrue. I have got a women's policy here, which I have had a significant part in, that says that I do care about women and what happens to women. I have also had a lot of community consultation with different women. Over the next couple of years I will be proving that I do have an interest in women and I do have a commitment to the status of women and families in general.

Also the health area within that policy with regard to this particular debate also shows our commitment to women and health. I take offence at what Mr Berry has said. I have seen press statements that say that this Government is selling off Acton Peninsula where the Canberra Hospital is. This is another untruth that the Labor Government is putting out again. No wonder the Government over this side gets fed up with your tactics of untruths.

With regard to this particular debate, I recently attended a seminar on a birthing centre dealing with the pros and cons of a birthing centre. Also, on Monday representatives from the ACT for Birth group came in to see me about what was actually happening and where we can work together to achieve a birthing centre in the ACT. Unfortunately, they were a little bit premature, but I will be meeting with them again in the next couple of weeks just to find out where we can go now.

In the Minister's speech yesterday Mr Humphries mentioned - and this is something that Mr Moore brought up - the fact that if we go ahead with a birthing centre or a birthing facility then the philosophies of that centre should be incorporated in development. Mr Humphries has already stated in his speech that this is what we will be doing. We will be having lots of community consultation as to the needs of the facility and what the philosophies are, so that it works well and it works in the way that the community wants it to work.

The Government has given a commitment to establishing a birthing centre at Woden. We are also having negotiations with Calvary Hospital about establishing a birthing centre there in the interim. Maybe something can be arranged within the next year, rather than waiting for the full establishment of the hospital redevelopment.

With regard to the overall obstetric service, the subcommittee of the hospital board, which is the maternity services working party, is looking at antenatal and postnatal services that are available in the ACT and finding out where there are deficiencies within the ACT and where services need to be improved. So there are things being done. Mr Moore said he thinks that this is a bipartisan motion. To me it just has inferences all over it that this Government is doing nothing and it is going to sell off and privatise.

I would like to make some comments with regard to the birthing centre facility. The birthing centre facility promotes the philosophy of care that encourages an environment for a family. I feel this is important. I have been involved in two homebirths with my sisters and I appreciate the experience that they had and that I had being involved with those births: the lead up to them; the actual births; and the experiences after the births.

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I think homebirth is a wonderful thing, and I feel that if women are well enough to be able to experience that they should be able to have the option of the style of birth they want to participate in. This Government is committed to providing those options so that women can have their option as to what they want to do. I personally am committed to making sure that there are options available for women.

With regard to the bed situation, as the Minister has said, there are 122 obstetric beds in the ACT at the moment and none of them are private. I really do not know what your worry is because this Government will be ensuring that those beds continue and that there is not a decrease in the beds available. This Government is committed to providing a range of facilities and services for women, not just in the obstetric area but right through the process - antenatal, birth and postnatal.

MRS GRASSBY (11.18): I rise to support Mr Berry in what he had to say. I support the fact that a birthing centre is very important, but, as Mr Berry said in his speech, a birthing centre without auxiliary services will not be a success. I get the feeling that the Government would not be unhappy if it was not a success. They could then put it into a private hospital for their friends in the AMA. Any woman who has had a baby in a birthing centre - and this seems to be the way the Western world is going - would know that it needs to be within or annexed to a public hospital. Then it would be accessible to all women in the ACT, not only the rich, which putting it into a private hospital would do, but the poor as well.

Mr Duby: There is no suggestion of putting a birthing centre in a private hospital. What are you talking about?

MRS GRASSBY: This Government would not know about this. In the case of a first baby, all care has to be taken, very much so because this is the time when complications can easily occur. I am sure we all know of cases where homebirths have gone wrong, where not only maybe has the baby been lost in a quick dash to a hospital, but sometimes the mother, and on some occasions, both. Mr Humphries said that Mr Berry got it wrong. It was Mr Humphries who got it wrong. There are private beds in public hospitals; however, there are no public beds in private hospitals. I repeat that there are private beds in public hospitals, but no public beds in private hospitals.

Not long ago outside this house Mr Humphries told the voters that he was going to keep the Royal Canberra Hospital. This was his great speech to the people. I remember running into a doctor at election time who was working for the Liberals. He told me he was working for them because Gary Humphries had told him they were going to keep Royal Canberra Hospital. This was the story that Mr Humphries peddled around; but he is back-peddalling very quickly now, and the people in the ACT know this. He is

even talking about a private hospital on the north side. As Mr Berry said, we need a health system run not for the doctors, but for the voters of the ACT who voted for us to do the right thing, not give it away.

It is big, and I repeat, big, that is the way this Government is going. They have got the numbers so they will be able to push it through and the people in the ACT will have to put up with it. But the Assembly is made up of groups other than the Liberals, and they have an opportunity to show their support for a health scheme and a public hospital which is available to all, not just the rich. I hope they will realise that. Unfortunately, half of them will not be back here after the next election, and this is the problem.

Mr Collaery: Speak for yourself.

MRS GRASSBY: I will be here, do not worry, Mr Collaery, but I am not sure you will be. The Liberals, of course, never safeguard the interests of the people of this city. They look after the interests of their friends, the rich. That is what it is all about - the Tories. We support a health scheme that is available to all, not just the rich, but to all the voters in Canberra.

The birthing centre was included in Labor's hospital redevelopment statement way back in November. Labor set in train plans for a birthing centre. Our first stage was to investigate the site and talk to the women and the groups that wanted a birthing centre. But, of course, there is no discussion from the people on the other side. It is a closed shop. You cannot even get onto the fifth floor. I have people ringing me who say that they ring Ministers and want to speak to them and they cannot get through. All their minders make sure they do not get through to them. You cannot speak to Ministers. You cannot even get there to talk to them. So how would they know what the people outside want for Canberra?

Labor's strong position was in maintaining obstetric beds in the public sector and not in the private sector. It is important that there be more beds in the public sector than there are in the private sector because there are more people who do not belong to private funds and only have Medicare; therefore they need these beds. A birthing centre should be available and should be in a large hospital - a large public hospital. The Royal Canberra Hospital is the place where this should be. Beds in the private sector are available to women who can afford private insurance. For the less privileged in the community, this needs to be available in the public sector.

Mr Humphries: It is.

MRS GRASSBY: Really? It is not if you look at the amount of beds there are going to be now in the private sector and there are going to be less in the public sector. You want

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to read your propaganda a bit better. Most women out there want Royal Canberra Hospital kept for obstetrics and they want a birthing centre attached to it. If you speak to these women they will tell you this. But you have not had any consultation with the women outside. You have just gone ahead on your merry way and made up your mind what you are going to do and then you have gone ahead and done it. You do not really care about the voters out there, but let me tell you the voters will tell you at the next election what they feel about it. I am quite sure they will get rid of most of the people on that side of the Government. I can name at least six that I am quite sure will be gone - that is very easy - maybe seven or eight. Mr Humphries will be here because he will be very high up on the ticket of the Liberal Party because he will have the numbers.

Mr Berry: He will be No. 1 like he was before.

MRS GRASSBY: He will be No. 1 as he was before as he has got the numbers, and, of course, he will be back here. I am quite sure that Mr Kaine will be back, and Mr Stefaniak will be back. I will be sorry if Mrs Nolan is not back, but I am quite sure the rest of them will not be here. The people of Canberra will tell them how they feel about what they have done to their public health system and the Royal Canberra Hospital. This will be told to them well and truly at the next election and they will know that people in Canberra will not put up with lies told outside this house.

We have seen petitions signed by these people to the effect, "Yes, we are going to keep the Royal. Yes, we will support you". Unfortunately, the people in Canberra now know that you have the numbers, and you will go ahead and do it. You will get rid of the Royal Canberra Hospital eventually. You will play games with us now and say you are going to keep a bit of this and a bit of that, but we all know that the developers are looking at that site. It is one of the best sites in Canberra; we all know that. They would love to get their hands on that and they have got to look after their friends.

Of course, the Residents Rally - the "nimbys" - and the No Self Government have to go along with this because they signed a piece of paper that said they would go along with this. These people who talk about social consciences like Mr Collaery, who is always telling us about his - he starts off with Wollongong and the mines, living by the railroad - would not know what a social conscience is. Words are so cheap. It is like Alice in Wonderland, when the cat said to Alice - - -

Mr Collaery: You are telling me.

MRS GRASSBY: Yes, that is right. You surely are Alice in Wonderland, you really are. Words can mean whatever you want them to mean, and that is what Mr Collaery does - he utters words, and they can mean whatever. He would not even know

what a social conscience was, and neither would anybody else on that side of the Assembly know what a social conscience was. They do not really care about the voters of Canberra and they will learn at the next election how the voters feel about them.

MR HUMPHRIES (Minister for Health, Education and the Arts): Mr Deputy Speaker, I seek leave to make a personal explanation.

MR DEPUTY SPEAKER: Yes, Mr Humphries.

MR HUMPHRIES: There were three things said in the debate which I think have to be corrected. First of all, Mrs Grassby claimed that I had said that there would be a birthing centre at a private hospital in Canberra. That is categorically untrue. The only birthing centres established in the ACT by the Government will be at public hospitals.

Mr Berry: On a point of order; it seems to me that Mr Humphries is trying to pick up some of the issues that he did not pick up in his contribution to the debate. The appropriate place for a personal explanation or a claim of misrepresentation is when the debate is concluded.

Mr Moore: On a point of order, Mr Speaker; I refer to standing order 47. It is quite clear, quite categorical and it says:

No debatable matter may be brought forward.

MR HUMPHRIES: Mr Speaker, in standing order 46 it says:

Having obtained leave from the Chair, a member may explain matters of a personal nature, although there is no question before the Assembly; but such matters may not be debated.

There has been personal misrepresentation by a previous speaker and I wish to correct that.

Mr Berry: That is the very point, Mr Deputy Speaker, there is a question before the Assembly.

MR DEPUTY SPEAKER: Mr Humphries, I think we do have a debate going on here. I think that under standing order 47 you can deal with the points which Mrs Grassby raised in your reply.

MR HUMPHRIES: I have no speech in reply. I cannot speak again in this debate.

MR DEPUTY SPEAKER: Mr Humphries, you can under standing order 47 so long as you do not enter into the debate. Continue under that standing order.

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MR HUMPHRIES: Thank you, Mr Deputy Speaker. Mrs Grassby claimed that I had said that there would be birthing centres at private hospitals in the ACT. There will be no birthing centres at private hospitals unless the private hospitals choose to build them themselves at their own expense, which is their choice. Of course, they can do that. The birthing centres being established by this Government will be in public hospitals.

The second point is that Mrs Grassby claimed that I had said to somebody that we, the Liberal Party, or I personally were going to keep Royal Canberra Hospital. That is untrue. I have never said to anybody anywhere that we were going to keep Royal Canberra Hospital.

Mrs Grassby: You even signed a petition.

MR HUMPHRIES: Mrs Grassby mentions now, and Mr Berry referred earlier, to a petition I signed some time ago - more than a year ago. That petition called on the saving of Royal Canberra Hospital by the injection of Commonwealth funds and I repeat today what I said yesterday: if the Commonwealth Government paid for the Royal Canberra Hospital to be retained, I would be in that as well, but it is not going to.

The third thing Mrs Grassby said was that I had claimed that there were no private obstetric beds in public hospitals. Mr Deputy Speaker, that is true. There are no private obstetric beds in the ACT public hospitals.

MR DUBY (Minister for Finance and Urban Services) (11.31): Mr Speaker, I felt I had to rise after listening to the ravings of Mrs Grassby - - -

Mrs Grassby: At least I was sober.

Mr Collaery: Mr Deputy Speaker, on a point of order; Mrs Grassby just made an interjection to Mr DUBY and said, "At least I am sober". This is a repeat run.

Mrs Grassby: I am, I am sober.

Mr Collaery: There is an imputation there and I ask that the member be asked to withdraw it. We have got to be firm on this - - -

MR DEPUTY SPEAKER: Yes, thank you. If you would withdraw the words, Mrs Grassby. Do you withdraw them?

Mrs Grassby: Yes.

MR DUBY: As I said, Mr Deputy Speaker, having listened to the rantings of Mrs Grassby in this debate, I had to rise for no other reason than to assure her that there are absolutely no plans whatsoever for private development of any kind on the Acton Peninsula. Perhaps it will make her feel better to let her realise that the Government is

actively considering the establishment of a dementia centre at the place. Who knows, the way she spoke today I think she is a candidate to be a patient there.

MR DEPUTY SPEAKER: Order. Withdraw that, Mr DUBY.

MR DUBY: I withdraw that. As has been pointed out, I am certainly not medically qualified.

There is absolutely no question about the fact that this particular motion is not, as Mr Moore tried to point out, a bipartisan motion at all. The clear implication of this motion is that this Government is removing obstetric beds from the public sector and therefore limiting options to ACT women. It has been pointed out time and time again, so I shall not bore the Assembly by going through it again, that there are no proposals whatsoever, no plans to reduce the number of public obstetric beds in the ACT.

Mr Moore: Just their location.

MR DUBY: There has been an interjection, "Just our locations", whatever that is supposed to mean.

Mr Moore: Just their location.

MR DUBY: "Just their location" - by all means. The community cannot afford to maintain the facilities of Royal Canberra Hospital. The facilities will be removed to other locations; namely, the Woden Valley site and Calvary Hospital will be upgraded to 300 beds. There is no question about that but I repeat, this motion says that there would be a removal of obstetric beds from the public sector. Such is not the case. It is as simple as that, and I do not know when you are going to take the wax out of your ears and listen to what people say, instead of putting out scaremongering tactics that really do get people in the community concerned.

Anyway, that is the long and short of it, to be honest. I simply had to respond to those allegations from Mrs Grassby that - as she was saying - "our friends" were going to develop the site of Acton Peninsula. Such is not the case. The site is going to be retained completely for community purposes, and I think that should be the end of the matter.

DR KINLOCH (11.35): Mr Speaker, I am not a member of the Catholic Church and therefore I am not speaking in any partisan way, but I would just like to raise some doubts about one comment that was made earlier today. Whatever may have been the case decades ago, I think we should be very careful indeed in what we say about hospital practices in Catholic hospitals. I have some direct knowledge of this, and I do believe that the de facto reality of what happens in Catholic hospitals vis-a-vis births does not fit the rather older clichéd view of what the Catholic Church may once have perhaps have regarded as proper. I do not wish to give details for obvious reasons, but I do know of

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the very great loving care shown towards women in Calvary Hospital, whatever medical problems they may have.

MR COLLAERY (Attorney-General) (11.36): I rise to support the amended motion moved by my colleague Mr Humphries. I listened with interest to his speech on this subject, and I believe it was well-balanced and well-argued.

In reply there was a quantity of anecdotal suggestions, some coming from Mr Moore and some from Mrs Grassby. In several cases the anecdotes were preceded by, in Mr Moore's case, the words "most prefer" something; "Calvary is unacceptable to a large number of people"; and Mrs Grassby referred in support of one of her propositions to "most women". I think we should be very careful about assumptions of that nature.

I went - and I must acknowledge that Mr Berry was there too - to a seminar put on by the ACT for Birth group on 24 February 1990 at University House on a Saturday. I was very proud to see Ms Carmel Maher sitting up there with noted speakers from around the country. I was very proud to see self-government represented there and I was very proud to hear her speak. I thought it did her less than justice for the first speaker, Mr Berry, who is aware of Ms Maher's clear personal commitment on this topic, to put her down in the manner he did. I think it ill behoves Mr Berry to do that because clearly he is committed himself. He was there too and he took the opportunity to use his knowledge acquired at that day seminar to put out a press release that was reported in the Canberra Chronicle on 6 March 1990. He is quoted by that newspaper as supporting the need for a birthing centre and supporting the need for integrated antenatal and postnatal services to be addressed. We have done that.

Mr Berry: You have not.

MR COLLAERY: We heard some pious words about bipartisanship. This Government has done it. We have done it. We have met the clearly expressed and intelligently argued case put forward for a birthing centre in the ACT. The five characteristics of a birthing centre relate to location, philosophy of care, client eligibility, independence and provision of antenatal care. Clearly this Government has committed itself on the subject of client availability and to import an ideological block to this debate once again, to suggest that somehow this Government is selling out to some form of ogre that some people on the other side of the house see really denigrates the debate. This is an achievement of self-government. This is an achievement of the Assembly, an achievement of those in the Assembly who work towards securing a better range of obstetric options for women in the ACT.

The caesarean rate in the ACT in 1987 was 20 per cent. The World Health Organisation recommends that it should not be more than 10 or 15 per cent. I have been involved in

medical negligence cases arising in this Territory directly related to our caesarean rate and the lack of options and other issues to do with the need to expand our options in the area of obstetrics. We need to look towards providing choice for a large sector of the community. We need to make sure that the choice provides equity of access and that it is accompanied by integrated responses from this Government. I can say that if 14 per cent of women in Victoria do not speak English in the birthing process, there may well be a good proportion in this Territory.

There are other issues to work on that our Government is committed to across its other programs, and I can assure you that Ms Maher has been looking at those issues. The Residents Rally was committed to securing a birthing centre in the ACT and I must say that Mr Moore, when he was a member of the Rally, put forward the case for a birthing centre. I think he did less justice to the members of the Rally opposite when he sought to score some political points and suggested that we had ratted on our policies.

I can say, as leader of the Residents Rally, that we have again achieved a Residents Rally policy aim, in collaboration with our colleagues here. We have achieved it on behalf of the community after studying carefully and sensibly all the factors involved.

The birthing society clearly indicates its preferred location, close to a hospital and, in fact, even for homebirths there are many arguments that homebirths should be within 10 minutes of, if I can use the simplistic word, help. There is a great range of issues; they were put forward at that recent seminar. The papers for that seminar together with a bibliography will be available today in the Assembly Library for other members who wish to research the topic. I commend Mr Humphries for the resolute manner in which he is moving forward on this issue. I commend my colleagues for keeping ideology out of all the many discussions we had before we faced this difficult round of decisions. For some to say that we are ratting and moving in an ideological direction is, once again, to suggest that self-government cannot do something for Canberra.

Mr Moore: On a point of order, Mr Speaker, under standing order 47, I wish to clarify something where I have been misquoted by Mr Collaery.

Mr Collaery: Clarify? Is he misrepresented?

MR SPEAKER: You claim to have been misrepresented?

Mr Moore: Yes, I claim to have been misquoted and misrepresented. Mr Collaery was saying that in my speech what I was doing was just picking pieces from anywhere and - - -

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Mr Kaine: You can do it after the debate. Mr Humphries was refused.

MR SPEAKER: Order!

Mr Collaery: What is this?

Mr Moore: I will be very brief, Mr Speaker; I only need 30 seconds.

MR SPEAKER: Order! Whilst I was out of the house was Mr Humphries refused?

A member: No.

Mr Collaery: Where were you misrepresented? I gave you a compliment.

Mr Moore: Early in his speech Mr Collaery suggested that I was just saying "most" or "some" people. I specifically referred to a recommendation, the said recommendation by the birthing centre. I will just read four or five lines from that to illustrate the point:

The preferred location of a Birth Centre, if there is to be only one, was shown to be RCH, by an inspection of usage statistics which indicated that RCH services all areas extensively. WVH and Calvary Hospitals are much more regionalised in maternity service delivery.

I shall not go on to debate the significance of that, but I think it does clarify my position.

MR COLLAERY (Attorney-General): Mr Speaker, I claim to have been misrepresented. There is a suggestion, under standing order 47, that I misled the house.

MR SPEAKER: Yes, Mr Collaery, please proceed.

MR COLLAERY: Mr Speaker, I table now for the information of members a speech given by Josephine Schumann representing the ACT for Birth society. I draw the attention of members to a statement in that tabled document that ideally the centre should be located within a separate facility outside hospital grounds.

Mr Moore: On a point of order, Mr Speaker.

MR SPEAKER: No. Order!

MR COLLAERY: Right? The grounds of all three existing hospitals in the ACT.

Mr Moore: He cannot do it under standing order 47. "No debatable matter may be brought forward nor may any debate" and that is what he is doing.

MR COLLAERY: Mr Speaker, I table the document Birth Centre Pros and Cons - An ACT for Birth Perspective. It speaks for itself and contradicts exactly what Mr Moore has said.

MR SPEAKER: The document is tabled, thank you.

MR BERRY (11.45): I must say that Mr Collaery just demonstrated his deep misunderstanding of the issues concerning birthing centres. He talked about birthing centres needing to be ten minutes away from an obstetrics area.

Mr Collaery: I did not say that.

Mr Jensen: Homebirths.

MR SPEAKER: Order, Mr Jensen.

Mr Jensen: I am sorry, Mr Speaker.

MR BERRY: Of course, there are other arguments beside that and Mr Collaery seeks, as he does on most occasions, to put only one side of the argument, in a patronising way. On this occasion he has failed to convince anyone because it is true that the Residents Rally is all over the place on the delivery of health services, and I must say that this is just another example of that.

I turn now to what Mr Humphries said. The first issue that Mr Humphries raised which was of concern was his attempt to draw a demarcation line between the Labor Party and members of the medical profession. The Labor Party, Mr Humphries, for your information, is concerned that the provision of services does not focus on the carers but on the people who need the services. There is an argument that in many cases the focus of health services is on the carers and that, in some cases, could include members of the medical profession. I think I have heard you yourself say that there is concern about that and it needs to be addressed carefully. The Labor Party would go along with that notion. It is wrong to say that Labor Party is anti-doctor, but we are not puppets of the doctors either. Now, Mr Speaker - - -

MR SPEAKER: Mr Berry, just before you proceed, I would like to clarify the point. Are you speaking to close the debate, or are you speaking to the amendment?

MR BERRY: I am speaking to the amendment first and then I intend to close the debate if that is - -

MR SPEAKER: Within the same time scale.

MR BERRY: I think I can speak to the amendment and then have another 10 minutes.

MR SPEAKER: Yes, provided we are aware of that.

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MR BERRY: In relation to the amendment, Mr Speaker, again the Government has moved to slap itself on the back because there are not people lining up outside to do so. The examples of the Government's failure to service the people of the - - -

Members interjected.

MR SPEAKER: Order! It is coming from both sides, Mr Berry. Do not be selective in your hearing. Please proceed.

MR BERRY: The Government members opposite have proved that they do not care for the provision of an increased range of birthing options for women in the ACT and the Opposition will be opposing - you can sigh, you will get your turn in a minute, Ms Maher - the amendments because, whilst the Government attempts to slap itself on the back by saying that it has provided an increasing range of birthing options for women, in fact, it has reduced them because it has taken away the Royal Canberra Hospital and ensured that all public obstetric services will be provided at Woden Valley Hospital. A limited range of services will be provided at Calvary Hospital. The birthing options for the majority of women will be reduced. Those are the facts of life and the Government cannot deny that. Therefore, the first paragraph in the Government's proposed amendment moved by the Minister for Health and private enterprise, Mr Humphries, will be opposed by the Opposition for those very reasons, because it has lied and misled this Assembly.

Mr Humphries: On a point of order, Mr Speaker; I ask that he withdraw that inference.

MR SPEAKER: Yes. Please withdraw that - - -

MR BERRY: The Government has, in my view, lied to the Assembly.

MR SPEAKER: There is a substantive motion to be moved if that is the case. Please withdraw the statement.

Mrs Grassby: It is not against one person; it is against the Government. It is the Government; he is not talking about a single person.

Mr Humphries: He said, "He has lied".

MR BERRY: I said, "It has lied". I am not going to withdraw the inference that the Government has lied to the Assembly, Mr Speaker, because it has done that. It is not an imputation against anyone.

Mr Humphries: Mr Speaker, the term is unparliamentary.

Mrs Grassby: It is not an imputation against anybody; it is against the Government.

MR SPEAKER: I heard it as a singling out of a member.

Mrs Grassby: Well, it was not. It was, "The Government has lied", and I heard it.

MR SPEAKER: Well, you would withdraw it if it was towards - - -

MR BERRY: Any imputation that Mr Humphries has lied - I know he is sensitive about that - is withdrawn.

MR SPEAKER: Thank you.

MR BERRY: The fact of the matter - I will clarify the issue - is that the Government has misled this Assembly by attempting to move a motion which congratulates itself for increasing the range of birthing options for women in the ACT. That is a lie because the Government has reduced them.

The second paragraph of the amendment moved by Mr Humphries which attempts to commend the Government for its redevelopment plans, and in particular its decision to establish birthing centre facilities in Canberra, flies in the face of its policy in a number of respects. The Government suggested that it is a consultative body and I would wonder whether they had the approval of those people concerned with the provision of birthing centres when they decided to establish the birthing centre at Woden Valley Hospital.

Also there is not a mention in the Government's so-called redevelopment proposal for antenatal and postnatal care for women. That, indeed, cannot be commended. The redevelopment plans are condemned all round and that, of course, will be a matter for later debate in this Assembly when an MPI will be raised by the Opposition this afternoon. It will be made clear in the course of that debate that the Government has failed the people of Canberra again.

I return to reiterate the lie that has been put to this Assembly about the increased range of birthing options for women in the ACT. Nothing can be drawn from the redevelopment proposal that would infer that there will be an increased range of birthing options. In the debate so far Mr Humphries has made it clear that there will be a handover of obstetric beds to the private sector in accordance with the wishes of the AMA.

It is a matter of fact that this is what the Government is on about. Mr Duby and Ms Maher should understand that that will mean a reduction of services in the long run - the long run, of course, is something that they may not be concerned about because it is quite likely they will not have to put up with it. Mr Stefaniak knows that it will mean an improvement for the private sector because there will be profits made out of the provision of services in

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the ACT by their private mates at the cost of the delivery of services in the public sector, mostly to women who cannot afford to pay medical insurance so that they can get access to private sector services. That is what this motion is about.

Mrs Nolan knows, she knows there is a quid in it, she is a business person. That is what this issue is about. Mr Duby knows too. He knows the value of a quid. But he is not admitting it here today because that is what this issue is about, services in the ACT. It is true that there are no obstetric beds in the private sector currently in the - - -

Mr Duby: Hallelujah, hallelujah!

Mr Jensen: You have misled the house.

MR SPEAKER: Order!

MR BERRY: Women are quite content with the public service. This rhetoric about increasing options is blarney, better suited to Mr Collaery, I might add, but it is nevertheless blarney because it is about lightening the options all right so that members of the private sector can increase their profits.

Unless there are more speakers in relation to the amendment, Mr Speaker, I will now reply to the debate in relation to the - - -

MR SPEAKER: I will just call attention to that. Are there any speakers from the Government side that have not spoken? Please proceed, Mr Berry.

MR BERRY: As I said earlier, Mr Speaker, the focus by the Labor Party will be on the provision of certain services to the people who need the services, and not the carers. I know that there is a culture in the area of delivery of services which for some time has been dominated by the medical profession. There are sensitive issues to be dealt with as that culture changes, as it will change and as it has changed. I think Mr Humphries would agree with me that they are sensitive issues which have to be dealt with carefully.

That is not to say that the Labor Party is an anti-doctor party because it is not. It is quite the contrary, it is a pro-doctor party, but it is about the delivery of services. Mr Humphries also said that the Labor Party did not have a position in relation to a birthing centre. Well, that is a load of rubbish and he knows it.

Mr Humphries: There was no action.

MR BERRY: He knows it. He knows that there was action, too. The Labor Party's policy ensures that women will have control over their bodies through the provision of a birth

centre. It is clear in its platform. Mr Humphries probably has not read it because he has been blinded by the rhetoric of his own party and his business mates. Nevertheless, that issue has to be made clear to ensure that members of this Assembly are clear on the position of the Labor Party.

Ms Maher, it is all right for you to stand up and say that you have a commitment in relation to the provision of better services for women and a commitment to women, but I have to say, with all respect, that recent events - and I talk about the last 12 months or so - would not convince anybody that you will stand by that commitment. Neither would it convince anybody that Mr DUBY would stand by that commitment because of the "changiness" - if I could be so kind - of your attitudes on a range of issues, not the least of which has been the Royal Canberra Hospital. That, of course, will come up later today in debate. I think that there will be a growing lack of confidence amongst women, and rightly so, that the Executive Deputy alleged to be supportive to the Chief Minister will be able to swing anything in favour of the provision of obstetric services for women in the ACT. I think the speech today by Mr Humphries will clarify that issue. It will be crystal clear about what is happening to obstetric services in the ACT.

The traditional Liberal line has won over and everybody else has missed it. They just let it slip past. Perhaps they are not game to oppose it or they might have changed their colours again. The fact of the matter is that Labor was happy to see that Mr Humphries supported plans for a birthing centre. We are not happy, of course, that it has been shoved over to the south side where women from the north side of Canberra will be disadvantaged and be forced to travel further. But a simple promise of a birth centre without the support for ancillary services and other programs on which the success of such a centre depends is short-sighted.

It fails to recognise a range of complex issues surrounding the delivery of obstetric services in the ACT, and the Government will not be helped by people like Mr Collaery - a man who simply does not understand the issues, despite his protestations to the contrary. The fact of the matter is that he just does not understand and, in my view, he does not appear to care much either. I think it is important that we ensure that obstetric beds remain in the public health system and are not privatised. I go back to the statement made earlier by the Government which again misled this Assembly by suggesting that it supported Labor's motion. Clearly it does not, because in his speech, Mr Humphries made it clear that there will be a shifting of obstetric beds into the private sector.

The Government will support the move by the AMA to move obstetric beds to John James Hospital.

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Mr Jensen: Give us the quote.

MR BERRY: There will be a shift to private beds in the private sector.

Mr Humphries: There will be a shift in emphasis, but there will be creation - - -

MR BERRY: That is right, a shift - you are a pretty shifty lot. We can expect that from you. You see, it is all done behind closed doors. Government members talk about a shift. They know a fair bit about being shifty. The fact is that women in the ACT are a wake-up to these conservatives opposite and they know that obstetric services will be damaged wherever they get their hands on them. It is a great pity that the Residents Rally faction and the No Self Government faction have been fooled by the Liberal Health Minister into supporting such a retrograde step. They have been conned, and I just refer back to my earlier words about those people being shifty.

The short-sighted granting of approval for obstetric beds at John James would leave training programs for both the nursing profession and the medical profession in doubt. I just raise this issue with you, Mr Humphries. If, as you allege, the public beds are barely utilised, how are you going to be able to convince anybody in business to open up private beds if there is not a bob in it?

Mr Humphries: They want to do it now. They have asked for the beds. There is an application on my desk right now.

MR BERRY: That is right and it was knocked back before for the very reasons that I have explained, that it would affect the delivery of the public obstetric services. That will happen in the long run. It is quite clear.

Mr Kaine: For the better.

MR BERRY: It will affect it for the better for the rich, that is for sure, because the people who have private insurance and who can afford to go into private hospitals will do so. They will be better off. But that is always the case with Liberal Party philosophy, there is nothing new in that at all. We can always predict that the Liberals will take that line. It is clear that there is no conscience amongst the Liberals. That is commendable, but the other people in the Government do not know what is going on. That is the disappointing part about it. You have snowed them. Congratulations to you on that - it was a great piece of work. Those people are not very bright, I know, but the fact is that they have been snowed.

Essentially, what this boils down to is that as time passes there will be fewer options for women in the ACT in relation to birth. As I said in my opening remarks, these women are already disadvantaged in relation to women in other States and this needs to be addressed. But to

further disadvantage them by reducing the opportunities for higher level training of both nursing and medical staff is unforgivable. I refer, in particular, to those sorts of opportunities which prevail within the public health system because it is the training of those staff which is important for the delivery of obstetric services in the ACT in the future which should be of most concern to the people opposite.

If there is a creation of obstetric beds in the private sector, it will drain the public sector. That is a fact of life and Mr Humphries will not deny it. I think he understands and knows that it is in accordance with Liberal philosophy that the range of options will narrow and the quality of care will suffer for public patients if we allow that to follow through.

Mr Speaker, the amendment is to be opposed because all it sets out to do is pat the Government on the back for a deplorable action and for an action which is not supported generally in the community. The motion should be supported because it means a strong, accessible and viable public hospital system which caters for obstetric services for women who cannot afford private insurance - and that is what Labor is about, providing for those people.

Question put:

That the amendment (**Mr Humphries'**) be agreed to.

The Assembly voted -

AYES, 11

NOES, 5

Mr Collaery
Mr Duby
Mr Humphries
Mr Jensen
Mr Kaine
Dr Kinloch
Ms Maher
Mrs Nolan
Mr Prowse
Mr Stefaniak
Mr Stevenson

Mr Berry
Ms Follett
Mrs Grassby
Mr Moore
Mr Wood

Question resolved in the affirmative.

Motion, as amended, agreed to.

FILM CENSORSHIP BOARD GUIDELINES

MS FOLLETT (Leader of the Opposition) (12.09): I move:

That this Assembly calls upon the Commonwealth Government to review the Film Censorship Board

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guidelines for the portrayal of violence in films and videotapes, in particular under the "R" classification.

This motion arose out of the debate on X-rated videos. It seemed to me that the issue of what was available in other classifications was being well and truly overlooked in that debate and, in fact, much of the correspondence that I received on X-rated videos reflected the misleading way in which the debate has been conducted. Perhaps that has been deliberate, perhaps not; but it certainly included the suggestion that so-called "video nasties", involving sexual violence, are available under the X classification.

Mr Speaker, when I looked at the classification guidelines and I thought about the kind of material that is available under the R rating, it seemed to me that film and video violence was probably a greater problem than the explicit depiction of sexual activity between consenting adults. Certainly, from the tone of much of the correspondence that I have had, it is the violence that upsets a great many people.

For the record, Mr Speaker, I might just read the guidelines on X- and R-rated videos so that the Assembly can see the difference. For R-rated, in relation to violence, the guidelines specifically say:

Highly realistic and explicit depictions of violence may be shown, but only if not unduly detailed, relished or cruel ...

They may be shown. In relation to sex, the guidelines say:

Depictions of sexual violence are acceptable only to the extent that they are necessary to the narrative and are not exploited ...

They are acceptable under the R classification.

By way of contrast, if we look at the guidelines for X-rated, they say:

No depiction of sexual violence, coercion or non-consent of any kind is permitted in this classification.

That is a very clear statement, but one that quite obviously has not been widely understood in the debate on the effects of X-rated videos and particularly the effects in relation to violence.

There has, indeed, been a long-standing debate about the effect of viewing violence on television and it has often been concluded that children's viewing of television violence desensitises them and makes violence more acceptable to them. Details of these arguments are set out at length in the Commonwealth Parliament's report of the

Joint Select Committee on Video Material. Of course, you could ask the question: what does film and video classification have to do with television violence? Professor Peter Sheehan, of the University of Queensland, took this up with the committee and made some valuable observations on that matter. He said:

I think the warning is that as the gap closes between how aggressive our society is and how much aggression the child sees, I think we have the risk of a long-term effect.

So Professor Sheehan obviously saw that as Australian society becomes more violent, children will increasingly begin to view screened violence as a reflection of their own real life situation. I think that is a very dangerous trend. In other words, we should be concerned about the realistic and believable nature of the violence being portrayed in films and videos. In particular, we must consider the possibility that this violence may be increasingly viewed as a depiction of the real world, something that viewers can identify with or can draw upon in their own behaviour.

The Joint Select Committee on Video Material did not only look at the evidence of academics, but also drew on some first-hand evidence from people who deal every day with children. For example, they took evidence from some teachers who had supplied their views on the effect of violence on young children. In particular, Ms Sonia Ryan, who taught on Tasmania's west coast for six years, noticed a phenomenon amongst boys in her grade 5 class where, in her observation, some boys after watching R-rated videos became obsessed with violence and began to treat the girls as objects.

Similarly, Ms Ryan observed that some children exposed to video violence had difficulty in separating their dreams from the videos they watched which caused great anxiety and confusion. She also believed that violent videos directly influenced the behaviour patterns of the children who watched them in her class. We have the evidence from people like Ms Ryan and from other teachers quoted in that report that there is an observable effect, particularly on children, of violence in videos. The censor himself, of course, thinks that violence is becoming more popular and, indeed, more frequent. He has given it as his personal impression that violence has become a more popular commodity in films and videos, and that the technology and quality has improved in horror and war films and that they are much more impressive now.

This Joint Select Committee report was finished in 1988, some couple of years ago now, and I think there has been an observable trend of increasing violence, increasing sophistication and increasing believability in videos and films. Therefore, whatever is quoted in those reports I think could be even more so now. The results of a public

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opinion survey presented to that Commonwealth committee are also worth looking at. They showed that 31 per cent of the respondents to that public opinion survey thought that there should be greater censorship of R-classified films. That is about one-third. But what is interesting is that the overwhelming reason those people gave was that they thought R-classified material was too violent.

Clearly, there is substantial concern in the community about this issue. As I have said, it seems to me to be a concern that has been expressed over and over again quite wrongly in relation to X-rated videos. I believe it is appropriate that we question the level of violence being portrayed in films and videos and whether the classifications really are appropriate, not just in R-rated material which is the most graphic and violent, but also in all categories.

The motion that I have put before the Assembly requests the Commonwealth to review the guidelines for the portrayal of violence. I commend this motion to the Assembly because I think it goes to the heart of the matter - that is, not the distribution of the videos, who can sell them and who cannot, who can see them and who cannot, but what is actually in them. The nub of this whole matter is what is in the videos, what is acceptable and the impact of the portrayals in videos on other people in our community, particularly children.

I think the motion is also appropriate because it refers to the appropriate body. The Commonwealth, as you know, maintains responsibility for censorship. It sets these guidelines and controls the classification that is given to videos. I believe it is the Commonwealth's job therefore to have a look at its own guidelines and to keep under review the implementation of those guidelines in relation to videos in particular. I believe that it is quite appropriate for this Assembly to make this request to the Commonwealth.

I would simply commend the motion to the Assembly. I am half expecting an amendment here congratulating the Government on having done it already. I have been waiting with bated breath, but I have not seen an amendment yet. I think that the motion stands on its own. I commend it to the Assembly and I trust that it will attract bipartisan support.

DR KINLOCH (12.19): Mr Speaker, you will recall that there was a Bill introduced last year about classification labels. It was not about what we thought of X-rated, R-rated, PG or whatever; it was to do with the technical labelling of films. At that time I recall saying that I would very much like to worry about the degrees of violence in films. I am glad of another opportunity to say that and to support some - although not all - of the views put forward by Ms Follett in this motion. We, of course, support this motion and I hope there will be clear bipartisan support for it.

Last year, roughly at the time of the discussion of the classification labels, there was a public discussion on Pru Goward's program with Mr Dickie, the Commonwealth's Chief Censor, in which we dealt with the film Batman, would you believe! Batman had a PG rating.

Mr Wood: A dreadful movie.

DR KINLOCH: Thank you for that comment. At that time there were complaints from parents - indeed, I had some direct complaints. For example, one mother took a small boy to see Batman because of all the publicity about the film, the labels, the costumes, and all those sorts of things. The little boy was very frightened because of the grotesque and often violent scenes in that film. And that film was rated PG; it was not even M, never mind R. I have no doubt at all that the standards seem to have slipped in the Film Censorship Board. Mr Dickie was somewhat apologetic about that one and said there were disagreements on the board. One hopes now that the board will move to a much greater concern about classifications of these films.

I would like to refer to the Assembly two films with a particular interest at the moment. One was on television within the last two weeks and the other has been around the traps this year. They both involve an Australian, Mel Gibson. Let us take Lethal Weapon, a film which was categorised M, and was on television very recently. The "lethal weapon" of the title describes Martin Riggs, one of the two main characters, in a very violent film directed by Richard Donner. Riggs is a somewhat crazy product of a specialist military training which makes him an expert marksman and killer. He puts his lethal talents to use in the Los Angeles police force in partnership with Roger Murtaugh, played by Danny Glover, who would prefer to continue to lead a relatively calm and preferably non-violent life.

If all one knew about the United States came from films about Los Angeles such as Lethal Weapon, one would be terrified to go there. Consider some other examples - the two Beverly Hills Cop films and Fifty-Two Pickup. Lethal Weapon is yet another example of a portrait of a city in which perverted violence seems to be around every street corner. Cars smash into each other, guns sprout like weeds, macho men destroy each other and the women who are their victims. In these films, as has already been suggested by Ms Follett, violence is accepted; violence is entertainment. It was with some reluctance that I commended Lethal Weapon to some people, especially for its subliminal messages of racial cooperation. But it is a great pity that so many of these imported American films glorify violence and the men who are trained to be lethal in order to maintain the law.

Lethal Weapon was a very great commercial success, one has to say, hence Lethal Weapon II, which is a super-violent, fast paced sequel to an earlier tale of that odd couple of the LA police force. Martin and Roger, the same two, are

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goodies who only kill people when they have to. Unfortunately, they have to kill people about every five minutes in some very bizarre ways, including the use of a very large stapling machine. I hope that did not give Kevin Biro any ideas!

Meanwhile, in that film the nasties kill people about every four minutes, so that the total number of stabbings, staplings, shootings, drownings, decapitations, hangings, throttlings, bombings, booby-trappings and lethal car smashings - including one particularly horrific decapitation by glass - add up to the total annual road death toll in Australia on a holiday weekend. No-one dies peacefully in his or her sleep. And this is entertainment! To be fair, that film is mildly redeemed for a few minutes by the creative peace-loving, life-saving activities of a dog called Sam and a cat called Burbank.

Basically, I object to this film because of its obsession with violence as entertainment and its continuation of the glorification of the gun as a central element in law enforcement. Its values are in the gutter. It is far more objectionable in its effect on young people - and here I come to another point - than a soft core - not hard core - straightforward depiction in a documentary way of some elements of simulated sexual activities. Perhaps there should be a special category of rating other than R for this kind of film. How about "V" for violence?

I do believe that these kinds of film - Black Rain, which is on at the moment, the Rambo films, the Schwarzenegger films, with the exception of Twins - are violence for entertainment. They set terrible standards and they import the worst kinds of American values. However, on a day when we are seeing the honour paid to the film Born on the Fourth of July, I must recognise that some violent films perhaps do not deserve as harsh a category as they have received. For example, Full Metal Jacket, a Kubrick film, was rated R. That film, if anything, depicted violence in order to lead people to object to brutal methods of military training and the hideousness of some aspects of the Vietnam war.

In Full Metal Jacket, for example, there was a case for arguing that M might have been a better category. However, there was such objectionable language in the film that it got rated R. I wonder what is worse - some objectionable language, and we are quite used to that in this house; or the kind of hideousness of some of the violence shown. Similarly, in another of Kubrick's superb films, Clockwork Orange, there is a case for making use of simulated violence in order to make a case against violence. I think there ought to be a recognition that these kinds of violent films should be publicly shown for a very large audience.

Therefore, I do wish to endorse Ms Follett's motion which was foreshadowed, if I may say, last year. I have long felt this strongly about violent films. I very deeply regret that we spend so much money on these imported

violent films, and I do hope we can get the message across to the Film Censorship Board from this Assembly that we feel very negative indeed about R-rated violent films.

MR MOORE (12.26): One of the reasons why I was briefly out of the Assembly was to check with the Chief Censor on the rating of the film, Batman. I thought it was an M-rated film and I interjected to that effect during Dr Kinloch's speech. I apologise for that because it was definitely PG-rated. With that PG rating went the consumer advice of "frequent violence".

One of the things that we need to watch is the effect of the new system that is being tried by the Office of Film and Literature Classification. This started on 1 May 1989 and was reported on by the National Committee on Violence. That system is to provide advice to people as to what is contained in films. According to my discussions with the Chief Censor, the reason behind that is that people are shocked and horrified when they come across something that they were not expecting. I believe that happens to all of us. It happened to me, as it did to Dr Kinloch, when I watched Batman. I was certainly not expecting that style of film. I agree with many of the comments that Dr Kinloch made about Batman and had I taken my children to see it, which I had considered doing - it would have been their first-ever film in a theatre - I would have been absolutely horrified.

One of the problems that we have is in consumer advice and, of course, one of the techniques of advice is the M rating, which is a very clear strong statement to parents, in particular, that the film is recommended for mature audiences over 15. It is important for us to recognise that there is a very big difference between the maturity level of a person aged between 15 and 18 - the student in secondary college - and that of a person aged between 10 and 13. That rating has a particular importance.

More important is the reason why films are classified. We should allow the Chief Censor's trial of the new system to run so that parents can see the advice and can know exactly what will be in a film. Then the parents can take the decision about what their children are to watch - and this is our major area of concern. Also, parents will know what they are likely to watch themselves. An advice, which is already printed on the cover of all videos, now goes with films, telling us exactly what is in them. With that, the real responsibility goes back to where it belongs - with parents. Parents can make choices. If there is a movie that is M-rated and the reason given for its M rating is constant violence, then as a parent myself, I would be very careful to ensure that my children did not see it. However, if I considered that a particular film had some special merit, like Clockwork Orange - - -

MR SPEAKER: Order, Mr Moore! It being 12.30 pm, the debate is interrupted in accordance with standing order 77. The member has leave to continue his remarks when the

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debate continues. I believe it is an appropriate time to break for lunch. The chair will be resumed at 2.30 pm.

Sitting suspended from 12.30 to 2.30 pm

QUESTIONS WITHOUT NOTICE

Ministerial Statements

MS FOLLETT: My question is to the Chief Minister, Mr Kaine. During question time yesterday I asked a question concerning the failure of the Government to introduce into this chamber any substantial business. Will you now confirm that the Government has decided to request the preparation by public servants of ministerial statements for presentation in the Assembly?

MR KAINE: My answer is the same as my answer yesterday. No, I have not asked my agencies for any such input.

MS FOLLETT: I ask a supplementary question, Mr Speaker. Mr Kaine, do you deny that at a meeting on 14 March 1990, the Government decided precisely that?

MR KAINE: I have no recollection of any such decision and I repeat that I have not asked my agency heads for any such input. That is the third time I have answered the question, Mr Speaker.

Royal Canberra Hospital Site

MR STEVENSON: My question to the Chief Minister concerns the casino and the Royal Canberra Hospital site. I have been contacted by constituents who are concerned that the decision to close Royal Canberra Hospital, announced yesterday by Mr Humphries, may allow a casino to be built on the site. In Mr Humphries' statement under the heading "Possible Alternative Uses of the Acton Peninsula Site", item 58 states:

The transfer of Royal Canberra Hospital will provide the opportunity to revitalise the use of this beautiful peninsula through the parallel development of community recreational facilities and a range of public health-related activities which the Government has decided will be located on that site.

My question has two parts: Firstly, will the Chief Minister please explain what "development of community recreational facilities" means; and secondly, will the closure of Canberra Hospital under any circumstances allow a casino to be developed on that site?

MR KAINE: The kinds of community facilities that the Government contemplates that site might be used for, include, first of all, a hospital facility of some kind - a community-style hospital probably describes it fairly accurately. Apart from that, our concept at the moment - and let us be clear that no redevelopment proposal has yet been put forward, although we will be considering a range of options - simply implies opening up that peninsula for access by the public with, perhaps, a promenade around the waterfront. That is the kind of facility we envisage - genuine community facilities which will open up the area to the public for public use. There is no intention to allow or even to plan for any other development - and certainly not a casino.

I think it has to be borne in mind, Mr Speaker, that the land in question happens to be national land. It is also designated for planning purposes under the control of the National Capital Planning Authority. So, even if this Government or any future government ever had any fancy notions of developing that peninsula in some other way, there are a lot of hurdles that would have to be jumped first. In our present planning there is no such intention; we have never contemplated a casino for that site. There is only one casino currently in view and that is the one that is provided for in section 19. We certainly do not envisage any commercial development of the Acton Peninsula.

Southwells Crossing Bridge

MR STEFANIAK: My question is to the Minister for Finance and Urban Services. Is the Minister aware that the wooden bridge over the Molonglo River at Southwells Crossing is in a bad state of repair and a danger to people using it? If so, what is being done about it?

MR DUBY: I thank Mr Stefaniak for the question. The answer is that I am aware of the bad state of repair of the bridge over the Molonglo at Southwells Crossing. As it stands right now, that bridge constitutes a safety hazard and it will be removed by the forests section. As a matter of fact, Mr Speaker, design work for the new bridge should be complete by the end of this week. Tenders will be called by the end of April and it is envisaged that a contract will be awarded by the end of May. A conservative estimate of the completion date for that bridge is early September. Hopefully, it will be completed earlier but, of course, that is dependent on the river level, the weather and various factors like that. It is envisaged that the new bridge will be constructed from precast concrete sections. There will be no crossing at that point for two or three months until the new bridge is in place.

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ACT Rugby League - Northbourne Oval

MR MOORE: I will ask a question that Mr DUBY can perhaps answer instead of making a ministerial statement. In a letter to him, dated 18 December 1989, the ACT Rugby League Incorporated made the following statement and I quote:

For some years now, the ACT Rugby League has enjoyed the use of Northbourne Oval by arrangement with the ACT Leagues Club ...

For some years now! Considering that the lease shows a transfer from the ACT Rugby League to the Leagues Club on 30 August 1989, barely four months earlier, and the League has, therefore, blatantly lied to you, will you now retract the statement you made, as reported in the Canberra Times this morning, which I now quote:

I don't think anyone is trying to pull a swiftie. I think what's happened is a misunderstanding and not an attempt to mislead either the public or the Government.

MR DUBY: I thank Mr Moore for the question. First of all, I refute any suggestion that people have been lying to each other or that anyone has been lying to me. This is quite a complicated issue and it might be worthwhile going into a bit of background to this case.

The Northbourne Oval was leased to the ACT Rugby League for 50 years, commencing on 13 November 1979. The ACT Leagues Club holds a lease for the club adjacent to the oval. Both organisations have approached the Government with proposals to develop the oval for town housing. The former Labor Government called for public comment on the proposal in the form of the publication of the proposed draft variation to the policy plan. That public comment closed on 23 February this year. This Government is now considering those comments before making a final decision on the future of the oval but I would anticipate that, providing all provisions are met, as I have stated in the newspaper today, in the long term, medium density housing will be the final prospect for that oval.

MR MOORE: I ask a supplementary question. Considering that paragraph 4(a) of the lease purpose reads:

... to use the premise only for the purpose of a sportsground, a club and an office as conducted by the Australian Capital Territory Rugby League Incorporated.

Can you tell us whether the ACT Rugby League has actually withdrawn its request for another oval? If so, does this indicate to you that it no longer needs an oval for the purpose that Northbourne Oval was granted in 1979, barely 10 years ago?

MR DUBY: I do not feel qualified to give a legal opinion on the matters that Mr Moore has raised. Perhaps it would be better if I took advice and got back to the member privately.

Grace Bros Site, East Row

MRS GRASSBY: My question is to Mr Kaine, the Chief Minister. Can the Chief Minister advise this Assembly of the lease purpose permitted for the Grace Bros site in East Row? What uses are permitted under the National Capital Plan, the Civic Centre Policy Plan and the Metropolitan Policy Plan?

MR KAINE: Mr Speaker, the question implies that I carry around a great deal of information in my head about lease purposes for individual blocks and I can assure members that I do not. But if the question is directed to the fact that a city shopfront and a library are to be opened on the Grace Bros site in order to provide a service to the public while the section 19 project goes ahead, I can assure Mrs Grassby that that purpose is not precluded by the present lease purpose for that particular block. It is quite in order and, as far as I am aware, there would be no departure from the existing lease purpose for that block in putting a library and shopfront there.

Private Members' Business

MR STEVENSON: My question is to the Chief Minister and concerns private members' business. Under normal circumstances the next private members' business day would be on Wednesday, 25 April, which is Anzac Day. Can alternative arrangements be made to have private members' business during that sitting week? Perhaps the evening of Tuesday, 24 April, would be suitable?

MR KAINE: Perhaps you, Mr Speaker, would be better qualified to answer this question than I. My understanding is that the standing orders themselves prescribe when private members' business will be dealt with. It just so happens that it is between the hours of 10.30 am and 12.30 pm approximately on Wednesdays of sitting weeks. That would normally be the case unless the Assembly makes a decision to vary it. Personally, I have no objection to allowing some time for private members' business in that week on the Tuesday night or the Thursday morning. It simply would require a resolution of the Assembly to effect that change. I personally would be willing to agree to such a proposal if it were put forward, and I think I could speak for the members of the Government on that matter.

Schools - Parents' Contributions

MR WOOD: Mr Speaker, I direct my question to the Minister for Education and I refer to Education Department guidelines concerning the voluntary contributions that parents make to their children's schools. Is the Minister satisfied that the guidelines are working satisfactorily in that they do not deny access to school facilities or activities if the contributions are not paid? I wonder if he has had any complaints of any sort.

MR HUMPHRIES: I thank Mr Wood for his question. No, I have not had any complaints about the operation of the arrangements for voluntary contributions by parents to schools, although I have engaged in discussion with some of those parents - those who are chairpersons of school boards - about the nature of the scheme and whether the rate of payment by parents to that voluntary contribution arrangement is satisfactory. I can indicate that I am not aware of any widespread or general discontent with the present arrangements.

It does occur to me, Mr Speaker, that it is unfortunate that some schools experience extremely or regrettably low rates of collection of that voluntary contribution. It may be that in time we ought to look at alternative arrangements. Perhaps - and this is merely a suggestion - we should look at making the fee compulsory and then providing for exemption provisions in the case of hardship. Perhaps that is a better arrangement. But I can indicate to Mr Wood, that the Government is not presently considering any changes to those arrangements, and I am not aware of any widespread push on the part of the community for changes in arrangements.

MR WOOD: I ask a supplementary question. I certainly hope that I have not stirred up a hornet's nest. I would not recommend for a moment that those fees become compulsory. I think that that thought is quite unacceptable. In contrast, I ask the Minister whether he can assure ACT parents that the contribution is purely voluntary, and that no child will suffer in any way if the fee is not paid by his or her parents?

MR HUMPHRIES: I can certainly assure the member that that is the case. There is not any element of compulsion about the fee presently and there is certainly no question that the child of a parent who does not pay that fee will not be enrolled or will receive anything other than normal treatment at that school. However, I want to emphasise the point that it is worth raising and discussing these issues. I have made it clear already in the Assembly that there are serious problems with our budget, particularly our education budget, and rather than see services cut in the education sector, perhaps we should think about other ways of raising revenue.

Hospital Redevelopment

MR JENSEN: My question is to the Minister for Health, Education and the Arts, Mr Humphries. I ask the Minister whether Mr Berry accurately reflects the proposal to redevelop ACT hospitals when he asserts that it will result in the demolition of the comprehensive public health system in the Australian Capital Territory?

MR HUMPHRIES: I thank Mr Jensen for his question, which gives me the chance to highlight how badly - - -

Mr Berry: Mr Speaker, I raise a point of order. I will have to seek your assistance in relation to the appropriate standing order for this one, but this matter is being raised as a matter of public importance this afternoon. Ministerial statements in question time on matters such as this would be more appropriately dealt with in this afternoon's debate.

MR SPEAKER: Thank you for that observation.

MR HUMPHRIES: On that point of order, Mr Speaker, this is not a ministerial statement. I am not going to announce any new Government policy. Secondly, there is no standing order that precludes me pre-empting or discussing future debate.

MR SPEAKER: Please proceed, Mr Humphries. Objection overruled.

MR HUMPHRIES: Mr Speaker, my statement yesterday certainly outlined an extensive program of public hospital redevelopment in the ACT which will improve the quality, efficiency and range of services offered in our hospitals. As a result of those changes, the public hospital system will be dramatically improved with the establishment of a principal hospital. A principal hospital involves collocating all major specialties and providing a high level of acute services that are necessary for the residents of Canberra and the surrounding regions which we also serve. A hospital such as this, will improve the quality of services by providing increased opportunities and encouragement for teaching, research, peer review and quality assurance processes. I think that that position is strongly supported by most interested groups and particularly the medical profession in this community. A range of new services will be introduced and I outlined those yesterday - a birthing centre - - -

Mr Berry: I raise a point of order, Mr Speaker. I refer to standing order 59 which states:

A Member may not anticipate the discussion of any subject which appears on the Notice Paper.

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MR SPEAKER: It is on the daily program, Mr Berry, not on the notice paper.

Ms Follett: I rise on a point of order, Mr Speaker. Standing order 118 requires that the answers be concise and that they do not debate the subject to which the question refers. I think Mr Humphries is entering into debate and is being anything but precise.

MR SPEAKER: Thank you. Please get to the point, Mr Humphries.

MR HUMPHRIES: Mr Speaker, the question I was asked was whether Mr Berry's comments accurately reflected the Government's proposal to redevelop the ACT hospitals. The fact is that, unlike Mr Berry's comments, the ACT Government's proposals are not a demolition of the comprehensive public health system of the ACT. They are a promotion of it, they are an enhancement of it, they are an improvement on it. We need to develop comprehensively our hospital system and I believe that the confidence we have shown in it will be reflected in an improved and enhanced system. Certainly it is not helped at all by the negative comments of the Opposition.

Hospitals - Costs

MR BERRY: My question is directed, not to the Chief Minister, but to a Minister who, I am sure, unlike the Chief Minister, will have a lot of information in his head. Would the Minister for Health tell us the projected capital recurrent costs of the new services outlined in Mr Humphries' statement yesterday? These services include, an ACT birth centre, a 24-hour mental health crisis centre, convalescent beds, a hospice and a 24-hour childcare centre. Is the Minister aware of costings available to the Government, which show that he is out by \$40m.

MR HUMPHRIES: Contrary to Mr Berry's expectations, I do not carry all those figures around in my head. I can give him some indications and those that I cannot accurately convey now, I can supply later. It is very difficult to separate particular features of a hospital redevelopment program from the whole program, and Mr Berry had access to exactly the same figures and resources in terms of costings that I have access to. I am very surprised and amazed to hear that he is now questioning the accuracy of those figures because, in effect, that is the same advice he acted upon. In fact, it is the same advice on which he told the Assembly that he would bring forward a program costing \$210m, because exactly the same figures were the basis of my announcements in the Assembly yesterday.

I can indicate very clearly the difference between his proposal and mine. It is approximately \$50m in capital cost and \$8.5m per annum from now to whenever in recurrent

expenditure which will be saved by the Government's announcement - that is, the Government's announcement over the position taken by the previous Government. The capital costs of the things that Mr Berry has mentioned are difficult to separate. Some of the recurrent costs are also difficult to estimate precisely at this stage because, as I have emphasised already very clearly, the Government will have to consult about the way in which those services are provided. I cannot say now, for example, that we will have a birthing centre of x number of rooms with x number of machines that go ping and x number of staff here or there without knowing what the community as a whole wants.

When I find out the answer to that question, then I can answer Mr Berry's question about the exact cost of each of those services. We have a range within which we are working. I am confident that that range is affordable; it is certainly affordable now that we have made the hard decisions about redevelopment generally.

MR BERRY: I ask a supplementary question. We know now that the Minister has not the information in relation to those features which are supposed to be built into the new and wonderful Liberal-Residents Rally hospitals restructuring program, and the \$40m which is lost somewhere. If the Minister cannot provide details of capital and recurrent costs of these items, how can he claim that his redevelopment plan will provide a cheaper hospital system? How can he convince the people of Canberra if his costs are right off?

MR HUMPHRIES: Because, Mr Speaker, as I have clearly indicated to Mr Berry who, unfortunately, has not been able so far to understand what I have been saying, the parameters within which the Government is working are affordable. The capital costs of the things we have discussed are negligible and we believe the recurrent costs are well within ranges affordable by the Government, particularly given the fact that we have now made significant savings in the system. That is the essential fact about the matter - Mr Berry cannot escape it. Our proposals are based on the same costings - provided by the same people - that he worked on when he was Minister. If he does not think our plan will cost \$154m as we have outlined, then he must, by the same token, say that the \$210m he told the Assembly his plan would cost four months ago is also wrong.

Hospital Redevelopment

MRS NOLAN: My question is also to Mr Humphries and relates to health. Can the Minister indicate whether the Government's proposed redevelopment of the hospital system will involve a shift to the private hospital sector, to the detriment of the public hospital sector?

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MR HUMPHRIES: Yes, I can indicate whether that will be the case. This is not a ministerial statement, but it is a matter of some concern which arises from the debate previously on this very important subject. It goes without saying that the public hospitals will always be the major part of the ACT's hospital system because they provide high level services in our system and are always ready to meet the needs of those not wishing to or not being able to access the private hospitals. However, the ACT has proportionately fewer private hospital beds than other States and Territories. As private hospital beds are provided at no cost to the Territory budget, this imbalance costs us money we cannot afford.

Through this redevelopment proposal, the Government will achieve a sensible mix of private and public hospital beds through a small expansion of private hospital beds from 271 to 300. These 300 beds will be a useful complement to the 1,000 public hospital beds - up from 900 hospital beds at present - that the Government plans to provide by the year 2000. Mathematicians opposite - and there may be some - will realise that that increase is in the order of 10 per cent in both cases, hardly a major disparity between the two systems I would have thought. The Opposition spokesman on health might win votes at the TLC by bringing up a story on privatising health care. I am simply trying - - -

Ms Follett: On a point of order, Mr Speaker, under standing order 118, Mr Humphries is quite clearly debating the issue.

MR SPEAKER: I believe that objection is overruled. Please proceed, Mr Humphries.

MR HUMPHRIES: I have almost completed my answer. I say simply that we intend to get on with the job of providing the best mix for the people of Canberra. If they want more private health facilities, we will provide those facilities. If they want more public health facilities, we will provide them.

Hospitals - Nurses' Dispute

MS FOLLETT: I am very interested in Mr Humphries' approach to the figures. He mentioned in particular some significant savings and I would like to test him out on one of them. Mr Humphries, what were the savings, including activity-related savings, for the ACT hospital system, which arose from the recent nurses' disputes over working conditions?

MR HUMPHRIES: That is a rather foolish question, if I may say so because, in effect, the outcome of the dispute is not yet known. As Ms Follett would be aware if she had bothered to listen to previous statements I have made in the house, that industrial action, which occurred in

January and February of this year, was resolved at least temporarily by the referral of the issues, including the roster changes and other issues, to the structural efficiency process negotiations under the Industrial Relations Commission. The Industrial Relations Commission is still considering those issues. However, I can say that I still expect every dollar of the savings that the Government had hoped to make from those measures to be achieved - every dollar, if not more.

Members will be aware that the Industrial Relations Commission has expressed publicly strong views on the need for restructuring the nurses' career structure and other things to do with their conditions. As I said, I am quite confident that that will result in all the savings that the Government had hoped for. It is clearly impossible to answer Ms Follett's question at this stage since, in effect, the outcome of the dispute is not yet known.

House Fire - Asbestos Release

MS MAHER: My question is directed to the Minister for Finance and Urban Services. I refer to an article in today's Canberra Times which reports an explosion and fire in a house at Giralang which contained asbestos. Can the Minister tell the Assembly what steps were taken to ensure the safety of the public in the area? What arrangements were made for temporary accommodation for the local residents, and what action has been taken to monitor and clean the area?

MR DUBY: I thank Ms Maher for the question. Members of the Assembly would be aware that yesterday a house insulated with asbestos caught fire and was gutted. During the fire some asbestos was released into the atmosphere, there is no question about that. Although the asbestos dissipated, initial air monitoring readings from the house site indicated that the levels of asbestos in the immediate adjacent area were sufficient to take precautions.

As a result of that monitoring and as a public health precaution, officers from my Asbestos Branch offered alternative accommodation to neighbours of that gutted house last night. However, of the some 14 neighbours offered accommodation, I believe only four or five took up the offer; the rest felt it was sufficiently safe to stay in their homes.

Following overnight air monitoring, the neighbours have now been advised that it is perfectly safe to return to their homes and to live near the burnt out house. The asbestos in the house is currently wet and poses no health hazard. I can assure members that eventually it will be completely sprayed and sealed onto the remains of the house and those remains of the property will then be removed and disposed of at an asbestos dump. Everything there is now safe.

Borrowing Restrictions

MRS GRASSBY: My question is to Mr Kaine, the Treasurer. I refer him to his reply to a question on 20 February 1990. Given Mr Kaine's often quoted concern for ACT borrowing levels, has he yet made any inquiries into the likely borrowing outcomes for this year and, if so, can he now tell the Assembly what they are likely to be?

MR KAINE: Mr Speaker, I have been reviewing the whole of this year's budget, including borrowings, to see how we can pull ourselves out of the hole that the previous Government put us into financially. Yes, I have had a look at the borrowings figure. I cannot quote you the exact figures but I can assure you that the total borrowings for the year will be less than was budgeted for by the Follett-Whalan Government.

There are a number of reasons for that. We have exercised some constraint and some control over the commencement of projects to which the borrowing relates and we are re-examining some projects to see whether they should proceed on the basis of borrowing at all. I think that my policy on borrowing is well-known - that we should be minimising borrowing because it merely creates a debt for the next generation and not this one; and secondly, that we should not borrow more than 50 per cent of the value of any project. We should not be committing ourselves to very large borrowing programs and committing the future revenues to the repayment of the interest.

However, I can assure Mrs Grassby that the borrowings program at the end of the year will be far less than that which was budgeted for by the Follett-Whalan Government.

Mr Speaker - Party Meetings

MR SPEAKER: I have an answer to a question without notice asked by Mr Whalan. On Thursday last Mr Whalan asked me a supplementary question without notice concerning my role as Speaker and my position as a member of the Alliance Government. In particular, Mr Whalan asked how I could reconcile an earlier statement by the Chief Minister when debating the role of Executive Deputies that I remain aloof from the day to day business of government with my commitment to being a member of the Alliance Government and attendance at joint party meetings. As I do not have any responsibilities of the type allocated to Executive Deputies, I believe that in the context of Mr Kaine's speech I am, and will remain, aloof from the day to day business of government.

As I stated in answer to the first part of Mr Whalan's question, I consider that although I hold the office of Speaker, it does not preclude me from attending party meetings. I might point out that as far as I am aware, most, if not all presiding officers in Australian Parliaments attend the meetings of their respective parties. I therefore do not consider that I have compromised my impartiality in this way and will continue to attend joint party meetings.

SUSPENSION OF STANDING ORDERS

MR COLLAERY (Attorney-General): Mr Speaker, I seek leave to move a motion to suspend so much of standing orders as would allow Mr Berry to explain and/or table to this Assembly in 10 minutes the details of the so-called \$40m deficiency in the Alliance Government's costings for the hospital redevelopment plan.

Mr Berry: Mr Speaker, I will be speaking on the hospital restructuring plan in the matter of public importance debate, and I am sure that all of the evidence that Mr Collaery wants in relation to the matter will be brought to his attention then. Nothing will be put to him before I am ready to speak on the matter.

Mr Moore: Mr Speaker, I raise a point of order. Mr Collaery moved a motion to suspend standing orders. We have not voted on the motion and he has not withdrawn it.

MR SPEAKER: You are quite correct. Thank you for that observation, Mr Moore. Mr Collaery sought leave to move his motion. Is leave granted?

Leave not granted.

MR MOORE (3.06): I move:

That so much of the standing orders be suspended as would allow this Assembly to rescind the motion carried last night to suspend Mr Whalan for two days.

Mr Collaery: You have to seek leave, don't you?

MR SPEAKER: No. Please proceed, Mr Moore.

MR MOORE: Looking at the matter in the cold light of day, it seems to me that the conduct of the house last night was, on a number of occasions, not what most of us would like. I was warned, as indeed were the Chief Minister and Mr Whalan, and therefore I take some responsibility.

Mr Kaine: I was not.

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MR MOORE: The Chief Minister says he was not warned; that may be correct. I withdraw that statement if that was not the case, but certainly he interjected and his attention was drawn to that on many occasions. At this stage I just want to say that it would be a far greater thing for us now to forgive than to condemn. With that in mind, I think that the message has got through to Mr Whalan clearly. I believe that it is appropriate for the Assembly now to exercise its ability to extend a little bit of forgiveness in an attempt to make the house work in a better and more reasonable fashion. Therefore, I commend this motion to the Assembly.

MR HUMPHRIES (Minister for Health, Education and the Arts) (3.08): I oppose Mr Moore's motion. Mr Moore says that he is confident Mr Whalan is contrite. I have no evidence of that, and I, for one, am not convinced that Mr Whalan will not repeat these offences if the full penalty provided for in the standing orders is not enforced. The fact is, Mr Speaker, back in May last year we all came to this Assembly as new members and we were all given a set of standing orders to vote upon. The standing orders clearly indicate that the Assembly has the power to suspend members for disorderly conduct.

Mr Moore: Do judges always use their full power to sentence?

MR HUMPHRIES: No, they do not always use it, but they do certainly provide for that power to be there, should they wish to use it. I recall that when this power was exercised once before, members opposite said that it was shameful to use it and that we should never suspend a member from the house. If they believe that and if Mr Moore believes what he said today, I cannot help wondering why this standing order is here. What is the point of having standing order 202? Surely it is there to do what it says it will do. It says that if any member has "persistently and wilfully obstructed the business of the Assembly" or commits offences outlined in paragraphs (b), (c), (d) or (e), that member may be named by the Speaker. That member is then suspended from the service of the Assembly by a motion of the Assembly. We have those standing orders for a purpose. If he does not believe that they are appropriate, Mr Moore should move that they be removed.

Mr Moore: No, it is not black and white.

MR HUMPHRIES: If Mr Moore believes that it should be there, that it is an appropriate standing order, I cannot see why Mr Whalan should not be subject to that standing order.

Mr Moore: What about the standing order on interjections?

MR HUMPHRIES: Well, Mr Moore, there are straws that break the camel's back. I think you are as well aware as I am

that Mr Whalan puts a great many straws on this particular camel's back. I can see no reason why he deserves any special consideration in this regard. Personally, I think that Mr Whalan has repeatedly and, as far as I can tell, quite carelessly offended against the standing orders of this Assembly. Unless he is prepared to show some change of heart, I will be insisting every time that these standing orders are followed.

MS FOLLETT (Leader of the Opposition) (3.10): I support Mr Moore in his motion to suspend standing orders so that we can consider this matter. I believe, Mr Speaker, that we all have quite a way to go before this Assembly well and truly settles down and operates as a decision-making and legislation-making body that the ACT community can have some faith in, and can indeed be proud of.

The behaviour that has been exhibited in this Assembly does not give me a great deal of encouragement that that will be the case in the immediate future, but the important thing is that there has been fault on both sides of the house. It has certainly been the case that there has been a great deal of disruption in this Assembly and that members have exhibited the kind of behaviour which, frankly, makes me very ashamed to be here from time to time.

I believe that we all need to attend to and give some thought to the kinds of standards that we are prepared to accept in this Assembly.

Since yesterday we have all had a chance to reflect, and I know for a fact that we have all reflected upon the incidents that arose yesterday and have made resolutions to do better. I think that the motion that Mr Moore is now putting forward is in the spirit of that reflection, that we are no longer in the heat of yesterday's battle, the heat of debate, that led many members to say things which they would not normally say and of which they must be thoroughly ashamed. And they were not all on this side of the house, Mr Speaker, I assure you.

I know that everybody has had a chance to reflect on that. I urge everybody to try to impose some discipline on each member of their teams so that such incidents will never occur again. I believe that the decision to suspend Mr Whalan was taken in very heated circumstances. The point has been made, it has been dealt with by this Assembly and I support Mr Moore in his attempt to say, "Okay, that happened; it was dealt with but now let us get on". We have all had a chance to think about that behaviour, to resolve to do better in the future, so now let us get on with it.

MR COLLAERY (Attorney-General) (3.13): Mr Speaker, this side of the house would be prepared to support this motion if we received written confirmation from Mr Whalan, and his appearance at the bar of the chamber, assuring us that he apologises for his recent conduct, and accepts the remarks made by his leader.

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MR MOORE (3.14), in reply: Mr Speaker, I have made a genuine attempt to take these matters out of the area of black and white. I have said, "Okay, he has been suspended for a while", but I have not tried to rescind the fact that should it happen again the suspension will be for three days, because that is in the standing orders. I have not done any of that. The sorts of conditions that Mr Collaery wants to put on acceptance of my motion indicate that this is clearly a manoeuvre because the Government is not prepared to be forgiving and accept - - -

Mr Kaine: I raise a point of order, Mr Speaker. I do not know the number of the standing order concerned, but I just want to know whether Mr Moore is closing the debate.

MR SPEAKER: Yes, he is.

Mr Kaine: Well, he takes what he gets, in that case.

MR SPEAKER: Order, Mr Kaine! I called the member. No-one else stood.

MR MOORE: I waited for everybody to stand, Mr Speaker.

MR SPEAKER: You certainly did. There was a pause.

MR MOORE: If the Chief Minister wants to speak, I would be delighted to take my seat again and allow him to speak - with the indulgence of the Leader of the Assembly.

MR SPEAKER: Order! Is that the wish of the Assembly?

Mr Collaery: Mr Speaker, Mr Moore stood up and he has started his response. I recall that in another circumstance the debate was not allowed to continue and be extended to the other members in this house.

MR SPEAKER: Order! Thank you for your observation. It is obviously not the wish of the house. Please proceed, Mr Moore.

MR MOORE: Mr Speaker, may I have it clearly identified in Hansard that Mr Collaery was not prepared to give leave for the Chief Minister to say a word. Sometimes these things are obvious, but are not written, which is why I want it to be stated.

Mr Speaker, this has been a genuine attempt to say, "Okay, things got a little bit out of hand". A number of us were at fault, and I have included myself, the Chief Minister and Mr Collaery in that - quite happily. We are saying to the Government and to each member - and Dr Kinloch should remember that he mentioned the other day that he had individual responsibilities - that it is appropriate for you to vote on this matter as you think, individually. Judges always have recourse to the full weight of the law and the full penalty, but my understanding is that they

very rarely use that power. If that is so, you members can show the same leniency. That is what I am talking about - it means that you are prepared to come some of the way and to be understanding. In your understanding you can expect an appropriate response, and you can be seen by the public - and fortunately this situation has not even hit the media yet - to be attempting to run a responsible and sensible Assembly. You have the opportunity. All you have to do is support this motion - each and every one of you, individually.

I ask each one of you to think about it as an individual. We have heard Mr Collaery's and Mr Humphries' opinions expressed. Perhaps because of their legal backgrounds their opinions are set the way they are. I would ask all the other members to be much more lenient, much more forgiving, and to attempt this. If it does not work, for heaven's sake, you can do the same thing again.

Question put.

The Assembly voted -

AYES, 6

Mr Berry
Ms Follett
Mrs Grassby
Mr Moore
Mr Whalan
Mr Wood

NOES, 10

Mr Collaery
Mr Duby
Mr Humphries
Mr Jensen
Mr Kaine
Dr Kinloch
Ms Maher
Mrs Nolan
Mr Prowse
Mr Stefaniak

Question resolved in the negative.

INDUSTRY DEVELOPMENT - COMMONWEALTH-STATE ARRANGEMENTS Ministerial Statement and Paper

MR KAINE (Chief Minister), by leave: In December 1989 my Government released a business policy which clearly outlined our intention to assist the development of a healthy and aggressive private sector in the ACT. It is our belief that the quality of life of Canberrans will directly depend upon a sustained and responsible growth in the size of the private sector, and the encouragement of an entrepreneurial spirit within our businessmen and women. It is the role of the ACT Government to foster that development.

Our business policy recognises this and points to government action in a wide number of areas, including improving the quality of existing businesses, encouraging the use of emerging technologies, increasing access for

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businesses to government contracts, and ensuring that contracts are let in the most cost effective parcels and, finally, removing barriers to open competition.

In implementing this policy the Government believes that the task requires greater focus upon a number of key Commonwealth-State programs and an associated effort in raising the ACT's profile in key Commonwealth-State forums.

Initially, these programs include the following four: the first is the national industry extension service; the second is the Australian civil offsets program; the third is the national procurement development program; and the fourth is the industrial supplies office network.

The national industry extension service is the major Commonwealth-State program to assist in improving efficiency of Australia manufacturing and service enterprises, thereby increasing their competitiveness in international markets. It encourages companies to adopt a strategic approach to their business through assistance with access to new and existing sources of specialist advice.

Under the Australian civil offsets program, overseas companies that make significant sales to Australian government agencies - whether State or Federal - are obliged to spend up to 30 per cent of the value of contracts on Australian companies and/or research institutions on export development and import replacement activities. One of the beneficial aspects of this program from the ACT's point of view is that offsets obligations incurred in one Australian State may be transferred to another.

Raising the ACT's share of these offset obligations to around 5 per cent by 1991-1992 would result in additional employment opportunities, significant overseas capital injections into ACT companies and research institutions - and that has been estimated at \$18m a year - and increased access for ACT companies and institutions to international markets and new technologies.

The national procurement development program is an industry-based program which aims to encourage the development of new Australian technology by providing funds for trialling and demonstration, and research and development, of Australian products, systems and services which government bodies need. All national procurement development program funded projects involve collaboration between industry and government partners and the strategic use of inherent government purchasing leverage to improve the efficiency and international competitiveness of Australian industry.

I am particularly optimistic, Mr Speaker, about the ability of ACT companies to benefit from this program. Although it is funded entirely by the Commonwealth Government, at the

moment companies in the ACT receive approximately 13 per cent of total funding. There are numerous reasons for this, not least of which is a recognition of the ability of ACT companies to meet purchasing demands, the very high reputation which they enjoy and the innovative character of local producers. The Alliance Government wants to encourage that local attribute of innovation and the national procurement development program is just another means by which we can try to do so.

Finally, Mr Speaker, the purpose of the fourth scheme, the industrial supplies office (ISO) network, is to help industry maximise the Australian contents of its purchases without resorting to uneconomic tariffs and preference margins. It does this by identifying suitable local producers to replace imports. Once again, the potential benefits to the ACT economy and industrial infrastructure are enormous. In the five years that the concept has operated in Australia the ISO Network has generated \$280m in import replacement activities for Australian firms.

Participation in all of these programs has the potential to increase research, development and investment in ACT industry and to increase the international competitiveness of ACT manufacturing and service firms. With self-government the ACT now has the opportunity to participate in these programs on an equal footing with the States and the Commonwealth and to ensure that ACT industrial and research priorities are accorded full attention. We have the opportunity to ensure that ACT companies and research institutions have full access to technology and to investment.

These programs are governed by a number of key Commonwealth-State forums which offer the potential for the ACT to ensure that they develop in ways beneficial to local industry and in concert with our economic and industrial strategies. In particular, as Minister responsible for economic and industrial development, I represent the ACT at meetings of the Australian Industry and Technology Council. The objectives of that council are specifically to promote a national coordinated approach to industry and technology policy and restructuring and greater international competitiveness of Australian industry.

Additionally, with the signing of the Australian civil offsets agreement - which we did quite recently - and the national preference agreement, the ACT will be able to participate as an equal partner on the Government Offsets and Procurement Advisory Committee, alongside other State governments, the Commonwealth Government and with peak industry and employee organisations.

Although the benefits of participation in these programs and forums is very high in industrial and economic terms, I believe there is also a spin-off in all this beyond industry policy. Increasing our activities in these areas will greatly assist in maximising industrial development

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and economic diversification with the ACT but it will also reinforce our status as a partner at the State level in Australia. It will reinforce our own notion of our identity as a self-governing Territory. In my view, it will mark our maturity. I expect great benefits from our focus on these programs and forums - benefits to ACT industry and the economy, benefits to ACT research institutions and benefits to the community. I move:

That the Assembly takes note of the paper.

Question resolved in the affirmative.

ACT PUBLIC HEALTH SYSTEM Discussion of Matter of Public Importance

MR DEPUTY SPEAKER: I have received a letter from Mr Berry proposing that a matter of public importance be submitted to the Assembly for discussion, namely:

The failure of the Kaine-Collaery-Duby Government to ensure a strong, viable and accessible public health system for the people of the ACT.

MR BERRY (3.29): This matter of public importance is, of course, a matter of grave concern for the people of Canberra and, as you, Mr Deputy Speaker, properly announced, it is about the failure of the Kaine-Collaery-Duby Government to ensure a strong, viable and accessible public health system for the people of the ACT. This matter relates fundamentally to the Government's decision on hospital restructuring which Mr Humphries announced yesterday. It also relates to remarks that were made by Mr Humphries this morning in relation to the privatisation, if you like, of obstetrics in the ACT.

Mr Deputy Speaker, Labor received a steering committee report which I tabled in this Assembly on 24 August 1989. That report was based on advice from professional planners and a wide cross-section of the community with expertise in health and planning, including representatives of the trade union movement. That report carefully weighed up the costs and the needs of a hospital system in the ACT after broad consultations. It gave a commitment to start the redevelopment and find the funds and that is the fundamental failing of the Government opposite. It has still given no commitment to finding the funds and certainly the only commitment that it has given is to abandon Royal Canberra Hospital.

We have heard a lot said by Government Ministers about the lack of funds and the overfunding identified by the Grants Commission. One thing we have not heard anything about is the lack of income identified by the Grants Commission. We are 40 per cent underfunded in the area of taxes. If the Government were to bring the Territory into line with the

States in the areas of stamp duty and land tax it would have another \$17m to maintain services. It will not even look at that. There has been no mention of its even considering that in the future not only as a means to provide better health services but also to look at education. Instead, the people of Canberra are expected to suffer so that these people opposite can keep their big business mates happy.

The Labor redevelopment plan had gained wide acceptance. It was even accepted by Mr Duby and Ms Maher, all the members of the Residents Rally, Mr Moore and so on. The Liberals were the only ones who were sceptical about it and that was clearly understood to be from their philosophical position which I spoke about earlier today.

The standards of the health system will fall. The morale of the staff, affected by the instability and industrial relations chaos under Mr Humphries, will, of course, suffer. Is this a simple, callous way of winding up certain conditions of employment at Royal Canberra Hospital?

Mr Humphries: No.

MR BERRY: Well, it is starting to look that way. The community will suffer. Members should remember that the Residents Rally and the No Self Government Party supported the Royal Canberra Hospital, which I mentioned just a moment ago. It is a great pity that Dr Hector Kinloch is not here - I bet he is wringing his hands at the moment - because I remember standing up at public meetings with Dr Kinloch at which he not only strenuously supported the retention of Royal Canberra Hospital but also advocated that it have an expanded role. How will he now face those hundreds of people who heard him make those sorts of announcements? I will tell you what he will be doing: he will be looking at his boots because he will be ashamed to face those people. A few other members opposite will be ashamed to face them as well. That was in line with the Residents Rally policy, but we know that there is quite a flexible approach to interpreting Rally policies these days.

The funding concerns are fictitious, the redevelopment is a long-term issue and the Government will have to give priority to the health system. It has not got \$154m now, so how can it possibly complain about the proposal that was put by Labor? It has not got the money now. Labor's plan was about a commitment to keep Royal Canberra Hospital in an accessible public health system. The present state of affairs began with the Chief Minister talking down Royal Canberra when he was in opposition and raising community concern over its future.

The affection of the community for the Royal Canberra Hospital was made evident during the period in which the Labor Government consulted with the community. Thousands

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signed petitions which were brought to this Assembly. There were public meetings in support of the retention of the Royal Canberra Hospital and I mentioned a moment ago how Dr Kinloch publicly supported the retention and an expanded role of that hospital.

How does he explain away to his constituents his actions in respect of Royal Canberra Hospital now? Already today I have had concerned phone calls from people who say they want to go to a hospital like Royal Canberra. They remember the view over the lake - we have all heard this argument in favour of the hospital before.

Another issue is the location of future services so that they can be delivered where they are required, and it is important that we retain flexible options for our community assets - our hospitals. It is not good enough to announce the collocation of services - for example, a nursing home, a birth centre, Queen Elizabeth II Coronation Home for Nursing Mothers - as an excuse to abandon one of our prime hospitals. The use of general hospital facilities to house these specialised services is a joke. It would require an entire infrastructure redesign with resulting costs which would justify demolishing the entire complex. That is what the people of Canberra will be worried about - the future.

This goes back to a point which I raised this morning. This is a long haul project and some of the people opposite might not be concerned about the long haul. It is the future that I am worried about because the Liberal constituent of the Government opposite is about privatisation. Members must never let that fact out of their minds. This is about dodging the appropriate taxes for business mates in the long haul, winding back public hospital services and handing them over to the private sector where they will be controlled by the medical aristocrats.

The issue of closing down Royal Canberra Hospital is one of great concern for every citizen in this Territory. It highlights the cavalier way in which this Government handles its responsibilities, the contempt in which it holds the community, its bias towards big business and, most importantly, its lack of concern for the future of Canberra. The furore over the closure of Royal Canberra Hospital hides the real concern, the major problem of the plan and the giant con being perpetrated by this Government against the people of Canberra.

The giant con - what do you think that is? It is the assertion that members of this Government are economically literate, that they are fiscally responsible and that they will save community money while delivering a full, first-class health service. They have tried to pull the wool over the eyes of the people of Canberra, but members on this side of the house will make sure that everyone knows the truth.

Mr Humphries said that his plan would cost \$154m. His plan closes Royal Canberra Hospital but retains the podium and Sylvia Curley House, the uses of which will include accommodation for other community and public health services and for students. To do this Mr Humphries will have to maintain those buildings. At what cost? Well, I will tell you - it is about \$41m, Mr Humphries.

A member: Come on! How did you calculate that?

MR BERRY: Okay. They are all laughing over on the other side of the house. At this point I seek leave to table page 55 of the steering committee report. This page clearly shows that Mr Humphries and the Government have confused options 8 and 8a of that report.

Leave granted.

MR BERRY: Mr Humphries offers us option 8, but he costs it as option 8a. He has cheated for the purposes of public relations. Option 8, Mr Humphries, will cost \$195m, not \$154m - a mere \$10m less than Labor's plan which would have retained Royal Canberra Hospital.

This great con does not stop there. At no stage did the \$154m option include anything but one 700-bed hospital at Woden and one 300-bed hospital at Calvary. Now, Mr Humphries has promised the community a nursing home, a birthing centre, a 24-hour mental health crisis centre, a hospice and the possibility of 24-hour child care. All these sugar coated pills will taste like bitter medicine; indeed, when we find out how much they will cost, the medicine will be extremely bitter.

Proposals for an ACT birth centre have been around for quite some time, but they cost a lot of money and that has not been mentioned by the Minister opposite. The ACT birthing network applied for \$1.27m. That was made up of \$833,000 in capital funding and \$446,000 in recurrent funding; not cheap. Here we are, on day two of the plan, and already a four-bed birthing centre has reduced the recurrent savings by nearly half a million dollars per annum. One item only. And on it goes.

How much will the 24-hour mental health crisis unit cost? Another \$2m in savings lost. How much will be needed for the hospice? You have not even bothered to have it costed yet. Will he run it at a profit? Never! Another \$2m to \$3m in savings will be lost. Presumably under the Humphries plan these people will be housed in the open since there are no provisions for capital works. At this stage, I would suggest to members of the Assembly that the much heralded Liberal-Residents Rally-No Self Government coalition's plan for the hospitals will cost as much, if not more, than the Labor plan.

Mr Humphries has unleashed upon this Territory a massive demolition of our health system which is to be hastily

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foisted on the citizens of Canberra but which, from the outset, reveals the real agenda of the Liberal Party - privatisation. He tries to conceal the real financial costs involved without addressing the social costs which would leave our health system crippled well into the next century. Labor's plan was to leave it in first-class condition well into the next century.

Mr Deputy Speaker, here we are on day two of the plan and already the four-bed birthing centre has imposed a significant reduction in the savings which Mr Humphries has quite wrongly claimed for the Territory. In the wake of the recent Federal election the interesting part about all of this is that Mr Humphries' plan for the redevelopment of Canberra's hospital system looks a little bit like the performance of Mr Shack - - -

Mr Kaine: Did you say Mr Sanders?

MR BERRY: Mr Shack - the person who was to deliver the Liberal Party's health policy.

What a shambles! Mr Humphries is Mr Shack the second. It is a fraud, an absolute fraud, and the costings are wildly out. At least Mr Shack had the courage to admit it and withdraw his plan. (Quorum formed)

I have run out of time, but I think I have pointed to all the issues which will embarrass the Liberal-Residents Rally-No Self Government Alliance. As I said before, at least Mr Shack had the courage to admit his mistakes and withdraw the plan. I call on Mr Humphries to do the same.

MR HUMPHRIES (Minister for Health, Education and the Arts) (3.46): I regret, Mr Deputy Speaker, that I cannot look embarrassed. Try as I might, I can only be embarrassed about the paucity of intelligence and good sense that Mr Berry has shown in the course of this debate. I have to say that that is a very sad reflection, particularly given the fact that the man is a former Minister for Health of this Territory. I am quite surprised that he does not have a better understanding of the issues in this case.

I said this morning that I was flattered that the Opposition chose to say things that were not true about the Government's proposal as a way of making a target that it could hit. The fact is that the Government's plan is self-contained, rational and logical. It is a sensible plan, given the present resources of the Territory and, in all those circumstances, it is not the least bit surprising that this time the Opposition needs to say things about the plan which are, frankly, untrue in order to create some kind of expectation that it is living up to its original position of supporting the retention of the Royal Canberra Hospital.

The fact is that our proposal for the development of the Canberra hospital system is exciting and innovative. Most

importantly, it addresses years of neglect of that system by successive Commonwealth Governments, and that is one thing that really cannot be said for any of the alternatives. This plan faces up to the realities we now face in the ACT hospital system. Most importantly, it does two things at the same time: it reduces the cost of running that system, as well as saving capital costs, and, despite that cut, at the same time it improves the quality of health care being provided to the people of Canberra. That is a quite extraordinary combination of successful outcomes, I would suggest.

Of course, the Opposition is taking the easy option - "Let's cause alarm; let's tell people what a disaster it is going to be for Canberra; let's wring our hands and generate fear and loathing in the community". The reality is that that Opposition response is predictable, but not excusable.

Let us look at what Opposition members have been saying in the last 24 hours. In a press release yesterday, Mr Berry claimed that we were going to sell off the Acton Peninsula. That is untrue. It has also been said that the range of birthing options is being reduced by the Government's plan. That is untrue. The Government is privatising health services in the ACT - untrue. A birthing centre will be part of a private hospital - untrue. You did not say anything about that, did you, Mr Berry? There are private obstetric beds in public hospitals in Canberra - untrue.

Mr Berry: I did not say that.

MR HUMPHRIES: Well, Mrs Grassby did. We intend to reduce the number of public beds in the hospital system - untrue. Calvary is an inadequate place to conduct a range of hospital services - untrue. The people of north Canberra will lose present access to general hospital facilities as a result of these plans - untrue.

I am very flattered that so many untrue things need to be said so that Opposition members can find something to say about our hospital plan; it is extremely flattering and I am very impressed that we have been able to generate such hysteria and panic among them.

When the ACT got self-government in 1989, it inherited a hospital system which was, to say the least, run down. It was in serious need of injections of funds. That reality has to be contrasted with the statements made by Mr Berry when he was Minister for Health. He kept calling it a first-class hospital system, and so it was in certain limited respects. But overall, our hospital system was not first-class then and it is not now. It is a system which is run down and in need of serious injections of funds. The evidence of that fact is that two of the three public hospitals in the ACT, in the course of the past 12 months, have lost their accreditation. That does not mean they cannot operate as hospitals, but it does mean there is a serious problem with our hospital system.

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Mr Berry: Some of them never had it, tell the truth.

MR HUMPHRIES: Well, maybe so. But the fact is that one hospital in our system, Mr Berry, which would have remained seriously under-utilised under your proposals, does have full accreditation. For some time Calvary Hospital has had the highest level of accreditation available to any hospital in Australia and yet - - -

Mr Berry: For a hospital of its level.

MR HUMPHRIES: It is a very good hospital, Mr Berry; it has a very high standard and I am sorry that you will not admit that in public. Furthermore, Mr Deputy Speaker, when we, as an Alliance Government, took over responsibility for the hospital in the Territory, we faced, on top of that serious run-down problem, a \$7m hospital budget blowout - \$7m. Yet now we see surprise and angst on the part of members opposite that hard medicine needs to be administered. All I can say is that that is a very strange diagnosis of the disease.

The fact is that Canberra needs certain things. One thing it needs is a principal hospital - Mr Berry conceded that when he was in government. A principal hospital, of course, provides the range of services and it concentrates specialities on the one site so that people can be confident that the services they may need in acute cases or in cases of particular complication can be available on that one site. That is a very important addition to the community's medical facilities.

I admit that it took some time for me to be convinced that we really needed a principal hospital. I spoke to a great many doctors across the system; I spoke to administrators; I even spoke to unionists, believe it or not, Mr Berry. The consensus was that Canberra needed such a facility and that is, I think, taken for granted. So the ACT Government decided that it would provide a principal hospital - and that applied both to this Government and the previous Government.

The choice was very obvious. Of the two major ACT hospitals, clearly, Royal Canberra is more run down and has been more neglected. Clearly, Woden Valley was, by far, the better candidate for development of a principal hospital. Then having established Woden Valley as a principal hospital, the issue arose as to whether the ACT could afford the additional cost of providing two further general hospitals with general care provisions in them. To any rational person the answer would have to be, no, it could not support the costs of those additional hospitals.

The Government has decided, as everyone is well aware, to provide two public hospitals in the ACT - a principal hospital on the Woden Valley site with about 700 beds and a general hospital on the Calvary site of about 300 beds.

That option, as I said before, and I say again here, will save the ACT \$50m capital expenditure and some \$8.5m in recurrent costs. Those significant savings can only be ignored by people of the greatest foolishness.

Mr Berry pointed out that the ACT Government has committed itself to spend money - there is no doubt about that; we have committed ourselves to spend money. We do so on this basis: if we, as a government, had said, as his government said before us, that we would take the expensive options and keep a hospital we really could not afford - a hospital identified by the Grants Commission as being surplus to the requirements of the ACT and contributing heavily to the excessive additional costs borne by the ACT in respect of health facilities - and then, in addition, taken other items off the top of the health agenda and spent money on those, it would not just have been foolish, it would have been unsupportable, because we just did not have the money. I have to ask this question of members opposite. What if the Follett Labor Government had continued in power, and what if it had gone ahead with the proposal to develop a \$210m three-hospital system? What if, in doing so, it had failed to save the \$8.5m that will be saved under this proposal put forward by this Alliance Government? What then? Well, in 15 or so months the Follett Labor Government would have found that Commonwealth special funding had ceased - or, at least, begun steep decline. I think that if Ms Follett is frank and open with us, she will admit that that is very likely to be the case. The ACT will find a very serious budgetary problem with respect to Commonwealth funding.

When that occurred, what would the Follett Labor Government have done? It would have had this expensive hospital system - and no doubt, an expensive educational system, an expensive transport system and the best of everything. In other words, a champagne outlay on a beer budget. What would it have said to the people of the ACT? Presumably it would have blamed the Commonwealth Government and said: "Those bastards in the Commonwealth forced us into this. We could not have done anything else. Our feet have been cut from underneath us by this terrible Federal Government. What a pity". That would not wash, Mr Deputy Speaker. It will not wash now, it would not have washed in 18 months' time. Frankly, the responsibilities of government, which we feel very keenly, have led us to only one decision and that is to take the cheaper option. Nonetheless, we will provide high quality health care to Canberra and we will get on with the business of providing that care.

Mr Berry's logic is peculiar in the extreme. He says that we have not got \$154m now and I suppose the next line is, therefore, that we should have the Labor Party plan for the redevelopment of our hospitals. We have not got \$154m so, what the heck, let us spend \$210m. That logic is extraordinary. I must have a brain which is either many times greater or many times smaller than that of Mr Berry, because I cannot come anywhere near a comprehension of that strange and perverted kind of logic.

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In the time available to me I just want to run through some of the comments that others have made on the respective positions of our two parties. Mr Berry has claimed that our position is not supportable, that the people of Canberra will turn on us, that we are going to get dumped on from all sides, having made this hard choice. I want first of all to quote from an editorial in the Canberra Times that accompanied Mr Berry's vacillations last year on the question of the hospital redevelopment. On 9 November the editorial said:

The ACT Minister for Health, Wayne Berry, is showing every sign that he lacks the experience and guts to handle the crisis in the ACT health system. He simply will not make the hard decisions. And when the unpalatable options are put before him, he runs away from them, thinking that the crisis will go away.

And earlier, on 1 November, another editorial said:

Unfortunately, despite Mr Berry's brave words and his "decisive" statement about reducing duplication and finding efficiencies, his avoidance of the issue of job losses bodes ill for the achievement of either. Mr Berry is no doubt right to seek restructurings, improved training, better career paths and so on. But the object of these exercises has to be an overall greater efficiency - doing better with less.

That is precisely the choice that this Government has made.

I will now quote another editorial in the Canberra Times on 27 March this year. It refers to the decision made by this Government with respect to the two-hospital option rather than the three-hospital option. It said:

The closure of Royal Canberra will save the ACT about \$20m a year - even after those employed within the hospital are relocated elsewhere in the hospital system. About \$8m will come from recurrent savings, the remaining \$12m or so will come from capital savings ... The saving is substantial enough that ACT health planners can at once begin with a budget meeting the likely level of Commonwealth subvention - without cutting the level of service to the people of Canberra one jot - something that has seemed impossible until today.

That is the point, Mr Deputy Speaker. We have been able to spend some money on other things that are important to the people of Canberra because we have saved that money elsewhere; we have made the hard decisions. That is what gives us the right to come here and say, "We believe we can provide these things to the people of Canberra". And we can.

I issue a challenge to Mr Berry. If he thinks our plan is so wrong and so bad, then he should commit himself and his party to undoing it. He should promise to undo it in the next election campaign for this Assembly. If the decision is so bad, let him put his money where his mouth is and promise not to proceed with it when he, should we be so unfortunate, is returned to government. Let him promise that if he really believes what he is saying.

MR DEPUTY SPEAKER: Mr Humphries, just before you take your seat, I should point out that about five minutes from the end of your speech you probably unwittingly used the term "those bastards". I think, perhaps, you should withdraw the term "bastards" for the record.

MR HUMPHRIES: Mr Deputy Speaker, the term was used in respect of Commonwealth people; people who are not in this chamber. The word is not unparliamentary in that it does not apply to people here.

MR DEPUTY SPEAKER: It has been drawn to my attention.

Mr Berry: Mr Deputy Speaker, I would have to raise a point of order on that matter because Mr Humphries just referred to the winners of the last Federal election in that way.

MR DEPUTY SPEAKER: You do not mind the term, then, Mr Berry?

Mr Berry: No, I do not want to see it in the record - it should be withdrawn.

MR DEPUTY SPEAKER: Fair enough, then. I withdraw my comment in relation to the matter.

Mr Berry: No, it should be withdrawn. You cannot have winners being called those sorts of names!

MS FOLLETT (Leader of the Opposition) (4.02): I think, Mr Deputy Speaker, that we can start with some common ground in this debate on the hospital system for Canberra. That common ground is that upon self-government we inherited a system that was badly run down; a system which needed a massive injection of funds; and a system which had been consistently neglected by a series of Federal governments which were, at the time, in the charge of the Territory. Those governments, of course, were of both major political persuasions. I think it is worth placing on the record the fact that the straw which broke the camel's back for the ACT health system was the provision of a third hospital at public expense - the provision of Calvary Hospital. That decision was made by Mr Ellicott some years ago.

Mr Jensen: Oh, good God, are we are going back into history now? Do you want us to dredge out some other things?

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MS FOLLETT: Will you bring that man to order, Mr Deputy Speaker?

MR DEPUTY SPEAKER: Yes. Order, Mr Jensen!

MS FOLLETT: Thank you. As I said, Mr Deputy Speaker, we start with that common ground, that the system that we inherited was very much in need of care and attention, of upgrading and, of course, of large expenditure. That fact is reflected in the approach that I made to the Prime Minister for some compensation in order to allow us to get our hospital system into order. I recall in the Assembly this week that Mr Kaine has reiterated that call to the Prime Minister for some funding assistance, and I hope that he will continue to do so.

On 31 October last year, the Labor Government brought down a plan for the health system in the ACT which included the retention of Royal Canberra Hospital. Just to refresh members' memories, at that time we had costed that retention and the upgrading of the hospital system at around \$210m - a cost that we proposed to spread over seven years, and a cost which would have been borne, had additional funds not been available from the Commonwealth, from the ACT's own capital works budget. So it would have cost us about \$30m a year.

That commitment, Mr Deputy Speaker, reflected our priorities to the ACT community. Our priority was that the Government provide - as we believe is its responsibility - a viable public health system. I would like it placed on the record that that was our position on Royal Canberra Hospital.

We had a long term and comprehensive plan for the ACT public health system and I think it is very important to note that our proposal was in fact to build on the strength of the system. Royal Canberra Hospital is very much a strength of Canberra's health system. It is a hospital which has the confidence of Canberra people, a hospital which in fact has the affection of the vast majority of Canberra people, and as such we had decided, in keeping with our election commitment, to retain Royal Canberra Hospital.

We know of course that members of the Alliance Government gave that same commitment and it was worthless. Their commitment on this matter, as on so many other matters, was hollow, an absolute sham.

The commitment that the Labor team made did not have a short time frame and it was not based on projections, say, five or 10 years out. I do not think it is responsible to say that you are going to spend five years restructuring the health system and then that will be that, it is all right after that. You cannot say that, it just is not so. You need to base your planning on the projected needs at least 10 to 20 years into the future.

It is undeniable that in that time frame the major growth in the ACT will be north of the lake, and of course I am referring to Gungahlin which, I believe, is inevitable as the population of the ACT continues to grow. We will have to move to the north and Gungahlin is the area that is currently planned to be developed. That is a northside development, a long way from Woden Valley Hospital.

It is also undeniable that the inner city area, the old north of Canberra, will undergo a considerable development as well. I believe that not only will we see an increasing aged population in that area but it is also inevitable that we will see an increasing density of accommodation. Therefore, I believe that if you look at a 10- to 20-year time frame, the north of the city is the area where we will have the major population growth.

It goes without saying that your health services should be placed near where all the people are, where the need is. I believe that Royal Canberra Hospital would have played a major part in meeting that need, as it has done to date and, quite clearly, as the community feels it should continue to do. What we have under Mr Humphries' proposal - although, interestingly enough, he denies it now - is the privatisation of the hospital system north of the lake. Northside residents are to be offered the options of a new 150-bed private hospital or Calvary Hospital.

There are two matters which I would like to comment on there: first of all, on the issue of a new private hospital, it is a fact that not everybody wants to use a private hospital. It is a government's responsibility to provide a public hospital service to the community which it purports to serve. You are denying the people that. You are saying, "Here is your private hospital, use that; get your private medical cover and use the private hospital".

Mr Doby: We are not saying that at all. There are 300 public beds at Calvary.

Mr Humphries: All public, every last one of them.

MS FOLLETT: Members constantly interject that if people do not want to use the private hospital they can use Calvary Hospital. But I have to point out that Calvary Hospital, for reasons of its own charter, does not provide a full range of medical and surgical services. The hospital authorities have made that statement themselves. I make no judgment on that; it is a fact. It is a fact that they do not provide services which are in quite common demand by members of our community.

A member: Those folk can go to Woden.

MS FOLLETT: Members opposite interject that those patients can go to Woden. In other words, people north of the lake

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can go anywhere they like - except to Royal Canberra Hospital. Send them to Woden, only another 20 kilometres. Send them to the private hospital; send them to Calvary where they cannot get all of the services they might require. What sort of a public hospital system is that? It is a disgrace.

Mr Wood: It is a part-time casualty, too.

MS FOLLETT: It is a part-time system. Mr Humphries has made much of the fact that he has costed his proposal carefully. Well, he has not. In his proposal he has said that he is retaining Sylvia Curley House and the block and podium from Royal Canberra Hospital. But he has not costed it. He has made a mistake - a \$41m mistake. If he looks at the steering committee report, he will find that it is quite clear that the costing he has used is the costing in that report which does not include Sylvia Curley House or the block and podium retention. So he has to add in a further amount of money.

I conclude by saying that the Labor Government gave a clear commitment to retain Royal Canberra Hospital. That was because of our priority to a public health system. We knew it was costly, we knew it was expensive up front, but it was based on the future needs of Canberra and I do not accept that the long-term cost of our proposal was greater than the current Government proposal. Secondly, the proposal that we put forward was to fund the development over seven years at approximately \$30m and that again is an example of the priority that we gave to a public hospital system. In other words, we did not believe that the cheapest option was the best. We believed that the community was entitled to expect a government to provide a viable public hospital system and we were prepared to put the money up for that. I believe that the current proposal represents an enormous shift towards private health care - - -

Mr Humphries: That is not true.

MS FOLLETT: You said so yourself, Mr Humphries, and it will be rejected by the Canberra community at the first opportunity they get to do so.

MR KAINE (Chief Minister) (4.12): I will not speak at great length. Earlier in this debate Mr Berry talked about the great con, but the only people who are doing any conning around here are the members opposite who are pretending that somehow or other they were going to do great things for the ACT hospital system. The fact is that they identified an option that was going to cost \$216m, but they did not know where the money was coming from; neither did I. I still do not know, and Mr Berry has never explained where he was going to get his \$216m from.

When you avoid the issue of where the revenue comes from, it is very easy to talk about putting the money up front,

as the Leader of the Opposition just did. She said that her Government did not go for the least cost option, but it was going to produce a hospital system that meant putting the money up front. It was a costly arrangement - those were her own words - a costly system. Well, unfortunately, Mr Deputy Speaker, we do not have the option available to us of taking a costly option. We have got the task ahead of us of minimising the cost, and that means not only in the short term but the longer term as well.

The Leader of the Opposition talked about a time frame of 10 to 20 years. She spoke of constructing a hospital system that was going to last 10 to 20 years. By adopting the approach that the Minister for Health has outlined, we are providing a viable hospital system for the next 10 years or so at minimum cost - and I will come to a breakdown of the costs in a minute - that will provide 1,000 public beds and approximately 250 private beds. That is something that we can afford. The money, spread over a reasonable period of years, can come out of our construction budget and we can predict that - whether the Commonwealth comes to the party or not. If it does, it will make the job so much easier; if it does not, we will program it in our capital works program.

The fact is that by retaining the Royal Canberra Hospital location and by maintaining it as a fairly low level community hospital type of facility, we will ensure that the facility is there, should the Leader of the Opposition's predictions eventuate and in 15 years time the population is tending to build up on the north side. At that time, a revenue situation will be under control - we will have a level of revenue that enables us to afford to renovate, update and refurbish the Royal Canberra Hospital in 10 or 15 years time to cope with the predicted population of 340,000 by the year 2020. We have got time to reconstruct and re-establish the Royal Canberra Hospital as a third major hospital if it is then deemed expedient to do so.

It may well be that when that time comes, the decision might be that we should have another major hospital further north, that the Royal Canberra Hospital site is inappropriate. If that is true, we have not made the investment in the Royal Canberra Hospital that the Leader of the Opposition is talking about, it will not be waste money and we will be able to create a third hospital when, where and of what nature we require and can afford at the time.

To get back to the figures that the Leader of the Opposition and Mr Berry keep quoting - and then we come back to the big con that they talked about - I must point out that they are totally ignoring the fact that in the report from which these figures are all derived, there were two options - option 8 and option 8a. They keep hammering option 8, which required, amongst other things, the retention of the Royal Canberra Hospital as a public

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facility. In other words, a fairly high level standard hospital as a third hospital; not what we are talking about which is allowing it to run down to a low level activity hospital. Therefore, the additional \$41m that Mr Berry is throwing around in order to perpetuate his con is not part of the formula. The option that we have adopted is close to option 8a and the figures are there for all to see - \$124m for the Woden Valley Hospital, a 700-bed hospital; and \$30m to upgrade Calvary as a 300-bed hospital. That is a total of \$154 million. Those are the figures we are talking about. Mr Berry can rant and rave and fantasise all he wants. That is the option that we have adopted and that Mr Humphries has ably spelt out for us.

I think it is about time that this issue was put on the table and there was a frank and open discussion about what is being proposed, so that people stop misrepresenting the situation, which is of such importance to this community. Even with the least cost option, we are still talking about expenditure of \$150m of public money. On the other hand, we are making a saving of approximately \$50m in capital expenditure by taking this route, and we will achieve annual savings of the order of \$8.5m on the recurrent side. Those are the facts. Those are the things that we believe we can accommodate in our budget.

We do not see how we or the Opposition could have accommodated the program that the previous Government put forward. We believe that was a con. Opposition members did not know where the money was coming from; they could not explain it; they had no revenue source. They relied totally on the expectation that the Commonwealth would come good with the money. Well, all the indications are that the Commonwealth will not come good with the money. We had to devise - and we have done so - a system of hospitals to provide the requisite number of beds at a cost that we can afford. I do not believe there is any more to the debate than that.

MR MOORE (4.19): There is more to the debate than that. The other important factor that the Chief Minister seems to ignore - apart from what makes sense in terms of dollars and cents - is what the people of the ACT want.

Mr Kaine: If they cannot afford it, they cannot have it.

MR MOORE: It is true that the people of the ACT want a good fiscal policy, there is no doubt about that. But they do not want all their decisions made simply on the basis of where we can save money and make cuts. It is very clear that they want and expect the retention of some of their services and they consider some of those services to be particularly special. They also want people to be honest with them. They want those who make promises to keep those promises.

The Royal Canberra Hospital is a very emotive issue because it is very special to large numbers of people in the ACT,

particularly those in the inner suburbs. This morning as I went out to pick up my newspaper, somebody walking by said, "Michael, whatever you do, do what you can to save the Royal Canberra Hospital". Later on I went out to bring in my bin and somebody else said to me, "Hey Michael - Royal Canberra Hospital, see what you can do".

Mr Kaine: Give them the bill and see what they say. They will not be asking to save it then.

MR MOORE: It seems to me that the Chief Minister makes some stupid decisions because of some short term monetary gains. In the long term, this is going to be very expensive for the people of the ACT because this hospital is going to be so run down that when our numbers increase and we need that extra area, it will be too far gone to resuscitate and we will have to look at building a new hospital. This is a short term solution.

Mr Duby: It will not be run down, it will be knocked down.

MR MOORE: As Mr Duby interjects, it will be knocked down. I refer him to Geoff Pryor's most apt cartoon this morning which shows the sharks swimming around the Royal Canberra Hospital. That is the way people perceive it and people also perceive that they were promised that the Royal Canberra Hospital would not be part of the budget cuts. There are spots to raise money and I have drawn the Chief Minister's attention to the sort of betterment tax that will be forgone on one project alone on Northbourne Avenue - there is an absolute fortune in it and it is within his responsibility, his area and his power to determine that lease. If he still wants to develop it along the lines of medium density housing, then the profits on that land should come back to the people of Canberra who own the land. There is money around to be gained in that area. This Government thinks it can make some hard decisions that take away from the services that are provided to people who cannot afford any others, but it is not prepared to make some hard decisions about matters such as betterment tax or to look at the maladministration of the leasehold system which I have illustrated and will continue to illustrate through question time. I am sure the Government can expect some more questions about that particular site because there is a lot more to come out about it.

The people of Canberra expect people like myself and Dr Kinloch to keep to the election promises we made that Canberra Hospital would not close down. I cannot help wondering if that is one of the reasons why Mr Donohue is going to resign tonight as President of the Residents Rally. One cannot help wondering if another reason is the broken promise over big bins. One cannot help wondering if he cannot stand the notion of his broken promises about the Canberra Times site. One cannot help wondering if the final straw is the broken promise about Royal Canberra Hospital. Perhaps he can no longer stand being approached by the

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press on this issue. That is a very good question, and I hope that the media pursue Mr Donohue to find out the truth about his resignation from the Residents Rally. Is it that he can no longer stand the litany of broken promises? Does he wish to retain his own integrity?

As I said earlier, the Royal Canberra Hospital is an emotive issue that is important to people. All of us, when we are looking at our own homes or looking at our own personal budgets, realise that we have to live within our means. According to a number of academics and public servants to whom I have spoken, the ACT budget, unlike a Federal budget, has many similarities with a home budget. If you borrow too much you face the consequences. The Chief Minister mentioned this earlier and I strongly support his notion of not over-borrowing. However, if you want something special - if you decide that you do not want a Holden, you want a Fairlane - then you must be prepared to hold out, to change, to look for ways to raise the money in order to buy that something special. It is very clear that there are some things that are special to the people of Canberra. Among those special things are the Royal Canberra Hospital and the education system, both of which are under threat. When things like this are under threat, most importantly and significantly, morale breaks down.

The Minister for Health, Education and the Arts is a decisive person. I disagree with a lot of what he says, but at least he deals with matters decisively and follows his party's policies. He will find that he will have to handle low morale in the nursing profession and particularly low morale in the teaching profession - an area that I am more familiar with because many of my friends are in it. When you get low morale you lose input - teachers will stop taking work home. Members should just stand by a school gate in the morning or afternoon when the teachers come in and leave and have a look at the armfuls of books and papers that they take home to mark. You should talk to them about morale! Ask the teachers and the nurses what they are thinking about at the moment. Once you have that sort of low morale you do not get service delivery, you get just the opposite.

What we have seen from this Government is an attack on those areas instead of support. Instead of taking appropriate decisions about raising the money, this Government is looking for the weakest areas so that it can cut the money. That, of course, is the major problem in terms of the Royal Canberra Hospital. Many Canberrans were born in that hospital and there are many who have gone there to have their children, as we discussed this morning. The Royal Canberra Hospital offered a special sort of service in obstetrics to mothers. It is that sort of special service that is not offered at other hospitals which makes Royal Canberra a very special and important hospital to people. The Government must never underestimate just how important it is. It has cast the die with an almost complete lack of community consultation

and now it will have to answer for this at the next election.

Because it will take so long to implement the Alliance Government's principal hospital plan, at that point it will be possible to reinstate the Royal Canberra Hospital. That is the only saving grace - that after the next election it will be possible to reinstate that hospital as a community hospital of the same calibre as Calvary. I look forward to that time - when the Alliance is booted out of government, as it should be. It is a motley team of people who came in here on a no self-government basis and on the basis of a whole series of promises, not the least of which was the principle of open government. These people have just sold the electors of Canberra down the drain, and they will have to answer to the electorate for those things, thank goodness.

ADJOURNMENT

MR SPEAKER: Order! It being almost 4.30 pm, I propose the question:

That the Assembly do now adjourn.

Mr Collaery: I require the question to be put forthwith without debate.

Question resolved in the negative.

PUBLIC HEALTH SYSTEM Discussion of Matter of Public Importance

MR COLLAERY (Deputy Chief Minister), by leave: Thank you, Mr Speaker. I am indebted to the members for their courtesy. The motion is:

The failure of the Kaine-Collaery-Duby Government to ensure a strong, viable and accessible public health system.

But, conversely, one could ask: did the Follett-Whalan Government or the Federal Labor Government during their periods in office provide a strong, viable and accessible public health system? That is a question to which, I think, we all know the answer - at least so far as the Federal Labor Government is concerned. I will come to the previous local Government in a moment.

Over 10 years - at least 10 years - successive Federal governments failed to adequately maintain ACT hospitals. Those hospitals became weaker, less viable and increasingly less inaccessible to the people of the ACT. Following that, we had a situation that resulted in a local

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government here, the Follett-Whalan Government, attempting to make decisions on the basis of the Kearney report which came down in August 1989. I recall the comments made by Mr Berry at the time. They are in the Hansard of 24 August 1989 and, among other things, he said:

The Government recognises the need to decide the future directions for improving the ACT public hospital system quickly.

I stress the word "quickly". Despite that the Follett-Whalan Government procrastinated for months until it came up with a decision which, in effect, did away with all the research - it maintained three public hospitals in Canberra. I think everyone in town is of the opinion that we cannot afford three, but the then Government decided to take the easy way out and say that we would maintain three. That Government simply threw the ball back at the people and said, "Let's spend our money until we go bankrupt" - or something of that nature.

There was a very strong Canberra Times editorial on 9 November as a result. I do not propose to repeat its words; I thought it was a bit tough on Mr Berry, but it did talk about "irresponsibility" and "irresolution". Within three months of taking office, despite the Christmas break, the Alliance Government has taken the necessary decisions, the hard decisions. That is the quality of government, and that is something Mr Moore will never have the experience of - participating in government, making hard decisions and working very long hours to make those difficult decisions that are not directed solely at the electoral return that they may reap.

Certainly our Government is underwriting its re-election on the basis of the very sensible baling out of our finances that will result from this decision. The suggestion that there has been a lack of consultation is patently absurd. There is probably no better traversed issue in Canberra in recent years than the hospital issue, no more consulted issue and no more open, demonstrative issue. The fact is that we have taken a hard decision.

Cost is crucial in some matters of government, and clearly my colleagues have spoken already in relation to those matters. But certainly, as a government, we now have to face the long institutional path of putting our blueprint into action. As the leader of the Residents Rally, I am very pleased to say that not only have we delivered other policy matters but in this case we have delivered again. I read into the record the Residents Rally policy. It says:

The Royal Canberra Hospital will be retained under a Residents Rally administration.

This is not a Residents Rally administration; the Rally did not gain Government in its own right. But the Rally policy went on to say:

The advantages of the siting of the Royal Canberra Hospital in terms of rehabilitation and convalescence must not be lost in a narrow financial discussion.

And they were not, Mr Speaker. It was well and truly anticipated by the Rally that the Royal Canberra Hospital site was appropriate for the matters that we have decided it should be used for.

Mr Moore: You weasel!

MR COLLAERY: Of course no government is bound by immutable policy. Only those who have a sort of a ideological hang-up - - -

Mr Moore: Ideological again.

MR COLLAERY: Mr Speaker, I am being interrupted by the holier than thou speaker of an hour ago, who wants to bring back Mr Whalan.

MR SPEAKER: Please desist, Mr Moore.

MR COLLAERY: Certainly, the Residents Rally does not feel at all defensive on this issue.

Mr Moore: You should. Read the full health policy.

MR SPEAKER: Order! Mr Moore, please.

Mr Moore: Read the full health policy.

MR SPEAKER: Order, Mr Moore! If you interject again, I will warn you. I have had enough of you. Please proceed, Mr Collaery.

Mr Moore: Excuse me, Mr Speaker, was that actually a warning, or are you telling me that if I do it again you will warn me? I am just asking for a clarification. Have I or have I not been warned?

MR SPEAKER: You will be warned if you do it again. I am giving you two warnings, in effect.

MR COLLAERY: Mr Speaker, the strength of government is to take difficult decisions. Certainly, there will not be a premise on the Acton Peninsula known as the Royal Canberra Hospital. It will contain all the institutional elements that were discussed by the Rally and the Rally executive at the time that we realised there were difficult decisions to take. There is no embarrassment at all, and I can assure you, Mr Speaker, there has been no negative reaction to the Rally - two or three calls only on this issue. Secondly, I wish to correct another baseless suggestion that Mr Moore made. He referred to the resignation of Mr Donohue. Before the Government intimated or took this decision on

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the Royal Canberra Hospital, Mr Donohue indicated that, for his own reasons - and I will not go into them here - he would put his efforts elsewhere for the present time.

The medical profession, without exception, has agreed on a principal hospital, and I note that the Leader of the Opposition acknowledges that there is a good deal of common ground on this issue. What there is not common ground on is whether it is right and proper to try to whip up a few thousand extra votes in the north of Canberra on an emotive issue. I think that that is not proper, and I commend to the Opposition - - -

Mr Moore: That is democracy.

MR COLLAERY: Mr Speaker, that man is at it again.

MR SPEAKER: Please clam up, Mr Moore. Mr Collaery, please proceed.

MR COLLAERY: Mr Speaker, we are looking at a very full health system in the ACT, a holistic health system. It is the sort of system that was discussed in our own party rooms. It provides, among other things, a linkage with community health and a commitment to provide community service organisations with space on the site.

There was a suggestion by Mr Moore that the Royal Canberra Hospital site would be turned into something else. Perhaps he was implying an office block or something like that. How absurd. Our community options on that site are green and peaceful. Certainly, our public birthing central facilities provide needed options. Our blueprint for the ageing links other issues there to our overall approach in the health area. We have managed, through an enormous amount of hard work, to put this together.

There was one other suggestion made and that was that the Liberal Party always wanted to kill the residents' emotional connection to the Canberra Hospital site. Having watched, tested the evidence and put many public servants, many other advisers and the consultative processes to the test, I am convinced that Mr Humphries did not have preconceived ideas about use of the Acton peninsula. My impression is that he came to his present decisions as a result of the accumulated advice of all those parties that we ourselves are aware of.

Mr Moore: He spoke to the doctors.

MR SPEAKER: Order, Mr Moore!

MR COLLAERY: He took the only decision possible in the circumstances. I am very happy to be standing here saying that we are going to move into the twenty-first century at Woden with a technologically advanced hospital. We are going to see the Acton Peninsula site preserved. It will be preserved and nationally protected, consistent with the

purposes for which it has been set aside. Those purposes clearly identify the site for what we intend during our custodianship of it.

In many years to come - perhaps somewhere into the next century; say, around the year 2010 - there will still be a site there. If the community has the funds and if the population growth has gone the way that has been predicted, you never know what might happen - the Residents Rally might achieve its original objective. I commend the efforts of the Alliance Government to all people in Canberra.

MR SPEAKER: Order! The time for the discussion has expired.

COMMITTEES - MEMBERSHIP

MS FOLLETT (Leader of the Opposition), by leave: I move:

That:

- (1) Mr Wood be discharged from attending the Standing Committee on Public Accounts; the Standing Committee on Planning, Development and Infrastructure; the Standing Committee on Administration and Procedures; and the Standing Committee on Conservation, Heritage and Environment; and
- (2) the following Members be appointed to the following committees:
 - (a) Ms Follett: the Standing Committee on Public Accounts;
 - (b) Mr Whalan: the Standing Committee on Planning, Development and Infrastructure;
 - (c) Mr Whalan: the Standing Committee on Administration and Procedures;
 - (d) Mrs Grassby: the Standing Committee on Conservation, Heritage and Environment; and
 - (e) Mr Wood: the Standing Committee on Scrutiny of Bills and Subordinate Legislation.

I do not propose to speak to my motion, Mr Speaker, other than to say that it merely sets out the Labor Party membership of the committees and follows upon the report on committees that we discussed yesterday.

Question resolved in the affirmative.

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LEGAL AFFAIRS - STANDING COMMITTEE - MEMBERSHIP

MR SPEAKER: I have been notified in writing of the nominations of Mr Berry, Mrs Nolan and Mr Stefaniak to be members of the Standing Committee on Legal Affairs.

Motion (by **Mr Collaery**) agreed to:

That the members so nominated be appointed as members of the Standing Committee on Legal Affairs.

CONSERVATION, HERITAGE AND ENVIRONMENT - STANDING COMMITTEE - MEMBERSHIP

MR SPEAKER: I have been notified in writing of the nomination of Mr Moore to be a member of the Standing Committee on Conservation, Heritage and Environment.

MR COLLAERY (Deputy Chief Minister) (4.41): I move:

That the member so nominated be appointed as a member of the Standing Committee on Conservation, Heritage and Environment.

MR WOOD (4.42): I wish to make two comments only. First of all, we acknowledge the importance and the value of the committee system and at various times members have risen to express their appreciation of the work of the committee secretariats. On that basis, I think it is appropriate to acknowledge that Ms Karin Malmberg has now been appointed to the senior position in the committee office and I am sure members would join with me in congratulating her.

My second point is that it was with some regret that a moment ago I heard the Leader of Opposition move a motion to discharge me from a great number of committees. Serving on those committees was an experience I thoroughly enjoyed.

MR JENSEN (4.43): I think it is appropriate at this time to record the thanks of myself and other members of committees for the work done by Mr Wood on the committees from which he has just been discharged. On three of those standing committees, I have been quite happy and keen to have the assistance and advice of Mr Wood during that period. I thank him most sincerely for his efforts and I think he can probably take a well-earned rest for a short time.

Question resolved in the affirmative.

CREDIT (AMENDMENT) BILL 1990

Debate resumed from 22 March 1990, on motion by **Mr Collaery**:

That this Bill be agreed to in principle.

MS FOLLETT (Leader of the Opposition) (4.44): Mr Speaker, this Bill is fairly self-explanatory and I think it aims merely to correct an anomaly that has occurred over the operation of some credit unions in the ACT. There are a couple of points I would like to make and the first is that the Opposition supports this legislation and we have no great difficulty with it.

On a general point - and I do not wish to be churlish about this - the document that purports to be an explanatory memorandum in this case is somewhat misnamed. It is impossible to deduce from that document what this Bill is about. I really think that in the interests of open government and of making quite clear to everybody just what the Assembly is debating, there must be a way of writing explanatory memorandums, in particular, in plain English, and providing some sort of background to the matter that is being dealt with.

We are not unintelligent people in this Assembly, but the wording and the jargon that is used in that memorandum is something that, frankly, I cannot cope with. Without wishing to be overly critical, I hope that we might see some amendment to the drafting of the explanatory memorandums. I realise that the legislation itself has to be couched in legal jargon, even given everybody's goodwill towards plain English, but the explanatory memorandum is what most people go by when they are trying to work out what the law is about when it is being debated, and that tells you nothing.

As I have said, we do not oppose the Government's proposition here. It is merely attempting to remove retrospectively an anomaly with respect to the enforceability of cross-border loans which have been made by some ACT financial institutions. It is a common problem, I believe. But it does raise the issue more generally of the overhaul of the Credit Act that is being mooted by the Attorney-General and considered by the Standing Committee of Consumer Affairs Ministers.

I have spoken before on that Credit Act, but I would just like to draw the Assembly's attention again to what is being proposed there. Mr Collaery has been reported as supporting the proposed uniform credit legislation, and I would like to record that, like the Australian Consumers' Association, I would not support the legislation in its current form. I believe that it is the lowest common denominator as far as uniform credit legislation goes and I believe further that this approach is being adopted, or being forced upon the consumer affairs Ministers, by the Greiner Government.

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In debating credit amendments, I would like to say that that uniform credit legislation could do with another very hard look and I would encourage the Attorney-General, in particular, to take the matter up with the Australian Consumers Association, which has had a great deal of experience of this legislation and has very strong views about it. I would ask that Mr Collaery not settle for something that is less than the best. The ACT has lagged behind in a lot of consumer legislation areas. Now that we have self-government, we have an opportunity to review all of those areas, so let us go for the best. If that puts us out of step with the Greiner Government well, so be it. I am only too happy to be out of step with the Greiner Government. I would have thought Mr Collaery, at least up until about three months ago, might have been as well.

Mr Moore: He was.

MS FOLLETT: He was? Thank you; I thought he might have been. Just to conclude, I support the Government's current proposal, but I do want to draw attention to the uniform credit legislation that is proposed and to put on record and warn the Assembly that the ACT needs better than that. I guess I also wish to put Mr Collaery on notice that we will not accept the lowest common denominator there.

MR COLLAERY (Attorney-General) (4.49): I thank the Leader of the Opposition for her remarks and I undertake to convey her comments about the explanatory memorandum to legislative counsel. I guess lawyers do tend to use their own language. It is one of my ambitions to move towards clear English language legislation in this Territory. The Victorian Government, at huge cost, went a substantial part of the way in that regard in rewriting certain things.

That brings me to one of the Leader of the Opposition's remarks - the suggestion, which I realise was ideologically bent, that we are greinerising the uniform credit legislation. Let me assure the house that no State is bulldozing that. There have been substantial changes in the States' responses in this area of uniformity in recent months. In fact, the Victorian Government said that it would not have a bar of the draft uniform Bill, that it wanted to go its own way and bring in its clear English version. The debate has been concerned with the lawyerised issue about the style of legislation, not the ideology behind it. I refute the suggestion that the Greiner Government is in any way trying to barrel this thing through. But I do take the Leader of the Opposition's point that we must ensure that we have the uniform credit legislation that we want, and I undertake to ensure that we approach that issue on the best available advice, in full, continuing consultation with the relevant consumer groups.

I point out that consultations are being undertaken and in the short time that I have had responsibility for carriage of the matter, I am not aware of any suggestion that there

has been any rise in the role of the Greiner Government in this area. I feel that we can get uniform legislation through. There is a deal of temporising required. Current problems relate, if I could put that diplomatically, to an approach by the Victorian Government. It may well be that its approach is the right one. But be that as it may, there are difficulties in securing final passage of a draft Bill within the working parties at the moment.

Returning to the Credit (Amendment) Bill that is before the house, I point out that the need for the amendments to the Credit Act were recognised through consultation with and cooperation between industry and government. Although it had an extremely long gestation period, this Bill does present an example of government and industry successfully working together to tackle a problem. It would be fair of me to say that that problem arose both in industry and in government and related to the registration of credit providers in a way which was not consistent with the Act and which resulted in some possible invalidity or voidness about the nature of the registration. What we are doing, in effect, as the Leader of the Opposition said, is retrospectively validating those registrations of credit unions in the ACT.

Mr Speaker, the credit union movement itself fulfils a growing and important role in providing savings and lending services on an accessible and equitable basis. Of course, it is the ordinary consumers who make up the membership of credit unions. For this reason also the Government should move to protect those credit unions which are, at this stage - and, hopefully, not for many more minutes - vulnerable in a situation where credit agreements covering sums of money which may total more than \$100m are potentially and possibly voidable by the borrowers.

In the absence of any fraud or misrepresentation by the credit providers, those voiding actions would, of course, be immoral in themselves. Fortunately, we now have the Bill before the house and I am in a position to further explain to the house the need to correct the situation retrospectively so that persons who might be minded to get out of their borrowing responsibilities to the lenders cannot do so. A number of those lenders are departmental-type credit unions. They are not fly-by-night operators; they are entirely proper credit unions registered in the ACT and elsewhere. Now that I am in a position to indicate to the Assembly that a sum of great magnitude is at risk, as are, potentially, some of the societies involved, it is necessary that we move decisively now - in this sitting - to pass this Bill.

Question resolved in the affirmative.

Bill agreed to in principle.

Leave granted to dispense with the detail stage.

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Bill agreed to.

Assembly adjourned at 4.55 pm