SELECT COMMITTEE INTO ABORIGINAL HEALTH SERVICES IN WESTERN AUSTRALIA, APPOINTMENT

Motion

Resumed from 10 April on the following motion moved by Hon Derrick Tomlinson -

That a select committee of three members be appointed to inquire into and report on -

(1) The funding, management and provision of primary health services by the following Aboriginal health services in Western Australia -

Bega Garnbirringu Health Service;

Carnarvon Aboriginal Medical Service;

Derbarl Yerrigan Health Service;

East Kimberley Aboriginal Medical Service;

Geraldton Regional Aboriginal Medical Service;

Kimberley Aboriginal Medical Service Council;

Mawarnkarra Health Service;

Ngaanyatjarra Health Service;

Ngangganawili Aboriginal Health Service;

Nindilingarri Aboriginal Health Service;

Puntunkurnu Aboriginal Medical Service;

South West Aboriginal Medical Service; and

Wirraka Maya Aboriginal Health Service.

(2) In particular, the committee is to inquire into and report upon -

(a) the organisational and contractual relationships between the Aboriginal health services and the Department of Health;

(b) the adequacy of core funding provided from commonwealth and state sources for primary health services currently being delivered and required to meet future community needs;

(c) the effectiveness of the primary health services currently being delivered;

(d) whether there is duplication, overlap or unmet need in the delivery of primary health services;

(e) future directions for the delivery of primary health services to Aboriginal communities; and

(f) any further matters relating to Aboriginal health services arising from the inquiry.

(3) The committee have power to send for persons, papers and records and to travel from place to place.

(4) The committee report to the House not later than 26 September 2002 and if the House do then stand adjourned, the committee to deliver its report to the President who shall cause the same to be printed by authority of this order.

HON SIMON O'BRIEN (South Metropolitan) [11.09 am]: My comments will be fairly brief. They are motivated by matters that have been raised during debate. They cause me to reflect on what a pity it is that we do not have the benefit of the advice at this stage of Hon Mark Nevill, a former member of this House. I know that he would have taken an active interest in this motion, because I observed him over some years taking a very active and concerned interest in related matters. The Labor Party is probably the poorer because of the absence of Hon Mark Nevill from its ranks. He was one member who had a clear understanding of the resources sector in this State. He also had a very deep understanding of the issues that underlie the motion before us. If this select committee is formed, and I hope it is, it will be a pity that the services of Hon Mark Nevill, as a member, will not be available. He is the sort of person whose advice the committee should seek when conducting its inquiries. I notice that Hon Derrick Tomlinson is indicating strongly that this is most certainly the case and that

Hon Mark Nevill would have something to offer. I served with Hon Mark Nevill for four years on the Standing Committee on Estimates and Financial Operations, and during that time, under the leadership of the former member, the committee conducted inquiries into matters that touched heavily on the issues of Aboriginal health in particular, and welfare in general. Members may recall three reports on public health issues in the Kimberley region that related strongly to Aboriginal health issues. That is only the tip of the iceberg when it comes to Mark Nevill's concern about matters upon which this proposed select committee would seek to inquire. I have had no subsequent contact with Mark Nevill but I make these observations in the course of considering this motion to establish a select committee. I invite members, particularly those on the government side of the House, to consider their former colleague and the contribution that he always sought to make to promote benefits to Aboriginal people in Western Australia. Mark Nevill was most dedicated and concerned in trying to make sure that Aboriginal health services throughout the State worked as they should. We have already heard the Leader of the Opposition in this House voice a long-held frustration by many people of Western Australia; that is, that a colossal amount of money is put into Aboriginal health services and yet, as year succeeds year, and surely as night follows day, there is no great improvement in the lot of the health of Aborigines.

Hon Derrick Tomlinson: We have seen a deterioration.

Hon SIMON O'BRIEN: The interjection by Hon Derrick Tomlinson is accurate; we have seen a deterioration in that area. That is disgraceful and appalling, but fundamentally it is something that needs to be addressed. Hon Mark Nevill used to ask the same question that I will ask: what is being done about the situation that will have a positive effect? The only thing that I can see on the horizon is the proposal by Hon Derrick Tomlinson to set up a select committee to inquire into these matters. I am not aware of any other steps being taken to deal with the concerns as comprehensively as Hon Derrick Tomlinson seeks to address them. However, that is not the only reason that I see merit in the motion moved by him. The proposed select committee has been dismissed in the first instance during this debate by members opposite who have said that it is some sort of political stunt. In my assessment of the mover, having listened to his remarks and having regard to everything I and other members have observed in the mover's political career, this is not some sort of political stunt but a genuine attempt to try to progress the provision of health services to Aboriginal people in this State. In no way can I conceive any other motivation for the moving of this motion having regard to the character and the parliamentary profile of the mover. For those members who are contemplating opposing the establishment of this select committee and who might not feel as confident about their knowledge of the motivation behind the mover, I reassure them that Hon Derrick Tomlinson is sincere and committed - via this motion - to seek to further the interests of those who are meant to be served by Aboriginal health services. Questions need to be asked and matters need to be investigated to ensure that the wellbeing of the clients of Aboriginal health services are progressed and improved in the future. I cannot think of a better person for the job of chairing a select committee into these matters than Hon Derrick Tomlinson. His experience and commitment in this area should be recognised. More than that, a three-member committee is being advocated, not a single-person committee. The identity of the other two members is yet to be decided by the House if it agrees to set up this select committee. However, this committee will not contain three Liberal Party members; it will be chaired by Hon Derrick Tomlinson and will benefit from the participation of two other members. In the absence of any other vehicle to achieve the things that this proposed select committee seeks to achieve, in view of the concerns that have been raised by a number of members, particularly those who have been close to the activities and some of the controversies surrounding some of the Aboriginal health services, and having regard for the value of the service that is offered to us through this motion by the mover, I join Hon Tom Stephens in saying that Hon Derrick Tomlinson is a very competent, concerned and compassionate member. Bearing that in mind, I ask members who are contemplating opposing this motion to reconsider and think about what is really being proposed by Hon Derrick Tomlinson. If this select committee does not go ahead, those members should ask themselves what other mechanisms are in place to advance the cause of Aboriginal people generally and the clients of Aboriginal health services in particular. I congratulate Hon Derrick Tomlinson for proposing this select committee. I commend his proposal to the House and I will support the motion.

HON PETER FOSS (East Metropolitan) [11.18 am]: I also support this motion enthusiastically. One of the reasons I do so is as a result of my experiences as Minister for Health. I have some insight into some of the problems from my time -

Hon Ken Travers: We are going to hear his memoirs.

Hon PETER FOSS: Yes, members will be hearing my memoirs, and I advise the member to listen because, contrary to the belief expressed by some people that nothing has happened in this area, some things have been happening. Significant things happened even in the two years that I spent as Minister for Health. I will also point out to members the views held by the national summit of aboriginal people and ministers about what should be happening in this area. All of those things are worth listening to and it may help members to focus their views. When I became Minister for Health, there was one clear problem with the delivery of health

services to Aboriginal people - the Aboriginal medical services and the public health system were at odds. Not only was there no conversation or cooperation between them, but also there was outright dislike. I do not want to use the wrong word, but they did not get on with, understand or cooperate with one another. They did nothing together.

The majority of Aboriginal people went straight to the Aboriginal medical services for their primary health care. The Aboriginal medical services had the most remarkable amount of epidemiological information about Aboriginal people. Doctors employed by those services had taken the view that it was important to keep a full medical history of each Aboriginal person they saw and whom they tended to continue to see. Whereas other people might go to one doctor for one thing and another doctor for something else, the Aboriginal medical services saw Aboriginal people for all their primary health care needs. They had information on a whole population of Aboriginal people, often from birth through to the current day. Unfortunately, Aboriginal people attend medical services far more often than any other section of the community. The Aboriginal medical services had all that information about Aboriginal people, but they were totally at odds with the public health system. Neither system understood or cooperated with the other.

My first and most important role as Minister for Health was to try to get the two to cooperate. During the time I was minister, that did happen in a number of ways. A large number of the Aboriginal medical services were atrociously housed. I do not know how many members visited the former premises of the Perth Aboriginal Medical Service. It was housed in an old building into which the sewers continually overflowed. From time to time, those premises were filled with sewage. It was rather difficult to conduct a medical practice when the sewers were likely to overflow when it rained. The service is now housed in remarkably good premises.

Hon Kim Chance: It was a similar story in Kalgoorlie.

Hon PETER FOSS: The premises in Kalgoorlie were atrocious. The service operated out of old houses. They were no place to carry out medical care. The premises in Kalgoorlie are now brilliant. I am not sure what has happened in Kununurra, because I have not been back there. The service used to operate out of a couple of old Wowic vans. It was just impossible. I sincerely hope that the premises in Kununurra have improved, because they were absolutely dreadful. The premises in Broome were fine and in Geraldton they were okay.

Wiluna was another interesting region. The public health system had a very good health centre in Wiluna but no doctor. The Aboriginal medical service had no real premises but two doctors. There was something wrong with that. I contracted the Aboriginal medical service to provide the health service to all the people of Wiluna. It took over the nursing post and for the first time in years the people of that area, other than the Aboriginal people, had a doctor - they had two doctors. They had been struggling because the empty nursing post did not have a doctor to serve the local white population; however, two doctors served the Aboriginal population, but in atrocious conditions. I suggested that the problem could be solved by not only providing the doctors with premises from which to work, but also by giving them money, which I was sure they would be pleased to receive. The net result was that the community was delighted.

Hon Kim Chance interjected.

Hon PETER FOSS: That is another problem. That is a problem with the non-Aboriginal people of Geraldton. That has been alluded to by the Leader of the House. The only doctors who bulk-billed in Geraldton were those from the Geraldton Aboriginal Medical Service. Something will eventually have to happen in Geraldton, because there is a problem with the medical profession in that area.

Hon Kim Chance: A 10 per cent unemployment rate exacerbates the problem.

Hon PETER FOSS: It is dreadful. What used to happen was that non-Aboriginal people would go to the Geraldton Aboriginal Medical Service. It was the only way they could get properly looked after. A lot of people who were not even poor went to that service because they believed it was a better medical service. This is another example of a deal that was done by the previous Government. The previous Government made a deal with the Geraldton Aboriginal Medical Service to carry out public health services. Rather than paying everybody else to do it, the previous Government said it would pay the Geraldton Aboriginal Medical Service to provide those services. We did not mind that the service made a profit, because the Government was getting what it wanted. The Government was happy for the Geraldton Aboriginal Medical Service to provide the service for half the amount that it was going to be paid.

Hon Kim Chance: It was a very good arrangement.

Hon PETER FOSS: The previous Government did not fund the Geraldton Aboriginal Medical Service, which would have meant that it got just enough or less than it needed to provide the service, but paid for it. The Government asked the service for its contractual price to do the job, and was prepared to pay that amount. It was pleased for the Geraldton Aboriginal Medical Service to make a handsome profit out of that arrangement. The

previous Government told a number of Aboriginal medical services around Western Australia that it would pay them to deliver the service. I was pleased that they could make a profit out of it, because the money could then be used to deliver the service in an appropriate way.

The deal the previous Government came to in Perth, which I hope is still the case, was that it would pay the Perth Aboriginal Medical Service to provide epidemiological information to the Western Australian Research Institute for Child Health. The Government did not expect the service to hand the information to it. We knew about the distrust Aboriginal people have for Governments. If the information were handed to WARICH, it could work with that information to tell the Government what it needed to do to address Aboriginal health problems, instead of the Government using a crystal ball to try to work out what was wrong. Highly experienced epidemiologists at Princess Margaret Hospital for Children were anxious to get their hands on information such as that, so they could use that information to work out Aboriginal health problems and tell the Government what it needed to do. That information was used to drive public health policy, and the Perth Aboriginal Medical Service made money out of it. It needed money to get out of the sewer in which it was sitting.

At that time, the federal Labor Government had abandoned Aboriginal medical services. I have not followed where all the money has come from for all the new Aboriginal medical centres; however, I suspect that quite a bit of the funding came from the federal Liberal Government. I am pleased that we have, to some extent, stirred the conscience of the federal Government to provide help to Aboriginal medical services.

Some things needed to be done straightaway. The most important thing that needed to be done was that a message had to be delivered to the public health system to deliver primary care through Aboriginal medical services, and to get on with the Aboriginal medical services. Kalgoorlie is a classic example. The previous Government received constant complaints about Aboriginal people who used the public health system in Kalgoorlie. Aboriginal people were not made welcome. People at the hospital made constant complaints about the dirty practices of desert Aboriginals who came into the hospital. The previous Government said that that was not good enough and told the public health system that it had to make Aboriginal people feel welcome. The construction of an outside waiting area was the first thing that was done to make Aboriginal people feel welcome at the hospital. Aboriginal people do not like waiting inside buildings. If they are going to wait anywhere, it must feel like something that they are used to. A large area was constructed next to the entrance of the hospital. It was decorated with Aboriginal paintings and set up by Aboriginal people, so that when Aboriginal people came to the hospital, there was a place where they would feel welcome. Suddenly the problem disappeared. There was no more hate between the two sides about whether or not the Aboriginal people were allowed in the hospital, and the hospital started to pride itself on its capacity to be culturally sensitive to its Aboriginal patients; and it had a huge number of them. The big problem was that they were not talking to each other, and that was because the cultural barriers were right up, and nobody was making any attempt to bring them down.

The previous Government also took over a house in Kalgoorlie for young Aboriginal women who were pregnant. Again, we did that in conjunction with Princess Margaret Hospital for Children and the Western Australian Research Institute for Child Health. One of the biggest problems was that Aboriginal women were not turning up at the hospital until they were about to deliver, or after they had delivered and got into problems. They were receiving no antenatal care. Therefore, the previous Government set up a system that encouraged those women to go into the hospital from the beginning. In fact, another thing that they were always encouraged to do was to use some contraceptives, because one of the big problems was that 12 and 13-year-old girls were getting pregnant. If a female had a child at 13, it became difficult to get out of the cycle in which Aboriginal people found themselves. Again, it was a matter of setting up a system that was a link between Aboriginal people and the health system.

They are just a few of the things that the previous Government did. When do results from those things start to appear? I can tell the House that results do not appear the next day. However, the important thing was the need to break down the fight between the public health system and the Aboriginal health system. The functioning of Aboriginal medical services must be at the leading edge of any attempt to deal with Aboriginal health problems.

The previous Government conducted a survey of Aboriginal health. Members do not need me to tell them what they can probably all guess; that is, that Aboriginal health is absolutely atrocious. Aboriginal women are 40 times more likely to contract diabetes than non-Aboriginal women. I hope members heard that - not four but forty times more likely. Aboriginal people's life expectancy is up to 20 years less than that of non-Aboriginal people.

When we got that Aboriginal health survey, it seemed for a short time that some good news was on the horizon, because the best health result was in the Kimberley. I was immediately interested to know why, of all the Aboriginal people, the health of those in the Kimberley was significantly better than, for instance, that of those in the eastern goldfields, which was the worst. Unfortunately, the news was not good. The fact is that Aboriginal people have a poor health status because of their living status. Their living status leads to their health status.

The only reason that the Kimberley had a better result was that the effect of western living and lifestyle on the Kimberley people occurred later than the effect on everybody else. All it meant was wait and see, because the Kimberley health figures would get just as bad, if not worse, than everybody else's. In fact, I understand that is exactly what has happened. The Kimberley has now caught up with the rest of Western Australia. It is to do with lifestyle, poor diet, substance abuse and poor sanitary surroundings - all the things that go with poverty, lack of education and lack of jobs.

That takes me to the summit. When the federal Government came into power, it called a summit on the Royal Commission into Aboriginal Deaths in Custody. That was a summit of all the Attorneys General and also some health and Aboriginal affairs ministers, plus representatives of Aboriginal people. It met in Canberra and issued a communiqué. The fascinating thing about the communiqué is that it said very little about the justice system. It said that it is not a matter of merely addressing the justice system, because the real problem is the high involvement of Aboriginals in the justice system. Why are they there in the first place?

When I became Minister for Justice and Attorney General, this became quite clear. When I was handling health, I thought that I was handling the health problem of Aboriginals. One of their health problems was that occasionally people in the family would go off to jail. Therefore, a sort of by-product of the health problem was the justice problem. When I became Minister for Justice, I found that it was exactly the same people and the same problem, because there are not separate problems - a health, justice, education and employment problem, or a problem of housing; there is one problem only: lifestyle. The problem I had when I became Minister for Justice was that I ended up with the failures of all the other systems. If they are in justice, it is because health, education, training and employment have all failed.

More Aboriginals are in jail because more Aboriginals commit crimes; it is not because Aboriginal people are more criminal. In fact, in many ways Aboriginal people, in their natural character, are less criminal. They are among the most forgiving and benign people I have ever come across. Once they are in jail, they are model prisoners - cooperative and pleasant. They are normally in jail because of alcohol. Why are they in jail because of alcohol? Often, unfortunately, it is because they have assaulted, murdered or raped another Aboriginal. The call to stop Aboriginals being put in jail must be considered in the context of the victims of Aboriginal crime, who all too often are other Aboriginals. The real solution is the one that was raised at the summit on Aboriginal deaths in custody. The underlying causes for Aboriginal people being over-represented in the justice system must be addressed. The reason is that they have been placed in the poorest section of our society. Some of the things we have done to Aboriginal people have been done with the best of intentions - not all of them, because we have done some pretty terrible things to Aboriginal people with the worst of intentions. However, all too often, we have done things with the best of intentions. We just have not thought them through very well. Those people are caught in a cycle whereby they grow up in filthy conditions, with little opportunity of ever getting out of them; without food, education and employment; and a poor health status; and we wonder why they take to drink and commit crimes? Who would not under those circumstances?

When it came to solving the problems as health minister, I found that one problem was how to improve people's health status if they did not have a job or a house. How can a person's job status be improved if he or she does not have an education? It became clear that there was no point in just doing one thing; all the problems had to be tackled at the same time. This was made the subject of an inquiry by the previous Government very early on. The inquiry was carried out by the current Director General of the Department of Health. It was not so much a matter of going out and learning new things to do; it was more a matter of drawing together what everyone had known as a result of umpteen previous inquiries and attempting to put it into action. Until there is some movement on all fronts, there will be no substantial differences.

Some difference can be made in little things. As mentioned by Hon Norman Moore, Hon Kim Hames' idea of swimming pools and bitumen roads was fantastic. One of the reasons Aboriginal children have such poor health is that they spend the early years of their lives suffering infections of the ear, nose and throat. They miss school as a result, and they cannot hear properly if they do go to school, and that impacts on their whole life. Mothers can be told to keep their houses clean, give the children clean clothes and make sure they wash every day to stop all these things from happening. However, how can a house be kept clean when every time a vehicle passes the front door, fine red dust enters the house and coats everything? People who have lived in such circumstances will know that it is impossible. I wear contact lenses, and I have a farm. I would go to the farm with my family, before we had anywhere to live up there, and we would be covered in fine grey dust. I would wash my hands three times in warm water, with lots of soap, but I could never put my contact lenses in because I could not get rid of the dust. Can members imagine Aboriginals trying to keep their houses, their children and themselves clean given this constant coating of dust? Hon Kim Hames, a doctor, came up with the remarkably simple idea of coating the roads with bitumen. It would have to be done only in the towns and would not require a large amount of bitumen. Once the roads had been coated, grass could be planted, which would also keep the dust down. Then a swimming pool would be provided, to which the children could go only after they had attended

school. This would do all the rest. This solution does not require any cooperation or lecturing from government officials telling the people what to do. If a gold medal was to be awarded to any minister for a simple measure that has had the most profound effect on Aboriginal health status, it would be awarded to Hon Kim Hames. He did a brilliant job, with a very simple and effective measure. I remember the Halls Creek doctor coming to see me and asking for a swimming pool. Although the town was not on top of the recreational sporting fund list, he thought it should be moved up because it had a valid claim. The Government did move Halls Creek up the list, because it was not just a matter of sport and recreation; it was a matter of public health.

The second thing that is important is to obtain the cooperation of Aboriginal people. How many times have brilliant white people come along and told Aboriginal people that they know what is right for them and what they would do for them? Aboriginal people are fed up with people telling them what they will do. They do not believe it, for good reason. While I am talking about the distrust of government officials by Aboriginal people, I will refer to a funding problem facing some Aboriginal medical services. The Kununurra Aboriginal medical service informed me that it had three times as many people on its books as the census showed. The excess numbers were mainly children. The funding was based on census and Aboriginality. The census shows the Aboriginal population for the Kimberley going down, while that in New South Wales is increasing, so money is being taken from Western Australia and sent to New South Wales. The Kununurra AMS had worked out why this was happening, and it related to the conduct of the census. Many Aboriginal people in the Kimberley do not speak English and live in Homeswest accommodation. When someone comes to the door, says that they are from the Government and asks how many people are living in the house, will the occupants answer that 16 people are living in a house, when three or four people are meant to be living there? When the occupants are asked how many children they have, they remember what happened last time they were asked how many children they had - the children were taken away. A culturally insensitive census does not work. Anyone who goes to the front door of an Aboriginal house in the Kimberley, says that he is from the Government and then asks how many adults and children are in the house should not expect to get the truth. There is no way a census will find out how many Aboriginals are in the Kimberley, and particularly how many children there are. It could be said that times have changed, and children are not removed any more, but Aboriginal memories are long. The Kununurra AMS was quite definite that the numbers it had did not result from double counting or mixing up names. The service knew how many people it had and that it was being under-funded as a result of this problem with the census.

Aboriginal people will not deal with mainstream health institutions; they will deal with Aboriginal medical services. To tackle this problem holistically, the summit decided that the best approach was to solve the underlying problems in a partnership between Aboriginals and government at every level. Wherever possible, the services should be delivered by Aboriginal people. The services required, and the plan by which they are delivered, should be drawn up and agreed to by Aboriginal people. This should happen at every level, from the federal Government right down to the neighbourhood. Everyone must be committed to making it work. It is hard to get these things to happen. The previous Government instituted a program called the Aboriginal cyclic offending program in an attempt to address the offending cycle in which Aboriginal people find themselves. The Government understood that, unless Aboriginal people made the plan, there would be no commitment to its being carried out. It had to be delivered, believed in and led by Aboriginal people.

It also required cooperation. Health issues cannot be dealt with in isolation from housing, education, training and employment. All these areas must be dealt with in a cooperative manner. That means cooperation between government departments, which is one of the hardest things in the world to achieve. Members would be amazed at the capacity of government departments to stand behind the palisades and refuse to have anything to do with each other. Some go so far as to argue that they cannot put their money in with that of another department, because Parliament has not allowed them to. They said that Parliament gave this money to a department and it could not possibly be put into another department. The Financial Administration and Audit Act would have to be the best excuse for non-cooperation I have ever come across. We had an agreement between the ministers and the chief executive officers that we would cooperate, and we all trotted down to where the agreement was being signed and said, "Right, you signed that you will cooperate too." We managed to get cooperation between government departments. The big problem we had not taken into account was that Aboriginal people had for so long been cut out of the planning process that they did not know how to plan. We assumed they would know about the formal process of getting everybody together and putting in a plan. That was a typical attitude of a failure to understand. The biggest single problem we had was people from a European background having no idea what it was to be an Aboriginal. A mistake could have been made simply because it did not occur to somebody. For instance, in Geraldton it took nearly two years to work out the difference. It was a very worthwhile exercise. A lot of people had given up and would not have bothered with it any more. A workshop was established for Aboriginal people about how a plan is made. That is a very western concept, and it is pretty difficult to do.

The important thing is that Aboriginal people were prepared to put their political differences aside. We all know that political differences among Aboriginal people can be pretty tough, nasty and vicious. The Aboriginal people were persuaded to put those differences to one side. Admittedly, they surfaced again at various times, but, generally speaking, people who were political rivals within the Aboriginal community were prepared for the purposes of this exercise to forget all their problems; they said that this was their chance to make this work and to make it happen on a cooperative basis. Merely doing that is a start; the fact that people are prepared to agree, have some say in what will be done and have some ownership of it is a pretty good start. That in itself is important for the health status of Aboriginal people. It means we are handing back one of the most important things that we have taken from Aboriginal people; that is, self-determination.

The interesting thing about Mabo that people have missed is that it was not about land; it was about law. As Attorney General, I presented a reference to the Law Reform Commission to look at Aboriginal law generally, because one of the problems Aboriginal people had was to work out how they could run their own society when we had taken every means of control away from them. The complaint I received from the Aboriginal people at Halls Creek, for example, was that the Balgo boys would come into town and break the place up. They wanted to be able to do something about it. This was their land and they felt they should be able to tell those Balgo boys to get out of the place or they would be in trouble. They said that because Halls Creek is a town, they could do nothing. They said that if we went up to Balgo, the locals could tell them to behave themselves, but if the Balgo boys came down to Halls Creek, they could not tell them to behave, even though it was their land. We have deprived the Aboriginal people of the capacity to do anything about their own people. Measures have been taken to try to address that issue - with patrols and so forth - but that is dependent on some sort of handout of power from us. The Aboriginal Communities Act has to some extent tried to address that lack of balance, but it is important that we come up with a system that is holistic and integrated and gives power to Aboriginal people.

The summit that took place in Canberra was a very important progression towards recognising what needs to be done. I do not believe it has been as thoroughly seized by State Governments as it should have been. This State has an Aboriginal justice plan that deals not only with justice but also with all aspects of what is needed to prevent Aboriginal people being involved in justice matters. That is the only plan anywhere in Australia that was written by Aboriginal people and not by a Government; it actually came out of the Aboriginal Justice Council and not the Department of Justice. A lovely plan from Victoria was suddenly spirited up, but the Aboriginal people said that they were not even asked about it. The Western Australian plan was actually written by Aboriginal people. When it was presented to the Government, we found that it contained a few tough issues about which perhaps we did not like to admit we had been a bit lax. That is to be expected if a plan has come from people who have been the subject of these problems.

The time has come to look again at this whole question of Aboriginal health. I am concerned about the federal funding - I raised the point about Kununurra - because there is a real problem when New South Wales Aboriginals decide that it is worthwhile becoming Aboriginal and the numbers go up in New South Wales. The under-counting in Western Australia is a problem, because Aboriginal people are still living with many of their traditional values and are missing out on funding because of the lack of numbers being recorded in the census. That is important. We must look at whether there is continuing cooperation between public and Aboriginal medical service health. I know cooperation was there when I was Minister for Health; I am not sure that it remains. We must recognise the Aboriginal medical services as the primary health deliverers, but they cannot do it without the support of public health authorities; nor can public health authorities deliver health to Aboriginal people without the involvement of Aboriginal medical services. Aboriginal medical services are absolutely critical, because they will be the only places that are attended and trusted by Aboriginal people.

The next matter I mention - and I hope Hon Ken Travers will forgive me - is the changing of the health districts. Large numbers of Aboriginal people, people who are still living in a reasonably close manner to their original cultural method, live out in the eastern part of our State. They go to four different health districts. Any achievements they made in negotiating with public health authorities had to be negotiated and implemented four times. I made the change to establish a new health district based on Aboriginal language boundaries. It was probably the first mainstream government boundary based on Aboriginal language boundaries. It was created because the Aboriginals travelled around the areas that were within their own language area and they did not leave the same health district. What was arranged there applied right throughout the district.

We also must see to what extent government services are tailored to Aboriginal needs. We must see whether we have made those services fit into our towns and cities, shires and local government areas and all the nice little boundaries that we have drawn on the map, such as Kent, East Midland, Plantagenet and York. These names and boundaries have a lot of relevance to Aboriginal people! We must check whether we are administering government services properly or whether we are giving Aboriginal people another hurdle to leap to be properly serviced by medical services. We need to cooperate with AMSs, because they have the capacity to deliver many

other services. When we realise that we cannot fix a person's health until we have fixed his housing, and we cannot give a person a job until we have given him an education, we realise that we need to take a more holistic approach. The Aboriginal cyclical offending program used the Geraldton Aboriginal Medical Service to coordinate and deliver the services in that area, because that was one of the organisations that had a far reach to everyone in that Aboriginal community.

This is a matter of serious concern. Hon Derrick Tomlinson has shown his credentials, particularly when he was asked by former minister Kierath to examine the situation with regard to mental health, and he will be an ideal person to not only pull together the existing developments but also come up with something new. I do not care how many inquiries have been conducted in the past. Things have changed, and things are happening that have not happened before. We need to review where we are at and whether we have learnt any lessons. It is clear that some people have learnt no lessons at all. I suppose there will always be people like that. I do not believe the task of this Parliament has ended. It will not end until the health status of Aboriginal people is equal to the health status of everybody else in the community. However, that will not happen until the socioeconomic status of Aboriginal people is equal to the socioeconomic status of everybody else in the community. That will not happen tomorrow, and it will not happen in 20 years or 40 years. However, we must try to achieve that, and we must try to keep an open mind. We must never say it is too hard and it is not worth bothering. We must never say we have looked at the problem but cannot find an answer. Until we find an answer, we must keep looking and keep trying.

I am absolutely disgusted by the pat answers that have been given on why we should not do anything. It is not good enough. It is not good enough for anyone in this Chamber to say that because we happen to have a nice cosy socioeconomic status, everything is fine. We may have that, but others do not. If government members think that they can tell any of these Aboriginal medical services that we do not need to try to understand their position and we do not need to try to provide some framework to enable them to be successful, then they have never thought deeply about it. I suggest that the people who make such statements have never gone to an Aboriginal medical service and talked to the people about their problems. During my time in both the health and justice portfolios, I did that constantly. If ever I had something to feel proud of, it is that after I had visited those Aboriginal communities, the person in charge said, "Thank you very much. Our community has done better under your Government than under all the Governments that have gone before." Sure, they had a lot of room for improvement, but I am proud of the fact that they were able to say that. However, there is still a long way to go.

HON DERRICK TOMLINSON (East Metropolitan) [12.03 pm]: I thank those who have spoken in support of the motion. I particularly thank Hon Tom Stephens for, as he put it, singing my praises. I say to Hon Tom Stephens, "I love you too." However, the advantage of my being able to say that is that I will suffer no electoral consequences whatsoever, because I have already made public that it is not my intention to seek re-endorsement or re-election to this place; therefore, I can be honest and say what I like without fearing that I will upset my backers. Unfortunately, I think Hon Tom Stephens has killed his political career forever by making those kind comments about me.

I acknowledge the point made by Hon Peter Foss and Hon Paddy Embry that if we are to advance the standing of Aboriginal people in the Western Australian and Australian community, we must take a holistic approach to the many dimensions of disadvantage suffered by those people. In some respects, the disadvantage that they suffer is an abstract that can be changed only by a monumental shift in community attitudes. In terms of the material things by which we measure socioeconomic status, the advancement of Aboriginal people cannot be achieved by tackling one thing alone. Hon Peter Foss and Hon Paddy Embry made the point, and I think I made the point also in introducing this debate, that we cannot educate children who are undernourished, suffer endemic ear, nose and throat infections, suffer every known form of parasitic infection, come to school hungry and tired, and do not have adequate housing.

Hon Peter Foss: Cannot see and cannot hear.

Hon DERRICK TOMLINSON: Yes. We cannot do anything about the health of Aboriginal people until they have adequate housing, clean water and hygienic living conditions. We cannot do anything about the employment of Aboriginal people until we do something about their education. However, we cannot do anything about their education until we do something about their health and nutrition, and we cannot do anything about their health and nutrition until we do something about their housing. That is the cycle that has to be broken. It would be ideal, as Hon Peter Foss suggested, if we could have a cross-departmental approach. Regrettably, because of all sorts of organisational jealousies, a cross-departmental approach is nigh on impossible. However, at some point we need to make a decision that we will at least try to break the cycle. The problem of Aboriginal health is identified and well-known. Let us try to break the cycle there. In that respect, I thank both Hon Paddy Embry and Hon Peter Foss for reinforcing the point that I made.

The Government and the Greens (WA) oppose the proposition of a select committee. Hon Tom Stephens, the Minister for Housing and Works, said that a select committee of this House is not the way to go to improve the health of Aboriginal persons. I am willing to accept that there is an argument to support that proposition. I waited for Hon Tom Stephens to give the argument, but he did not. He said that and sat down. I have always been willing to listen to an argument, but presenting a proposition without a supporting argument does not leave me a great deal to defend. The establishment of a select committee may not be the way to go and it is possible that a select committee may not achieve what I hope it will achieve.

Debate interrupted, pursuant to standing orders.