

**SELECT COMMITTEE INTO ABORIGINAL HEALTH SERVICES IN WESTERN AUSTRALIA,
APPOINTMENT**

Motion

Resumed from 13 March 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 Garberringu 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 DERRICK TOMLINSON (East Metropolitan) [11.05 am]: The Notice Paper refers to the resumption of my introductory remarks. I will take a few minutes to conclude my introductory remarks before moving to the substance of my argument.

The PRESIDENT: I obviously moved too quickly in thinking that your remarks yesterday were the introductory remarks and that you were now onto the substantive remarks. I stand corrected.

Hon DERRICK TOMLINSON: You are corrected, Mr President. I am merely introducing my argument. When I completed yesterday's introductory remarks, one of my colleagues told me that he would support my motion but he disagreed with my reasons. That is acceptable. I do not want the member to agree with me; I want him to recognise that a problem exists that is worthy of investigation. I have given my reasons for supporting an investigation. Other members may have different reasons and arguments; that is what this place is about. I am

simply advancing the proposition that there is a problem worthy of investigation, and providing my perception of the issue.

One of the matters I raised yesterday was the apparent distortion of priorities. I explained why I thought there might be a distortion of priorities in the conceptualisation and translation of the needs and priorities between the central Government, the State Government and the service providers. As an indication of that apparent distortion of priorities, I refer to the report entitled "Purchasing Intentions for Aboriginal Health 1999-2002", which was published by the Office of Aboriginal Health in April 1999.

Yesterday I argued that self-determination and community participation were desirable in the provision of Aboriginal health services, particularly preventive Aboriginal health services. I also indicated that public policy at both commonwealth and state levels was for self-determination, particularly in the preventive aspects of health in indigenous communities. The report identifies the following priority on page 12 -

Program: 1.2 Community Participation and Control

Rationale

Health services will better meet the needs of Aboriginal people, in a more culturally safe manner, when Aboriginal communities participate in and influence more of the management and delivery of health services. Increased community participation and control also increases Aboriginal ownership of programs, plans and reports and strengthens their appropriateness and effectiveness in addressing Aboriginal priorities and issues.

The rationale for that program is then translated into subsets. Reference to the Western Australian Aboriginal Community Controlled Health Organisation and the description of the strategy are found on page 13 of the report. I quote as follows -

Promote Aboriginal community-controlled health organisations' involvement in State and regional health advancement efforts by facilitating the organisation and representation of Aboriginal views through a formal organisational body.

The report then refers to another project and reads -

Healthy homes, Healthy families . . . The project aims to skill Aboriginal women in the areas of parenting, basic home care, personal hygiene and nutrition. A first aid training component is included.

The intention is to direct the management of services to the communities themselves. Some people might argue that Aboriginal communities are incapable of managing themselves. I disagree. They will make mistakes, because when they have not had the opportunity for self-management, they will learn by trial and error. Of course a cost will be attached to those mistakes. I refer to the history of the reunification and the democratisation of Germany. The President knows that the first federal Parliament of the German Empire failed in the 1870s. Why did it fail? It failed because it had no previous experience of democracy. Let us translate that global, or historical, experience to Aboriginal communities. Of course they will make mistakes, and they will not learn unless they do so. That is the stated intention of the Office of Aboriginal Health. However, is there a distortion of priorities?

On 28 September 2001 I asked a question on notice during the Estimates Committee about whether the then Aboriginal Affairs Department, now the Department of Indigenous Affairs, had purchased health services from Aboriginal Health Services in 2000-01; and, if so, what services were purchased and what amounts were paid. The answer referred to the following allocations of moneys: Bega Garberringu Health Service, \$1.2 million; Carnarvon Aboriginal Medical Service, \$57 500; Derbarl Yerrigan Health Service, \$3 million; East Kimberley Aboriginal Medical Service, \$10 000; Geraldton Regional Aboriginal Medical Service, \$379 000; Kimberley Aboriginal Medical Service Council, \$171 000; Mawarnkarra Health Service, \$367 000; and Ngaanyatjarra Health Service, \$1.9 million -

Hon Ljiljanna Ravlich: Most of that is funded by the commonwealth though.

Hon DERRICK TOMLINSON: Of course it is commonwealth-funded, but it is directed, as I explained yesterday, through the State to the communities. The allocation of those commonwealth funds is decided according to the priorities of the State Government. However, the funds are directed to programs that are centrally devised and prioritised through the Australian Department of Health and Ageing. There seems to be a discrepancy between needs in remote communities and resource allocation in major urban and regional communities such as Geraldton and Derbarl Yerrigan in Perth.

I perceive a distortion. If there is a distortion, why does it occur, and are there unmet needs? Is there an allocation of services to needs that are not real and urgent as identified by the local community but rather are needs that have been identified by someone remote from the community? If there are unmet needs, do they need

the allocation of additional resources or a different prioritising of existing resources? It appears that there are adequate resources, but there may be a misdirection of those resources.

I will now recapitulate my introduction. I introduced statistical information that indicates unacceptably poor levels of health, or unacceptably poor levels of wellness, among the indigenous population. My second point was that the same data demonstrated that the major reported health problems, particularly those requiring hospitalisation and resulting in death, related to preventable diseases. High among those diseases were diabetes and renal disease, but also other preventable diseases such as salmonella, venereal disease, self-harm and mental illness, which are directly attributable to societal causes. Using that data I demonstrated that the per capita cost of health treatment for indigenous persons is disproportionately high compared with the cost for the general population, but is comparable with that for other non-indigenous disadvantaged groups in our society. I presented the argument that in spite of this apparently high cost of health treatment, many Aboriginal communities, particularly in remote areas, do not have access to health services. In the mainstream communities such as in the metropolitan areas of capital cities, few indigenous people use private health services. Government agencies are the major providers of health services for indigenous people, even for the urban dwellers. I demonstrated that multiple agencies are involved in the delivery of health services for the indigenous population. I referred to the Australian Department of Health and Ageing, the state Department of Health and its Office of Aboriginal Health, and also the Aboriginal and Torres Strait Islander Commission and the service delivery by the numerous indigenous community-based and managed Aboriginal health services. My next point was that there is an apparent dissonance between the financial resources allocated for Aboriginal health and the demonstrably high incidence of preventable disease among indigenous people. That apparent dissonance suggests that there may be a distortion of priorities and, therefore, possibly unmet needs. That distortion may be related to the translation of programs between the federal and State Governments, or between and within the non-government agencies such as ATSIC and the Aboriginal health services.

My introductory comments and my argument are based upon personal observation and experience. Given that, I would be stupid not to accept that there is a personal bias in what I have said. That being the case, I want the House to accept that there are many unanswered questions. If there are questions about accountability and self-determination versus centrally created and controlled priorities, and if there are too many other unanswered questions, I want the House to accept that there are sound reasons for a select committee to look into these issues and to find answers and make recommendations for future directions.

Hon Ljiljanna Ravlich: Why did you not take up this opportunity during the past eight years? That seems to be a reasonable question, given that you had the numbers to do it. Why choose now?

Hon DERRICK TOMLINSON: Quite simply because one of the tasks I was asked to take on in opposition was to be spokesperson for indigenous affairs, and I have taken that job seriously. I have sat down and read, I have met and talked with people, and matters have been brought to my attention of which I was ignorant. I admit my ignorance and that, as a result of my ignorance, I did not act. However, in the past 12 months, these matters have been brought to my attention because I have read and immersed myself in the portfolio. I have related those -

Hon Ljiljanna Ravlich interjected.

Hon DERRICK TOMLINSON: The member asked the question and now does not want me to answer it. If the member asks a question to which she knows the answer, she should not ask it. That is one of the wise things that Aboriginal people in this country know; they do not ask questions to which they know the answer. If the member does not know the answer, she should listen and I will give her the answer.

Hon Ljiljanna Ravlich: Fancy taking an interest only in the past 12 months! What a disgrace!

Hon DERRICK TOMLINSON: I accept the criticism.

Hon Ljiljanna Ravlich: I rest my case!

The PRESIDENT: Order, members! I am exceedingly pleased that the interjector has decided to rest her case. We will rely on her assurance in that regard.

Hon DERRICK TOMLINSON: In the eight years that the member was in opposition - she has the awareness that has only just come to me - why did she not act?

Hon Ljiljanna Ravlich: Last year I was involved in an inquiry conducted by Hon Mark Nevill which looked at Aboriginal health in the Kimberley. I have been involved and I take an active interest. I rest my case again!

Hon DERRICK TOMLINSON: Good! Now the member will explain why we should support the appointment of this select committee.

Hon Ljiljanna Ravlich: Or precisely why not, because we have already had one committee inquiry. I rest my case a third time!

Hon DERRICK TOMLINSON: The longer the member rests her case, the longer it will broaden. I have moved and argued for a select committee of three persons. I hope that a select committee of three persons will become a bipartisan committee, as has been the case with all the select committees of this Parliament with which I have been involved. Members have their personal opinions, and they have their private and collective philosophies. However, members on select committees work in a bipartisan manner. I have suggested in my motion that the committee focus on resource allocation and service delivery issues. I have suggested that the committee have the power to travel, but I do not anticipate that a solution to this problem will be found outside the boundaries of Western Australia. The reason I have suggested that the committee travel is that it has been my experience that if we want to understand the problem of service delivery in remote communities, we must visit those communities and ask those people what the problem is. For that reason and that reason only I have recommended that the committee travel. There is nothing in the motion that indicates an intention that the committee use this as an opportunity for a junket through Canada, the United States or any other comparable jurisdiction. I shall leave that to other opportunities. I commend the motion to the House.

HON FRANK HOUGH (Agricultural) [11.24 am]: I concur with Hon Derrick Tomlinson on the need for a select committee to be appointed. A select committee is needed, but I do not know whether it should comprise three, four or five members.

Many of the core problems of this issue seem to be overlooked a lot of the time. As Hon Derrick Tomlinson said, he became involved with this issue only in the past 12 months. I have been involved with it since I was a kid. I grew up with Aboriginal people, many of whom are still friends of mine. I am involved with a couple of indigenous groups now. It gives me great pleasure to announce that Peter David, who is a member of One Nation, has just been appointed as the chief executive officer of the Metropolitan Nyoongar Circle of Elders. Peter rang me a little while ago and we spoke about these problems. Finances are given to indigenous groups, and that is where the problems start. I could probably quote Mark Smith, whom I mentioned in an earlier speech on the stolen generation. He is a very sharp character and there is not too much that he does not know. He is a caring person and has been very successful in his business as a truck contractor. He says that the funding is right but it is being allocated wrongly.

A group of us, including Robin Yarran, Rob Isaacs, Mark Smith and me, discussed the situation of the Derbarl Yerrigan Health Service. Those people asked how a group of indigenous people, who probably have a year 7 standard education, can allocate millions of dollars of funding. Those people must be taught not how to correct the problems of health, but how to correct management within their groups. They are as embarrassed about the funding as many other people. Mark Smith said that indigenous people were getting all this money but his people were still living in tin sheds in Midland. He asked where the millions of dollars were going. The Arthur Andersen report on the Derbarl Yerrigan situation is a prime example of that. The money disappeared and we were told that it was badly mismanaged. The figure started at \$3.2 million, but the last I heard it was \$3.8 million. The biggest issue is that it is an indigenous problem. Another prime example is the Nyoongah group in Murray-Wellington, which recently received \$80 000 to do up a park. The money is not there. One of the members of the Nyoongah group came to my office the other day and told me that the money is now at the white place on the river. As we all know, that white place on the river is the Burswood Resort Casino. I am not a great patron of the casino. If we question these people, we risk being thought of as politically incorrect and we are worried about charges of racial discrimination. We worry about asking these people where is the \$3.2 million or the \$3.6 million. They did receive it; it has just been badly managed. However, we do not have the courage to ask these people what they did with it. If we did, they would tell us quite frankly that they do not know, that it was not stolen, it just disappeared.

Hon Ljiljanna Ravlich: That is a bit like the \$4 billion that disappeared because of the federal Treasurer's decision to enter into the foreign currency market, but you do not think that is a bad deal, do you? You will stand by him because he happens to be a white bloke and a conservative.

The PRESIDENT: Order! Hopefully, members' interjections will be a bit relevant.

Hon FRANK HOUGH: I will digress a little. Hon Derrick Tomlinson showed his age when he talked about the Dick and Dora books. As time has moved on, we need to be multicultural. I believe the books are now called Lili and Eric! I just thought I would mention that to keep things moving.

We are frightened about being called racists. The Metropolitan Nyoongar Circle of Elders appointed Peter David as the chief executive officer. They are quite open with One Nation. They know that we are not a racist group. They know that we call a spade a spade. We sit down and speak honestly to them. I can run through the list: Robin Yarran, Robert Isaacs, Ollie Rundell and Clarrie Isaacs. Clarrie always protests at our rallies. He

always carries the Aboriginal flag. After the protest he always tells me that he had to protest just to show the flag. They are very smart people. Robin Yarran is another Doodlakine boy; he used to be my next-door neighbour. The year before last he was the Aboriginal of the Year. The Aboriginal of the Year this year is Robert Isaacs. He has since taken on the presidency of the Derbarl Yerrigan Health Service. One Nation has a fair chance with people of the standing of Robert Isaacs in particular. Hon Derrick Tomlinson referred to the root cause of the problem. We must have a standing committee to evaluate these things. It is a matter of educating the people who control the funding for education and health. They need support in that area. For some reason we think that as the Parliament our job is done by allocating \$1 million to fund a particular medical group. After allocating the funds we leave it in their hands. They do not have the courage to tell us that they need help in allocating the funds correctly as their standard of education and knowledge of cash flows and business management is not as good as it could be.

Indigenous people are great family people and indigenous politics is one of the most intricate political fields one could ever wish to be involved in. In these medical groups particular people become chief executive officers - I could name some, there are several. Many have gone from group to group taking over the management. There are about half a dozen of them; they are called the "purple circle". That group of people unfortunately mismanage the organisations. Grassroots indigenous people are very cross about the situation because they get blamed for things going wrong. People read in the newspapers about \$3.8 million going to the Derbarl Yerrigan Health Service and ask where has it gone. People are still living in tin sheds and still have diseases. They never see any of the money. They complain that they are blamed. I spend a lot of time in the field. These people are embarrassed about it. Even they ask what happened to the money. They tell us that the Government is mismanaging the funding.

The Government is not mismanaging the funding; it is probably abrogating its responsibility in helping these people. Perhaps we are too reticent to hold their hand. Indigenous people have their own ways. Indigenous groups have evolved to share everything. They are great sharers. They always involve family members in organisations. Most boards comprise family members whether they be brothers-in-law, aunts or uncles. The boards become family groups. The senior part of the family group manages the organisation and if he or she is incapable, the rest of the board will take the lead. A standing committee would prove that these people desperately need help in managing money. They are receiving the funding; there is no question about that. Indigenous people do not say that they are not receiving any funds. The people at the grassroots, however, say that they are not receiving any funding. The funding is being sent by government but it is being diverted before it reaches the people. I could tell the House where a lot of the funding is going. However, I will not say because I do not want to be crucified.

Hon Ljiljanna Ravlich: Are you making an allegation?

Hon FRANK HOUGH: I am not making an allegation; I am suggesting that there is inadequate supervision and management skills for handling money. I am not making any accusations. I would not make accusations. I suggest to Hon Ljiljanna Ravlich - who has retired hurt and will speak no longer - that the funding needs to be handled professionally. Indigenous people are aware of it and are waiting for our lead. We must do something. That is the core of the problem. It is one of our major problems. We feel embarrassed about it. We think that if we tell groups that they cannot handle the situation they will call us racist. Perhaps they will. The purple circle may call us racist. Members should speak to people at the grassroots. They are desperate for help but they are not receiving any. Let us look at the Derbarl Yerrigan Health Service. It gets a lot of funding but there are not a lot of people. Mark Smith told me that he went into the Derbarl Yerrigan health centre the other day and he saw a white man getting his teeth capped! It was one of the lawyers. That is absolute crap! What is he doing there? He is getting his teeth capped! There are people in the bush without any teeth, for God's sake!

Hon Ljiljanna Ravlich: Are you sure he was not an Aboriginal?

Hon FRANK HOUGH: I know the difference.

Hon Ljiljanna Ravlich: Do you know how the Commonwealth defines an Aboriginal?

Hon FRANK HOUGH: No, I do not.

Hon Ljiljanna Ravlich: Perhaps you should not make assumptions.

Hon FRANK HOUGH: I define an Aboriginal as someone who has Aboriginal heritage. Mark Smith would well and truly know who was an Aboriginal. I can pick Aboriginals and I can pick Croatian people. It is as easy as you like. Do not question me about whether I can recognise an Aboriginal; I can.

The point I want to make is about where the funding can go. Things like this destroy these people. As Mark Smith said to me, Derbarl Yerrigan is wasting \$4 million a year. He suggested that the health service be shifted to the north of the State where indigenous people desperately need it and that perhaps indigenous people in Perth

should go to their local doctor. Robin Yarran said that he went to his local Chinese doctor in Bentley; Mark Smith said that he went to his local Chinese doctor in Roleystone. They do not have any problems. They are not going to get into a motor car and drive from Armadale or Bentley to the Derbarl Yerrigan health centre.

Hon Ljiljanna Ravlich interjected.

Hon FRANK HOUGH: I said that we should send it to an area where it is needed, which would be above the twenty-sixth parallel, and where the member has probably never been. This is how desperate these people are.

This letter is from Mrs Deborah Bean - no relation to Mr Bean - the chief correspondence officer and the Queen's personal secretary. This letter is from Buckingham Palace. One Nation people travel in very good circles. The letter states -

Dear Mr. Mokine -

For those who do not know, Mokine is the Aboriginal name for Andy Nebro, the chief of the Metropolitan Nyoongar Circle of Elders. I have known him since I was a kid. He was a damned good boxer. He was unbeaten and he used to go around to all the country shows. People could jump in there and fight Andy Nebro for five bob and get their brains knocked out. He is now 72 years of age and looks 50. He is as fit as a bull. Anyway, he wrote to the Queen and Mrs Deborah Bean wrote back. The letter continues -

The Queen has asked me to thank you for your letter of 28th February which was sent to her whilst Her Majesty was visiting Queensland. I am to say that the comments you express in it have been carefully noted.

Perhaps I might explain, however, that this is not a matter in which The Queen would intervene. As a constitutional Sovereign, Her Majesty acts through her personal representative, the Governor-General, on the advice of her Australian Ministers and it is to them that your appeal should be directed.

I have, therefore, been instructed to forward your letter to the Governor-General of Australia so that he may be aware of your approach to The Queen, and may consider the points you raise.

These people are getting frustrated. They ask the Government for help and those cries for help are not being heard. Our answer to the cries for help is to give them another \$500 000. Our help is the chequebook. That is not what the indigenous population is chasing; it is chasing guidance for management of its resources. If that is done, the funds may start to reach the people at the grassroots. The Government finds it easy to write out a cheque to get these people out of its hair.

I concur with Hon Derrick Tomlinson that we should appoint a select committee to look into the management side of this issue. We should have good fund managers. We are saying to these people who set up their businesses, corporations, dental outlets, mobile hospitals etc, "Here is the funding; all you have to do is this, this and this." We should be setting up a system for them and sitting back as managers and walking them through it. This is nothing to be embarrassed about. Pride hurts a lot of people because sometimes it does not allow people to ask for help. The Aboriginal people are too proud to ask for help. Different groups do stand up and say, "We need more funding". We should look at the tin sheds Mark Smith mentioned in Midland and the health problems of some of the kids there.

I referred to the amount of \$3.8 million that was given to the Derbarl Yerrigan Health Service. The number of people who have gone through Derbarl Yerrigan is minimal, so what happened to the funding? As the Arthur Andersen report said, it was badly funded and badly managed. The same story applies to other organisations. The Pinjarra situation was perfectly funded to the amount of \$80 000, but it was badly managed. The funds never hit the ground; not one penny was spent where it was supposed to be spent. The woman from Pinjarra who spoke to me about the Pinjarra situation was very concerned, because her father, who passed away last year, was an elder in the Murray-Wellington district. Her problem related to the kids in the Pinjarra area. She said the kids were running amok. Her philosophy was that, as we are trying to educate indigenous people, we should educate the parents first, because children look up to their parents. If the parents are unemployed and sit at home doing nothing all day -

Hon Ljiljanna Ravlich: What has that to do with Aboriginal health?

Hon FRANK HOUGH: If Hon Ljiljanna Ravlich read the motion, she would see that it has to do with many things. She stands up all day and goes blah, blah and never reads the motion.

Hon Ljiljanna Ravlich: The motion refers to the provision of primary health services by the Aboriginal health services in Western Australia, and they are itemised. You are speaking to the wrong motion. I cannot believe it.

Hon FRANK HOUGH: I will continue, Mr President. The motion refers to the funding, management and provision of primary health services by Aboriginal health services in Western Australia. I am talking about the

Derbarl Yerrigan Health Service and reflecting on some people outside Derbarl Yerrigan who have not been there yet. The motion also refers to many other organisations.

I agree with Hon Derrick Tomlinson that we need a committee to look at this issue. We need a committee today, not tomorrow or in six months. We need a committee to look at today's problems. If we have the courage to stand up and be counted, we can help these people. They will be grateful. Many people will benefit from the health and education services that will flow to them. The problem with these medical services is that the drainpipe is blocked in the middle and we cannot see the rubbish for the snow. We must let the money flow through.

Hon Robin Chapple interjected.

Hon FRANK HOUGH: I could not think of another word.

Hon Barry House: I think it is an excellent analogy.

Hon FRANK HOUGH: I thank members for trying to help me, but I can struggle through by myself. It is important that we unblock the drain, which is the root cause of the problem. I have been saying for the past 19 minutes that we must stand up and be counted. We cannot fear being called racist because we want to tell some of these people that the responsibilities of senior management are slightly beyond their capabilities. We can train them in those areas, and then take a step back. We should train them to run their own organisations instead of throwing money at them and letting them handle it themselves. We should then take a step back and help them from there, which will ensure that adequate money flows through to their health services. If there is a problem they can turn to someone with management capabilities and say, "Where are we going wrong?" The Derbarl Yerrigan Health Service is a joke and a disgrace. The health service did not have any costings; it did not know where its funding was going. That health service was not being utilised as it should have been.

Derbarl Yerrigan is a health service. I believe that some people who work for health services can, if they are on \$50 000 a year, draw ahead on their salary for six or 12 months. We as members of Parliament cannot draw ahead on our salary, but we are on only \$25 000 a year! Thirty-odd people from the Derbarl Yerrigan Health Service were drawing ahead on their salary by six or 12 months. Some of those people then left. They worked for three months, drew nine months' worth of salary, and then left and got another job. That was written off as a bad debt or a bad joke - I am not sure what it was written off as. The health service obviously had to employ more people and the money that was drawn on by previous employees was lost. The health services lost \$10 000, \$5 000 and \$1 000 that were just disappearing out of the system. Those people were not stealing the money. It was not intentional; it was just part of the system. Employees could draw on their salary and if they wanted to leave, they could. What happens to what is owed? I guess the Derbarl Yerrigan Health Service will sort that out.

That is the attitude that was taken, and members can quote me verbatim. I looked at the situation and I spoke with the people involved. I asked them how they could do that, and they replied that everyone did it. We all know that if a person is on \$50 000 or \$100 000 a year and can draw upon that salary three months ahead, all of a sudden that person's lifestyle will lift up into the next tier. If a person is spending his salary in advance, his lifestyle will lift up a peg and he will be living in another world. However, he will need to keep drawing on his salary and by the end of the year he will be into next year's salary. These health services need help with management controls. Why was that not picked up? It was not picked up because an accountant was drawing ahead on his salary, so what could he say? These tiny inadequacies should be rectified.

Hon Ljiljanna Ravlich: They are being rectified.

Hon FRANK HOUGH: Many good people are working in these health services. The President of the Derbarl Yerrigan Health Service, Mr Robert Isaacs, this year has been honoured with the title of Aboriginal of the Year. That health service has a strong committee. Rob told me the other day that he would be more than happy to receive help. I am prepared to help them, but it is not for me to be involved in helping health services with their cash flow and other matters. They should be able to talk to their funding agency, which I think is the Aboriginal and Torres Strait Islander Commission. The federal Government provides the great majority of funds for the Derbarl Yerrigan Health Service. Perhaps these health services need some accountants to teach them how the systems work. Systems need to be set up and managed.

These people need to be made accountable. Making people accountable for money that they are spending is not a question of being racist. Members are all being politically correct. They think that if we tell these health services that they are doing things wrong, they will yell out. Yes, a couple of people will yell out, because that is their only avenue. They are embarrassed because they did not handle the funds properly. The majority of indigenous people in this State would be grateful if they received some help. I have spoken to them. They are crying out for help in that area. The Government must stop throwing money at them and start throwing

professional help. If the funding were managed more thriftily, the health services would not be having those problems. One Nation and I endorse the motion to appoint a select committee to inquire into the report.

HON LJILJANNA RAVLICH (East Metropolitan - Parliamentary Secretary) [11.54 am]: The Government opposes this motion. The reasons for that will become apparent during the course of my presentation. I will comment on some points made by Hon Derrick Tomlinson. I listened with great interest to his comments, especially those that explained why he thinks this inquiry should occur. I found it intriguing that in the delivery of his argument he spoke about the need for a public policy that promotes self-determination, control, empowerment and community development. I do not think that any members would disagree with that.

However, it is a bit rich for him to bring forward a motion without having first discussed it with the key stakeholders upon whom, if progressed, a select committee would have a direct impact. It is rich for him on the one hand to talk about self-determination and empowerment and on the other hand to not have the decency to go to those Aboriginal groups with what he has proposed. He could have gone to them and said, "Now that I am the opposition spokesperson for Aboriginal affairs, and have been for the past 12 or 13 months, I am taking an interest in your case and propose putting forward this motion. You are self-determining people and I am interested in your empowerment, so what is your view on this proposal?" The member did not take that approach. Instead, he took the approach that as he is now the opposition spokesperson for Aboriginal affairs, he is interested in this issue and will determine what is best for them. I expected more from Hon Derrick Tomlinson, because I thought he was more fair-minded than that. I am a little disappointed.

The other point Hon Derrick Tomlinson made in his speech was that this committee would not travel, apart from a bit of travel around Western Australia -

Hon Derrick Tomlinson: That is not what I said.

Hon LJILJANNA RAVLICH: Hon Derrick Tomlinson said that this committee would not travel abroad.

Hon Derrick Tomlinson: That is fine, but if you are going to reflect on what I said, please make it honest and accurate.

Hon LJILJANNA RAVLICH: Yes. Hon Derrick Tomlinson said that the committee would not travel abroad. I cannot understand why members would want to travel abroad in order to look at Aboriginal health service delivery in Western Australia. The committee might want to travel within the State, but to go abroad would go beyond the pale.

That brings me to committee resources. It is clear that committee resources are finite. The establishment of yet another committee would place a major burden on the financial resources of this place. That should not be a primary consideration, because when there is major need for an inquiry to be held, an inquiry should be held. What has not been made clear to me or to other members of this Chamber is what the member wants to get out of this inquiry. To my mind it is not sufficient to say that we should have an inquiry into the delivery of Aboriginal health services purely and simply because the member has now become the opposition spokesperson on Aboriginal affairs.

Hon John Fischer: Surely you cannot be happy with it now.

Hon LJILJANNA RAVLICH: I will get to that. I am making the point that, in itself, that is not a good enough reason to establish an inquiry. It is not clear what the outcomes of this inquiry would be. That is one thing that has not been touched upon. The terms of reference outline that there are 13 Aboriginal health services in Western Australia. Members know that two of those groups have been under some pressure over the past two or three years. That is accepted. However, that does not mean the others are experiencing major problems. Why have the others been included in this schedule? Is it intended to examine each of the 13 services on their organisational and contractual relationships, the adequacy of core funding provided by the Commonwealth, the effectiveness of primary health services, duplication, overlap, unmet demand, future directions for the delivery of primary health services and so on? If that were done properly, it would take a committee six years to complete the task, particularly if it were to examine the commonwealth domain. It is not clear what that is all about. Is it just a political stunt? Is it a mechanism by which the member can secure himself some media attention? I have no idea; it is not clear what is driving this motion.

The member has admitted that he has been interested in Aboriginal affairs only since he became the opposition spokesperson for this portfolio area. He was a member of the previous Government and he is well aware that the former Minister for Health was responsible for Aboriginal health. I am amazed that these issues have not already been investigated. The previous Government did not deem this issue to be of sufficient significance or concern to warrant an investigation. That is very poor. The member is displaying the height of cheek in moving this motion after having been on the Treasury bench for eight years and having done nothing about investigating Aboriginal primary health service delivery.

Hon N.D. Griffiths: Eight wasted years.

Hon LJILJANNA RAVLICH: Yes. He now suddenly wants a full-blown inquiry.

I do not shy away from the fact that the Bega Garberringu Health Service has faced difficulties. Funds administrator Deloitte Touche Tohmatsu was appointed under the Aboriginal and Torres Strait Islander Commission contract with the health service. I understand it has completed a preliminary investigation into some of the difficulties experienced by the service. I am sure that the findings will be made public in due course.

The Derbarl Yerrigan Health Service has had ongoing problems. Those problems have not emerged only since the Labor Government took office - they had been simmering for some time.

Hon Derrick Tomlinson: It was the subject of a report in 1995.

Hon LJILJANNA RAVLICH: The recommendations of that report would be interesting.

Hon Derrick Tomlinson: The upshot was a second report in 1999, which indicated a projected debt of \$6 million.

Hon LJILJANNA RAVLICH: The service has had seven years in which to get it right. Obviously it is not right yet. What is the value of yet another inquiry into something that has been examined twice already? Aboriginal people are probably sick to death of inquiry after inquiry.

Debate adjourned, pursuant to standing orders.