

DEPUTY PREMIER — PERFORMANCE

Matter of Public Interest

THE SPEAKER (Mrs M.H. Roberts) informed the Assembly that she was in receipt within the prescribed time of a letter from the Leader of the Opposition seeking to debate a matter of public interest.

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

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [3.10 pm]: I move —

That this house condemns the Deputy Premier for failing to deliver sound outcomes across the health; medical research; state development, jobs and trade; and science portfolios, and calls on the Premier to strip him of all portfolio responsibilities except health.

We do not move this matter of public interest lightly. Rather, we do it to highlight the fact that the government has the opportunity to reframe its response to a crisis that continues to follow the minister across all portfolios for which he holds responsibility, but, most importantly, in health. We think he absolutely deserves the opportunity to focus his efforts entirely on health. There is no better evidence for the need to bring forward the motion today than the response we received in question time to a fairly reasonable and sensible question about whether a significant decision that had been made on hotel quarantine had been run past the Quarantine Advisory Panel. The panel was hastily formed last Thursday after continuous pressure from the opposition, the media and others who are interested in how the government plans to move from crisis management of hotel quarantine to a more sustained footing, which is exactly what Professor Weeramanthri recommended in his final advice to government. The minister in his response simply refuted the need to do that because, he said, the Quarantine Advisory Panel is not there to provide strategic oversight. I bring the minister to the first paragraph of the terms of reference of the Quarantine Advisory Panel, which is the purpose. It states —

The Quarantine Advisory Panel ... provides strategic oversight of the management of Western Australia's ... quarantine arrangements and advice to support continuous improvement, optimal health, economic and social outcomes, and management of current and emerging risks.

It is absolutely beyond me why the government would not want the very learned people it has brought together to provide a single point of advice to the government, which was the recommendation from Professor Weeramanthri. He said that a more cohesive approach was needed, given that we are transitioning from the early days of responding to quarantining under pressure in a crisis so that we could manage the pandemic here in Western Australia.

I refer to the second question that the minister was unable to answer. Again, it was not an unreasonable question and the issue was in the media this morning. I am sure the minister has a bevy of people in his media office to do media clipping, unlike the five members on this side of the house who rose to bring on this debate. We have to do that ourselves, such is the case of opposition —

Several members interjected.

Ms M.J. DAVIES: You will be there one day, members! You will understand. The point is that the minister and the government have a plethora of people following the media. This issue was talked about in the media this morning. Graeme Prior manages a number of aged-care facilities and he talked at length about the fact that the responsibility lies with the state government. It is the government's responsibility to issue a public health management order, just like it did when it did not allow people to go into aged-care facilities if they had not had a flu vaccination. It could be extended to make sure that anyone who enters an aged-care facility has had their COVID jab. It is clearly within the remit of the Chief Health Officer and the state government to do that, yet the minister mocked the member who asked the question and chose to play politics. I thought that the minister would want to use both the stick and the carrot to make sure that we look after the most vulnerable in our community. I will let the shadow Minister for Health talk about the health portfolio, but they are two examples from just 20 minutes ago that evidence that this minister is unable to manage the breadth of the portfolios that he has under his remit. Let us be very clear: he has five weighty portfolios—health, state development, jobs and trade, medical research and science. I suspect that some people are getting very little face time with their minister at this point in time.

I also point out that during some of the debate that we had in this place last week, the minister said that he will stand next to embattled workers and he will do the tough times with the good times. We absolutely expect that of our ministers. However, the health system is in crisis and it deserves the minister's dedicated interest.

Mr M.J. Folkard: Why didn't you lot do it when you were in government?

Ms M.J. DAVIES: That is a very good question, because back in June 2013, the exact same debate was brought by the now Premier to the Minister for Health at the time, Kim Hames, who had only two portfolios. The opposition

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at that time demanded that the Minister for Health be given the opportunity to focus on his health portfolio. I can tell the member that the issues we are facing here today in the papers, in the media and in this place—as they have been every day since this minister has been a minister—are escalating every day. They are getting worse and far outweigh what the former opposition was bringing the Minister for Health at the time to task on. That came straight from the now Premier. He said the former Premier should strip the Minister for Health of the tourism portfolio and let him focus on the health portfolio.

The Minister for Health looks after health, state development, jobs and trade, medical research and science. All those portfolios need the attention of the minister. From the opposition's perspective, we cannot understand why the Premier will not give someone else—there are plenty of government members—a bit of a go. Let someone else be elevated into cabinet or relieve this minister of the duties that he has been given so that he can reflect on what has happened under his watch. There is no “woe is me” because this has happened on the minister's watch. The minister failed to watch, he failed to listen and he failed to notice the red flags that were popping up in the health sector, so it is his responsibility to set it right. Now more than ever, in the midst of a pandemic, it is important that the Minister for Health focuses on our health system. Surely that would not be unreasonable. In the midst of a pandemic, the minister should be focused on the Department of Health.

I want to talk a bit about hotel quarantine and the way that the Quarantine Advisory Panel has been managed. I refer to Professor Weeramanthri's advice and why we have been pursuing this notion that the Quarantine Advisory Panel is important yet the government has ignored it. The government accepted all the recommendations made by Professor Weeramanthri in his final advice of 12 March. He outlined in the review of hotel quarantine —

In a usual short-lived emergency situation, debriefs and lessons learnt exercises are conducted routinely post-emergency. In this protracted emergency, equivalent learning processes need to be established while the emergency continues.

... Our review focus was on making the existing HQ model in WA more effective, rather than exploring new models, but there were many issues that came up, such as ‘hot hotels’, new testing strategies and greater use of CCTV and other technologies, that warrant ongoing examination as possible modifications to the existing WA model. Other more radical changes, such as purpose-built quarantine sites ... or utilisation of alternate existing sites, could also be examined.

This is the bit that I think is the most important —

This next six-month period is a window of opportunity to optimise HQ governance for the period that follows, which may include changes to the emergency management arrangements. The Quarantine Advisory Panel will be a critical new strategic element, and its membership and terms of reference should be aligned with any similar body set up to oversee vaccination rollout.

...

Quarantine ... is a tool for recovery and an essential pillar of competitiveness and community confidence.

I think there are a few things going on from the perspective of the health portfolio. The government is clearly under pressure to cope with any crisis or outbreaks that will put pressure on our hospitals, so it is taking a significantly conservative approach to the management of hotel quarantine. We have 500 people, give or take, in hotel quarantine at the moment; that is about half the number that we had two months ago. People are now able to return from India, as a result of the decision made by the federal government to allow people to come back across international borders. We have a government here that has preferred to finger-point at the federal government instead of going down the path that Professor Weeramanthri asked us to, which is to start looking at alternatives and provide options for expansion.

It is about not just taking a humanitarian approach to allowing Australians to return home, but also jobs and trade. In the minister's jobs and trade portfolio, we have seen incidents of skill shortages and matters that require attention to ensure that we can fill jobs across multiple sectors that are crying out for workers. We need attention being paid to how we can do this in the long term. If international borders are not going to be raised, we must have a system that can allow us to do our fair share here in Western Australia, which is awash with cash. Western Australia has a \$5 billion surplus, which is money in the kitty, gifted to the government by the iron ore sector. We need a humanitarian response to allow people to return home and when they get back, we need to make sure that we are doing enough to keep people safe through this quarantine system.

The minister's focus is not there because he has five portfolios, and red flags are popping up all over the shop. Quite simply, we do not think that the minister is paying enough attention to the issues that Western Australians believe that he was elected to pay attention to. The minister promised to keep Western Australians safe. He was elected on the basis of his management of the COVID pandemic. We will be the first to say that for the management

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of that crisis, when everyone pitched in—the minister and the Premier were at the forefront of that—the government did a remarkable job. But we have moved past crisis management and the minister is dragging his feet for some reason, political or otherwise, to ensure that our health system and quarantine system are adequate for the next 12 months, 24 months or 36 months—however long it takes for us to get back to some degree of normal. Quite simply, we think the minister should be focused on the health portfolio and the issues around hotel quarantine instead of these other portfolios, which will be getting none of his attention.

MS L. METTAM (Vasse — Deputy Leader of the Liberal Party) [3.21 pm]: I rise to support this worthy motion moved by the Leader of the Opposition on a day that is the beginning of winter. It also marks a very grim milestone of a government that has dropped the ball in the very important health portfolio. This milestone represents 12 months of record levels of ambulance ramping across the state. Those ambulance ramping figures at record levels, month on month, over 12 months are well above the figures that the then shadow Minister for Health, the current Minister for Health, claimed were a massive failure in early 2017. This minister is now the holder of a record that no health minister would want. This minister has let the health system spiral into decline under his watch.

Let us take a look at the last 12 months of ambulance ramping figures. In May—last month—there were 3 795 hours, which is over 100 hours a day. In April—just the month before last—there were 2 800 hours. In March, there were 4 099 hours—well above what the then shadow Minister for Health called a crisis at 1 030 hours. In February this year, there were 3 163 hours. In January, there were 4 170 hours, which is the highest rate of ambulance ramping on record. I could go on, but in total, over the last 12 months, patients have had to spend 37 906 hours in the backs of ambulances or in corridors being looked after by paramedics before they could be seen and accepted by emergency departments. These are not just figures; each of these hours represent a patient who was waiting to be accepted at an emergency department. We heard the Premier today lauding how fantastic this government is doing in financial management. In a state as prosperous as ours, these statistics are damning because we are unable to help our most vulnerable in their most urgent time of need.

“But it’s COVID”, the Minister for Health claims, “The world was a different place in 2017.” Again, we hear that every state’s health system is challenged and we are not an orphan. The reality is that there were escalating numbers of patients having to wait to be accepted by emergency departments well before COVID hit. In January 2019, there were 1 355 hours of ambulance ramping. In June 2019, there were 2 746 hours. In December 2019, there were 2 317 hours. By WA Labor’s own standards, these figures are absolutely shocking. As the Australian Medical Association stated, these figures represent people waiting to be accepted by emergency departments. We have also heard from many members of the public about what happens in emergency departments and, of course, there is the tragedy surrounding Aishwarya, as well.

Alarming, we are now also seeing ambulances being ramped at our country hospitals. The most recent statistic for Bunbury is particularly damning. For the month of May, there were 98 hours of ambulance ramping. Compare that with 2019, pre-COVID, when there were only 19 hours. This is a major concern for regional WA. In May 2017, ambulances were ramped for a total of seven hours outside regional hospitals, but that has escalated across regional WA to 126 hours in May this year. The situation in regional WA is particularly concerning because the feedback we are receiving from paramedics is that it is about not only the ramping time at the emergency departments and the fact that patients, who are sometimes in pain, are waiting to be seen, but also the ability of paramedics to respond to other emergencies in our regional areas. This is often much more challenging and problematic than the situation in metropolitan Perth where a patient can be redirected to another hospital. These are concerns right across the state.

I point to the Minister for Health’s promise back in 2017 and WA Labor’s putting patients first policy, which was to free up hospital beds, reduce waiting times and have more timely responses. We have not seen these policies and promises delivered under the WA Labor government. This is on the back of some other damning statistics. We will certainly be asking questions in the Legislative Council today about code yellows. We know that there were two code yellows yesterday at Fiona Stanley and Sir Charles Gairdner Hospitals. According to WAtoday, Sir Charles Gairdner Hospital has had 32 code yellows since 1 January.

According to the Minister for Health, this is a sign of business as usual. The opposition does not believe that this is business as usual and we do not accept that this should be business as usual. It is damning and it is certainly of concern to people across the health profession, including the AMA and the Australian Nursing Federation. For our outstanding healthcare workers on the front line, it is absolutely not the case that this should be business as usual. They are concerned and they showed their opposition to our Minister for Health at the recent rally at Perth Children’s Hospital. We are seeing a loss of confidence from the WA public. The public’s confidence in our health system right across the board as a result of what we are seeing in our emergency departments is a real concern.

Earlier this week on ABC radio, we heard a story from Josephine Muir. Her 81-year-old mother burst her appendix. She had to wait four hours for care at Sir Charles Gairdner Hospital, only to be taken home. She was brought back to the hospital the next day, where she waited another three and a half hours. The system is clogged up. We have

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bedlock. The hospital was short of six nurses and patients were bumped from surgery. This is one story but there are many others. I do not have time to go through them all. Quite obviously, these statistics, the code yellows, the ambulance ramping, and the 50 per cent increase in elective surgery that we have seen under this government's watch and under this minister illustrates that the minister is overseeing a monumental mess in the health portfolio, along with new revelations today about deflecting responsibility in hotel quarantine. We have record ramping and record wait times. Unfortunately, this will lead to more tragic outcomes. This minister is not fit to take on such responsibility when it is so important that we get health right in WA.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [3.30 pm]: I rise to support the matter of public interest. Amongst the many responsibilities that the Minister for Health has is his responsibility for the Department of Jobs, Tourism, Science and Innovation. That department is critically important for international trade. In 2019, the government released the *Western Australia investment and trade plan 2019–20*. That outlined what this government was going to do to improve investment in trade and referred to the critical need to diversify our economy. A key plank of that was *Our priorities: Sharing prosperity* and the *Asian engagement strategy*. That highlights the fact that investment and trade with Asia is a key part of the state government's economic agenda. The report identifies the key markets that we need to focus on to diversify our trade. Those key markets are China, India, Indonesia, Japan, Korea, the Middle East, Africa, Singapore, Malaysia, Vietnam, the United Kingdom, Europe and Israel. The former Minister for Asian Engagement produced a document entitled *Western Australia's Asian engagement strategy 2019–2030: Our future with Asia*, which included a chapter entitled "Diversified the economy through development of the priority sectors". We have already heard what those priority sectors are. It referred to the importance of Asia to our economy, stating that Western Australia's merchandise exports to Asia increased from \$24 billion in 2004 to \$129 billion in 2018, Asia provides nine out of 10 of WA's top trading partners and that 10 per cent of WA's population is Asian born.

The document refers to the numbers. For example, 1.4 billion people live in India. We have this hyper focus on China in our economy but 1.4 billion people live in Asia who are not in India or China. That is an enormous population in our region that is expanding and developing, and a key part of our region. If we look at the value of our current exports, in the 2020 calendar year, we had \$109 billion worth of trade to mainland China. If we look at the non-India and non-China states, we had \$51 billion worth of trade, but clearly we have an enormous opportunity to increase trade into that area. The state government previously identified that we needed an Asian engagement minister, someone to focus on this job. What has happened? The government has abandoned its Asian engagement strategy. It has abandoned a serious effort to diversify our economy in that region.

I have great respect for the Minister for Health; I have said that on many occasions. But the simple fact is that he is getting overwhelmed with too many tasks and too many jobs and he cannot give this important issue the priority that it needs. We got a big lecture from the former Minister for Asian Engagement in the previous Parliament, saying that we did not have a shadow Minister for Asian Engagement and how important that was. Here we have the Premier in this Parliament saying that we do not need that position at all. What have we seen under the watch of this minister? We have seen changes in our overseas trade offices that, to be frank, have gutted them. The member for West Swan could step up and be an excellent Minister for Asian Engagement.

Ms J.J. Shaw: She is. She's the Minister for Transport!

Dr D.J. HONEY: I always do that, do I not? Sorry, I meant the member for Swan Hills. She would be an excellent Minister for Asian Engagement. I say that because I was on the Economics and Industry Standing Committee when the member for Swan Hills chaired an investigation into trade with India and how we are going to improve trade with India. Some interesting facts came out of that investigation that I will refer to.

Mr V.A. Catania: They could replace her with the Minister for Water.

Dr D.J. HONEY: That would be a choice. It would not be hard.

We had seven locally based trade offices in China, Japan, Korea, India, Indonesia, Dubai/the Middle East, Singapore and also the UK Agent General. Instead of having independent trade ambassadors in those offices, we have seen some sort of hub-and-spoke model, whereby the head of that department is now responsible for 10 regions and offices that will only be staffed by locals. Talk about insulting our Asian neighbours. We say that India is a critical future market. Having chaired the inquiry into our economic relationship with India, the member for Swan Hills knows that the thing that is most important to all those countries is the long-term relationship and the investment in the relationship we make with those countries. Do members know where the person who is supposed to be responsible for India is domiciled under this new arrangement? They are in Dubai. We could not insult India any more if we tried by saying that it is really important for us as a future market. That is what we have seen.

Ms S.E. Winton: The Prime Minister's done a good job of insulting India.

Dr D.J. HONEY: The member should not go down that path; I think it is a slippery slope.

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What an absolute slap in the face for a nation of 1.4 billion people for us to say it is so unimportant that we will base someone in Dubai so a fly-in fly-out person can come and go. How does that establish those long-term critical relationships that we need in that market? Now we are going to have four hubs plus the Agent General in London. We will have people managing a range of countries while not being in those countries.

This economy will be in trouble in the future. The member for Willagee gave an excellent speech during the Address-in-Reply and also during the second reading debate of the Supply Bill. He made some very reflective comments that all members in this place, especially members on the other side, should read. The member outlined something that I have been talking about for a while; that is, our dependence on China and, in particular, our dependence on iron ore exports to China, is an enormous risk to our economy. There is every reason to believe that we will see substantial reductions in iron ore exports to China. I have seen credible estimates of a reduction of around 300 million tonnes in the next six to seven years. I suspect that the member for Willagee has taken the time to find out that information as well. We need to build relationships in Asia. We need to build trust in Asia. There needs to be long-term improvement. I have had direct feedback on this matter. Those Asian countries feel abandoned by the changes that have been made under this minister's watch. They feel that we do not care about Asian engagement, and that we are not serious. They all know that we are serious about China and that we are keeping a trade commissioner in China. However, in those other countries, someone will be a fly-in fly-out rep and will fly into those countries to attend their office. How are they going to effectively represent the Australian businesses and the small and growing businesses that want to expand into Asia? How are they going to do that properly, especially when those countries feel completely abandoned and upset? There was no consultation about this change; they just found out. I understand that the minister is now going through a process of trying to repair or rebuild the bridges, but the damage has been done. Why has it been done? As I said, I personally hold the minister in high regard; however, he cannot focus on so many important portfolios. That is impossible and it is doing a disservice to our state. We have a health crisis and the minister should focus on that.

MR S.A. MILLMAN (Mount Lawley — Parliamentary Secretary) [3.40 pm]: I rise to speak in opposition to this motion. I start by picking up a point that was raised by the member for Cottesloe; I appreciate him raising this point. We, on this side of the chamber, are replete with talent. We have the member for Swan Hills, who has been elevated to parliamentary secretary; we have the member for Kingsley, who has been elevated to parliamentary secretary; we have the member for Southern River, who has been elevated to parliamentary secretary; and the member for Wanneroo, who has been elevated to parliamentary secretary. One thing I can say about our side of the chamber, as opposed to the opposition's corner, is that we are replete with talent. By all means —

Ms M.J. Davies interjected.

Mr S.A. MILLMAN: Leader of the Opposition, I will get to that point; it is exactly why I want to stand to speak on this motion.

The opposition will take us back to the era of doctors using leeches and Florence Nightingale nurses. In combining these portfolios under this minister, we have recognised how important medical research is, how important science is and how important jobs are to the future prosperity of Western Australia.

Mr R.S. Love interjected.

Mr S.A. MILLMAN: Mate, I did not interject once during your contribution.

The ACTING SPEAKER (Mr D.A.E. Scaife): Members on my left were heard in relative silence and I ask you to hear the member in silence.

Mr S.A. MILLMAN: I heard the Premier invoke the Standard and Poor's rating of the Western Australian economy during question time. I refer to former Treasurer Ben Wyatt's press release from 30 October 2020, which states —

- Another ratings agency affirms WA's safe and strong economic response to COVID
- WA retains S&P Global Ratings of AA+ with a 'stable' outlook
- Follows Moody's rating which confirms WA is outperforming its Australian peers
- WA Recovery Plan and record infrastructure investment to drive WA's economic recovery and create local jobs.

For those opposition members who missed it, this was Standard and Poor's telling the whole world just how well the Western Australia government had done handling COVID. The trouble for you lot is that it is not Standard and Poor's; it is no standard and you are all poor!

Several members interjected.

The ACTING SPEAKER: All right. The member for Mount Lawley has the call.

Mr S.A. MILLMAN: Thank you, Mr Acting Speaker.

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Not one member of the opposition came close to making the point about the minister's other portfolios. The Leader of the Opposition focused entirely on hotel quarantine and the shadow spokesperson for Health focused entirely on ambulance ramping, yet this motion calls for this minister to be divested from his other portfolios. The only member—it is a shame that he has left the chamber on parliamentary business—who came close to making an argument about the minister's other portfolios was the member for Cottesloe. What he said was unfortunately wrong; it was just mistaken. He seemed to suggest that Asian engagement was not a priority for the McGowan Labor government, but nothing could be further from the truth. If members look at the esteem in which Asian countries —

Mr R.S. Love interjected.

Mr S.A. MILLMAN: The minister is the Deputy Premier and in elevating responsibility for these portfolios to the Deputy Premier we have said to all those nations, "This is a vitally important portfolio responsibility for this government." We have elevated them to the position of Deputy Premier, sending a message to all our trading partners just how important jobs and trade are. Members, what is the most important area of collaboration right now between Australia and all the nations throughout South-East Asia and South Asia?

Ms J.J. Shaw: Health.

Mr S.A. MILLMAN: Health! Thank you, member for Swan Hills, who has demonstrated once again her eligibility for higher office. What are we doing? In the one portfolio that is of vital importance to these nations, we have said, "The person we want you to deal with is the person who has done such an exemplary job for the people of Western Australia in steering them through the COVID pandemic." Nothing could be a greater vote of confidence, support and admiration for those trading partners than to put this person, this minister, this Deputy Premier into those portfolios.

Mr V.A. Catania: He's presiding over a health crisis.

Mr S.A. MILLMAN: No, he is not, and the member knows that when he looks at what is happening throughout the rest of the world. It behoves the member for North West Central to not say that. He is smart enough to know that this is not a health crisis.

Mr V.A. Catania interjected.

Mr S.A. MILLMAN: Mate, you have a look —

Several members interjected.

The ACTING SPEAKER: I will just remind the member for Mount Lawley to use people's titles.

Mr S.A. MILLMAN: Yes, very well.

When we compare the way in which Western Australia has responded to the COVID pandemic with the way that other jurisdictions around the world have responded, members opposite cannot possibly maintain the argument that the WA health system is in crisis. For members of the opposition to do so, to suggest that, is simply wrong-headed and it shows that they have fundamentally failed to understand what is going on in a global context. I cannot believe that they are still doing it. I told opposition members last week, and I will tell them again, that this is the minister who identified the critical points within our health system; and this is the minister who, in the lead-up to the last state election, asked the people of WA to repose in him the trust necessary to carry out the reforms to fix the pressure points in the health system. I refer to things like hiring new staff, investing in our emergency departments and investing in the future health research and innovation fund for medical research. These are exactly the sort of responses that a responsible minister would make when faced with the challenges that are currently faced by the WA health system, challenges that are not unique to Western Australia. These challenge are being experienced throughout Australia and they are multiplied in other jurisdictions. If there is one person who has demonstrated the capacity, empathy, ability and capability to manage all these portfolios, it is this Deputy Premier and this minister. I speak in opposition to this motion, which is clearly wrong-headed.

MRS J.M.C. STOJKOVSKI (Kingsley — Parliamentary Secretary) [3.47 pm]: I rise to oppose this motion; what a disgraceful motion it is. I understand that when there are so few people on the opposition benches, it is much easier for opposition members to look across the aisle and attack. But, honestly, they are attacking one of the hardest working and, arguably, most successful ministers for health in the country, let alone the world. I have family members living around the world who are struggling with this COVID-19 pandemic. I have a cousin who was in hospital for two weeks with COVID-19. I have been talking to her through Facebook messenger and WhatsApp and she said to me, "I just wish I could come to Western Australia because you guys have it so good there." That sits at the feet of this Minister for Health because he is the one who has led us through this global pandemic and he is the one who has ensured the safety of Western Australians. The motion refers to the Minister for Health as the best health minister that we have had. I agree with part of the motion in that a health minister has failed to deliver sound outcomes, and that is Greg Hunt, the federal Minister for Health and Aged Care. Not only has he failed

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in his job to oversee vaccination rollouts, but also he has tried to tell us that he has done a good job. How ridiculous! The year 2020 put a spotlight on how important it is for us to invest money and time into medical research and saw governments and organisations around the world competing and racing to try to find a vaccine to inoculate us against COVID, which is killing people.

It was 2020 that put medical research under the spotlight for us. But prior to 2020, it was our Minister for Health who repurposed \$1.4 billion into the future health research and innovation fund to ensure that Western Australian medical researchers were world leaders in medical research, and that Western Australians were leading in health and medical research. Before COVID-19, it was our Minister for Health who had the vision to put our health and education systems at the top of the world. He repurposed \$1.4 billion to deliver local health and medical research, which not only is what we need when we are faced with global pandemics like this but also what we need to diversify our economy and to create new industries and jobs for Western Australians. Instead of lashing out at our successful minister, perhaps the member should look at backing him up and understanding that he has not only been arguably the most successful health minister in Australia, if not the world, but he has had the vision to take Western Australian medical research to the forefront in the world. It is a disgrace that the member is putting this motion to Parliament. Members opposite should be ashamed of themselves!

DR K. STRATTON (Nedlands) [3.50 pm]: I, too, rise to speak in opposition to this motion. I wish to speak to this motion as my electorate, the seat of Nedlands, is home to three public hospitals: Sir Charles Gairdner Hospital, Perth Children's Hospital and King Edward Memorial Hospital for Women. Nedlands is home, too, to major medical research institutions, including the Telethon Kids Institute, the Harry Perkins Institute of Medical Research and the Lions Eye Institute, to name just a few. It is fair to say that all of those institutions and other medical research institutions in Western Australia are known to be international leaders in medical research—research that has translated into very real health outcomes and practices for people around the world. We are home, too, to two private medical hospitals, a number of mental health inpatient facilities and a multitude of private medical and allied health practices; and many health workforce providers live in the seat of Nedlands.

I have been a social worker in three public hospitals and I have been a patient and a consumer of PCH and King Edward, so I feel I have an appreciation from multiple standpoints of the sheer complexity of the health system and of what it means to the social and health outcomes of all Western Australians, but also what it means to us as individuals and to families to have trust in our health system. Leadership of such a complex system requires a number of qualities, all of which the Minister for Health has demonstrated. It needs a minister who is steady in a crisis, and this has never been demonstrated more beautifully than during the COVID-19 pandemic when the minister ensured the trust of all Western Australians. We have heard it many times, but it is worth repeating: we have been kept safe and strong as a state by the leadership of the Deputy Premier; Minister for Health.

The outcomes and leadership shown when the eyes of the world are upon us speak for themselves. Leadership of such a complex system requires courage, and the minister has shown that he is prepared to show up and engage in some very difficult conversations with multiple stakeholders. It requires someone who is an advocate and a visionary. We have a health minister here who has worked to secure the highest rate of funding of any health system in Australia. It requires someone who is smart and collaborative—smart enough to listen and to act on the advice of health and medical experts—and who has experienced the breadth and depth of holding the statewide view of our complex health system. It needs, too, a systemic approach across a statewide system in a state that is itself diverse and large, and across an array of health services with multiple stakeholders, all who are invested in creating the best outcomes for Western Australians and serving a diverse population across our diverse state, including some of the most vulnerable members of our community and across many health disciplines as well. I argue, too, that it requires leadership that demonstrates compassion, humility and, ultimately, humanity.

Because of my electorate and how it is home to so many health services, I have had the honour of working with the minister across a range of health issues and developments. I have seen him engage with and demonstrate compassion with patients and families. I have seen him collaborate with health and medical private providers and advocate with leaders and health experts. This leadership is not limited to his health portfolio, but to all of the minister's portfolios. I stand today to express my unequivocal support for the minister. Indeed, I look forward to working with the Minister for Health and continuing to build the health services and the world-leading health services that my electorate is home to.

DR J. KRISHNAN (Riverton) [3.55 pm]: I also rise to oppose the motion. I am very glad that the Leader of the Liberal Party and the Deputy Leader of the Liberal Party are just arriving, because I particularly want them to pay attention to a few solutions we want to find for health care progression in Western Australia.

First of all, COVID! As a medical practitioner, I have worked in three different continents. I belong to a batch of 200 doctors who qualified from JSS Medical College. They are now placed around the world. I keep talking to them. We keep exchanging messages as to how COVID has been managed. Day in, day out, the question I am being

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asked is, “How is it that you guys are managing it so efficiently? Who is the main reason for it?” It is the man who is the architect of the plan to manage the pandemic. The whole world envies us. They are so proud of our achievement—except for the six opposition members who, day in and day out, pick on only health issues the majority of the time. I keep repeating and pleading that the one issue that we could join hands and work together to deliver better health outcomes to every Western Australian is the health issue—please cooperate, be constructive, join hands in providing solutions!

Ambulance ramping comes up in this house, day in and day out. I am glad that the Liberal Party members of this chamber are present now. The federal government shut the doors on overseas doctors, bringing in a classification procedure called a distribution priority area. They shut out overseas doctors coming into Australia, so I remind members that 40 per cent of the GPs working in Australia obtained their qualifications overseas. When the federal Minister for Health and Aged Care, Mr Greg Hunt, shut the doors to overseas doctors, the primary carers, who are not able to cope with the load on top of the work they already have in providing the best health care for Australians, now have to accommodate two additional appointments for COVID vaccination 1 and COVID vaccination 2 with the uncertainty of when they are going to receive those vaccines to deliver those vaccinations.

I refer to infrastructure. This health minister is investing in infrastructure. Let us take the Peel Health Campus. The inpatient beds, outpatient services, medical emergency services and the 10-bed mental health emergency care centre will receive a total investment of \$152 million, of which \$114 million will come from the state, and we thank the federal government for its \$20.1 million contribution, and there is a private investment of \$17.9 million as well. That is huge investment to build infrastructure that will bring about better health outcomes. The preliminary planning has commenced and the project will be delivered as promised.

I spoke last week about the transition plan of bringing services at Fiona Stanley Hospital back into the government. Joondalup Health Campus will have a 77-bed mental health building, 12 emergency beds, 30 inpatient beds, six critical care beds, one cardiac care unit and a behavioural assessment urgent care unit. As a health practitioner, I can appreciate the amount of better health outcomes these infrastructure investments can bring. How are we able to deliver these investments? It is because the pandemic was managed so efficiently that we are in a sound financial position and we have the true intent of doing good for the people of Western Australia. The construction contract for Joondalup Health Campus, with a total investment of \$256.71 million, has reached the early contractor involvement phase and is expected to be signed on 8 June 2021.

I get very confused; I am new to politics and I am new to this chamber, but this motion asks the Minister for Health to drop other portfolios. I cannot understand how there is absolutely no link between health and medical research. I already mentioned that the state is travelling in the right direction because the health portfolio is managed well. Jobs and trade keep people healthier. There was a significant improvement in science investment by this government in its last term. There was a 50 per cent increase in investment in life science companies in Australia between 2017 and 2019. It is a \$3.7 trillion sector, creating 28 000 jobs and 200 new companies. If the opposition thinks that has no relation to health, I am truly confused. If it cannot stand up and appreciate the hard work and effort of the Minister for Health, it should please at least keep quiet and let him do his job. Thank you.

MR R.H. COOK (Kwinana — Deputy Premier) [4.01 pm]: I would like to thank members for their contributions today. In particular, I would like to congratulate the member for Vasse for actually staying in the chamber for the entire debate. I notice she popped out for a bit of afternoon tea, as did the member for Cottesloe, but that is okay. That is perhaps one of the small advantages of being in opposition! But it is good to see that the member for Vasse lasted the distance this time; well done to her!

I thank members for their contributions. In some respects, it perhaps reflects more on members of the opposition than it does on members of the government that they would raise the issue of what hard work looks like in government. I have a huge appetite for hard work, and I am a proud, hardworking member of the McGowan team. It is a task that I have taken on with great honour, great pride and great humility, and it is a task I have set myself to wholeheartedly over the two and a half months I have had the opportunity to hold these portfolios. One might say that a period of two and a half months is a little early to make a judgement on a four-year term’s performance, but I accept the challenge from the opposition. I understand that when an opposition’s sole research capacity rests upon following the tweets of the Australian Medical Association, it is a little hard-up for substance, and it therefore has to bring the same issues to this place week after week. Nevertheless, I recognise that the opposition believes that health, jobs and trade, state development, medical research and science are all important portfolios, and I agree. I hope that is one of the reasons the Premier has entrusted me with these important portfolios.

I acknowledge the comments of members opposite, including the member for Cottesloe, in relation to the McGowan government’s efforts in keeping Western Australians safe and strong and in ensuring that we had an appropriate, thorough and comprehensive response to the global pandemic. I am particularly proud of our record, and I thank all members for their acknowledgement of where we are today.

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Of course, we have a challenge ahead of us: how do we go from the COVID-19 pandemic to a period of strength and growth of the Australian economy and jobs? That is a task and a journey that I am committed to. In particular, I am committed to the McGowan government's and WA Labor's plan for WA jobs. It is a vision for the future—about how we can continue to consolidate the strength of our economy and our great record of supporting the resources industry, mining, oil and gas, into the future to make sure that we continue to have the prosperity that Western Australians deserve. It is about recognising the strengths of those sectors and understanding how we can pivot out of those sectors, consolidating those strengths, to recognise our capability of working in new industries, as we decarbonise the Western Australian economy and set it up for growth. It is about making sure that we recognise new energy possibilities and understanding that the opportunities around energy storage, battery technology and manufacture are opportunities that we cannot miss. In the same way that we had to secure the opportunities presented by the global pandemic, we now have to secure the opportunities for economic prosperity that the post-COVID-19 period will present. That is why I think it is appropriate, as we move out of COVID-19, that we acknowledge that state development and jobs and trade are going to be pivotal to making sure we are successful into the future.

That is one of the key reasons the Premier elevated the role of Asian engagement to the Deputy Premier, combining it with the portfolios of jobs and trade and state development, to make sure we have the seniority and grunt necessary to carry those strategies forward. I also acknowledge the member for Cottesloe's critique. The new model for Asian engagement was secured after an extensive review of our whole Asian engagement strategy and our trade commission posts. I think the member's analysis was a little ham-fisted and premature; one has to be able to give this new model an opportunity to work. In particular, it has to be seen in the context of being able to engage properly through actual physical presence; obviously, at the moment it is difficult for our trade commissioners to travel overseas, with the very present and evident dangers involved.

The new configuration of trade commissioners through the Asian engagement strategy around a hub-and-spoke model means that we are able to pivot from our positions of strength in the Asian economic community to look at new opportunities, whether in Korea or South Asia and India, and combining those with opportunities in the Middle East. We have to make sure that our resources are distributed in an appropriate way. As I explained at the Asian Engagement Summit last month, it is important that we have a modern system for the establishment of these positions and that we have a senior government minister taking these strategies forward to make sure we can secure the opportunities that come from them.

I share the member for Riverton's incredulity that the opposition could somehow think that health, medical research and science do not belong together. It is obviously incredibly important to have synergies between these portfolios. We wanted to highlight the role of medical research as part of a separately named portfolio to ensure that Australia and the world knows that Western Australia, as a medical research powerhouse, is back. We are back because we have a \$1.4 billion future health research and innovation fund to take medical research in this state forward, combining our science capabilities with innovation in that sector to ensure that we not only improve patient services, but also secure the economic returns that these great innovations in medical research initiatives represent. As the member for Riverton observed, if we get that right, we get an important piece of our job creation right. Consolidating these portfolios in a single Deputy Premier position represents good public policy and confidence in moving forward.

I have acknowledged on a number of occasions the pressures our health system is under. This is characteristic of the demand pattern we share with all other health jurisdictions. That is why the Premier has elevated it to the national cabinet agenda and why we need a national response to this particular issue. It has a unique system demand dimension to it that means we cannot treat it as an ordinary state of affairs. It is something that has been brought on and that the whole nation is sharing. We will do that because we have the policy systems in place and we have the opportunity to pivot and ensure that we are growing our health system to make sure that it is able to expand and adapt to this situation, which, as I said, the national cabinet will address on Friday.

There is a saying, "If you want something done, give it to the busiest person in the room", but in this case, I would like to think the Premier has also given it to one of the most effective people in the room. That is why he has given me these portfolios. I am a proud hardworking member of the Mark McGowan Labor team. I carry those duties with great pride, great honour and great humility, and I think that under the great leadership provided by the Premier we will continue to prevail.

Division

Question put and a division taken, the Acting Speaker (Mr D.A.E. Scaife) casting his vote with the noes, with the following result —

Extract from *Hansard*
[ASSEMBLY — Tuesday, 1 June 2021]
p1014a-1022a

Ms Mia Davies; Ms Libby Mettam; Dr David Honey; Mr Simon Millman; Mrs Jessica Stojkovski; Dr Katrina Stratton; Dr Jags Krishnan; Mr Roger Cook

Ayes (6)

Mr V.A. Catania
Ms M.J. Davies

Dr D.J. Honey
Mr R.S. Love

Ms L. Mettam
Mr P.J. Rundle (*Teller*)

Noes (46)

Mr S.N. Aubrey
Mr G. Baker
Ms H.M. Beazley
Dr A.D. Buti
Mr J.N. Carey
Ms C.M. Collins
Mr R.H. Cook
Ms L. Dalton
Ms D.G. D'Anna
Mr M.J. Folkard
Ms M.J. Hammat
Ms J.L. Hanns

Mr T.J. Healy
Mr M. Hughes
Mr W.J. Johnston
Mr H.T. Jones
Mr D.J. Kelly
Ms E.J. Kelsbie
Ms A.E. Kent
Dr J. Krishnan
Mr P. Lilburne
Mr M. McGowan
Ms S.F. McGurk
Mr D.R. Michael

Mr S.A. Millman
Mr Y. Mubarakai
Ms L.A. Munday
Mrs L.M. O'Malley
Mr S.J. Price
Mr D.T. Punch
Mr J.R. Quigley
Ms M.M. Quirk
Ms R. Saffioti
Ms A. Sanderson
Mr D.A.E. Scaife
Ms J.J. Shaw

Ms R.S. Stephens
Mrs J.M.C. Stojkovski
Dr K. Stratton
Mr C.J. Tallentire
Mr D.A. Templeman
Mr P.C. Tinley
Ms C.M. Tonkin
Mr R.R. Whitby
Ms S.E. Winton
Ms E.L. Hamilton (*Teller*)

Question thus negatived.