

McGOWAN GOVERNMENT — HEALTH — PERFORMANCE

Motion

MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition) [4.04 pm]: Deputy Speaker, it really is going well this week because I have left my piece of paper on the desk! I move —

That this house condemns the Labor government for its failure to prioritise a safe and efficient health service for Western Australians, resulting in a broad range of economic and social impacts.

This is a very serious issue, and we have just had news of a COVID-positive individual in our community. The opposition continues to raise questions because there is not only an impact on our workforce and people who are being caught up in our hospital system, the emergency departments, St John Ambulance and a whole raft of areas in their everyday efforts to access quality health care, but also the spectre of COVID is hanging over us. When incidents of individuals testing positive to COVID occur, the first thing we think about is how our health system and hospitals could possibly cope if we had any kind of outbreak like the one that is occurring in New South Wales. That would be an additional burden on what is already a stressed system in crisis, as some would put it, although the Minister for Health still refuses to acknowledge that. Our health system cannot cope with any additional burden that would come from such an incident. I put on record that I truly hope that this was, in fact, a weak positive-negative result and that all the close contacts test negative and are therefore ruled out, because I would not like to see our state end up where New South Wales, Queensland, Victoria and other places around the world have ended up. We continue to raise the issue of the health system because we know that it is already overburdened. The challenge is that if we see COVID creep into our state, I fear very greatly for the staff who are already working at capacity and for our ability to access healthcare services for all the things that we do on a daily basis. The opposition will go through how we believe the mismanagement of our health system is impacting not only our community at a personal level, but also, from an economic perspective, across other sectors.

I spoke yesterday about ambulance ramping. As we put forward yesterday, everyone knows that the Western Australian health system is in crisis. In fact, last week the ABC 7.30 report highlighted that the numbers we see with ambulance ramping are at a level that is not only a national but an international disgrace. The WA faculty chair of the Australasian College for Emergency Medicine, Dr Peter Allely, highlighted the dangers when he said —

... most departments are running at almost disaster level, at least several times a week ...

Again, I quote —

... to have overcrowding in the twenty-first century in one of the richest countries in the world is scandalous.

We agree, yet the minister refuses to say the word “crisis”, even when we have people in the system working on the front line saying that it is at a “disaster level”. We in the opposition asked for information about code yellows that are being triggered by staff. It may well be an internal measure, but the Australian Nursing Federation has been asking for this to be published live and online, much like other information is published, and I think the public and the opposition have a right to know what that information is. I do not understand why the minister will not agree to publish that information. Is it because it would demonstrate just how close to the wire our health system operates every day?

How do we know that the system is in crisis? We have used the health minister’s own benchmark. We outlined yesterday that when he was in opposition, this minister complained that 1 030 hours of ambulance ramping was a massive failure, resulting in horror stories that were shocking. But in July this year, we had ambulance ramping numbers that were five times greater than the number that the minister referred to as a massive failure. I really think it reflects on the Minister for Health and how he is approaching this crisis that he can accuse someone of a massive failure at that point in time and then has numbers five times worse than that when he is responsible for the health system, but will take no responsibility or accountability for that. In fact, we see everybody else is being blamed, including the people who walk through the front doors of emergency departments. That has been the latest excuse. Last week, 7.30 on the ABC highlighted the broader issue of those code yellows that I spoke to.

Mr P. Papalia interjected.

Mr R.S. Love: If you are going to interject, at least do it loud enough so we can hear.

Ms M.J. DAVIES: Is the minister okay there muttering under his breath? Would the minister like to contribute?

Last week, 7.30 on the ABC highlighted the broader issue of the code yellows that we have now asked two questions on in relation to why this Minister for Health and government refuses to table the data. That is a transparency issue for us, and again I wonder why the minister refuses to provide that information. The WA faculty chair for the Australasian College for Emergency Medicine, Dr Peter Allely, really highlighted this risk when he said there are internal disasters, and he used that language, regularly happening in our hospitals. He is right; they are internal disasters. I have some examples of people in my constituency and others who have raised issues that have occurred

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

as they have traversed their way through this health system in crisis, and they do not make for good reading. It is quite devastating to have a family member or individual who has fallen through the gaps in a system under pressure. All of them go to great pains to say that it is not the staff's fault, but that they are overworked and there are simply not enough people in these hospitals to deal with the situation that is emerging.

The Australian Nursing Federation is calling for those code yellow updates and the data to be provided, and it wants it provided online and in real time. We consider this to be a sensible and important request. This is the Australian Nursing Federation, which represents the people who work on the front line in all of these hospitals. It is saying this information would assist and it should be made public so we can assess just how severe this crisis is. It is not just an internal management situation; it is impacting on these people's lives as they go to their places of employment every day, and it is impacting on patients. I recall reading some information that had been provided earlier this year by another professional in the sector who said that code yellows did not use to occur regularly, but now they seem almost normal. At the time, the Minister for Health reflected on this and said it was just business as usual and it was just the hospital managing its business. He said if a code yellow is called, it means that all staff have to step up and manage how to progress patients through the system. But if that is happening all the time, it is a red flag that is not being addressed. Surely, if it occurs rarely, it is taken notice of and some changes might be made to the process, but if it is happening every day and becoming business as usual, that is a system at breaking point. A code yellow should not be called and put in place on a daily basis, whether it is in one of our major tertiary hospitals or one of our hospitals around regional Western Australia. That points to under-resourcing and a failure to invest over a long time, because these issues have not emerged overnight. I will come to it in a while, but there is also opinion from those who work in these emergency departments that it is not normal. Let us not forget that this minister who at last count has five portfolios, and I consider health the one that needs the most attention at this point, was the one complaining in opposition that no information was available and he was going to provide all this information on the health department website. That was what he was going to do. It is remarkable that we have now asked twice, and a key stakeholder in the minister's portfolio, the Australian Nursing Federation, has also called for that data to be released, but the minister is refusing to do it. I remind members that the current government famously committed to a gold standard in transparency when it came to power. To quote the minister —

“The McGowan Government made a commitment to improve the accessibility and transparency of information around the Western Australian public health system.

We are calling on this health minister to immediately commit to implementing real-time reporting of code yellows, or internal disasters as those working the system refer to them. If he does not, it is another reflection on the way this minister is handling his portfolio, and it is not a good reflection. I do not think it is an unreasonable request. The Australian Nursing Federation does not think it is an unreasonable request. The minister made it a personal election commitment to provide greater accessibility to, and transparency of, health data, so he must deliver. That has to be an outcome, or at least a response. Outside question time, in which we know there is theatre, bluster and all the rest of it, we have the opportunity in this debate to understand more fully why the minister will not provide code yellow data.

We spoke at length yesterday about ambulance response times. I am setting the scene for my colleagues to progress through how this issue is impacting on a broader range of economic and social areas in our state. I think it is important to have on the record the data we have to hand and, again, the measures we are looking at to say that this is a crisis. The crisis in the emergency departments are now having broader and much more dangerous flow-on impacts on St John Ambulance—on paid paramedics, officials and volunteers. Because St John's ambulances are trapped—they are ramped and cannot get out—they are unable to get back into the community and respond to emergencies. That will cause some concern in the community.

That is starting to be reflected in the data collected in relation to its services. I remind members that at the same time we are dealing with this, this Labor government has a committee, dominated by government members, to investigate the St John Ambulance contract. I am not sure that we need an investigation; we need the government to provide a contract that goes for longer than 12 months. That is what has been happening; the contracts have been rolling over in a very short-term way, which does not allow any organisation to respond to the challenges. If the minister says that the scenario now is completely different from what it was four years ago, two years ago or one year ago, St John Ambulance is dealing with that same challenge, yet it is on a short-term contract and is not getting any support. But what it will get is a committee to scrutinise its activities.

The data that St John Ambulance collects is very telling. For the month of June, only 79 per cent of priority 1 emergency calls were responded to within 15 minutes; well below the 90 per cent response time benchmark. That is incredibly worrying, but one of the reasons St John is unable to do that is that half of its ambulances and officers are ramped up on every tertiary hospital emergency department entry. That is an appalling use of resources. Priority 2 and 3 cases also fell well short, with response times at 67 per cent and 63 per cent respectively. When we talk about these percentages, we have to remember that there is someone in the back of all of these ambulances and that there are people who are making calls who are not being responded to. If something has happened to a critical

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

patient and they need urgent assistance and all the ambulances are tied up because our hospitals are failing to process patients through either the emergency department or in the wards, we are failing the people of Western Australia. To me, these figures are truly shocking. It is concerning that the response times appear to be falling off a cliff. We appear to be getting to a point at which they are getting worse and worse, and I have a feeling that that is because this government has a record of blaming everyone but itself and that St John is about to take the fall for the appalling performance we see in our health system, which is under stress and under pressure.

So that members know, St John Ambulance service response time benchmarks are as follows—this is what they aim to achieve: attend to 90 per cent of priority 1 calls, which are emergency calls, within 15 minutes; attend to 90 per cent of priority 2 calls, or urgent calls, within 25 minutes; and attend to 90 per cent of priority 3 calls, or non-urgent calls, within 60 minutes. If I go back, in the month of June, only 79 per cent of priority 1 emergency calls were responded to within 15 minutes. St John Ambulance is not meeting its benchmarks, and that comes right back to the way our hospitals are operating at the moment. That is not the fault of St John Ambulance. Twenty-one per cent of people who make a phone call to 000 with an emergency, perhaps a heart attack or any other life-threatening issue, will not have an ambulance arrive within 15 minutes to provide potential lifesaving aid. How scary would that be? We teach our kids that in an emergency, if they dial 000, someone will be at the other end of the phone to send someone to take care of them. I acknowledge that that is slightly more challenging in a regional setting, but our emergency volunteers in regional Western Australia do a remarkable job under enormous pressure. However, if people who live in the Perth metropolitan area or a major regional centre dial 000, 21 per cent of them will not be responded to within the appropriate time. That is an appalling indictment on this minister's handling of our health system. Imagine if that happened to one of your family members. We should not have to imagine that happening to someone we know and love because we have a responsibility to the people of Western Australia. Just imagine if it was someone we knew who was waiting desperately for assistance. How would we feel? What if it happened to one of our constituents? A number of my constituents have contacted me about this. Can members look their constituents in the eye and say, "We did everything we could to make sure we have a health system that doesn't let your family down"? I am not sure that anyone in this government could say that.

The minister needs to stand up for what is right because that is what Western Australians demand. In a state as wealthy as Western Australia, with a potential to deliver a \$5 billion surplus, we deserve a first-class health system. That is what the people of Western Australia deserve. It is bad enough that we are experiencing record levels of ambulance ramping, which has contributed to a delayed response time for ambulances to get to emergency calls. It is good that the patients in those ramped ambulances still have the St John Ambulance crew looking after them, but those ambulances that have come from regional Western Australia in particular have already driven a considerable time to get to an emergency department. Most of my constituents will end up at Midland Public Hospital, but if it is on bypass, they will be sent to Sir Charles Gairdner Hospital or Royal Perth Hospital. That ambulance crew may have already driven two or three hours, possibly five. It depends on how busy the local crews are and whether they have had to call in a crew from another town. Those volunteers are amazing. In the middle of the night they get into the ambulance and drive a patient to Perth. They then stay with the patient if they have been ramped, possibly for another two or three hours, and then have to turn around and drive back to the community in regional Western Australia, clean down the ambulance and probably do a full day's work the next day. They do it and they do not expect very much from our community. But we expect to have a system that means that they do not have to sit for three or four hours outside an emergency department. The situation is far from ideal.

Statistical information shows that people die as a result of ambulance ramping and bed block in hospitals. This is inevitable because people are not being treated. We have all these specialists, wonderful nurses and medical experts, yet we do not have enough of them, so people will inevitably die. The Australian Medical Association has said that an Australian study has shown that if a patient presents to an overcrowded emergency department, there is a 10 per cent increased risk of death, and deaths on the ramp are occurring. If people are dying whilst ramped outside an ED, we can only imagine what will happen if there is no St John crew there to provide first aid. We are putting an enormous amount of pressure on the service. I am not going to pretend that this organisation is perfect; no organisation is, but it is responsible for turning up when we are at our most desperate. St John staff are being inhibited from doing their job because this state is not investing into its health system.

From a COVID perspective, another one of the minister's explanations is that this is all happening all over Australia. His words yesterday were that we were in the blast—I cannot quite remember. He used the word "blast", but we are in the shadow of a COVID pandemic. But plenty of people who work in the health system and health experts say that there were markers of a crisis in Western Australia's health system well in advance of COVID arriving on our doorstep. One can only imagine, if we actually did have an outbreak here, how much more pressure would be applied to an already stressed system. Australia has had virtually no outbreaks. I will give credit where credit is due. How the state government and the Premier have managed this state with quick, sharp lockdowns has been acknowledged around Australia; I get that feedback wherever I travel around the state. We are not disputing the fact that we do not have COVID on our doorstep and that people in this state are very lucky to be living in the way we are, but we cannot then say that we blame COVID for the problems in our health system. I have no doubt that there is a corollary of impacts, but, by and large,

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

in Western Australia, we have been able to move about freely and we have not had lengthy lockdowns. There have definitely been concerns about the impact of that on small business, which we have raised in this place. The government could certainly go further to provide security or at least some assurance to the business community that if we are to enter another lockdown, what funding they might be eligible for. Going from lockdown to lockdown certainly increases the stress and pressure on those business owners who are trying to take care of their finances and employees.

We have to be realistic here. The issues we face in Western Australia are a result of under resourcing and under investment. I go back to the fact that with this state's wealth, we should have a world-class system. Dr Peter Allely said that the system is at disaster levels. He states —

“Everyone's ... exhausted and burnt out. We haven't had a COVID outbreak ... and it kind of frightens me to think how our staff would cope if we did.”

Dr Allely is the faculty chair of the Australasian College for Emergency Medicine. He is an ED doctor. That should ring massive alarm bells. One of our leading experts is metaphorically screaming at the minister and the government that we are not prepared. There is a litany of other concerns about the preparedness of Western Australia for a COVID outbreak, as evidenced by the breaches at Geraldton Health Campus, Fiona Stanley Hospital and Royal Perth Hospital. Minister, this begs the question: why, 18 months down the track, outside that very serious and early emergency, do we not have the processes in place so that we do not have these breaches? They send shock waves through the community every time they happen. I understand that people are human and mistakes will be made, but we should have protocols and processes in place that prevent the type of outbreaks that have happened at Geraldton Health Campus, Fiona Stanley Hospital and Royal Perth Hospital. All the hospital staff involved should receive full training on handling COVID-positive cases in an appropriate way.

The opposition suspects that these breaches have occurred because staff are so stretched with their daily duties that possibly they have no time to do that important preparation, training and practice. Every emergency department doctor and staffer in the health system will tell us how they need to have time to prepare and execute when they face an emergency. It is clear that this government has let our hospitals get to a tipping point. Now we have COVID on our doorstep again. Today we are in the shadow of another potential outbreak. I truly hope that this gentleman who we have heard about today has not caused community spread. However, it is very concerning when professionals like Dr Peter Allely talk about the system being at disaster levels.

We have talked about the staff and our concerns about staff in the system. What concerns me most, though, is the enormous pressure and stress that is being placed on our nurses and healthcare workers. These people commit their lives to looking after others and many of them feel obligated to make up time for the shortfalls in shifts. A shortage of staff is resulting in healthcare staff operating over multiple shifts. We heard those personal reflections when a rally was held earlier this year. I understand another rally is going to be held. That is not a good outcome. These amazing staff members are feeling so lost and distraught in the system that they feel they have to come out to rally. It is unacceptable that they are being put in this position. They entered this profession because they want to help people. On many occasions they feel that they cannot turn down extra shifts because they know that it will impact on their fellow workers if they do. This hurts the staff and their families and certainly increases the pressure they are under and affects their mental health and wellbeing. But the biggest concern is that this is poor workplace practice. We cannot have people working shifts end on end in an ongoing fashion, shift after shift after shift. They become exhausted and there is a lack of focus and serious incidents take place.

One obvious problem is that we do not have enough nurses. The Minister for Health promised that 1 000 new nurses will be recruited this year, but the Australian Nursing Federation says that the minister failed to disclose that at the same time between 600 and 700 nurses will retire. We may be recruiting 1 000 nurses but that figure does not take into consideration the attrition rate. I suggest that there will be a significant attrition rate in the sector at the moment given the pressure that staff are under and that that will only be exacerbated. I expect that we will be seeing more of that, just as we saw that happen in 2008 when the mining sector started to pick up and attractive salaries were on offer. There was pressure on the public service because workers left the public service. I expect a similar thing will happen while the government continues to increase public service salaries by only \$1 000 a year. That cannot be sustained in the long term. It is certainly not sustainable while people work considerably longer hours, and are overworked and under-resourced. I expect there will be many, many cries for increased pay. I know that negotiations on an enterprise bargaining agreement will be underway shortly, if they are not already underway. The 1 000 extra nurses that the minister promised would be coming into the system will be offset, according to the Australian Nursing Federation, by those 600 or 700 who are due to retire over that period.

We need to know what efforts are being made to up the ante on that recruitment campaign. I have not seen a recruitment campaign. The Australian Nursing Federation tells us that it has not seen a recruitment campaign. Has any advertising campaign been commissioned? Are there adverts on TV? Are we working through professional networks? Are we looking for nurses from interstate or overseas? If we do not bring any new nurses in, all we will be doing is rearranging the deckchairs. One hospital will poach nurses from another hospital that is poaching nurses

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

from another hospital. We know that when this happens regional communities typically lose out. That cannot be the solution. I wonder how much and how many resources have been spent on this or whether any resources have been allocated to any recruitment campaign. How many nurses do we expect will be recruited from each jurisdiction? Where are the targets? How many have been recruited to date? No-one knows. The Australian Nursing Federation has told us that it has not seen any evidence of this.

Mr R.S. Love: I doubt the minister has either.

Ms M.J. DAVIES: Perhaps the minister can stand up today and answer some of these questions and table the advertising or recruitment plan so that we can see what the government is planning to do. We keep hearing that 1 000 nurses are coming into the system, but we need to know how that is going to take place. Like everywhere else, workforce shortages are having a serious impact on major sectors of the community. I wonder how exactly we are going to achieve these lofty aims. They are indeed admirable, but we have to be able to achieve them.

They are the questions that the opposition has. How will that interact if we indeed recruit from overseas or interstate? Where are we going to put those people? If they come from overseas, will they have to be within the international arrivals cap? Was the health workforce discussed at the government's skills summit? I understand there is a great need for staff within our mining industry and agricultural sector. The Housing Industry Association has been calling for additional workers so that places can be built for people to live, and I am sure the health services sector has been making the same calls. I would be interested to hear the minister address those questions in some detail during this private members' business motion. We have asked questions about this throughout the year, but we really have not seen any detail.

I am conscious of the time, but I wanted to put a personal face on some of the challenges that are brought to our electorate offices. Yesterday, I outlined the measures that absolutely demonstrate that the health system is in crisis and the impact it is having across the whole state, but I want to bring it down to an individual level. I have a number of comments to read into the record. I am not going to identify any person because they have said that they would prefer their names not to be read into the record. I assure the minister that some of these issues have been resolved with the assistance of the Department of Health and the minister's office, and that others are reflections of people's incredibly traumatising experiences. The first comment is from somebody from my electorate. It states —

Midland Hospital is chaotic. Don't know whether anyone else had told you about the number of people being recalled or having to return due to illness. There have been a number of cases—one of which I am aware went down with neck pain. Was sent home. Went down by ambulance the next day and had two litres of fluid pulled off his lungs. People are going to die—if they haven't already. Mum was recalled after her X-rays were reviewed the following day. They don't have enough staff or beds. Mum was placed in an emergency paediatric area—lucky she's small!

She also commented on what the minister said about people presenting unnecessarily to emergency departments. She was pretty up-front about it and said —

This is rubbish. Today, Chittering Ambulance was called to Caraban because no other ambulance was available. They were ramping.

The distance between Chittering and Carrabin—in the member for Moore's electorate—is 75 kilometres. They had to call an ambulance from 75 kilometres away to collect someone so they could go to hospital.

I have another comment from a person in a different town in my electorate. It states —

I was on a stretcher in the corridor in agony at Midland Hospital, for 3 hours. The two young Ambos could not leave me until I had been admitted to ED. The place was a nightmare, so short staffed and as a result I had a cannula left in my arm for 3 days and ended up with septacemia. My story isn't unusual either.

I have other messages, many from people who have had to front up to an emergency department. I understand Health is complex and emergency departments face difficult problems and have all sorts of people walking through their doors. As has been said, there are many challenges due to the number of mental health patients who front up. It takes many resources to deal with those people. They are problems that are confronting both staff and individuals and that is certainly reflected in a lot of the commentary that is heard in my office.

A number of people have also spoken to me about their difficulty in trying to line up their elective surgery or having their elective surgery cancelled at short notice. I understand that can be inconvenient for someone living in the Perth metropolitan area because they have to live with something that is very uncomfortable and it may prevent them from going back to work, but for people who live in regional Western Australia there is the added concern of getting transport down to a Perth hospital to have that surgery. If someone from the country has their elective surgery—or any kind of surgery—cancelled at short notice in the metropolitan area due to understaffing, under-resourcing or changing priorities, that has a serious impact particularly for people who cannot have that surgery at a local hospital and do not have access to transport. Those are a number of the issues that come through my office and I am sure that

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

other members get the same. These are the people we are concerned about, in addition to those who work in the health system. We bring this issue to Parliament again and again because we do not think this government is addressing the issue. At this time, in a state as wealthy as Western Australia, we do not think the minister's full attention is on trying to resolve these very wicked problems. We urge the minister to take the time to respond to the matters raised today, give us the detail and make sure that we have access to the information that has been requested by not only the opposition, but also people who work in the system and those who represent them.

MR V.A. CATANIA (North West Central) [4.40 pm]: Can members picture this? The Premier is on a stage and is just about to take a bow. In the background is a banner stating "Keep WA Safe". He had done a play about keeping WA safe. We can hear accolades and people clapping. He says, "Welcome to the health minister. Health minister, please come out." As he comes on stage, he trips and knocks over the "Keep WA Safe" banner—what we see is a health crisis and a housing crisis. We see crises everywhere. Prior to the election, the government said it was keeping Western Australia safe, but we now discover there are gaps and holes that the Labor government, led by Premier Mark McGowan, has not addressed. The wealthy state of Western Australia, which is leading the nation because of our iron ore royalties, has Third World conditions in its regional health services.

I want to talk about some of the issues in my shadow portfolio of Aboriginal affairs. I will start with the May 2019 *Statement of intent on Aboriginal youth suicide*. The report is a preliminary response to the State Coroner's inquest into the deaths of 13 children and young persons in the Kimberley region and *Learnings from the message stick: The report of the inquiry into Aboriginal youth suicide in remote areas*. The report and its recommendations are interesting. In part, the government response states —

The Western Australian Government supports the overall intent of this recommendation and notes that it is consistent with the National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028.

However, if we look for this government's action on the recommendations, they simply are not there. When it comes to the need for appropriate specialist clinical resources and service providers, they are in short supply and thinly stretched throughout regional Western Australia and in remote areas. The response also states —

In the same way, there are also limited resources currently available to facilitate follow-up and therapeutic treatment for those diagnosed with FASD and other development-related conditions.

At present, all children who enter the care of the Department of Communities are referred for a comprehensive health assessment, which considers health and development, oral and dental health, and mental health. A key issue in the Kimberley and other regional areas, however, is a lack of culturally appropriate therapeutic and treatment services for Aboriginal children and young people. Those services that do exist have significant waitlists, struggle to service all referrals, and have limited capacity to transfer referrals if a family moves to other areas or regions.

Simply, this government has avoided funding and appropriately addressing a key recommendation of this report. In another report, under the heading "Commitment 6: Better access to clinical services", it states —

Young people and their families in remote areas and communities are experiencing difficulties in accessing the services and follow-up they need. We will work to address these issues, balancing the needs of the community with the challenges posed by regional and remote Western Australia.

That was a commitment the government made to one of the key recommendations, but we still have not seen that. We have seen a lot of focus on the Kimberley. The report continues —

The Kimberley community workshops highlighted the importance of accessible, sustainable, integrated services or service hubs, better access for young people in remote communities, shorter waiting times, and more youth mental health facilities in the Kimberley.

A range of strategies, programs and approaches will be developed to deliver better access to clinical services, including:

- expanded access to clinical care through 24/7 telehealth access across the state;
- exploring innovations in remote service delivery;
- identifying opportunities for better coordination of State and Commonwealth services, and increased involvement of the community sector;
- investigating options for additional health and rehabilitation facilities in the Kimberley; and
- the initial actions for FASD, including:
 - exploring options for a FASD screening tool, which is a critical first step towards broader screening of children in Western Australia; and

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

- investigating how Children's Court-ordered assessment reports of young people suspected of having FASD can be made available to families and other government agencies (including State and Commonwealth health and disability agencies) as needed to improve treatment of and support for children with FASD and other cognitive impairments.

It will be interesting to hear how the Minister for Health reacts and whether he can enlighten members of Parliament on how the government is tracking on the key recommendations from the May 2019 report.

I do not want to take anything away from the tragic suicides in the Kimberley, but a report of 10 March 2020 on The Stringer Independent News website reads —

Highest suicide rate — health inequality is discrimination

... In 2014, I disaggregated to the Kimberley's First Nations peoples, the nation's highest suicide rate, one of the world's highest, at over 70 suicides per 100,000 population (First Nations), thereabouts seven times the national rate. Fortunately, although there is a devastatingly long way to go, the suicide rate has been reduced to less than 50 per 100,000.

That is in the Kimberley. The article continues —

But the nation's most affected are now the Murchison–Gascoyne's ... Last year they recorded the nation's highest suicide rate; nearly 90 suicides per 100 000 population ... more than seven times the national rate.

When members think about suicides, often what is happening in the Kimberley is highlighted, but what happens in the Gascoyne–Murchison in the midwest—I am reluctant to say midwest because that captures a large area of the Gascoyne–Murchison and places in the electorates of the members for Moore and Geraldton—is often not heard about. Sadly, what we often hear is happening in the Kimberley and Pilbara is happening to a greater degree in the Gascoyne and midwest. It says that Geraldton Regional Aboriginal Medical Service CEO, Deb Woods, stated to the *National Indigenous Times* —

“We are calling on both the State and the Commonwealth to support the peak health service of the Yamatji people to each provide funding for two full-time psychologists and at least six fulltime Aboriginal mental health practitioners. If combined, the State and the Commonwealth, they can both provide the long overdue rudimentary mental health needs for our forever forgotten ... Yamatji people; four full-time psychologists, at least 12 full-time Aboriginal mental health practitioners. We are struggling with one part-time psychologist only for the whole of the Murchison–Gascoyne.”

There is only one, members. That is absolutely disgraceful, especially after we read report after report about what is happening with youth suicide, particularly in Aboriginal communities. It goes on —

“We need the psychologists and mental health specialists to be there for our most vulnerable, and to be able to plan outreach, a vital missing link, and the flow on effect will be improved access to primary and secondary healthcare.”

The article also quotes Deborah Woods as stating —

“The McGowan Government has approved \$73 million to redevelop Geraldton Health Campus, \$5.93 million for Geraldton allied health services and \$12 million for a range of allied health services across the Midwest but the GRAMS —

That is the Geraldton Regional Aboriginal Medical Service —

which represents 12 per cent of the region's total population has been not offered a single dollar. Do our people matter?”

That leading Aboriginal medical service, which covers Geraldton, Carnarvon and Mount Magnet, does not have the resources, nor has it been offered the resources, after pleading to the state government that action needs to be taken in this space, given the fact that the suicide rates in the Gascoyne–Murchison and midwest are the highest in the state, far surpassing the extremely high rate in the Kimberley.

The article states also —

Avoidable mortality is tragically at 58% of Murchison–Gascoyne resident deaths under the age of 75 years. These deaths could have been avoided through the better use of primary prevention and treatment interventions. The avoidable mortality rate for Yamatji is 5 times higher than for the rest of the Midwest's population.

Despite that, access to services is non-existent in places like the Gascoyne–Murchison. Those services have generally been moved to places like Geraldton, which now has to provide outreach services to struggling communities that have complex mental health, suicide and preventive health issues, and cover vast distances. People in the

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

metropolitan area do not have to suffer in silence. They can see their GP or go to an emergency department. When it comes to health services in regional WA, they are somewhat scarce, and the provision of those outreach services may be funded for only a visit here and there over time.

The then Minister for Mental Health, Hon Stephen Dawson, went to the launch of a GRAMS suicide prevention program. At that launch, he stated —

“We know to tackle the suicide problem that local solutions are what is needed—solutions that are evidence-based and well implemented.”

What is needed is to properly resource the health services in the midwest and Gascoyne. All we are seeing is lip-service. I go back to my opening remark about how the Premier stood on the stage and bowed, because he has kept Western Australia safe, as the Minister for Health came in and knocked over what was behind him, and then we started to see the unravelling and the crisis that the health system of this state is in.

Mr P.J. Rundle: It started on 4 March.

Mr V.A. CATANIA: It started, actually, in March 2017, when we heard all the promises made by the then Leader of the Opposition and opposition health spokesperson. All we have seen over the last four years is a lack of action by this government to address the desperate situation faced by Aboriginal people in regional communities. All we have seen is lip-service. The Premier is telling everyone that they are safe. However, we are now finding out that people are anything but safe. Even without the spread of COVID-19, this state has a health crisis. When we listen to radio, we hear all the excuses, as we did in Parliament yesterday, and all the reasons why our health system is under stress, like the rest of the country. All we hear from the Labor government is how wonderful it is, and that perhaps the people on the east coast should be doing exactly what it has done. The arrogance of the Premier! The Premier has said that New South Wales has an arrogant Premier. New South Wales is in crisis. We as Australians should be helping each other, not labelling the NSW Premier as arrogant. When this state has a health crisis, we are told that the rest of the country has a health crisis, so we have to have one. This state does not have COVID-19. We are not in lockdown. We do not have those issues. It is unbelievable. That is not being a Western Australian.

Several members interjected.

Mr V.A. CATANIA: The comments by the Premier and by the Minister for Health are anything but being a Western Australian. We help those in times of need.

Several members interjected.

The ACTING SPEAKER: Order!

Mr V.A. CATANIA: Presently, the health system needs help. The government has a \$5 billion surplus. This government has had a windfall of who knows how many billions of dollars over the last five years, yet our health system cannot provide for the basic needs of the most vulnerable people in our community. In regional WA, Aboriginal youth suicide rates are going through the roof, yet there are no programs or financial support for those who are crying out to be able to come up with local solutions for those issues. I am ashamed to be a Western Australian when the Premier and the Minister for Health are treating Aboriginal youth and regional people like second-class citizens. The government thinks it does not matter if people who live in Cue, Yalgoo or Sandstone have only one nurse in their community. That nurse is under the pump, trying to provide security for the community seven days a week. How is one nurse able to provide any service to the community in an emergency, or any health prevention measures to help that community going forward?

[Member's time extended.]

Mr V.A. CATANIA: It is a great shame, considering the lack of health services in places like Yalgoo, Cue, Sandstone and Coral Bay, that the Minister for Tourism would get on his high horse and say how wonderful it is that so many people are travelling around Western Australia, as he did today. The people of Western Australia cannot go anywhere, hence they are travelling around the state. It is not because of what the state government has done. It is because they cannot afford to go over east because of what is happening and the uncertainty of lockdowns. We accept that. The number of people who are travelling around this state is putting pressure on the sole nurses in places like Cue, Yalgoo and Coral Bay. Exmouth is getting 20 000 tourists on any given day. The population is generally around 2 500 people. The pressure is such that the health services cannot cope. Can I say, minister, I got a phone call today from an irate constituent in Exmouth, who said that she has not been able to get her COVID vaccine because Pfizer is being provided only every three weeks, for half a day. Do members think people can go online to book it? No. That is because Exmouth does not exist. Exmouth is not on the map. How can we expect regional people to do what the Premier is preaching and get vaccinated? I urge everyone to get vaccinated, but they cannot.

Dr A.D. Buti: Does the federal government have any responsibility?

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

Mr V.A. CATANIA: No. It is because the state government, which the minister is a part of, is providing only three nurses every three weeks —

Several members interjected.

Mr V.A. CATANIA: Members, listen to this. Three nurses are travelling from Denham to Exmouth to do the vaccinations. Three nurses every three weeks! Come on. Is that the federal government's fault, or is that the state government rolling out the vaccination process and not providing the same amount of vigour to the process for people in places like Exmouth to be able to get vaccinated that it is providing people in Perth? That is why.

When we look at the state of the health service in the metropolitan area and see code yellows, ambulance ramping, and preventive issues presenting to places like Perth Children's Hospital, meaning that young people are not able to get the treatment they deserve, we have to question: are we COVID ready? I think we have been told that we are keeping Western Australia safe, but we are anything but. What we are seeing is lip service. What we are seeing are statements rolled out by spin, but when we look behind the curtain, we see the dysfunction that is occurring.

Members, I will keep going on about suicide and the rate of suicide. I urge everyone in this house to read the opinion by Dr Tracy Westerman, a proud Nyamal woman from the Pilbara region of Western Australia who is widely recognised for spending over two decades working to reduce the burden of mental health and suicide in Aboriginal communities. The article is called "Funding football programs is not suicide prevention". I am not going to read out all of the article; I just seek the indulgence of the house, because she makes some very, very compelling points. No-one in the state government is listening to this; mind you, I would say that the federal government is not listening either. The article reads —

This article was first published in The Australian on the 19th April as 'Sick Heart of a Generation'.

As I said, this article was written by Dr Tracy Westerman. She wrote —

Despite this, and as a country facing this growing tragedy of inter-generational Indigenous child suicides, we still have no nationally accepted evidence-based programs across the spectrum of early intervention and prevention activities.

Staggeringly, funded programs are not required to demonstrate evidence of impact, nor are they required to demonstrate a measurable reduction in suicide risk factors.

Given this, governments cannot actually claim they are funding suicide prevention.

You can't claim prevention if you aren't measuring risk. It's that simple.

Restrict alcohol if communities want that, but don't call it suicide prevention. Employ youth mentors, but don't call it suicide prevention. Funding football programs is not suicide prevention. Sending high risk kids to elders is not suicide prevention.

...

In an area as complex as Indigenous suicide, it is crucial that funding decisions unsupported by clinical and cultural expertise are challenged and redirected in the best way possible. Toward the evidence. Report after report has pointed to the need for 'evidence-based approaches'—we must question why it continues to remain elusive while our child suicides escalate.

...

Without measurability there is no accountability.

I am sure that the Minister for Health has read what Dr Tracy Westerman has published. It is quite staggering. When I read the report that she has published and other reports, clearly, when the government looks at funding, it is not looking at measurability. It is not looking at accountability, or how the funding has actually reduced harm to our children through suicide prevention. It has gone the other way. Aboriginal health has gone completely the other way. It is not just this current government that is to blame, although it is flush with money. We have the pandemic, the epicentre, as I think the Minister for Health described it yesterday, and we have these issues that are not being addressed. Dr Tracy Westerman said that report after report has been handed down, but that —

Without measurability we are failing to gather crucial evidence of what works to better inform current and future practitioners struggling to halt the intergenerational transmission of suicide risk.

That is a quote from Dr Tracy Westerman. As I said, I ask members to please read this. The article continues —

So where does the focus need to be?

First, we need to recognise the significant societal contributors to child suicides, and this must start with changing the narrative on Indigenous suicides.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

...

If you eliminate a 'cause' you eliminate suicides, so having a national dialogue that consistently refers to alcohol, poverty, abuse, Foetal Alcohol Spectrum Disorder, colonialisation as causes is clinically incorrect. These are not causes. They are risk factors, not causes.

I encourage members and this government to take note of what Dr Tracy Westerman said in her opinion piece. I encourage all members to read this. It was published on 7 May 2019. I am happy to give members a copy of this report. It clearly identifies the lack of government accountability and measurability and the lack of actually tackling what is a growing problem in regional Western Australia in our Aboriginal communities, particularly for Aboriginal youth. I urge the Minister for Health and the Premier to keep Western Australians safe by reading these opinion pieces by the experts and properly funding those communities, which are the generators of our wealth when it comes to the resources sector in remote areas such as the Gascoyne, Pilbara, Kimberley, Murchison and the midwest. Let us give a bit back.

I will talk a little bit about what is happening in my electorate. Like I said, it is very hard for someone living in Exmouth to get a COVID jab. There is nothing available I think until December, but people are still not able to book, given that the Pfizer vaccine is only available for half a day every three weeks. That is absolutely disgraceful. Last week in Shark Bay, in Denham, there was a struggle to provide housing for the Silver Chain nurse practitioner, yet we see Government Regional Officers' Housing in Shark Bay and Denham that is empty. We are trying to get a house for a nurse to deliver our health service in Denham, and it is unbelievable; we cannot get the Department of Housing to provide that empty GROH house for a nurse practitioner. It is only for eight weeks. Why? It is because the Shire of Shark Bay is trying to find a solution after that eight weeks at a cost to the ratepayer. Like I said, in this day and age, having only one nurse in Cue, Yalgoo, Sandstone and Coral Bay is absolutely disgraceful. At the last election, for a \$45 million hospital in Meekatharra, the government promised \$13 million. How is that working?

When it comes to promoting businesses, the SafeWA app is absolutely vital, given what we heard just before question time. We need to make sure that our businesses are telling people that they need to register with the SafeWA app or write down on the form to say that they have visited that business, but that is not happening in regional Western Australia.

The other issue is shipping. We have a lot of pilots in places like Denham and Carnarvon going out to ships coming in from around the world. What is the process for making sure that the community is protected, given that these pilots get on these ships, come back, have a meal and a beer at the pub and then get on a plane and go without any appropriate PPE gear to protect them?

It is absolutely disgraceful when the government is flush with funds—\$5 billion, if not more, from last year. It is disgraceful. Let us put it back into the health system and really provide some definition around keeping Western Australia safe. Let us put some money back into the health system to deal with the absolute crisis that is gripping our state and our regional towns. It is a disgrace.

MR R.S. LOVE (Moore — Deputy Leader of the Opposition) [5.10 pm]: I, too, would like to speak to this motion that condemns the Labor government for its failure to prioritise a safe and efficient health service for Western Australians, resulting in a broad range of economic and social impacts. I note that Western Australia has been relatively free of COVID-19. That is something to do with the relative geographic isolation of our state, along with the actions of all Western Australians in keeping our state safe. However, there has been a lack of planning in developing the health services that will be necessary if there is ever a COVID outbreak in this state. That has led to the government becoming very complacent; it is actually drinking its own Kool Aid now, and believes it has done a wonderful job in all things to do with health. In fact, its only real success has been in controlling the entry of COVID-19 to the state in many circumstances.

We have seen a very slack approach to vaccination. Yesterday I highlighted that the northern regional areas of this state have the lowest vaccination rates in Australia, but we do not have to go that far north to run into problems obtaining vaccines. I have had consistent complaints from people around the Lancelin area, where there is a health centre and a doctor, but those people apparently have no access to vaccines and are having to travel to access them. There are very significant populations in some of the coastal communities I represent, and it is not easy for some of these people to get to Perth. Only today I read a Twitter tweet from one of my constituents in the northern midlands that a person in Three Springs had their second AstraZeneca vaccination cancelled at the very last minute, requiring them to make an urgent trip to Perth to access their second jab in time. As we know, it is critical to get the second dose within the right amount of time. Having to drive all that distance to do that at late notice and presumably ring around to find someone in Perth to provide it is not conducive to rolling out a decent vaccination program in our state. That is very worrying indeed, and if the government's current lackadaisical methodology continues, our state will not lead the way with vaccinations.

I want to speak about a few other issues. We note there are a range of problems that are conflated with this lack of planning in health. I want to talk about the lack of planning in one aspect of health, to do with the Metronet program:

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

the proposal to shut down the Mandurah line between Elizabeth Quay and Fiona Stanley Hospital for 25 days in January next year. That will also lead to reduced services for Mandurah. Fiona Stanley Hospital is the premier hospital in this state and we already know that the freeway running alongside it is often clogged and difficult to navigate. It does not seem to have occurred to anyone that closing that train line in the middle of a pandemic might lead to problems for people trying to get to that hospital.

The Minister for Transport put out a press release on 6 June titled “Let’s prepare: Perth’s biggest public transport shutdown coming”. Well, that is true. The Mandurah line will be closed completely between Aubin Grove station and Elizabeth Quay station. The press release explains that the Public Transport Authority will arrange replacement bus services for affected commuters and specific services for key workers, including at Fiona Stanley Hospital. I wonder how putting buses on an already clogged freeway will assist in getting those workers to the hospital? Given that the freeway is already a parking lot at various times of the day, one can only imagine that the only practical solution for getting workers and patients into the hospital might be to hire a fleet of helicopters or some sort of airship to go above the traffic and get to the hospital, because there is no way that they are going to get there on the freeway. To close that vital piece of infrastructure and isolate our premier hospital is, I think, a risk that nobody seems to be taking seriously. I think it is something we need to take seriously. As we know, if there is a major outbreak, as there has unfortunately been in some parts of Australia, there will be a lot of demand placed on hospitals such as Fiona Stanley Hospital.

Yesterday I spoke to the matter of public interest regarding the situation at Geraldton, where there was a COVID breach at the Geraldton Health Campus. Western Australia is a state that relies greatly on trade for our economy, and this trade often takes place at isolated points. I think the member for North West Central spoke about the midwest ports, including the Useless Loop port at Shark Bay, for instance, where pilots go out to incoming ships. We have been asking questions since March 2020 to try to ensure that there are adequate protocols in place for handling the COVID risk involved with ships coming in from international ports. We know there are places in the world where COVID-19 is rampant, so it is inevitable that there will be cases on some of these ships. Some shipping companies have taken extraordinary measures to try to control it. I have heard tales of sea captains who have not left their vessels since the pandemic began because the risk to their company of having key personnel succumb to the disease is just too great. Some extraordinary measures have had to be taken, so we would think that the Western Australian government would have had an opportunity to look at all the necessary protocols and procedures for ensuring that, if there is a COVID case in one of our ports, we can handle it successfully.

As I said yesterday, an infected crew member of the MV *Emerald Indah* was transferred to the Geraldton hospital and there was a breach, which led to around 50 people, including staff members, having to be isolated because the crew member was put into a lift that was not used appropriately afterwards. That led to the possibility of people being infected. In addition, the person spent three hours in the emergency department. That was a very worrying situation for the people of Geraldton, and I talked about the fact that very little information was given to the local community at that time.

I understand that a review of the Geraldton breach was undertaken; that is something that I called for immediately after the breach. The review is being carried out by the WA Country Health Service, which was confirmed in an answer given to a question asked yesterday in the Legislative Council by my colleague Hon Martin Aldridge. The minister was asked if he would table the review. I understand that the review is not going to be tabled or made public, so I ask the minister why that report is not going to be tabled. Is it because it is embarrassing? If so, that is not a good enough reason to not release it. There must be a better reason than that it is embarrassing to the minister or to the government that this breach has been allowed to occur. I also ask the minister to commit to ensuring that whatever processes need to be put in place to handle such situations in the future are put in place in a timely manner. We need to rule out the possibility of this happening again; we cannot afford to have these types of breaches occurring on a regular basis.

As we know, 20 days after the infection in Geraldton, there was another case of COVID-19 off the Fremantle coast that led to another breach when the MV *Darya Krishna* arrived with infected crew aboard. This time, at that most sophisticated hospital, Fiona Stanley Hospital—where members would think that all the plans would be in place to handle the situation and there would have been no need to worry—there was another breach of procedure or equipment failure, which might have led to a COVID outbreak in the city of Perth. That causes disruption and a lot of concern in the community, which are the secondary effects that flow on from that initial situation in the hospital to businesses, the community and shipping. The ships that arrive here have visited many ports and there could be a person infected with COVID onboard, so we have to ensure that we are prepared to handle that situation if it happens in Western Australia. We rely on that trade and we need to be able to make it happen.

Why, after all this time, are our hospital staff not fully trained in handling these positive COVID cases? Why was the equipment not properly tested? Why were insufficient procedures in place to keep the COVID situation under control within the health system, health service and health centre? Is it because, as the Leader of the Nationals WA said earlier, the system is so stretched that the healthcare workers, their supervisors and the support staff simply do not have the time and opportunity to train, prepare and practise. I think the member said that practice makes perfect

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

and you have to have time to do that. If everyone is flat strap doing their job, they do not have time to ensure that they know what to do when a COVID infection case shows up in the hospital or health centre.

It is clear that our hospitals are struggling at the moment in controlling those very few isolated cases that appear either via travellers or people coming in by ship. One can only imagine what is going to happen if a major situation developed. How on earth would our hospitals possibly cope? The 7.30 report, which we have all referred to at some point this week, made it quite clear that there is concern right across the country about the preparedness of this government. The only people who do not seem to be concerned about that preparedness are the minister responsible and his government. They seem to have no concern about this. The Premier had a kneejerk reaction and named a particular nation and said, “Here is a high risk. We have these ships coming from these ports.” He did not learn from the experience of a Labor government a number of years ago when it had a similar kneejerk reaction and made similar statements and banned live cattle export to Indonesia on the back of a report. That ended up in a court case. The court found that those actions were unreasonable, and compensation in the last year or so has flowed to a number of businesses, farmers and other entities that had been badly affected by that unreasonable decision, which was very, very costly and very damaging to our reputation.

Last week, a notice was given to the shipping industry in Western Australia around the protocols and standards for commercial vessels arriving at Western Australian ports. I have no problem with the document itself, because since March 2020, we have been calling for this type of clear and transparent communication to be put out there and for industry to know that there are expectations. A lot of what is in this document is quite reasonable. It is important that people in the shipping industry take note of what is laid out in this notice. I am sure many of them already have. The actual notice itself states —

Over 15,000 commercial vessels have visited Western Australia since March 2020 ...

This gives a pretty good indication of the scale of the trade in tonnage and the immense contribution of the trade to our state. With 15 000 vessels, there has been only a small number of COVID-19 incidents in Western Australian ports. It continues —

Those incidents have been successfully managed by WA authorities with no resulting community transmission.

Seriously? It was not successfully managed in Geraldton on 7 July or in Fremantle on 27 July. I think the government is having a lend if it can seriously write that it has successfully managed all these outcomes and situations, because that is certainly not the case. As a result of that, we know that the government needs to clamp down and, if you like, move some of the blame to the shipping industry. I do not mind the idea that protocols are in place. It is good that it is clear and it is out there, but the government needs to accept that the Western Australian authorities themselves need to look at their processes and not just blame it on the shippers. That would be seriously foolish and it would indicate that the government is not listening and learning as we go through this situation.

The notice continues —

... the WA Government gives notice to vessel owners, charterers, masters, exporters, importers and the shipping industry generally ... of ... expectations and approach in managing COVID-19 risks from commercial shipping, and the measures which might be adopted if those expectations are not met.

The notice has within it a series of expectations. One of them, I note, is that the crew must be vaccinated. That is interesting because there is no mandate in Western Australia for other industries to do that. We know, for instance, it is not mandated that aged-care workers be vaccinated. We see the WA Police Union coming out against the measures that the Commissioner of Police has put in place for those officers who have not been vaccinated.

[Member’s time extended.]

Mr R.S. LOVE: We know that in other industries, in other areas, that mandatory vaccination has not occurred. It is interesting that it is a requirement of foreign workers in this case. It is one rule for us and one rule for them, I guess. As I say, I am not necessarily opposed to most of what is in this notice, but I just think it is strange and quite odd that it is a requirement for foreign workers but not for Western Australians.

Another section is titled “Expectations of Vessel Owners and Industry Using Ports of Higher Risk”. I am glad that the government did not just use the name of one particular country to our immediate north and instead used a more generic term, because there is a very real danger of the Premier causing harm to the very important trade between us and that particular country. We know what the consequences of that were before. That particular country is also struggling with a very high number of COVID cases and it is not necessarily helpful to seek to blame it. We need to be very careful to ensure that we have our processes and practices in place rather than throwing the blame back on the shippers and the countries from which they came.

Given that some of the ports where our vessels go to are only about three and a half days steaming, there is not an opportunity for a lengthy period of travel as there would be if a ship were coming from Europe. In that instance

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

we could assume that there would be incubation of the disease, giving people time to pick up that it was on board before the ship came here. We must be very alert, but we must also be very careful not to damage trade relations with those very important nations to our near north. If the government had handled the situation within our health system better, it would not have had to resort to the language that it used about those ships and countries, and it would not have necessarily put in place actions that could threaten trade with those nations into the future.

The government has done one thing well; it has publicised to the Western Australian community that it should be grateful to the government for keeping it safe. But that accounts for only keeping the place tightly locked to outside intrusions. It has done very little—next to nothing—to prepare for a serious event in Western Australia. We have seen how poorly the government has handled the limited cases that have come into the country on a limited number of vessels. In official government documents, the government congratulates itself on handling these situations well when, in fact, its performance has been anything but well done in those circumstances.

I urge the minister to take on board those issues. I ask again that he consider releasing the report about what happened in Geraldton so that people can be assured that learnings are being taken and that any recommendations come from the report will be adopted. It is very important that the government handles similar situations better than it did with those at Fiona Stanley Hospital and Geraldton Health Campus in July.

MR P.J. RUNDLE (Roe) [5.31 pm]: I express my support for the Leader of the Opposition's motion condemning the Labor government and the Minister for Health. My shadow ministry is education. The *DETECT schools study: Understanding the impact of COVID-19 in Western Australian schools* was released a couple of weeks ago by the Department of Education, the Department of Health and the Telethon Kids Institute, which did an excellent job on the report. What the report identified is quite concerning; 40 per cent of secondary student respondents reported scores of emotional distress, which is three times the number of those who reported scores of emotional distress when the study was last done in 2014. That is a real issue for our secondary students. Today I asked a question of the Minister for Health, and I am pleased that he responded in a more sensible manner than he did yesterday when we raised the issue of vaccinating regional people at events such as our large field days when there are a lot of people in the same place at the same time, which is a real opportunity. The health minister did not treat that suggestion seriously, which is disappointing. As I said to one of my colleagues, it is amazing how one day we seem to get a good response with an issue taken seriously, but the next day when we ask an equally serious question, there seems to be no response and it is all a bit of a joke. I am looking for consistency. I appreciated the minister's response today in dealing with the serious issue of secondary students feeling emotional distress. We really need to focus on this issue.

I have concerns about the education system. There is a lot of pressure on our teachers at the moment. They do not know whether they will have to deal with online learning, lockdowns, wearing masks and students wearing masks. All these things are up in the air. As I said today, 6.5 per cent of our mental health budget is for youth and that needs to be increased. The DETECT report, which is a government report, has signalled that there are real issues. I hope the minister takes them seriously. I have consulted with quite a few stakeholders over the last five or six weeks. I have spoken with representatives of the Principals' Federation of Western Australia, which is calling for an increase in resourcing to manage complex medical and mental health issues for not only students, but also staff. That seemed to be the recurring theme with everybody I met with over the winter break. The Western Australian Primary Principals' Association has called for the need to prioritise mental health in our primary schools. We are also seeing those mental health issues flowing into the 13 and 14-year-old age groups and into the year 10 and 11 cohorts. It is a key concern that needs to be looked at by the Minister for Health, the Department of Health and the Department of Education. Unfortunately, mental health issues will increase with the stresses in our education system, such as the shortage of relief teachers. What does that mean? It means that other teachers who thought they might have had lunchtime off or whatever are loaded up because they are called in to do relief. That increases the load on them and increases the pressures they face. The level of resourcing needed to manage complex medical and mental health issues will need to be increased. Today I asked the Minister for Health about funding for psychologist and other professionals. I am glad that he treated my question and the issue seriously.

Another area that needs to be looked at is disability funding access. There is good access for autistic kids within the education system, but that is because autism has been identified within the Department of Education. But the parents of students with several other disabilities that are even more serious and lower functioning cannot get funding. This issue will need to be addressed in time and I will be looking at it. I have been contacted by parents and schools that deal with special education and they are really concerned about the categorisation of these students. I will be raising this issue over the course of the next few months.

As I said, yesterday I asked a question about COVID-19 vaccinations. I thought it was a reasonable question but the Premier and the health minister did not take it seriously. This is the old story about regional equity and access. As members know, as at 2 August, 37.67 per cent of the Western Australian population had had one dose of the vaccination, which is the lowest rate in Australia, and only 16.83 per cent of the Western Australian population is covered with two doses of the vaccination. We have the lowest rate in the nation. We offered a solution to improve

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

the vaccination rate in the regions, but it was laughed off by the minister who did not seem interested; “We’ve got a few information kiosks out there and we’re rolling out a few other WA country health opportunities.” This is the time to take it on seriously. Yesterday, when I spoke to the president of Newdegate Machinery Field Days, he said “That would be fantastic. I have to go to Narrogin today. I’ll lose the best part of a day to get my vaccination; I’d love to have it at the Newdegate field day.”

Ms M.J. Davies: I’d love to have mine there, too.

Mr P.J. RUNDLE: Yes, that is right. The Leader of the Opposition, the member for Moore and I would all love to have our second vaccination when we go to the field days in a couple of weeks. That is one part of the issue.

As the member for North West Central identified, the lid has been kept on this health crisis. I have to congratulate the government. It is funny how the health crisis started on 14 March, the day after the election. We know that there are 25-odd journalists and the like amongst the mix in the government’s spin machine who managed to keep a lid on this health crisis right up until 13 March; I have to congratulate them for the way that they did that. Funnily enough, on 14 March, the journalists were unleashed and now we are seeing the true extent of this health crisis. The Leader of the Opposition went through some quite disturbing ambulance ramping figures. As was well recorded, when those numbers were back around 20 or 25 per cent of what they are now, the now Minister for Health in his former role as shadow Minister for Health called it a disaster and a crisis, but now it is not a problem: we are going along well. We are not going along well and we see the pressure on our volunteers and St John Ambulance staff because of the committee inquiry that has been launched. Peter Kennedy, a well-respected political commentator, has written an interesting article. He states —

It’s not clear how the ambulance service influences the level of ramping. After all, the ambulances simply deliver the patients to the emergency departments of the major hospitals. It’s the ED’s job to move patients through with the emphasis on their care.

That is exactly right. Those ambulances are there to drop off the patients at the front door of the hospital. He then goes on to question the independence of the United Workers Union and states how it is —

... easily the most politically influential in the union movement—has long been seeking to break by ending the contract with St John and having the service provided in house by a government body.

Yesterday, the Leader of the Liberal Party spoke about the insourcing of 600-odd health workers, cleaners and the like. No doubt, along with that insourcing, they got sent an application form for United Voice; I am sure that was well and truly attached to the paperwork when they were brought into the public sector. I am concerned about the way that this has come on. Hon Pierre Yang has links with the same union and just happens to be the chair of that committee. As Peter Kennedy talks about here —

The ACTING SPEAKER (Ms M.M. Quirk): Member, can I just remind you that that is verging on an imputation. I would be careful not to proceed with that line.

Mr P.J. RUNDLE: Thank you, Madam Acting Speaker. I would like to add to my comments by just saying that I am concerned about the way in which 300 education assistants have been hired. Hundreds of jobs at Fiona Stanley Hospital and the Water Corporation have been reverted from private contractors to the government. The Leader of the Liberal Party was right on the money yesterday when he pointed out what is going on with this insourcing.

I would like to go back to the vaccination scenario because I am concerned about the way in which this government is dealing with it. The Delta variant is spreading in the eastern states. I am certainly hopeful that we have not got it here. I agree with the comments of the member for North West Central when he spoke about the level of criticism that this government has levelled on other governments around Australia: “Look at us. We can handle it better than you.” We are all Australians. It is not a case of one state versus another. I am disappointed to see the way that national cabinet has deteriorated to some extent over the last couple of months. I would like more of a constructive attitude with everyone working together. Places such as Hong Kong have put strategies in place. It is a very small area with thousands of planes and ships coming in every month, but somehow it seems to have managed things in a better way. I would love to see that happening here—a more constructive and less reactive strategy, if you like. The Deputy Premier; Minister for Health—two in one—needs to put in place some strategies and communicate to the people of Western Australia the implications of a slow vaccination rate. He needs to tell the people of WA that both available vaccines are safe, that their lives matter and not to put themselves and their families at risk if they decide to wait and see about getting vaccinated. As we have all identified, getting vaccinated is our only weapon in this battle. Conspiracy theorists are active and causing vaccination hesitancy.

Dr D.J. Honey: None more so than Albanese.

Mr P.J. RUNDLE: That is right. We know about Anthony Albanese’s comments.

Dr D.J. Honey: The Premier and the health minister support it.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

Mr P.J. RUNDLE: The Premier does seem to be jumping on the bandwagon with Anthony Albanese; that may be one of his bigger mistakes as far as I am concerned. We need this government to tell the truth and to forget the spin. Tell us what the long-term strategy is and give us consistency of messaging. When a crisis arises, we have a press conference that involves the Premier and the Minister for Health, and when there is bad news, the Chief Health Officer is wheeled out. We want a consistent message and we want something that gives the people of WA confidence. The other day someone spoke to me about the difficulties that people coming into WA from other states have had. I had a complaint this morning about a G2G PASS application. People are rightfully trying to come back to their families or come here for work, but this pass continues to create difficulties and increase grief for these people with its lack of consistency and multiple rejections. These people are all prepared to quarantine properly. They sometimes come from regional areas in Victoria and the like. I have had families of students from Marcus Oldham College who have been told that the college is closing down for a month. The students have nowhere to stay and they have to go back to their home state, but their application to return is being rejected by our authorities. These students are quite worried because they have nowhere to go. However, if they broke the law, entered the state and were put in jail, they would be offered the Pfizer vaccine. Last week we had the scenario in which 4 000 prisoners in the WA prison system were offered the Pfizer vaccine. Of those prisoners, 260 were potentially able to have the Pfizer vaccine because they were over 60 years of age, but no-one in Western Australia over 60 years of age and vulnerable can get the Pfizer vaccine unless they apply to the panel through a very complex scenario in which just about every single person is rejected. It is those people in their 80s and 90s, the most vulnerable people in the population, who are vaccine hesitant.

[Member's time extended.]

Mr P.J. RUNDLE: Some of them are waiting to have the Pfizer vaccine. Many people in aged-care villages are waiting for the Pfizer vaccine and are concerned that the prison population is getting the Pfizer vaccine with no problems at all. There are 4 000 people in the prison system. We know that they live closely together and are a vulnerable part of the population, but, at the same time, the prison officers who are working with them and are going in and out of the community every day cannot get the Pfizer vaccine. We are offering Pfizer to prisoners but we are not offering it to prison officers who are going in and out of the prison community. I do not see the logic in that. That is a weakness.

I want to briefly wrap up and make a couple of comments about the disparity in the ships that are coming to Western Australia, which the member for Moore pointed out. Over the past 12 months, more than 26 000 ships have come to Australia, but only 15 of them have had COVID on board, five of which came to Perth. The risk is very small. There is a bigger risk at the moment to our barley and other exports that are not getting to China easily. There was commentary about our need to diversify and to consider selling our grain to other countries. We were told that we needed to engage with other Asian countries such as Indonesia. What happened? Down came the ships and they were sent back without being loaded up. This government needs to find a way to work through this. As I said, 26 000 ships come to Australia every year. There is no point. Iron ore ships do not seem to have any problem coming to the state, but if a ship happens to have grain on it, there is a problem.

Another disappointing part of this has been the lack of consultation with the WA farming industry. Trevor Whittington, the CEO of WAFarmers, was very critical of this same thing in an article he wrote the other week. He talked about the processes and that we needed to sort them out. As the member for North West Central pointed out, it does not seem to be a problem for pilots to board those ships to steer them into the port and to then go back into the community, but we cannot touch or deal with the other 20 or 30 crew on the ship. We need some logical thinking.

A 20-million-tonne harvest is hopefully coming up for Western Australian farmers. We need to be able to load that grain onto ships, because there will be no room for it in our storage facilities and our ports. That was just something that I wanted to add on top of the comments of the member for North West Central and member for Moore.

We need to sit down and work out a process. In Hong Kong, it is laid out. I have given it to the Minister for Health to look at. It is a very simple and solid regime, and it has kept Hong Kong pretty safe. Here is our opportunity to follow the guidelines of countries that are doing it well. I might leave it at that.

MR D.A.E. SCAIFE (Cockburn) [5.53 pm]: I have to say that it is preposterous for the opposition to move a motion about the government's failure to prioritise a safe and efficient health service for Western Australians. The member of this place who moved this motion and those opposite who have spoken to it have absolutely no credibility when it comes to speaking about the efficient and safe operation of public health in Western Australia. They are members of political parties that called for the border to be torn down during the last term of Parliament. Those people belong to political parties that breached the trust of the people of Western Australia by backing Clive Palmer's challenge to WA's effective border restrictions. Those members are not making a serious contribution to the debate and they are not serious contributors to a debate on the management of public health in Western Australia. That was highlighted just now by some of the comments made by the member for Roe and helped out by some interjections

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

from the member for Cottesloe, who was sledging the federal leader of the Labor Party on vaccine hesitancy. What does the federal member for Dawson, who sits in the National Party room, say about COVID-19 and vaccines? It is nothing that helps the case on vaccine hesitancy, I can tell members that. What has former member of the Liberal Party Craig Kelly been saying about COVID and vaccines? The member for Roe and the member for Cottesloe had the gall to turn up here today and pretend that they are somehow saints on the management of public health in Western Australia. It is truly beyond belief that they can say that with a straight face.

Yesterday, the member for Roe and member for Cottesloe were out there basically banging the drum in favour of the privatisation of health services in Western Australia. They just cannot help themselves! It is like it is in their DNA—as soon as they see a public asset, they have to sell it off. They are decrying the fact that this government has brought health services at Fiona Stanley Hospital back into Health.

Dr D.J. Honey interjected.

Mr D.A.E. SCAIFE: I see that the member for Cottesloe is starting to arc up. I have learnt in my time in here that he does that only when he knows we have got him. What an election-winning strategy for the member for Cottesloe! He is saying, “We don’t want public health services in public hands.” What a great strategy! It is almost as good as the strategy that he ran in the election campaign in March.

Dr D.J. Honey interjected.

Mr D.A.E. SCAIFE: I will say something about that. His political party and his colleagues in the National Party have never apologised for their breach of trust at the last election. What was the first thing that Annastacia Palaszczuk did when she assumed the leadership of the Queensland Labor Party after the defeat of Campbell Newman? She apologised for those policies that had breached the trust of the people of Queensland. The member for Cottesloe has never done that. The people of Western Australia will absolutely remember that. They will remember his contributions on the management of the COVID-19 pandemic and the management of our health services.

The Minister for Health is in here every day reminding members of the opposition that we are in the midst of a COVID-19 pandemic. That pandemic has had an impact on the way that people access health care and on the health issues that people present with to our hospitals. That is incontrovertible. The response of the Leader of the Opposition and others has been simply to say, “We don’t have any COVID-19 here.” That is quite an amazing political move. It is an interesting bait and switch to say, “We’re criticising the government on this because it has done such a great job to keep COVID-19 out of Western Australia.” That is another great political strategy out of the opposition’s playbook. But the evidence shows that despite this government doing an excellent job to keep the COVID-19 pandemic out of Western Australia, we are living in a climate in which the pandemic is still raging across the world and is having an impact on the way that people access health services.

Rather than just coming out with platitudes as the opposition does, I am going to refer to evidence and make a serious contribution. I refer to an article published by the Centre for Social Impact at the University of Western Australia in a report titled *The impact of COVID-19 on families in hardship in Western Australia*. They are the families that the Labor Party has always been squarely focused on. That report says —

Over a third ... of family members reported they had felt depressed or anxious for most to all of the time during the past week, compared to 17.1% of the national sample. Just over a fifth of both family members ... and the national sample ... reported feeling depressed or anxious for some of the time during the past week. Less than half (40.6%) of family members reported feeling depressed or anxious for little to none of the time, during the past week, compared to 59.6% of the national sample. These figures indicate that the family members in the study were experiencing much higher rates of depression and/or anxiety symptoms than the Australian general population. It should be noted that across all 12 waves of the Taking the Pulse of the Nation survey, the highest proportion of Australians that felt anxious or depressed for most to all of the week was 20.0% ... well below the proportion of family members reported here. Similarly, the lowest proportion of Australians that felt anxious or depressed for little to none of the week was 52.9% (highest 60.6%), which is still substantially higher than the proportion of family members reported here.

At the conclusion of the report, the authors say —

Mental health impacts of COVID-19 in the form of increased feelings of depression and anxiety were prevalent among family members.

That refers to the family members in the study. That is actual evidence of what the Minister for Health has been trying to explain to the opposition for some time now. This government has not shied away from the challenges with the health system. This government’s health minister has stood in this place and acknowledged that our health system is under pressure. He has never shied away from that. This government has also been very clear about its support for frontline healthcare workers—the doctors, nurses and other staff in our hospitals who keep us safe. We

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

have never shied away from the challenge. Indeed, this government is just getting on with the job. This government is not interested in grabbing a headline the way that the opposition is; it is putting patients first and delivering projects that benefit the people of Western Australia, including close to my own electorate of Cockburn. Members may be aware that this government has invested in the Fremantle Hospital mental health expansion; an additional 40 beds will essentially transform Fremantle Hospital into a key hub for mental health services in the southern suburbs. It adds to the previous 64-bed inpatient admission capacity at Fremantle Hospital. That is consistent with the government's commitment on mental health through allocating \$46.9 million for suicide prevention programs and initiatives. They are very substantial investments in mental health. In fact, this government invested a record \$306 million additional funds in mental health in the 2020–21 budget. That compares very favourably with the record of those on the conservative side of politics when they were last in government.

The contributions this government is making are not simply restricted to mental health. This government is working ferociously to ensure that health services in our regions are also improved. Although I represent the electorate of Cockburn, I will always be a Bunbury boy at heart. I figure, seeing as we have a Premier from Rockingham, that, hopefully, that will not be held against me in any way! One of the signature contributions this government is making to the south west, of course, is a \$200 million redevelopment of Bunbury Hospital at South West Health Campus. I had procedures at that hospital while I was growing up, and it is relied upon by people in the south west and greater Bunbury region. In fact, something like 170 000 residents of the south west rely on that hospital, and this government is investing \$200 million over the long term in redeveloping that hospital. This government has already dedicated \$60.8 million to the redevelopment. That is a practical contribution of an additional operating theatre, a reconfiguration of the emergency department fast-track area and the establishment of an acute medical assessment unit, and will see the implementation of a mental health observation area. It is a significant investment in a variety of healthcare areas—mental health, acute care, emergency. Of course, I have to acknowledge the excellent work of the member for Bunbury, with the health minister in this case, ensuring that funds for those commitments are being delivered for the people of Bunbury and the greater south west who rely on it. It shows that this government is doing things not only in mental health and not only in the metropolitan area, but also in our regional centres.

Kalgoorlie is another regional centre that has benefited from this government's work. Work is being performed at Kalgoorlie, including, quite recently, a new MRI machine. The member for Kalgoorlie is not here today but I acknowledge her contribution to ensuring that project was delivered. The new MRI machine got up and running only two months ago, in June. It has just opened. The project languished under the previous Liberal–National government. It was flagged something like 12 years ago as a development that needed to occur. The Liberal Party and Nationals members talk a big game on investment in regional areas, but the simple delivery of an MRI machine to the people of Kalgoorlie languished on their watch. It took the people of Western Australia electing a Labor government to ensure that that was delivered. The MRI machine came at a cost of about \$1.2 million, but it is part of a total \$6.2 million package because we had to build a whole new section of the hospital dedicated to the MRI machine.

I also acknowledge the member for Collie–Preston's excellent work. She is another proud regional Labor member who has done sterling work, again with the Minister for Health, on the \$12 million stage 2 upgrade to Collie Hospital, which will see upgrades to operating theatres as well. The recurring theme here is that at the last election, and the election before that, the people of Western Australia overwhelmingly turned to the Labor Party to ensure that commitments to vital health services would be delivered to them. They did not look to the Liberals or the Nationals because those parties had breached their trust when it came to the management of public health in Western Australia.

I can go further. We have also funded and built new helicopter landing sites at Jurien Bay Health Centre and Narrogin Hospital. Also on the rails is \$73.3 million for the redevelopment of Geraldton Health Campus. The first stage has been completed, which includes a new ambulance entry. Over the next couple of years, during this term of government, we will see more parts of that facility come online. At this point, we are looking at the projected completion of an expanded emergency department and an integrated mental health facility at the end of 2023, and the balance of works, which includes redevelopment of intensive care and high-dependency units, in 2024. They are all on the books to be delivered in this term of government by this Labor government.

It really is preposterous for the Liberal Party and the Nationals to stand in this chamber and lecture anybody about running an efficient and safe health service. It is in the DNA of these political parties to privatise public health services. They do not support them and they have not made investments in them except when they can grab a media line out of it.

In closing, I would like to acknowledge the fact that many of the commitments that this government is making are having positive impacts for people in my own electorate of Cockburn. As I mentioned, the expansion of mental health beds at Fremantle Hospital is a significant commitment for my local community. People in my community have been calling for that facility, and they will come to rely on that facility in the future. In another area of health,

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

we have the establishment of a new family birthing centre at Fiona Stanley Hospital, which is again a facility that people in any electorate will come to rely on.

The motion makes reference to “a broad range of economic and social impacts”. I thought that was odd. One of the things that is happening in my electorate is the major investment by Bethesda Health Care in the development of a 120-bed private mental health facility. It is not a public facility. The question that comes up is: why would Bethesda feel confident about making investments in Western Australia? The answer is simple. It is because this government’s management of the pandemic and of the economy is world-first. That not only frees the government to make the investments that I have outlined today, but also gives private capital the confidence that it needs to invest in private healthcare in this state that will complement the existing public health facilities.

This motion from the opposition is seemingly without explanation. I have listened to all the opposition contributions so far, and I could not identify anything that suggested that this government is anything but serious about tackling the challenges that our health system is facing. The opposition has chosen a very strange hill to die on, in circumstances in which it has no credibility on this topic whatsoever. It is not a topic that the people of Western Australia trusts the opposition on, and I doubt very much that it is a topic that the people of Western Australia will trust the opposition on at the next election.

DR D.J. HONEY (Cottesloe — Leader of the Liberal Party) [6.11 pm]: It is fascinating to listen to the member for Cockburn. If there is one thing that I have learnt in this place, it is that the more privileged the life people have led, and the more privileged the education they have had, the more desperate they are to prove that they are one of the workers in this place. There are some members in this house, including the member who has just entered the chamber, who have great credibility in representing workers in this community. That is a person in this place whom I have praised before. The member for Cockburn does not share that distinction.

The ACTING SPEAKER (Mr D.A.E. Scaife): I would remind you not to draw the chair into the debate.

Dr D.J. HONEY: I am not, member for Cockburn, at all. I trust, Acting Speaker, that you will play your role as you should, and I am sure you will.

Lawyers are supposed to have some regard for truth, members. We heard this lecture, this homily, on privatisation. The member for Cockburn clearly is ignorant of the fact that his Labor government, which is anti-privatisation, privatised the Warradarge wind farm. It is trying desperately to privatise the TAB at the moment. Most of all, any lawyer who cares about the maintenance of land titles in this state—land being the principal store of wealth for most people—should be concerned that this government privatised Landgate. I heard the member for Cockburn’s homily on the evils of private people running hospitals. Later in his speech, he told us about how Bethesda Health Care is building a mental health hospital. I will tell the member why it is building that, virtually in the member for Cockburn’s seat. The reason is that this state government has failed to provide adequate mental health services in this state. As I will point out, this state is the worst performing state in Australia in the provision of mental health hospital services.

This government is a one-trick government. This government is basking in the accolades for its management of COVID-19. We on this side congratulate the government for that. That is keeping COVID out of our community. There is no doubt that COVID has not been a major issue in the Western Australian community. The government has to take credit for that. There are other factors, as the member for Roe said, with the first being our isolation, and the second, can I say, the fact that we have relatively few overseas visitors a year compared with the major states on the east coast. Nevertheless, I do not resile from the fact that this state government has done a good job. The Minister for Health is shaking his head. I like numbers. At the start of this crisis—it would have been in about April—I did a graph of the number of COVID cases in each state versus the annual number of overseas visitors. The correlation coefficient was almost one; that is, the number of COVID cases was related to the number of people from overseas who had come into the country at the start of this crisis. That is why I made that comment, minister. I am happy to share that information with the minister.

Mr R.H. Cook: We had more people coming back to Western Australia and through our hotel quarantine system per capita than any other state.

Dr D.J. HONEY: Yes, once we got COVID underway, but, when the initial outbreaks occurred, it was positively correlated. In fact, it was almost a one-to-one correlation with the number of overseas visitors who had come to this state.

Let me carry on, please, members, because I am sure members are anxious for me to finish. I am also sure that the Minister for Health is anxious to give his reply, and I am certainly looking forward to his reply to the excellent points that have been made by opposition members today.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

What we see is a government that is failing in almost all the critical aspects in this state. Opposition members have pointed out, and I will point out, the failures in health. The simple reality is that the health of Western Australians is at risk because of the inaction of this government over the last four and a half years. This government has not done its job over the last four and a half years. We hear spin on a daily basis. We heard it yesterday in question time from the Minister for Health, with his selective quotation of statistics. He compared the depths of the lockdown last year with this year and told us to look at the increase, when we know that over time—I will go through the detail for the minister—the trend in hospital presentations is simply a continuation of the trend that we have had over the last four years. This government has ignored those trends. It has not prepared our health system to cope with the predicted increase over that long trend in hospital presentations.

We only have to see what is happening with housing. Last night, there was a heartbreaking vigil on the steps of Parliament House to note the deaths of 56 homeless people on our streets. Although that is not a root cause, there is no doubt whatsoever that the lack of adequate housing for people in this state, particularly people doing it tough, is a significant contributor to the hardship that people are experiencing on the streets of Perth and in broader Western Australia. Can I say that is true. I have made a point of visiting every regional centre that I can in the time that I have available. I have literally gone from Kununurra to Esperance. That is a problem in every single community. In Esperance, about a dozen people are sleeping in the streets every night. That was the case when I was down there.

We have a government that is ignoring the importance of international trade. That point has already been made. I have some sympathy for the Minister for Health in some ways. The health minister has a big job. We know that health is a big portfolio. We have made the comment about the health minister being a part-time health minister, not that we think that he does not take it seriously. The Minister for Health is the Deputy Premier. He is also Minister for Medical Research; State Development, Jobs and Trade; Science. Twelve months ago, we were saying that this minister needs to focus on health. It is a big job. It is an enormous job. That job needs to be his focus. The minister has not done that, and we see the results in the problems in the health system.

This is not a government that is without resources. Because of the federal government's GST fix, led by Mathias Cormann, which is bringing billions of dollars of extra revenue to this state government above the initial budget forecast in 2017, and because of the massive inflation in iron ore prices, this government will be sitting on, as we are told in this budget, a more than \$5 billion record surplus. This government can do something about it. It has the opportunity, and it has had the opportunity, to do something about it, because those record surpluses have been the case for some considerable time. In fact, for the term of this government, the iron ore price has been substantially above the budget forecast price. That windfall gain has not been re-invested in an appropriate way. This government refuses to say that it is a crisis. *The West Australian*, I have to say, has given this government a pretty good run, which is a generous way of putting it. Even that newspaper is calling it a crisis, but this government refuses to call it a crisis. We have experts across the system saying this; it is not us. Yes, we care about our communities and about our role as opposition to hold this government to account, but it is the experts in the health system who are saying that it is a crisis. I will go to that. I refer to February 2017, which was a happier time for the Minister for Health. Not to be pejorative, but he looked quite a bit younger and less concerned in this photo on a press release of 12 February 2017. The screaming headline reads, "Barnett Liberals fail on Health: record ambulance ramping, record waitlists and a Government with no plan for healthcare in WA". I think we can see the consequence of a government that actually has no plan for health care and has had no plan for health care in Western Australia. Here is the detail of the press release —

Health Department figures show ambulances were ramped outside Perth hospitals for 1,030 hours in January. The previous worst January was 980 hours, in 2015.

... shocking year for ambulance ramping ...

The now minister further commented —

"These shocking statistics add up to a massive failure by the Barnett Liberal Government to manage our health system ...

The now minister mentioned sick Western Australians and the care they actually deserve. His press release goes on to refer to "horror stories of sick people waiting for hours for ambulances to arrive or waiting for hours when they arrive at hospital". Here we have it; this is the glorious promise of the now minister —

"WA Labor's Putting Patients First policy has a focus on freeing up hospital beds, ensuring patients are treated in a timelier manner and reducing waitlists in our hospitals. We've recognised that providing quality patient care is about more than just building hospital buildings.

What have we seen? Members opposite want to deny it and say that suddenly it is not a problem, but we have seen a horrendous increase. If 1 300 was a horror story, what is over 5 000 hours? That is a catastrophic, horrendous nightmare in the language that the minister was using back in 2017. There are real consequences. I heard the

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

minister's comment yesterday. He was picking up on the detail of something that I had said, and he said that patients who are seriously injured or sick are going in straightaway. That is just not true. Yes, if someone is actually dying, maybe they get prioritised, but there are people in those ambulances who are seriously sick, who are being compelled to wait in those ambulances or in corridors. We have heard stories of seriously ill patients waiting in the corridors of hospitals for days, not able to get into a ward to get the care that they need.

I am going to dwell a little bit on this Australian Medical Association media release that was put out on Monday, 12 July 2021 by Dr Mark Duncan-Smith, President of the Australian Medical Association of Western Australia. This is not me or the Liberal Party; this is a highly regarded peer in the medical profession. He is highly respected. He goes through the critical points. I will quote him and not summarise him. The media release states —

AMA (WA) President Dr Mark Duncan-Smith said the State Government had long run out of excuses for the near-catastrophic congestion that is choking our emergency departments and leading to ambulances endlessly waiting in hospital lines.

He quoted the statistics —

“Ramping for the first six months of 2021 is almost equal to WA's total ramping for 2016 and 2017 combined ...

This is when the minister said it was a crisis. In the first part of this year, ambulance ramping has been more than the total for the last two years of the Barnett government, when the minister was on television. I remember the footage of the minister standing outside hospitals with ambulances lined up behind him, telling us it was a crisis. That is the record of this government, members.

Dr Duncan-Smith recalled the comments made by the minister, who was then the opposition health spokesperson. He quoted the minister; I will not quote that again. He said —

“This situation is out of control and the Minister for Health is simply missing in action, unable to respond to the crisis.”

That was at 1 000 hours. What do members say now at 5 000 hours? A non-existent minister, missing in action. It is more than “missing in action” when he has achieved that target. I quote the numbers, against what is just a normal increase in presentations over the longer term in the hospital.

Dr Duncan-Smith said —

“To add insult to injury, we've had every imaginable excuse now that Mr Cook is actually in a position to address the situation.

“The Government can't just blame mental health attendances for increased ramping rates, for example, as the Premier and the Health Minister are wont to do.

“Since Mr McGowan has been Premier, mental health attendances have increased by less than 14 per cent —

Less than 14 per cent over four and a bit years, members —

while ramping has increased by an eye-watering 375 per cent.

What we have seen is a less than 14 per cent increase in presentations over the term of this government, and that, we would say, is a normal run rate for that, about three to four per cent per annum, but ramping has increased by 375 per cent, so that excuse simply does not hold any water. It is a false excuse. It is spin that is in fact beneath the calibre of this minister.

I continue the quote —

“There has not been a massive increase in activity and presentations to the emergency department,”
Dr Mark Duncan-Smith said.

“Activity pre-COVID in 2018/2019 was growing steadily at about 4 per cent.

This is not me, members. This is the head of the AMA, a highly respected leader in the medical community in Western Australia. The media release referred to the dip in activity in the first half of 2020 and then the increase in 2020–21, back to the levels, but only back to the trend line. This is not some exotic, abnormal, COVID-related, sudden burst of activity. These presentations to the hospitals are purely what we would expect on the trend line over the term of this government. I had a lecture from the member for Cockburn. This government needs to be honest. This government has not responded to the normal growth in activity of the hospitals, and to say that there is a sudden trend, a massive increase, and that is the reason it is overwhelmed and the reason the government could not respond, is untrue. It is untrue and it is beneath the dignity of this minister to say it.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

The article refers to the number of beds. This is a problem we have. We see that Western Australia has the lowest number of public hospital beds available per 1 000 head of population of any state in Australia. The wealthiest state in Australia, in relative terms, the state that is responsible for almost half of Australia's export income has the lowest number of hospital beds. When a government has been in office for four and a half years and is heading into its fifth year of government, that is its problem. It has not responded to the normal growth in presentations to hospitals, and it has not responded to the requirement for hospital beds.

Thank God we did not have a COVID outbreak in Western Australia, because, if we had, it would have been carnage and chaos. We would have been the least able state in Australia to respond to that. As I said, we have congratulated the government on doing it, but thank God something did not go wrong. As much as it is good management, it is good luck.

[Member's time extended.]

Dr D.J. HONEY: Thank God we did not have an outbreak; thank God we did not have someone taking it out into the community. We know we have had a number of incidents in which people, such as security guards or workers in hotels, have gone out into the community and interacted with hundreds or thousands of people, but for whatever magic reason, we did not see spread from those individuals. That was not the government's management; that was pure dumb luck on our part. If we had seen those massive outbreaks, our hospital system would not have been just at breaking point, it would have been broken.

I will not go on, because I have to cover a number of other areas. When we look at the time it takes for people to get treated, we see that our hospitals are full all the time, based on a normal trend increase in the expectation for hospital beds. We see a government with wrong priorities. In the middle of this pandemic and crisis, with the lowest number of hospital beds per person of any state or territory in Australia, what is the government focused on? It is focused on Metronet. There is our COVID solution! Metronet is going to solve COVID. The budget for Metronet has blown out from an estimate of less than \$3 billion to more than \$7 billion in the last budget. I can only wait to see what it is going to be in this budget. If the government is honest, the cost of that project is going to be \$10 billion. In any case, it is the largest cost blowout of any capital project in the history of Western Australia. It makes Colin Barnett a fiscal prude.

I am sure the Minister for Health has been going to cabinet and saying, "Look, I need more support and extra resources", but instead of the Minister for Health getting that money, the Minister for Transport gets it because that minister clearly carries a bigger stick. The Minister for Transport has received another more than \$4 billion for her project while our health system is in absolute crisis. Apart from the Forrestfield–Airport Link, not a single inch of rail has been laid for the Metronet project. I cannot wait to see how the government will deliver all its projects. We heard the minister —

Mr D.A. Templeman interjected.

The ACTING SPEAKER (Mr D.A.E. Scaife): Leader of the House!

Mr D.A. Templeman interjected.

The ACTING SPEAKER: I call the Leader of the House to order for the first time, and I impress on him the importance of being a role model for members in circumstances in which he is the Leader of the House!

Dr D.J. HONEY: Thank you very much, Acting Speaker. I am grateful for your protection from the verbose Leader of the House!

As I pointed out yesterday, the Minister for Health has been focusing his mind on some things. He has been focusing his mind on building union membership in his own union! Again, \$93 million is being spent on insourcing to government the services of 633 workers. As was pointed out by the member for Roe, I would not mind betting that the union application went out with a letter informing them of their new employment conditions. The government will be hoping that they will all be union members. That will mean that the Minister for Health will carry a bigger stick when it comes to the executive of the ALP and choosing who gets preselected for what. It is a trick that the minister learnt from the Minister for Water, who has been merrily insourcing services to the Water Corporation at a rate of knots—more than 500 people.

I thought what the minister and other members said about private services was really insulting. We are not talking about a service or a company; we are talking about people, some of whom are probably members of the minister's own union. Members said that these people were not doing their job properly and were failing: "They're not doing their job properly. They're not really worthy people because they happen to work for a private business." They are talking about people when they make those criticisms. I will tell members what: those people are fantastic. I have been out to those facilities and I have seen those people. I have been out to Midland Public Hospital. For new members who want to talk about public versus private, Midland Public Hospital was built for one-third the cost, per

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr
Jags Krishnan; Ms Kim Giddens

bed, of Fiona Stanley Hospital. I advise members to go out there. I have been out there a number of times. I have met the management and the people who work there. I have met the engineers who run the place. What a fantastic facility. It handles more high-priority ED patients than Sir Charles Gairdner Hospital—way above anything that was contracted. That is the service you get. I support public hospitals and I support private hospitals, but this juvenile contention that because a hospital is a private facility it somehow does not provide better service is a falsehood—an insulting falsehood to the doctors, nurses, orderlies, cleaners and all the other people who work in those private facilities or in the services provided by contractors. Some members opposite should have the decency to not do that.

Then there is the government's attack on St John Ambulance—talk about wrong priorities. We know what is behind the attack on St John Ambulance. It is interesting to go back a little in history, because history repeats itself, and look at an ABC online news article from 23 April 2008, which states —

The State Opposition says it is strongly opposed to stripping control of Western Australia's ambulance services from the not-for-profit organisation, St John.

The Australian Liquor, Hospitality and Miscellaneous Union says because St John Ambulance depends on patient transfer fees, employees are under pressure to make thousands of unnecessary trips to emergency departments.

It says this is leading to overcrowding in hospitals and it is urging the Government to take control of the service.

Hop in your time machines, members, because that article was from 23 April 2008. It continues —

The Health Minister Jim McGinty says he will consider the proposal, —

That the union was putting up —

but says any change should be based on the best interests of patients.

Thank goodness he said that. Why do I raise that example? It is because the current Minister for Health, in a debate in this place on Wednesday, 5 May 2021, talked about a range of issues and said, in agreement with the member for North West Central —

... as the member for North West Central said, my idol, Jim McGinty, was the Minister for Health.

That is here in *Hansard*, minister! Your own words. It does look like the minister is taking his guidance from his idol. I might also say that Mr McGinty has certainly done very well, with a large range of appointments under this Minister for Health. The minister's idol has been parachuted onto the boards of the North Metropolitan Health Service, Lotterywest and Healthway. It is very clear that the examination of St John Ambulance is nothing to do with the delivery of services to the people of Western Australia; it is another thrust by the minister to simply increase union membership—something that he has copied from the playbook of his idol, Jim McGinty, from 2008.

Mr P.J. Rundle interjected.

Dr D.J. HONEY: Absolutely. We see history repeating itself. It is not in the interests of patients and it is a distraction from the problem. As I said, the problem is that this government has completely failed to react to a normal continuing increase in presentations to hospitals for various health issues.

Yesterday we heard, chapter and verse, from a government now drunk with its own power. It has ascendancy in numbers and accolades from the community for its reaction to COVID, and that is apparently a green light for the renationalisation of health services. We have heard a number of speakers in this place, including the minister and Premier, launch into virulent attacks on the private health sector. Despite the member for Cockburn lauding Bethesda Hospital for building its new mental health unit in his electorate, members in this place have launched criticisms of the private health sector—the usual infantile arguments that because these people are making a profit, they are somehow not delivering the best health service, the workers are not doing the best job, and that somehow the community is not getting good services from those groups. We know that that is totally false. It is purely a facade so that this government can continue its nationalisation program of those facilities. All the distraction about St John Ambulance and all the criticism of the private health services are excuses for this government to try to cover up its own failure.

Government members talk about the wrong priorities. There is a housing crisis. Keeping people safe is the most important thing that a government does. The government says, “We did that for COVID.” What about those tens of thousands of people who cannot get houses? There are thousands and thousands of people on waitlists for houses. Not only has the government not done anything to improve public housing; in fact, it has destroyed it. This government has reduced public housing, since it came to power, from 44 087 public houses to 42 715. I hear the bleating of the bleeding heart elite socialists in this place—the privileged university students and others who know all about the struggles of the workers—and they have reduced the number of public houses by 1 300.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

Mr R.R. Whitby interjected.

Dr D.J. HONEY: I have already pointed out the finances, minister. This government spent \$300 million to reduce the public service by 3 000—spent the \$300 million and increased the public service by 7 000. Again, I tell members, Colin Barnett is looking pretty good. Perhaps the government should bring him into its party as an adviser!

Regarding people who cannot get houses, we heard the stories last night during the vigil for Alana. I spoke with her family. But not one Labor Party member turned up to that vigil—not one of you. Not one of you was out there in the front and certainly not one of you was invited to speak. That group was very precise in its criticism and they pinned home the failures in housing to the failures of this government in great detail, and I will be exploring those matters with those people.

DR J. KRISHNAN (Riverton) [6.42 pm]: We all accept—there is no doubt; there is no dispute—that we are in the middle of a pandemic. Over the last 18 months, the government, the Minister for Health, frontline health workers, nurses, doctors and administration staff have got out of bed every day with the fear of dying, of being contagious and infecting somebody else, and have provided the service they need to provide for the people of Western Australia to keep them safe and provide an efficient health system. I oppose this motion for criticising these people for not having provided a safe and efficient health system. That does not make any sense to me. That is the biggest insult that the opposition can give the frontline health workers by criticising them for not providing a safe and efficient health system when they have worked so hard to keep us safe. The whole world agrees with that except for our opposition here in this chamber.

Let me go to some numbers. As of today, the number of COVID cases in Western Australia from the start of the pandemic is 1 058. Throughout Australia, it is 35 089. That is three per cent. The number of active cases as of today in Western Australia is 10 and throughout Australia, it is 3 725. That is 0.3 per cent. Is this not an example of safe and efficient health care being provided? What else is it?

Turning to vaccinations, there is a big myth, especially among the opposition, that somehow the state government has to pull out a magic wand to vaccinate everybody in the state. Traditionally, the federal government has taken the brunt of the responsibility for providing vaccinations. Over 95 per cent of major vaccination programs in this country has been run by primary care, which is GPs. Today, less than 20 per cent of general practices are approved to give the Pfizer vaccine. People are having to travel from one end of town to the other end to get a second dose of the vaccine. People are having to wait until December. I have heard all this from the opposition. I plead with opposition members to speak to their federal colleagues to sort out the shambolic program that is the rolling out of the COVID vaccination here in Australia. In the 15 years being a GP in Australia, I have never seen a worse program rollout than the COVID vaccination program. If opposition members can, please facilitate more vaccine supplies to GP practices and the Western Australian government. Based on the last seven days' average, modelling shows that we could achieve 60 per cent vaccination in 61 days; we could achieve 70 per cent in 89 days; and we could achieve 80 per cent in 117 days. In four months from now, before Christmas, we could achieve 80 per cent, provided the federal government offers the certainty of supplying the vaccines for us to give them to the people.

Several members interjected.

Dr J. KRISHNAN: But the federal government has to supply it. There has been partiality; we have been penalised for controlling COVID well. People who do not control COVID well get a lot more vaccines. For some reason, the opposition thinks that there is no COVID in Western Australia, so there should be no impact on the health system. It is completely wrong. At any given point, without the pandemic in place, 10 to 15 per cent of the people of Western Australia are not living in Western Australia. They have either travelled interstate or internationally. Because of the pandemic, that 10 to 15 per cent—the number can vary depending on whether it is school holidays or university holidays or whatever—of people remain in Western Australia create that additional demand. To keep Western Australians safe, there is additional demand being created. How can we ease this problem? Again, we can ease this problem by attaining a high number of vaccinations, opening the borders, getting freedom again and having people able to move about, thereby reducing the demand so that we can cater to the highest level.

For some reason the opposition portrays a picture as if a patient were sitting in the back of an ambulance with continuous oxygen and injections and medications, waiting. Let me explain what ambulance ramping means. Ambulance ramping means that the patient who was transported in the ambulance is yet to be cared for by the medical team. It does not mean that they remain in the ambulance. They can be in the hospital. The paramedics are continuing to care for the patient while the medical team takes over. There is an increase in demand. Hospital staff manage that by not sending ambulances back into the community to cause problems for people who have already entered the system. This is ramping. Continuing to portray an image as if there are patients in the back of the ambulance dying, gasping for oxygen, is not exactly what happens in the hospital system.

Mrs L.A. Munday: They still do X-rays. They still do bloods. The system goes on.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

Dr J. KRISHNAN: Yes. The member for Dawesville, who has provided the service for over 20 years, saving so many lives, is endorsing my statement. Thank you, member for Dawesville.

Not Perth, not Western Australia, not Australia—throughout the world, over 70 studies have proved that mental health issues have doubled in number. Do we expect to not have that impact because there is no COVID in Western Australia? The impacts of COVID are still there. The member for North West Central clearly stated with evidence how the impact of mental health issues has caused problems, particularly in the remote communities. How can we deny that that has had an impact on the demand for emergency services and community mental health services? There is significant investment from this government and this Minister for Health in combating all that. Every effort is being made day in, day out, so for the opposition to criticise this government and say that it has failed to provide a safe and efficient health system is pathetic and unacceptable.

I repeat that the federal government needs to step up and take more responsibility for health. What is bed-blocking? Let me explain how it works. When an elderly person has a fall, it is an unplanned admission, an emergency, and we do not know how long the person will occupy the bed. It may be two days or five days. If it is two days, the procedures of two other patients are cancelled and they go to the back of the list. If it is five days, five people who were supposed to have procedures have their procedures cancelled and they go to the back of the list. This is unplanned. We all know that aged care primary care and prevention is a federal government responsibility. What investment is going into the prevention of falls of the elderly? It is zero dollars. If we could prevent falls, we would reduce the impact of the pressure on our emergency systems and hospitals. If there is a leak in the roof, the opposition is saying buy more mops instead of stopping the leak. I am pleading with the opposition to please join hands and cooperate with us to provide the best health care system for the people of Western Australia. With health, there should be no difference between the parties or any side of politics. We should work together to fight and work hard to provide the best for the people of Western Australia. I once again plead with the opposition to join hands.

Since 2017, there has been a \$1.1 billion increase in health spending by this McGowan government. There is a \$1.8 billion commitment to build a new women's and babies' hospital and investments for upgrades at Peel Health Campus and Joondalup Health Campus, and a Fiona Stanley Hospital transition plan, which has already been implemented. I am very surprised that the opposition opposes improving those services, and is putting it back on the government. On one hand it is saying that we are not spending enough, but on the other hand it makes accusations when the minister spends money. What should be done? This is where we need to unite and combine and put in every effort to bring about better health outcomes for every Western Australian.

This health minister has invested in medical research with the future health research and innovation fund. Last May, an amendment was made to divert the interest that comes from the fund towards local health medical research and innovation. This health minister has invested in the life sciences industry. The McGowan government has a \$13 million WA cancer plan. Is that not efficient health care service? If that is not safe health care service, what is?

In his contribution, the member for Cockburn mentioned the birthing centre at Fiona Stanley Hospital, which benefits the people of his and my electorates. The uniqueness of the centre is that the majority of the antenatal care provided to women is done by the same team who conduct the deliveries, which means that women feel more comfortable, safe and cared for. Unique programs are being implemented to bring about better health outcomes. It is very sad that the opposition simply complains and insults frontline workers by saying that they do not provide safe and efficient health care. I oppose the motion, and I am thankful for the opportunity to make a contribution.

MS K.E. GIDDENS (Bateman) [6.54 pm]: I stand today to talk about this very important issue because, of course, the delivery of health is a core responsibility of government. Indeed, the three key areas of government are health, education and safety. I put on record tonight my deep concern about the politicisation of this issue. Health should not be politicised. There is a clear difference between accountability and politicisation.

Dr D.J. Honey interjected.

Ms K.E. GIDDENS: The member for Cottesloe scoffs, which is fitting, because I will refer to a quote to demonstrate my point about this politicisation. I refer to yesterday's uncorrected *Hansard* in which the member for Cottesloe said —

The government is heading into its fifth year in government and it is “going to do” something about the health crisis. It needed to start doing something four years ago. It was told about it. The government knew it was in crisis.

I want to remind members where we were at four years ago in 2017, at the end of the Barnett government. According to the uncorrected *Hansard*, the member for Cottesloe's next sentence was —

This government makes fun of the hospital system, but it inherited a rebuilt hospital system from the former government.

Ms Mia Davies; Mr Vincent Catania; Mr Shane Love; Mr Peter Rundle; Mr David Scaife; Dr David Honey; Dr Jags Krishnan; Ms Kim Giddens

Members of this place, let us consider that on the one hand, four years ago, we knew that there was a crisis and failed to act but, on the other hand, we inherited a rebuilt hospital system. Talk about having a bet each way. Which way is it? That is cynical and it politicises this very important issue.

We have spoken plenty about the demands placed on our health system as a result of COVID-19. Reference was made to the government using COVID as an excuse and blaming COVID. There is no blame on COVID; it is just fact. The demand that has come out of this pandemic is fact. Opposition members cannot correlate the number of cases in Western Australia with that demand because they know that we put energy and human resources into planning and prevention and into people vaccinating and testing for COVID-19. The number of COVID cases in Western Australia is not a direct correlation with the demand that the pandemic has placed on our health system.

My colleagues in this place have spoken very well about those demands and about the response of the McGowan Labor government. I want to speak about another aspect of the motion, the economic and social impacts, because that deserves a quick mention. Of course, there have been economic and social impacts from COVID, but I am really curious to look at the situation in Western Australia. It is widely recognised that this government's management of COVID-19 has kept the Western Australian economy open. It is also widely recognised that we have the strongest economy in the nation and one of the strongest in the world. Every job lost in Western Australia due to COVID-19 has been replaced, and to that we can add another 21 000. We can round it up a little bit, just for argument's sake. Employment in Western Australia is now the highest it has ever been. This McGowan Labor government has created more than 100 000 jobs since coming to office, despite the pandemic. Consumer confidence is at record highs. I hope that the situation in New South Wales and the management of the COVID outbreak there is rapidly brought under control because I would not like to see that undermine the confidence we experience as a result of this government's good management of COVID.

The McGowan Labor government has a plan. It was one of the first governments in the nation to implement a COVID recovery plan. It is a \$5.5 billion well-resourced response to the pandemic, which includes the economy, industry, community and infrastructure. It is a comprehensive, detailed and funded plan to respond to COVID and the challenges it poses.

I turn to some of the great things that we are doing in Western Australia. The Australian National Phenome Centre is located in the Murdoch health precinct, which is just outside my electorate, but I like to claim it a little bit because it is such a magnificent gem.

Mr R.H. Cook: Nicely played!

Ms K.E. GIDDENS: I will take what I can out of it!

For those members who have not visited the centre, please contact its staff; they would be happy to show them through. I warn members that if they are feeling halfway intelligent walking into the centre, they will not feel that way walking out because of the skills and knowledge of the staff and the level of research that is taking place there. That centre is contributing significantly to the world's response to COVID-19. It is a significant world leader and it is right here in Perth, Western Australia. Of course, the centre is focusing on a number of areas that have implications for the future economy of our state. The brains trust of that centre in the contribution to our future economy and diversification of our state is significant. We are extremely lucky to have that centre.

I will conclude my remarks because I am very aware of the time. We have challenges in Western Australia just as there are challenges across Australia and the world. There is no doubt that the pandemic has accelerated these challenges, but we also have unique strengths and opportunities. We have incredibly dedicated and skilled health professionals in Western Australia. We have world-class hospitals and we are on our way to having a new women's and babies' hospital, a \$1.8 billion investment. We have the strongest economy in the nation and, as a result, we have been able to respond and put resources into our health system to meet the demand. We have more hospital beds and increased funding for mental health. We have provided for more graduate nurse positions and we are recruiting more nursing graduates into the health system. I would like to end by returning to the warning that I gave at the beginning about the politicisation of this very important area.

Debate adjourned, pursuant to standing orders.

House adjourned at 7.00 pm
