



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PROOF

PRIVATE MEMBERS' BUSINESS

Tuberculosis

SPEECH

Monday, 21 November 2011

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

<p>Date Monday, 21 November 2011 Page 138 Questioner Speaker Ms RISHWORTH</p>	<p>Source House Proof Yes Responder Question No.</p>
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(Kingston) (NaN.NaN pm)

Ms RISHWORTH (Kingston) (11: 32): I am pleased to rise today to talk about the very important issue of TB and the spread of TB. It is a very complex issue and there is no easy solution. The complexity of it is perhaps missed a little in the motion. The member for Leichardt has very good intentions. I know he represents the area and I know, having been up there, people have said that they have seen him a lot—certainly in his previous term, and I am sure that that has not changed. However, the motion itself, while recognising this is a very important problem, probably misses some of the complexity around this issue.

I was very privileged, as has been mentioned previously, to travel to see both the Torres Strait Islands—and in fact visit the Boigu and Saibai clinics—as well as travel to Daru to some of the treaty villages. There are a number of challenges in PNG, and some of them have been mentioned, including the challenge of making sure people receive medication. In our discussions at the Daru health clinic, one of the issues that came up was ensuring that people do get their medication and continue taking it.

TB has become drug resistant because, while people get the drugs, they do not finish taking them. Ensuring that people finish their courses of TB medication is so desperately important. My concern, if the only long-term way we treat TB is through these clinics in the Torres Strait, is this: how do these clinics monitor people taking these drugs?

How do they ensure that the course is finished? That is one of the reasons the WHO, the World Health Organisation, has said that it is really important to treat people with TB as closely as possible to where they live. If you treat people as closely as possible to where they live, you can ensure that they are not only taking the medication but they also complete the medication. That was one of the big issues that people were raising: we need to ensure that people are treated as closely as possible to where they live to ensure that they finish their course of medication and to ensure that monitoring is done, and certainly I would support the government.

I know that the motion does call for ongoing funding. I note that the government has given temporary funding,

because we are not able to shut these clinics down overnight. However, I do not believe that two clinics in the Torres Strait islands are sufficient to combat TB. Really, it is a mere bandaid solution in terms of actually ensuring that we treat TB. Only a few people can access those villages. People are not meant to come over from PNG for health reasons, but of course a lot do and I can understand that doctors, when presented with a very difficult, very severe case of multidrug-resistant TB, want to treat those patients. But that is not an effective way. For an effective treatment of TB, everyone must be treated so that the disease is eliminated. Treating only a few people that are able to get across the Torres Strait, but may not finish their drug-resistant TB medication, does not actually address the real problem—addressing TB right throughout the Pacific region.

There are a lot of challenges, as has been noted by previous speakers. As I said, there is the completion of medication. There is also, obviously, access to medication, a massive issue, as is access to health professionals, of course. When we were there, there were certainly concerns that it was very difficult for Australian health professionals to collaborate with PNG health professionals because of the visa situation. Australian health professionals had to go through Port Moresby down to Daru and then to the Western Province.

However, I do not think that we should say that with these challenges—the issue of getting medication, the lack of facilities at Daru and the issues around access—we should just throw up our hands and say that therefore we will just have two clinics on Australian shores and just allow patients to come over, without actually saying what we are going to do. That is why I was very pleased that earlier this year, in September, the government introduced another round of investments. We have made a real commitment to addressing health issues in PNG and we have provided \$13.8 million over four years for the Australian-PNG package of measures.

But, even more importantly, there is another \$1.1 million of investment in PNG to provide for the recruitment of health staff to address the issues that they are facing to improve TB services at Daru Hospital; to outreach services to the villages along the South Fly coast; for the construction of a temporary isolation ward at Daru Hospital; for a pilot incentive

scheme to improve patient compliance in completing courses of TB medication; for training laboratory staff on Daru in the diagnosis of TB and training community members to support TB treatment compliance in communities and for continuing to support increased laboratory diagnostic capacity. So rather than just saying that we will just keep doing things the way we have been, things that have not worked in keeping these two clinics open for those that can make it across, we need to actually combat the problems that have been identified and combat some of those limitations and address them. That is incredibly important.

I think that it is important to note that the treaty between the Torres Strait islands and Papua New Guinea treaty villages does not allow for people to come over with health concerns as the primary issue. I understand that health professionals are supported, but if the member for Leichhardt truly thought that people from PNG should be treated for TB in Australia then surely this motion would read that we amend the treaty. The member for Leichhardt should be honest and say to the people up there, 'I suggest we amend the treaty between the Torres Strait and Papua New Guinea to allow people to come over primarily for health reasons.' If he were serious about this and wanted Australia to be the first port of call for treating Papua New Guinean nationals with TB then he should ask for the treaty to be amended to allow this to happen, because the treaty does not actually allow this to happen.

We are not immediately closing these clinics. We are looking at temporary funding for these clinics to transition to a real long-term strategy. As I said, TB does not get eradicated by treating the few people from the treaty village who are able to come over here. Indeed, we need to treat it at its source. We need to address the issues about medication. I have noted there have been some successful handovers to TB clinics. PNG took responsibility for 21 multidrug resistant TB patients. We will continue to do that. It is very clear that, if we are going to do this business as usual in Saibai and Boigu, clinics are not the answer. They are not the simple solution. We need to do something different.

If the member for Leichhardt wants to amend the treaty, he should call for the treaty to be amended. I do not think that would be very popular in his constituency. I think making the treaty wider, not just for commerce purposes but for health purposes, would not be popular in his electorate. If he would like to see that happen then this motion should call for the treaty to be amended to allow PNG nationals to legally get health services in Australia. That would show he was fair dinkum about this. If that is what he would like to see, I encourage him to explain that to his electorate.

We are working with the PNG government to ensure we are following the guidelines of the World Health Organisation. We are looking at their guidelines about how best to treat TB in communities—that is, treat people close to their communities to ensure people are able to finish their course. We are providing funding. I mentioned the drug supply. There has also been money for a boat that will help provide health care to some of the more remote villages. There has been \$740,000 to temporarily support the TB clinics as we move to a longer term solution. While I think everyone in this House wants to see this, this is a complex issue and we must address it in a complex way. *(Time expired)*

The DEPUTY SPEAKER (Mr Murphy): Is leave granted for the Chief Opposition Whip to speak again without closing the debate?

Leave not granted.

(Reid) (NaN.NaN pm)