



Speech by

**LINDY NELSON-CARR**

**MEMBER FOR MUNDINGBURRA**

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Hansard 25 November 2003

#### **HEALTH PORTFOLIO**

**Ms NELSON-CARR** (Mundingburra—ALP) (11.46 a.m.): I am very proud to have been associated with the Health portfolio during this term of government. It has been an education, to say the least, and the many challenges facing health today confirm for me the absolute importance of a national free health system—not one for only those who can afford it. We live in such a complex and diverse society, which means complex and diverse health needs. Our Queensland doctors, nurses and health professionals are some of the finest in the world, but we do have to improve the way we pay for new cures and new treatments, and cope with an ageing population which will put more pressure on our health services.

To do this successfully, we need the federal government to play its part in the process, and so far this seems unlikely. The tinkering around the edges has done nothing to increase funding to our hospitals. The erosion of bulk-billing by GPs has meant longer waiting times in emergency departments for patients with non-urgent complaints, and what makes it worse is that so many would-be doctors miss out because of a lack of federally funded university places. This equates to a shortage of doctors and a shortage of nurses, and it is even worse in allied health. The Commonwealth is also responsible for funding aged care but there is a tragic shortage of nursing home places. The means the elderly are forced to live in hospital wards, causing bed blockage and longer waiting times. With this in mind, it is heartening to hear of trials and pilots occurring across our state with the specific aim of improving health services and outcomes. There have been a number of successful trials of providing general practitioners in or near hospitals on weekends and after hours. These have reduced pressure on emergency departments, ensuring patients get the services they need.

Yesterday I met with a wonderful group of dedicated doctors and health professionals who have established the Queensland Integrated Refugee Community Health Program. The founder, Ian Mannion, and his team are to be congratulated on their commitment and dedication to making the world a better place in which to live. When people get sick they need help, reassurance and understanding. Imagine a refugee or asylum seeker suffering ill health in our country. It has been extensively documented that the health needs of these people are often more complex and numerous than those of migrants and the Australian born population. Queensland receives the fourth largest intake of new arrivals, just behind WA, Victoria and New South Wales. The composition of the intake has also changed over the past five years with now much greater emphasis on the Sudanese. The prolonged stay in crowded refugee camps, limited access to health services, if any, and exposure to torture and trauma will impact on how these new arrivals will deal with their primary health needs.

In 2000 and 2001 a consumer driven process identified issues for refugee communities in regard to accessing primary health care services, quality of services and suggestions for improving current systems. A diverse group of services, departments and consumer representatives joined forces to form a very unique and successful partnership and this is what they developed. The Sisters of Mercy who manage the hospital are highly committed to serving these most marginalised in our community. Anecdotal reports from doctors and staff in emergency departments in two major hospitals in Brisbane have indicated growing numbers of inappropriate presentations. The issue became more acute as a direct result of larger numbers of TPV holders initially settling in the vicinity of two particular hospitals, PA and the Mater. Due to growing numbers of GP practices closing their books, not able to afford bulk billing, and not able to organise interpreters, there are serious problems.

QPASTT in partnership with the Brisbane Inner South Division of GPs and QE II Community Health had previously worked to build the skills and capacity of GPs in the community. At this stage Queensland Health funds the clinic and this pays for some of the running of the costs and a part-time coordinator. The clinic relies on support from services within the Mater Hospital and gives refugee claimants without Medicare a safety net. This clinic is an innovative and unique approach to meeting the health needs of refugees. I would hope that Queensland Health continues to assist with funding and support. I will certainly be urging our government to do so.

Why is the federal government not taking a more active role, with its abysmal record on border protection and its shocking treatment of refugee families and children? One would think that those who are living in this country should be granted appropriate health care. Many have come from situations of conflict and persecution with high rates of physical and psychological problems. Many have experienced torture and severe human rights violations and the loss and separation of family members. Some have spent long periods in detention and suffer from anxiety and distrust of authority figures. There should be a federal scheme which allows for speedy diagnoses of acute illnesses like malaria, TB, hep B, HIV, renal failure, et cetera, followed by immunisations. Once these are addressed, those who need counselling for their underlying issues giving rise to poor health should receive it. The end result needs to be timely and comprehensive, reducing the long-term health risks and, of course, minimising inappropriate admissions to emergency departments.

I commend this clinic, the Mater Hospital and the team of dedicated professionals, particularly Ian. He was aptly awarded the Premier's Multicultural Services Award this year—how very appropriate. Good luck to you all and may you continue to make Queensland a great place to live for all people.