



Speech By Robbie Katter

MEMBER FOR TRAEGER

Record of Proceedings, 9 November 2022

MOTION

Minister for Health and Ambulance Services

Mr KATTER (Traeger—KAP) (5.45 pm): I rise to speak in support of the motion. Earlier integrity and work ethic were mentioned. We do not see a problem insofar as the minister is concerned in that respect, but people need to be accountable for outcomes and realities. All too often you hear, 'It's bad. We just can't find any doctors.' Someone has to be accountable for that. That is how the system works. The buck has to stop with someone.

There is an enormous sense of frustration in the areas we represent and that has to be directed somewhere. Someone has to be accountable. Issues may have been building up over a while, but here we are. A lot of the issues existed before COVID, so people cannot hide behind that and use it as an excuse for these failures. If I focus on my own electorate, in Mount Isa we have 10 renal chairs when we need 25. Alice Springs has over 60 for a similar footprint. In Charters Towers, women cannot deliver babies. Hughenden, Julia Creek and Normanton are struggling with no permanent doctor.

In regional Queensland, the mortality rate is one to three times higher than for those who live in cities. Potentially preventable hospitalisations are 2.5 times higher in remote areas than in the major cities. The mortality rate is 1.4 times higher for males and 1.8 times higher for females. I represent one of the lowest socio-economic regions in the state, and in lower socio-economic areas people are 37 per cent more likely to die from cancer. In remote areas people are 24 per cent more likely to die from cancer, even though they are less likely to be diagnosed. We would be podium finishers for just about every health statistic you can think of, and that is horrible.

I hear stories such as, 'The system is built around locums. No-one wants to go out there anymore so let's just get locums in.' Repeatedly I hear—I hear this from hospital staff as well—that there is no long-term plan. There are bandaid fixes for everything. At some point there needs to be an arrest on that situation. Sure, you cannot find doctors now, but that problem has been there for 10 years and I do not see any change to address that. The buck has to stop with someone.

I will relate a story—we are loaded up with these sorts of stories—that goes to the heart of what we deal with regularly. 'Stumpy' Barratt was buried on Friday. His family came to see me on Saturday. They were obviously very distraught. He worked for Main Roads in Cloncurry for 50 years. He fell down on the job in March this year from a heart problem and presented at the Cloncurry Hospital. They said, 'Right, you've got a problem. We'll get you an appointment.' That was in March. In July he got a telehealth appointment to say, 'Crikey, you've got a bit of a problem there, Stumpy Barratt. You need to see a cardiologist.' Four weeks ago he died in a car driving from Mount Isa to Cloncurry. He pulled over, got his dog out of the car and died there. I table a document.

Tabled paper: Funeral booklet service for Mr Mervyn John Barratt 1873.

Tabled paper: Letter, dated 17 October 2022, from the Coronial Services Officer, Ms Karen Porter, to Miss Cassandra Barratt, regarding a coronial investigation into the death of Mr Mervyn Barratt <u>1874</u>.

Mr SPEAKER: Pause the clock. I ask you to come back to the motion. It is about health; I appreciate that. There are fairly specific points that have been raised so, in terms of relevance, I will need you to round out your point.

Mr KATTER: I will keep that advice in mind, Mr Speaker. He was waiting for a letter to be able to see a cardiologist and then the letter from the coroner shows that the things he suffered from could have most likely been prevented with medication. This is a person in my electorate who has presented in March, and by November he still has not got to see a cardiologist for something that could have been prevented if he got access to medication. Members can imagine how the family feels and what they are saying to me.

When I ask for funding for more dialysis chairs I am told that there is no money, but then I come down here for parliament and see Cross River Rail and \$2 billion for the new Gabba stadium—but there is no money for these health services? Members should be able to understand why we get angry and frustrated with this issue, and someone has to be accountable. This is not someone else's problem; these are real problems and they should be a priority. We cannot get renal chairs. Last week Ernie Camp in Burketown was telling me about someone who does not bother getting renal services because he is not going to leave Burketown, so he presents in critical condition at the hospital and that then costs more money. These things keep piling up and up and they are not being addressed. They are not prioritised.

(Time expired)