



PARLIAMENT OF NEW SOUTH WALES
LEGISLATIVE ASSEMBLY

FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Public Interest Debate

17 June 2020

RURAL AND REGIONAL NEW SOUTH WALES

Mr PHILIP DONATO (Orange) (16:55:58):

I move:

That this House:

(1) Notes that the average life expectancy of a person living in rural and regional New South Wales is less than that of someone living in Sydney.

(2) Notes that the rate of suicide in rural and regional New South Wales is higher than in Sydney.

(3) Notes this Liberal-Nationals Government is overly biased toward metropolitan projects at the expense of the bush.

(4) Calls on the Government to ensure an equal distribution of essential services for regional New South Wales.

Little did the early explorers know that when they discovered and named the geological feature that separates our temperate and now populated coastal hinterlands and big cities from the vast west that we call rural and regional New South Wales, the rock curtain would end up being more than a physical divide. Of course, I refer to the Great Dividing Range, which was prophetically named. I stand here to talk about the great economic and social divide that feature now delineates in financial

distribution; the sides of it dictate the scales of prosperity that are determined when funds are inequitably meted out on either side by the Government. The divide, in essence, is what divides the big cities from the bush and serves as an invisible blockade to the Government in the flow of equitable funding for services out in the bush.

The COVID-19 pandemic prompted the Government to swiftly respond to the economic impact, placing the importance of recovery on job creation and infrastructure projects. It is a pity that the economic impact of the pandemic that affected metropolitan Sydney has caused the Government to respond, but the very same Government failed to address for the most part successive years of financially crippling drought in rural and regional New South Wales. In fact, rural and regional New South Wales were already in a drought-induced recession well before COVID-19 existed. In spite of the bush recession, the Government has not even met its legislated obligation to deliver a minimum of 30 per cent of all Restart NSW funding for regional infrastructure projects, which is more proof of its dismissiveness of the good people who live in country New South Wales.

In my electorate there has been a notable decline in some essential services. Last year's closure of maternity services at the Lachlan Health Service is a good example of the issue I am raising today. Parkes, and the areas that the hospital services, continues to grow. However, the decision to degrade and cease maternity services there is to a large extent the result of inadequate funding, with the health district being asked to do more with less. More and more babies are being delivered roadside as parents race off to Orange or Dubbo hospitals. Health and education are areas where budgets and bottom lines are inappropriately applied to the detriment of all elements of society. But out in country New South Wales they fail to take into consideration the challenges faced by those who live there, such as distances required to be travelled, unreliable communication and lack of access to services and opportunities.

Centralisation of services such as health is brought about to do one thing: save the Government money so that it can keep it for its big city projects such as the relocation of the Powerhouse Museum. The people of the bush are fair minded and reasonable, but they would tell you that that project is lunacy and a complete waste of taxpayers' money. Centralisation has created cost shifting, which is worsening an already inequitable situation. Where services are centralised in the country, the cost is borne by the poor people who have to pay for transport to access those services. In many cases, those living in remote areas also have to pay for accommodation and meet other travel-related costs.

The failure by this and other governments to appropriately fund vital services in the bush is most notably demonstrated through the difference in life expectancy of those who live in the country as opposed to those who live in the city. My colleague the member for Murray has pointed out that there are no longer any orthopaedic services in any hospital in her electorate, an area of 107,000 square kilometres. People have to travel two to four hours to have fractures repaired. In the 1980s Griffith hospital had these services. There is no mental health unit in any hospital in the Murray electorate. Deniliquin Hospital is no longer able to treat children, meaning that kids in need of medical care have to be driven several hours to Wagga for treatment.

Recently Griffith's only two high schools were merged to save the cost of a principal's salary. A chronic teacher shortage plagues the schools, with students missing more than 1,000 classes. Yanco Agricultural High School's female students have been waiting 27 years for the Government to provide them with proper dormitory accommodation. Twenty-two years ago regional New South Wales residents lived longer than Sydney residents. According to NSW Health data, on average now rural people die five years earlier. Even in Africa life expectancy is going up but it is going down in parts of the Barwon electorate. In 1996 in the Far West Local Health District of New South Wales, which includes Broken Hill and surrounds, people lived to 80 on average. That was two years longer than the life expectancy in Sydney. By 2016 the average life expectancy in the Far West Local Health District had dropped to the age of 79, while life expectancy in Sydney rose to 85 years. For the first time in human history life expectancy is actually going backwards.

Suicide is an undeniable reflection of poor mental health. Statistics reveal that the rate of suicide in Sydney is 7.8 per 100,000. At 15.5 per 100,000, the rate of suicide for rural and regional NSW is double that. Of all our State's local health districts [LHD], Murrumbidgee LHD leads the way with the highest reported deaths by suicide. The latest statistics are 21.5 per 100,000. Sadly, that comes as no surprise because a plain and simple correlation exists between the lack of services and funding for services in the bush. In the Barwon electorate my colleague is witnessing much the same. The health system there is broken. There is no blood storage in Barwon. In the past year at least one patient at Cobar came close to bleeding out. There are no maternity services in any Barwon hospitals. Expectant mums have a three-hour minimum drive for hospital deliveries. Due to the distance, babies sometimes require emergency assistance when delivered on the roadside.

The Government has failed to consider the cultural implications of Aboriginal women being forced to give birth off country. Community transport has vanished and elderly patients have no way of getting to specialist appointments in Bourke and Dubbo. The town of Lake Cargelligo, highly populated by aged residents, needs aged care beds and dementia services. I do not have sufficient time to mention all the medical issues in the regions. Education is underfunded also. Education outcomes are poor for rural towns. Many families have no bus pick-up services because the cost is too high for the education department. Families are forced to drive hundreds of kilometres to drop off and pick up their school children.

TAFE has experienced cut-backs also. Hands-on courses like mechanical or carpentry courses are not offered in Barwon, yet the Government wants people in jobs and trades! Students have to travel away from home to complete apprenticeship courses, which is beyond the financial ability of many. In 2019 a cut of \$10 million to legal aid funding impacted on community legal centres, including Western NSW Community Legal Centre. Western Women's Legal Support had its funding reduced also. The list goes on. It amounts to a bias against the bush. I look forward to listening to the Government's explanation for its neglect of the bush. Regional areas produce the food on our dinner plates but the Government takes them for granted. I commend this public interest debate to the House.

Mr JUSTIN CLANCY (Albury) (17:03:10): I welcome the opportunity to contribute to this public interest debate. When I first saw the topic of this debate—bias

against the bush—my mind automatically turned to the classic scene in Monty Python's *Life of Brian*: What have they ever given us in return? I grant you that the aqueduct and the sanitation are the two things that the Romans have done, and the roads. The roads go without saying, don't they? Apart from the sanitation, the aqueduct and the roads—alright, freshwater and public health—what have the Romans ever done for us? I could close my eyes and picture the member for Orange as one of those commandos, hiding behind the wooden spoon as they went looking for him. However, I appreciate the opportunity this public interest debate provides to raise greater awareness and encourage more joint action by all of us to confront the meaning and the pain of the loss caused by suicide in our nation, particularly suicide in our regional areas.

I begin by extending my sympathies to all families, individuals and workplaces that have been affected by suicide. Each suicide is a person and a loved one. To Australians, suicide cannot be reduced to an us-versus-them framework. It is complex and its reach runs deeper than money, budgets, buildings and roads. I commend to the House a position paper from the Centre for Rural and Remote Mental Health. The member for Orange will know the paper well because the centre is based in Orange and is a major rural initiative of the University of Newcastle and NSW Health. In every State and Territory across the nation suicide is greater in regional areas than in capital cities. The centre's paper states:

The prevention of rural suicide is not the sole responsibility of health services or of mental health services. There are important roles for governments, private sector, health and welfare institutions, rural and remote communities, and individuals.

Not "us", not "them". Everyone can play a valuable role. The paper touches on facts and data but my eye was drawn to this summary of the Rural Suicide Prevention Forum's key messages. The first is: Create hope and focus on wellness. The paper states:

Use language that welcomes people, not alienates. Messaging should be about wellbeing, rather than always using "mental" and "suicide".

We have the assets, we have the resources, we have the goodwill—getting all of these on the same page with a common agenda will deliver better quality, more focused and better resourced solutions.

The "ripple effect" in rural communities may deepen the impact of suicide, but can be used also to strengthen prevention.

Go upstream—build strength, resilience and hope in communities.

The second key message is: Develop community capacity and capability. The paper states:

Establish a mentoring program to develop community leaders for rural suicide prevention

Build on and use the strength and knowledge in the local community ...

Invest in training ...

The centre's third message is to educate our next generation. The fourth is to recognise the diversity of rural communities. That includes going the extra mile with communities experiencing intergenerational trauma. The foreword by the former Governor of New South Wales, General the Hon. David Hurley, states:

I encourage you to ... work collaboratively to make a difference in rural communities. In previous generations, deaths by suicide were often hidden due to stigma and shame. ... there has been some improvement.

He commends the document. It is not only about government in that sense. It is something that touches the entire nation. On Sunday night the Winter Solstice will be held in Albury. That is why I welcome the opportunity to contribute to today's public interest debate. Started in 2013 by the founders of Survivors of Suicide and Friends, particularly Annette and Stuart Baker who lost their daughter to suicide, they say, "Help us shine a light on the darkest night. Gather in the warm embrace of community for one night to support those affected by suicide. Be inspired and uplifted by the stories and styles of guest speakers and performers." I am happy to share the details of that with the members of the House. As I said, it is not a single person's responsibility. Not us, not them; everyone plays a valuable role.

Dr JOE McGIRR (Wagga Wagga) (17:08:30): I make a contribution to the public interest debate. I thank the member for Orange for raising this issue. I start with a story of one of my constituents who wrote to me about their experiences at Tumut Hospital last year. They arrived at the hospital after six o'clock in the evening with severe pain. The patient said, "I was told that I would be transferred to Wagga Base Hospital," which is about 1.5 hours away, "as there were no doctors available. I was one of four people to be transferred at that time. I said I was happy to share an ambulance with someone else to save resources." They were prepared to share the ambulance. There is nothing like rural people, is there? They are always looking out for others and putting up with reduced resources.

They go on to say, "I was told that I had to lay down and I would have to be in my own ambulance. The Tumut ambulances had already done two trips to Wagga. One from Wagga was called to attend Tumut and I was taken to Wagga in an ambulance from Gundagai. On arriving at Wagga there were other ambulances from Leeton and Young." There were ambulances coming and going from everywhere. It was an "uber" approach to health. The patient remained on a chair in the emergency department for nearly 16 hours before finally being admitted to a bed. In fact, she knew she had to lie down—remember, that is the reason she had to get the ambulance—so she lay down across three seats in the emergency department for much of that time. She told me that next time she will lie on the floor.

Of course the Wagga Wagga hospital was busy. It often is, and staff work hard. I am not criticising the care there. But it is worse, and the workload is worse, because patients come from outlying regions where there are hospitals that do not have doctors. One of my constituents has referred to the "taxi service" of ambulances from Tumut to Wagga Wagga. I am pleased to say that this constituent has recovered after a long battle with illness made all the more difficult because of where they live and the

remoteness of their location. I tell this story because it illustrates what so many in our rural communities must face to get urgent health care. It simply would not be accepted by those living in our cities. I am not critical of health care workers, doctors, nurses, allied health, and our managers who work in difficult circumstances and who have to make their funds go further in rural locations. I am critical of the bias and the attitude that this system reveals.

I am critical of the attitude that accepts that in rural and regional areas the solution to getting health care is to leave your community and go to the city, or to have health care beamed in—so-called "call centre health". There is a place for technology, but it should not replace high quality with a lower quality. It should not be a stopgap. I am critical of the attitude that says to take part in a clinical trial for cancer one has to go to the city and does not get supported for that. I am critical of the attitude that says that rural and regional services can be provided, but without the same level of educational and research resources as there are in the city. Hospitals get enough budget for clinical services; they do not often get budgets for education and research. I am critical of the attitude that says you have to train in the city to be a topnotch professional. I am critical of the attitude that says that services are better run from the city. I am critical of the attitude that says that clinical governance in rural areas can be run the same as clinical governance in the city. I am critical of the attitude that says when a child takes their life, it is acceptable for the body to be taken away to the city for autopsy.

We must recognise these attitudes for what they are. They are biases that are a blight on our health system and on our society. The situation has improved in Tumut. There is a doctor available for emergency and urgent cases and in other situations the nursing staff have access to a doctor by video, for advice and to manage treatment. I have been told this is an improvement, and I acknowledge the efforts of the health service and the Government. I acknowledge the efforts the Government has made to address issues with hospital infrastructure in this State and congratulate it on the work at the Tumut hospital. At the same time I remind the Government of the work to be done on the Tumut ambulance station.

I thank the health Minister for his work to tackle issues with rural and regional health, in particular the convening of the first bilateral health roundtable in Wagga Wagga at the end of last year, which involved Federal and New South Wales State Ministers and senior officials. This is the right attitude. As a result we have seen some movement on the program to train doctors and to recruit doctors, but there is much more to be done. I praise the health Minister because his attitude is the right attitude that we need to beat this bias in our health system.

Ms STEPH COOKE (Cootamundra) (17:13:32): I argue that the Government does indeed have a bias when it comes to regional New South Wales. It has a blatant bias in favour of regional jobs, regional infrastructure and regional investment. That is not to say that the people of regional and rural New South Wales have not done it tough in recent years, whether because of the drought, bushfires, floods or most recently the economic fallout from COVID-19. But the Government can proudly say that it does put the needs of the people of rural and regional New South Wales front and centre.

I will speak about the rate of suicide in rural and regional New South Wales. It is an important issue that we need to talk about and continue to talk about. The member for Orange is right: Sadly we know that people in regional and remote areas are at a higher risk of suicide, and that the suicide rate is higher in those areas when compared to Greater Sydney. Every life lost to suicide is a tragedy and every one is one too many. I was pleased that in the township of Cootamundra we held one of the forums that contributed to the development of the suicide prevention framework for New South Wales. It is a framework that is now investing \$87 million over the next three years to help deliver against the Premier's priority to reduce suicide by 20 per cent by 2023. We know all too well the impact that a life lost to suicide has in the bush and on our small communities in particular.

But the Government continues to deliver infrastructure and services right across the board. No-one has been left behind under the Regional Growth Fund, for example—\$1.7 billion for 2,100 projects and counting. The Government funded the Orange Health and Innovation Precinct with \$950,000 under the Drought Stimulus Package. It funded the Orange airport, where I joined the member for Orange to announce \$1.5 million to secure upgrades for resources and programs. There is the \$4.2 billion Snowy Hydro Legacy Fund, which is an incredible and transformative investment in rural and regional New South Wales. The number of projects under that fund is absolutely extraordinary. For example, it is investing \$650 million to raise the wall at Wyangala, which is an extraordinary project in the north of my electorate that I follow very closely and am very passionate about.

The question for the people of rural and regional New South Wales is this: Who do they trust to deliver for them in the areas that will improve their lives and livelihoods? I believe that the choice is stark. There is a Liberal-Nationals Coalition with a proven track record of delivery for the bush—I have outlined just a few of them today—or we have a Shooters, Fishers and Farmers, The Greens and Labor alliance. The people of the bush know that the Labor Party has long abandoned the bush. In 1995 there was not a bias against the bush—there was a wholesale abandonment. The bush had 16 years of nothing except projects being cancelled, schools being closed, services being cut and opportunities gone. Now we have the Shooters, Fishers and Farmers Party that also has turned its back on the people of the bush. Last week in this place it led a bill regarding coal seam gas. It was a bill designed solely to tank the Narrabri Gas Project—

Mr Philip Donato: Point of order—

The DEPUTY SPEAKER: The Clerk will stop the clock.

Mr Philip Donato: Point of order: My point of order relates to relevance. This has nothing to do with the motion that is before the House.

The DEPUTY SPEAKER: What is the member's point of order?

Mr Philip Donato: I take a point of order under Standing Order 129 or Standing Order 73. Talking about what happened last week has nothing to do with relevance to the motion that is before the House.

The DEPUTY SPEAKER: The member for Cootamundra is being relevant. She is talking broadly about regional and rural New South Wales. It is about the bush. The member for Orange will resume his seat. The member for Cootamundra will be heard in silence.

Ms STEPH COOKE: —a project that, if approved, will bring 1,300 jobs during construction, 200 ongoing jobs and \$120 million to the community of Narrabri over the duration of its lifetime. Members of the Shooters, Fishers and Farmers Party voted against it. They led that bill and they should be ashamed.

Mr RYAN PARK (Keira) (17:19:15): I want to acknowledge this fantastic public interest debate raised by the member for Orange. I will explain its importance in a moment. I know that the member for Wallsend—someone who has worked in rural and regional New South Wales—will also be contributing to this debate. On 10 September 2019 I wrote to the health Minister, Brad Hazzard, calling for a full independent inquiry, at arm's length from Government, into rural and regional hospitals. It came on the back of the horrific scenes we all watched coming out of the Four Corners program outlining the crisis that exists in accessing quality health services outside our major metropolitan centres. I requested this be done in a spirit of bipartisanship a long way out from the next election to give us an opportunity to find out what is really happening on the ground in rural and regional hospitals. The Four Corners program outlined the horrendous, awful and tragic case of Alex Braes, a young man who died because he lived in remote western New South Wales and did not get the care and treatment he deserved. Had Alex Braes lived in one of our large regional centres he likely would have lived and be with us here today.

In addition, there have been issues at Tumut Hospital, Bega Hospital and other parts of rural and regional New South Wales. In my correspondence with the Minister I put forward three specific terms of reference for this inquiry: firstly, funding gaps within the provision of health care and within rural and regional hospitals across New South Wales. People like the member for Murray, the member for Orange and others know better than I do about the challenges in these hospitals. The second term of reference was around staffing and recruitment challenges across rural and regional New South Wales, particularly around specialist clinicians. That is something the member for Wagga has raised in the past. Finally, the third term of reference was the performance culture in hospitals across rural and regional New South Wales which seems to discourage health professionals from speaking up to management about areas requiring improvement and attention.

Commissioner Peter Garling, SC, led a high-profile Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. In 2005 an Australian teenager named Vanessa Anderson died at the Royal North Shore Hospital following a golfing accident. The coroner determined that Vanessa died from respiratory arrest due to the depressant effect of opiate medication. She was treated inappropriately for a fractured skull and two days later suffered a seizure and died. This report resulted in changes to the public health system in New South Wales. It is now imperative and I will support any member in this place—Government, crossbench, Labor—who advocates for a full and independent inquiry and examination of rural and regional hospitals. Three years out from the next election and long before the argy-bargy of

political campaigns, it is time for rural and regional New South Wales and its residents to get the attention they deserve.

If this was happening in large metropolitan cities there would be a special commission of inquiry. If this was happening even in cities like mine—Wollongong, Newcastle or Sydney—there would be action. The reality is that people in rural and regional New South Wales are disadvantaged when it comes to accessing health care. We have an opportunity to shine a light on this disadvantage. We have an opportunity to put down our political weapons and allow a full independent examination of what is happening so that we can provide the resources and infrastructure, improve the practices and management of these hospitals and ensure that health care is delivered in the best possible way for rural and regional communities. The men and women in these communities deserve that. I thank the member for Orange for raising this important issue. I know the member for Murray is also passionate about this issue, as are many other people in this place. It is critical we use this opportunity to shine a light on rural and regional health care and, more importantly, to look at ways to deliver improvements.

Ms SONIA HORNERY (Wallsend) (17:24:20): I thank the member for Orange for raising this public interest debate. I requested the opportunity to speak in this debate because of my experiences in the bush in my young and formative years. I was thinking about the conversations we have had today, particularly about suicide. For those who have never lived in a town like Walgett, there are a lot of things they will never understand. As a young person in my early 20s I did not understand the problem of isolation, how far you are from everything else. It was all right for me, aged 20, to live in Walgett, get in a car and drive home to West Wallsend. It took me 7½ hours with my dog in the back. I could do that. I would hate the thought of being my age now and having to live that life. When I needed to go to the dentist, the closest dentist was in Moree along a black soil road. It was nothing to spend two hours driving across to Moree just to go to the dentist. There was no doctor at the hospital for some time, so if you got sick you had to drive down to Dubbo. That was the sort of thing that happened.

As a schoolteacher from a pretty poor working class family, I was astounded at the poverty of the Gingie Mission and the Namoi Reserve and the fact that there was one little supermarket, called Peerless. My friend Loretta Boney, who grew up on Gingie Mission, told me that last year the one and only supermarket burnt down. The member for Dubbo would know all about this. So my friend, who lives in Newcastle, arranged to have food, nappies, water, all of the essential services, taken up to Walgett because the only place people could buy food in Walgett last year was at the petrol station. We talk about good health and preventing disease. We talk about the people who are unhealthy and isolated and do not have a job. What the member for Orange said about centralisation is so true. There are no jobs. There is no national bank in Walgett, like there was in the 1980s when I taught at the school there. There are no services for people in Walgett. Then I moved to Kempsey, and it is not much better now.

I understand from living in those towns for so long that when you are isolated and so far from everywhere else and you get sick, you are not healthy enough to drive seven hours to access services. The TAFE facilities have closed down, which means

that TAFE facilities are too far away for our young people who live in Walgett and want training. There was a saying in Walgett, and it is still the same: The kids who have ambition and want to get ahead in life have to go to Sydney. But it never worked, or mostly never worked, because they would fret for their families and family units they knew and understood, they would fret for Walgett where they knew everyone and had friends. They came to Sydney and knew nobody and were isolated in that way.

I agree with and relate to this issue because I understand how it feels not to have a doctor nearby. I understand what it is like to have to go to a dentist two hours away on a terrible road. I understand what it is like for people who have lived on isolated farms in Walgett. Combine that with drought and then floods—and I certainly saw flooding when I was in Walgett—the desperation of not having any work and being isolated. We know what happens to those people who are isolated because they do not have the hope that the member for Albury talked about. They are poor, they cannot grow their crops, they cannot feed their animals and they are by themselves, living a long distance from anyone else. I challenge anybody who grew up in the city and still lives near the city to be able to understand what it feels like to live in that type of isolation and to travel so many miles to access any kind of services. Our governments have failed in terms of decentralisation. They should look carefully at how they can create work in the bush.

Mr PHILIP DONATO (Orange) (17:29:29): In reply: I thank members representing the electorates of Albury, Wagga Wagga, Cootamundra, Keira and Wallsend for their contributions to the debate. I will touch on some of the issues that were raised, noting the short time available. The member for Albury raised some very good points. Of course it is a holistic approach—mentoring programs, providing education and training, working collaboratively, and talking about and addressing suicide. But it has to be led by government and ultimately government must play that role. The member for Wagga Wagga, himself a general practitioner, knows better than anyone in this Chamber the impacts on our health services, especially in the Wagga Wagga area, and he raised an important issue. I know the member for Cootamundra is aware of it also. It is a sad reality that for autopsies to be conducted often the bodies must be transported from Orange to Newcastle. There are often delays of several weeks before the family can hold a funeral and get some closure.

If the member for Cootamundra believes levels of service are satisfactory for her community then her services are clearly distant from and different to mine and those of most other reasonable people. It is just one example of where services in the bush are lacking. The member for Wallsend and the member for Keira also touched on their experiences. The member for Cootamundra said that she believed the Government has a blatant bias for regional New South Wales, and posed the question "Who do they trust?" It is a proven track record. In relation to Restart NSW, an independent auditor confirmed that the Government is short-changing regional New South Wales. Thirty per cent of the Restart NSW fund is supposed to go to regional New South Wales. But I think the average is about 18.5 per cent since 2011—which is nowhere near 30 per cent.

I am not talking about a few token million dollars. I am talking about billions of dollars that should have gone to regional New South Wales for infrastructure projects that has gone to the city. I like and respect the member for Cootamundra but if she

believes that is fair and reasonable for the people of regional New South Wales, she is wrong. It demonstrates the city-centric attitude of this Government. Constituents of the member for Cootamundra probably send their children to Yanco college, which has been waiting for a female dormitory for 27 years. That is also not acceptable. I commend the motion to the House.

The DEPUTY SPEAKER: The question is that the motion be agreed to.

The House divided.

Ayes 40

Noes 44

Majority 4