



SPECIAL KEYNOTE

An argument over the health dollar: 'Deal or no deal'? How will you vote?

JULIE MCCROSSIN: Thank you very much. A round of applause. Bye. Thank you very much. And congratulations to the other students. Ladies and gentlemen, that completes our award section. And we're now moving those little men into another gear altogether. Between now and morning tea, it is our duty as a group of people to decide the allocation of \$50 billion – our national health budget. We are about to engage in what is called a scenario and you, my friends, are the citizens of Australia. We are going to give you powerful presentations as to where and how that \$50 billion should be allocated.

On the way in you would have received your "how to vote" cards. We've already had people speaking and advocating for various areas of the health budget. So get ready now for an experience that is going to be quite unique, quite unusual and I'd like to welcome to the stage the Night Owls who are a musical group who are going to provide energy and enthusiasm through their musical renditions. A round of applause, please. And as soon as my Night Owls are connected we'll just get a little sense of what they are going to do.

Wave your "how to vote" cards at me would you please, ladies and gentlemen. Thank you very much. Upstairs, have you got them? I want to be able to see you as well. Now ladies and gentlemen, we are going to have 7 advocates, 7 spruikers, who are going to argue for a great big lump of this \$50 billion, and you are going to be voting as to what proportion each of these advocates get. And I'll just get my Night Owls into position. We might hear from them in just a moment because we are going to have our spruikers arrive.

I'll give you a little foretaste. There are seven sectors – each of them is going to speak to you for two and a half minutes. Then there is going to be an extraordinarily loud noise. We might welcome those people to our stage now as our Night Owls get into position.

Ladies and gentleman I'd like you to clap and welcome the evidence base – give it a wave – all the way through our ... if we need access to evidence, we are going to go to our friend, Owen. The treasurer, would you please wave. Lexia is going to keep us abreast up on the screen – with a constant adjustment of a pie chart to let you know where the \$50 billion national health budget is going. And our time keeper, Peter, has the task of letting our spruikers know when their two and a half minutes is up.

Now Peter, I understand you have got a little noise maker. Would you just give us a warm up there? I want to check everything is working. The Night Owls are tuning up. Oh, my god, I can feel the excitement building ladies and gentleman. It's appalling, okay. So we're only going to let him do that 7 more times. Lexia, you're at risk love. Have you got an earplug in? Have we got an audiologist in the audience? Okay, good luck.

Ah, now, Night Owls. Ladies and gentlemen, a round of applause for the Night Owls. We've never met and yet I've asked them to give me little 30 second licks – to use a technical term. Would it be possible to have a lick right now? We've just got a man who is just doing his mike stand.

[PERFORMANCE]

JULIE MCCROSSIN: Bloody beautiful. And this is what they have in Cabinet when they're allocating the \$50 billion for the national health budget. I'm going to slightly vary the introductions to introduce the clapper meter now because once I bring in my spruikers you may not see it. Ladies and gentlemen, when the spruikers have finished their two and a half minute arguments to you for an allocation of funds to their area, we are going to use the clapper meter. I'd like you to welcome Daniel to the stage. Where's my mate Daniel? Here he is – a handsome man – ladies and gentlemen.

Daniel, that was beautiful, mate. I might ask you do little things like that from time to time as well. Daniel is a member of the Flying Fruit Fly Circus who has volunteered his time to be with us today ladies and gentleman. Another round of applause.

Actually, let's have a little practice. Let's imagine someone has just argued a whole lot of money should go to Aboriginal Health. And we'll say, ladies and gentleman, do you agree on that allocation. How much should they get – start clapping. Watch my hand – careful – okay, stop. Okay.

Excellent – now we have to be careful of course, there's only 100% in, you know, maths? And we've got seven sectors. But do you get the concept of the clap-o-meter and when Daniel's arrow comes – say to 10% – our treasurer is going to do something extraordinarily technical and it will leap up onto the screens. Are you ready to meet our spruikers? Say yes. This is like panto.

Ladies and gentle, our first advocate is Workforce. Welcome to the Workforce – down you come. Workforce is trying to get your support. I'd like to commend the outfit. Marvellous work I must say. Not all the doctors and nurses and allied health folks that I see look as elegant. Workforce, if you could come up on stage.

Our second representative is Aboriginal Health. Ladies and gentlemen, I told Gordon that the way to make this work was to have sexy young people involved – ideally scantily clad. You can already see what a good decision that was. Another round of applause for Aboriginal Health.

Our next advocate is Public Hospitals. Ladies and gentlemen, another round of applause for the Night Owls – they are doing a lovely job, don't you think.

And our next advocate is Tax Cuts. Well ladies and gentlemen, I am very pleased and a little surprised to hear this audience clap Tax Cuts in all the considerations. When you're allocating that \$50 billion we have to consider the need to get votes and the power of the tax cuts, so you're allowed to boo if you want to. Ladies and gentlemen, Tax Cuts.

Ladies and gentlemen would you welcome now our next advocate, Pharmacy. Ladies and gentlemen, Pharmacy is a little hyperactive – we're not sure what she's on just at the moment – but we understand we can thank her multinational. You did beautifully with your costume. I think they are all students – I'm not sure what he's studying. There's always a place for him in Darlinghurst in Sydney.

Ladies and gentlemen, we have two more advocates and the next one is Primary Health Care. Ladies and gentlemen, there's only one other area left. Remember we've got \$50 billion. This is the national health budget – very hard to decide what the big baskets are – so our 7th is Other Sectors.

Ladies and gentlemen, we have a final pair to introduce and they are my beautiful assistants. Ladies and gentlemen, a round of applause for the beautiful assistants, like our other people who help bring in our placards, are all current medical, nursing or allied health students and to their credit, when asked to arrive scantily clad, they refused – but said they would look attractive anyway and haven't they achieved their goal.

Thank you very much, Night Owls. Now I'm going to come to evidence base in just a sec for preliminary views on how you expect the money to be divided. What would be your sense of who is going to get it. Get your microphone near your mouth, but just before you do that let's just run through our sections. See how the beautiful assistants are highlighting evidence base. That's their job. Whatever we're talking about they just sort of flurry around. It's great isn't it. Do you remember this – this is before women's lib – the trick with women's lib is to get the jobs, get the equal pay and then still enjoy the sex, do you understand?

Let's just remember, beautiful assistants, each of our seven sectors. So a round of applause initially for Other Sectors. A round of applause for Primary Health Care. A round of applause for Pharmacy. Do what you want in relation to Tax Cuts. Public Hospitals. Aboriginal Health. Workforce Development.

Well, Evidence Base, what would be your prediction? What's going to happen when they have to decide who gets what proportion of the Budget.



EVIDENCE BASE: Well Julie, we're a wealthy country. Look half of it is in China at the moment because we've dug it up, but it's made us a lot of money. A couple of years ago the health budget was nearly \$90 billion in Australia. I think we are a healthy country with a robust economy. We've got plenty of money out there. 10% of the GDP is going on health as of this moment, so I think the big issue is we're on a big winner with Health. The job for the audience here today is to make it work. Spend a lot of money is what I say and spend it on everything.

JULIE MCCROSSIN: Thank you very much, evidence base, evidence as you know can lead you up cul-de-sacs at times. I want you to remember you've got \$50 billion, that's the cap and how are you going to share it out between these mob. Okay spruikers, we're getting ready. Each of them is going to come forward and sell their sector in two and a half minutes. The audience applause as you know will determine the preliminary allocation based on the work with Daniel. We might get you – when we get the first person speaking – we might get everyone else to sit down so we can view the clap-o-meter and Daniel – or even just Daniel alone because he's rather a good looking chap.

Essentially, each of these people will speak; we will allocate a proportion of money based on the amount of clapping that you do. We will then be shown by the treasurer a pie chart on the preliminary allocation and then we're going to subject it to the political process, but I'll tell you about the political process a little later. I think we're almost ready now to begin – except, I think there's a news flash coming in. News flash, news flash.

NEWS FLASH

Health authorities have today confirmed that a 32 year old man at Bamaga on Cape York has been diagnosed with a flu caused by the H5N1 virus known as avian flu. The Prime Minister and the Queensland Premier held a joint press conference to outline the responses in train as set out in the Australian Health Management Plan for pandemic influenza. Doctors, nurses and paramedics in north Queensland are being treated with anti-virals and a curtain of exclusion has been established across the base of Cape York. Emergency Services are tracing the man's recent contacts and undertaking a door-to-door search for white swans and pet budgerigars. The Health Minister has urged people not to panic but to report unusual hot flushes and mood swings to their GP – if they have one.

Ladies and gentlemen, this is Peter Leonard, the actual newsreader for WIN television in Canberra, scripted, you'll be surprised to hear, by Gordon, and we'll have a series of news flashes, obviously indicating to you the volatile environment in which you have to make your budgetary allocation decisions.

Ladies and gentlemen, it's time to begin our very first spruiking. Would you please welcome to the spruiking lectern, Pharmacy.

[PERFORMANCE]

PHARMACY: Pharmacy underpins all other health sectors. I'm here to argue for a fair share of the pie for pharmacists because, after all, we're all fair people. Pharmacists are an integral part of the health work force in public hospitals, in private hospitals, community pharmacies, and drug research. The federal government recognised the importance of pharmacists in rural areas seven years ago with the funding of the Rural and Remote Pharmacists' Workforce Development Program. Besides, without community pharmacists, there would be no Pharmacy Guild of Australia, and then who would absorb the slings and arrows of the AMA?

Section 100 provisions have greatly expanded medication availability and use in Aboriginal communities, and there are pharmacists out there committed to this service. There's Peter Hatswell from Alice Springs in his Cessna servicing 30 Aboriginal communities in the southern part of the territory. There's Lynn Short from Thursday Island boating around the Torres Strait to more than 20 islands in the Strait who rely on her services. There's Andrew Roberts in remote Western Australia, proving that pharmacists can and need be multi-skilled in service provision to Aboriginal communities.

And as for public hospitals, who else would stop the nurses and doctors from spending their annual budget in the first six months if it wasn't for us anally retentive pharmacists?

In my 27 bed multi-purpose service, where I'm employed for a whole eight hours a month, I save my annual budget by recycling short dated snake and funnel web spider vaccines through our health service. Prior to my coming there, they had just been thrown in the bin when they went out of date. Nobody had heard of doing something like recycling.

And can anyone tell me of a rural or remote hospital that's got its full quota of pharmacists? No, because we don't get our fair share of the pie. Community pharmacists play a big role in primary health care. They are the first port of call for large numbers of people with health concerns. They are the referral point to other health practitioners and service providers. With proper training and credentialing, pharmacists will be able to relieve over-worked GPs and practice nurses of many of their routine tasks, including blood pressure and cholesterol monitoring, blood glucose and HB1AC testing and Warfarin therapy monitoring.

And as for tax cuts, they're only possible because of the millions of the dollars cut out of the PBS over the last five years. So you deserve no say at all.

JULIE MCCROSSIN: Ladies and gentlemen, Pharmacy. Gentlemen, thank you. Now, ladies and gentlemen, that was a beautiful presentation, and I just want to let you know that our pharmacist is Alison from Dorrigo speaking from the heart. This is your allocation moment. Daniel, have the clap-o-meter ready. I am of course assisting it with my little hand. How much of the 50 million are we giving Pharmacy? Go. He did because they're clapping away. Ladies and gentlemen, there's still a little concern. We need to leave something for Aboriginal health, we need to leave something for others, but Pharmacy, you haven't done bad after all, 9% – well, there it is! Look at that, the magic of technology. A round of applause for the Treasurer.

Because I'm completely innumerate, I can't give you a figure. We'll give you final figures later, but I reckon 9% of 50 billion is still a few dollars. There's still room to go down to Payless and get something after. Ladies and gentlemen, we're now moving to public hospitals. Would you please welcome our advocate for public hospitals.

[PERFORMANCE]

PUBLIC HOSPITALS: The pharmacist is the ultimate snake oil salesman. You've got to give it to them. Anyway, public hospitals, they're the key to the health dollar. We've got to spend a lot of money and more money on public hospitals. The reality is we've got an ageing population, we've got chronic disease, we've got – I heard at this conference about global warming and the effects that's going to have; more people having heat type conditions, needing more hospital beds. So, for all those reasons, we're going to need more hospital beds; we need more hospitals.

The reality is there's a lot of talk about primary health care and preventive medicine, but preventive medicine has long lead times. With some of the preventive medicine strategies the benefits are unknown and basically we don't know if it's a good bang for the buck. So what that means is – I mean there are some things there like no smoking, vaccination programs – they've worked well and we acknowledge those, but again if we had more public hospitals all around the place we could have those programs delivered out of public hospitals essentially. We don't need a primary health care approach per se.

JULIE MCCROSSIN: Booing and hissing.

PUBLIC HOSPITALS: The other thing about public hospitals is that's where the majority of us work, you know, particularly in small communities. I love this; I love it. So there's great employment opportunities that come with being in public hospitals. If we get rid of our public hospitals we lose so many employment jobs. With the loss of jobs go all the other flow-on negatives that go with that. There's less jobs, people leave town, they move on to other places, probably back to the cities, thus we have all the other social problems that goes with that, so that's another important point why we need the public hospital.



The other thing, too, is the hospitals are where we, in a serious sense, educate and train our staff for the future and also on an ongoing basis. So without the hospitals we don't have that ability. That's why we need more hospitals.

The other thing, too, that's very important, from the media point of view, is All Saints, Wandin Valley Hospital. I think it was where the Flying Doctor's was – I forget what that was now – Cooper's Crossing. Those shows wouldn't have the same effect if it wasn't for the fact that they're public hospitals around the place because, in all due respect to the –

JULIE MCCROSSIN: Ladies and gentlemen, Public Hospitals, more bang for your buck, and good for the soapiers.

[PERFORMANCE]

JULIE MCCROSSIN: There's got to be a photo in there, doesn't there, two lovely ladies, this rather interesting chap in a hat? I suspect if we could market that we'd get more funding for public hospitals. Thank you very much. That was really good, Rob. Now it's time for Daniel to do the work with you on the clap-o-meter. What proportion of the 50 billion, what percentage, is going to Public Hospitals? Off you go. Very well done. I tell you what – Daniel's good at this, isn't he, hey? After he's finished being a circus – just show us your chest again, would you, Daniel? There's a career for him in public administration a little bit later in life. And so, there it is, we've got an allocation. Oh, Evidence Base, yes? Into the microphone, mate.

EVIDENCE BASE: Julie, we're doing a lot of drugs, we're getting pretty sick. I think, you know, we might need to turn our attention to keeping healthy, don't do drugs, and never die.

JULIE MCCROSSIN: Oh, good old Evidence, as always battling on, Evidence, isn't it, you know, integrating it some how into what we do. Okay, we're now going to move to that all important other sectors, but just before I do I'm going to let you know. We're going to have an allocation to each section after they've advocated, but there is going to be an opportunity for adjustments from the audience. I will be taking one or two people. If you look at this allocation and you think "this is horrific, we've got to give more to Public Hospitals, we've got to give more to Aboriginal Health" than we end up with, whack your hand up and you'll have one or two minutes max with me – as you know, I never let you hold the microphone – but you spruik your case to lift it up, but know this: If you want to lift it up from one, you've got to tell me where to take those percentage from, you with me? So get ready. There's a man already waving his arm other there. So, if you've got a passion for a sector that needs to be mentioned specifically or you want to change the allocation, you will have a chance. This is after all allegedly a democracy

Ladies and gentlemen, please welcome Other Sectors. Ladies and gentlemen, Other Sectors has got rhythm.

[PERFORMANCE]

OTHER SECTORS: Remember the realities of rural health. Remember the other sectors. We're hearing this morning from a very small selection of groups that need a cut of the health dollar, but there are so many people that get forgotten. So let's get real for a moment about the nature of health and the health system. If it was as simple as focusing funding on one sector, or if any one sector had the answer, then even a politician could figure it out.

Now I can't list even half of the unrepresented sectors this morning, but I want to give you some examples of the sort of things that might miss out, and that deserve a bigger cut of the health pie.

Mental health: One in five Australians has a mental illness and there is a crisis in rural mental health services. Our distinguished MC has pointed out how bewildering it is that the mouth gets left out of health. Well, to have a plan that doesn't include the mind is a truly brainless budget. And I know that I'm probably preaching to the converted here and that you understand the importance of mental health, but I need you to remember it when you vote.

Research: Every breakthrough is the result of research. And we've heard from several keynotes about the importance of backing up rural health initiatives with research. Many people here are presenting their own research and know the value of it. Remember that when you vote.

Aged care: The students here should be especially concerned that this isn't represented because—I don't mean to be rude, but looking around the audience we're going to be the ones running your nursing homes. Remember that when you vote.

Administration: Who is going to sort out the logistics to make all this stuff happen? This audience understands the complexity of what it takes to make even the simplest idea come to light. Remember that when you vote.

Disability services: Too often forgotten. Remember them when you vote.

Palliative care, drug and alcohol services, so many sectors deserve a cut of the health dollar. There are over 300 students here this week preparing for the challenge of a rural health career and we're up to it, but we need you to leave us with a budget that is sustainable and representative. We need you to remember the realities of rural health and remember the other sectors.

[PERFORMANCE]

JULIE MCCROSSIN: Ladies and gentlemen, that was Lydia, a medical student. There is hope for the future. Just give her a round of applause. Okay, and now we do the formal allocation to Other Sectors. How much of this 50 billion, what percentage, goes to Other Sectors? Isn't it interesting, though, because you can see the danger of great and successful oral advocacy? Is this actually what happens in the cabinet room? It's absolutely fascinating. Okay, oh, it's enormously exciting now to welcome to argue the case for Tax Cuts, Ann Mara, former Deputy Director of the Australian Council of Social Service. So this is a truly honourable task she's going to do. Please welcome Tax Cuts.

[PERFORMANCE]

TAX CUTS: All I have to say to you is health is a black hole. There is no amount of money that you could put in that would make everyone healthy because people make those choices about their lives. They put 20, 30, 40 years into smoking, drinking, over-eating, in order to make their own decisions. I believe in self-determination. And then you get them into the emergency departments at your hospital and what do you do? Spend tens of thousands of dollars a minute trying to save them. It is a waste of money. People are making choices. A large proportion of the health dollar goes to people who don't deserve it—sick people and old people. We know what makes us happy. We know what makes us healthy. That money should stay in our pockets for us to make choices that will prolong our lives or give us the kind of life that we want. So if I need healthy food and go out to a fine restaurant with my mates with good wine, that's my choice. Why should I be putting money into the bucket for those people who have mental health needs? If I want to improve my mental health through getting bigger breasts, I need the money in my pocket to make my choices. I'm never going to use those services, whatever they do, going talking or whatever it is they do. That money is better spent on you and your family. If those lazy good-for-nothings don't want to get out and work—I saw a program just the other day on the kibbutz. First kibbutz gone down, kaputs! You know why? Because strangely enough after 100 years, and only ten years ago, people started getting bothered by the fact that the same family with the same amount of children who got up and worked ten hours a day got the same amount of money as those people who didn't get up at all. And after ten years people got irritated about it. Took them ten years. We all should get (time signal) what we need according to the effort we make and I say, and I can see the glint in all your eyes, all those years of studying medicine, you deserve that money in your pocket.

[PERFORMANCE]

JULIE MCCROSSIN: Ladies and gentlemen, if you knew Annie as I do, you would know how hilarious it was to hear her saying those things: Grew up in Nyngan, New South Wales, now living in Wellington and working in the health sector in Dubbo, so great to hear all of that coming from her



mouth. It was almost an orgasmic experience. Okay, ladies and gentlemen, what proportion of this budget—I don't quite understand this mathematically, but we've got to use some of the health budget to give the people tax cuts. How much, what percentage should go directly into the pocket of the consumer through tax cuts not allocated to health and well being services? Tell me now.

[PERFORMANCE]

JULIE MCCROSSIN: That was very—I wasn't sure the needle would move but it did. Ladies and gentlemen, it's time for another news flash.

NEWS FLASH

The Council of Remote Area Nurses of Australia has described yesterday's national strike of remote nurses and Aboriginal health workers as an outstanding success. As a result of the strike, and for the first time yesterday, there were absolutely no primary care services in remote communities. The strike was called in protest against the fragility of services and the difficult conditions for remote health practitioners. Health Ministers from Queensland, Western Australia and the Northern Territory have agreed to meet with remote area nurses to discuss working conditions. Rod Wyber-Hughes, CEO of the Council, said from Alice Springs that the day had been a line in the sand in the long voyage to clearer skies and should put remote services back on the rails.

JULIE MCCROSSIN: Ladies and gentlemen, Peter Leonard from WIN TV. And keep that clapping going, it's time to hear from Workforce. Come forward, Workforce. Here we go.

[PERFORMANCE]

WORKFORCE: And have you ever heard of them going on strike before? Never, no, but it's about time, isn't it? We're not surprised at all that they're all on strike. It's a serious business. If we haven't got the workforce, who's going to do the primary health care? Who's going to man the hospitals? And I heard another news report, too, that—it's just quietly—half of them are going into gaol tomorrow because they can't work with the regulations in the remote areas like—they're just way behind. The scope of practice has extended so much the regulations haven't been able to keep up with things and Occupational Health and Safety are closing most of the centres because there's nurses there just one at a time on their own. So we're going to put a lot of money into this workforce. We're going to do all sorts of things to make conditions better for all of them out there. We don't want robots to change the dressings. They don't show much empathy. We're going to support the ones that know and care and are there. When you get home you'll still have your job because we're voting for Workforce. We're going to even fund the GP and the dental health professionals to visit the outlying towns.

JULIE MCCROSSIN: Come on, give that a decent clap. See, you haven't heard of that before, have you?

WORK FORCE: We're going to work out a new way for doctors and nurses in remote areas, in Victoria especially, to operate at their full capacity in collaborative teams, and for those collaborative teams there'll be funds from a national roll-out for team based emergency skills. Don't vote yourself out of a job. It's the most satisfying and worthwhile job you can have. And for all you students we're going to give support for the retention of Indigenous and non-Indigenous students in the health professions. And have more scholarships for rural students, with support for rural placements and university departments of rural health. What more can I say except if you haven't got a job tomorrow, you know, all you folk here are going to be (time signal) out of pocket.

JULIE MCCROSSIN: Ladies and gentlemen, a round of applause for Workforce.

[PERFORMANCE]

JULIE MCCROSSIN: And could I just say I think that Mary's slogan "you need to vote for those who know, who care, and are there" has potential. I just simply want to say that to you. Now here's the opportunity, Mary. We're going to see what they do. What proportion of the budget needs to go to Workforce development, support and retention? And I care about this, ladies and gentlemen, because

my knees are going to go at any time. You've got years of work to do on me so get ready for this. Workforce development – how much?

[PERFORMANCE]

JULIE MCCROSSIN: I tell you what: there's a lot of support there for Workforce development. I think we might move straight on to Primary Health Care.

[PERFORMANCE]

PRIMARY HEALTH CARE: Okay, what is required to improve the health of rural and remote Australians? That's the fundamental question. I'm sure you'll agree. I think this has been answered pretty much yesterday by our keynote speakers. And we started with Steven Clark. He took us back to 1992, 15 years, and he said what we need is comprehensive, well trained, well supported primary health care teams. And it's the same thing that we still want today. We haven't in many areas got them. So here we are again. And I took Steve Clark's point.

Rhonda Galbally spoke very beautifully really about broader social determinants, particularly around social well being. She spoke about a sense of hopelessness that exists in aspects of remote Australia in many communities. And she spoke about the need for connectedness. So our primary health care teams must also deal with these issues. And she challenged us there.

John Menadue said we need fundamental reform to Medicare. We need universal health care, not just universal Medicare: universal health care. We need to build our multi-disciplinary teams through that process.

Romlie Mokak brought us straight back to the key needs in Indigenous health and he again talked about workforce and access to the primary health care sector.

Phillip Davies: I think we let Phillip off the hook somewhat. I know Johnny Wakerman got stuck into him a bit, and Tony and some others. Really, the Commonwealth has initiated a number of things, but I think it's fiddling and farting around the edges. We need fundamental reform in the primary health care sector, especially for rural and remote Australia.

So what are we going to do with our 50 billion dollars? Well, the first thing we're going to do is we're going to benchmark the required primary health care workforce. Let's stop stuffing around. I mean this is not that complicated. State governments and Commonwealth government are just too scared to do it. We'll benchmark and we'll fund it. We are going to fund – it's going to take money – we're going to fund the reform of Medicare. It's not root and branch, it's just basic sensible reform, and it was suggested by the productivity commissioners in a very clear statement: support the multi-disciplinary team. That's what Medicare must do. We're going to refocus research resources towards trialling and evaluating and refining models of primary health care. John Wakerman said the other day one size doesn't fit all in rural and remote Australia; that's true, but let's get serious about really (time signal) trialling these things. There's a number of other things we're going to do, but basically what we need is good quality primary health care, and we need it now, not in 20 years' time.

JULIE MCCROSSIN: And we're counting this clap as your answer. How much goes to Primary Health Care? Well, my goodness me, you're generous for that bloody mob. Let's hear what you've got to say for Aboriginal Health.

Please take your podium. What have you got to say for yourself, girl?

[PERFORMANCE]

ABORIGINAL HEALTH: Well, good morning everybody. Well, I don't have anything for you to laugh about. I think we're at the serious end of town now. We're talking about the lives of Aboriginal people. We're talking about the most disadvantaged group in society. I don't have anything that I can promise you that we'll do except that if we're given a fair share of this budget that is equitable for Aboriginal people that we will improve the lives of not only our women, our children, our men, but the whole of



the community, and I think that's an important thing for us. Now you've heard all the others and you know our story and you know that Aboriginal people are the most disadvantaged people. I've got some evidence base about that. I'm not making things up. This is the truth. You know that we have a life expectancy of 17 years less than non-Aboriginal people. In the 2006 AMA report card they identified an additional 460 million annual shortfall in Indigenous primary health care spending. It's an enormous amount of money, but we're not asking for all of that; we're asking for an equitable share in that. Overcoming Indigenous disadvantage was the report of the productivity commission in 2005 and they found that 65% of homicides – this is for Indigenous people – involved alcohol. Twenty five per cent are female imprisonment rates, so it's going up, and we know that when they imprison Aboriginal women the family suffers because a lot of our families are headed by an Aboriginal woman. Year 12 retention has increased by 4%, fantastic, but year 9 retention rate has declined by 11%, so what's happening out there in the education system for our kids? Fifty one per cent of Aboriginal people are smokers, enormous, and that, as you know, the ongoing effects smoking have for Aboriginal health is just disastrous. In relation non-Aboriginal people, we are 11 times more likely to be imprisoned (time signal), we are two to three – I'll finish this, ignore that – two to three times more likely to commit suicide, and we're two to three times more likely to die in infancy than non-Aboriginal people. I mean those statistics alone, ladies and gentlemen, would let you decide not only with your heart but your mind that something needs to be done about Aboriginal health. I'm saying here we are only asking for a fair and equitable share of the dollar. Thank you.

JULIE MCCROSSIN: How much to Aboriginal health? Ladies and gentlemen, we have now allocated, according to the spruiking and your clapping, the budget, the big blue 29% – Glenda appears to have been reasonably effective there – Aboriginal health, and the next biggest 19% Primary Health Care. A very, very interesting result. Now I'm prepared to take one, maximum of two, audience adjustments. Now you've got to tell me how much money you want – come on, run up here, come up here quickly – how much money you want. Oh my God, he's got a supporter up.

ARTS BUDGET: Ladies and gentlemen, this is the Arts Budget. You haven't mentioned art but you've been living art for the last two days. There's more art to come. You've seen three – that's three or four per cent for prevention program, okay Primary health care we've saved you some money. We know, there's evidence to say, that we can get people out of public hospitals faster if they're involved in creative work. We can save money there. Can I tell you this morning with your hang-overs you've taken less Panadol because you sang and because you did tai chi, one of the finest of arts. Somebody mentioned television – we've got soap on television if you want American actors; if we include more actors doing Australian drama, Australian drama, there'd be less depression. That'd be fantastic. You use the arts to promote all of your work. Look at this fabulous stuff in front of you here that is created by artists. Let me just show you this little thing. It says "The Trouble Shooter's Guide to Sexually Transmitted Infections". That's what the brochure used to say until they employed an artist who said "What about 'love bugs'", you know? You're actually using art all the time. You've seen it through the conference. You are laughing all the time. Chopped Liver yesterday was bloody superb. You loved it but there's no budget for it. Where is it here, ladies and gentlemen, for the art? We don't want much but at the moment the federal government allocates about half a billion (time signal) dollars in total for art. We want a bigger share because you buggers are stealing it off us.

JULIE MCCROSSIN: Chris, Chris, come here to me. Chris, come here. Ladies and gentlemen we are dealing with a health budget here. That's a confine. I look at my chart. I see 3% of 50 billion – they are mongrel tax cuts.

That miserable snivelling choice – patooey. That's why they have arts degrees to analyse what she said. Now listen, will we give him 3%? I'm sorry. I reckon we draw the line at 3. I believe it's important; we've got to leave it where it is. They've got 3% of 50 billion for the arts. I wasn't allowed to do it under Gordon's rules. I can't change it on the screen but I did start the first eight years of my life in a community theatre group and it leaves its scars on the soul.

Okay time for a news flash.

NEWS FLASH

The AFL today sought an exemption from emergency regulations to allow Port Adelaide players to travel to Melbourne for the grand final against Collingwood this coming weekend. No interstate travel has been permitted since last month's declaration of a state of national emergency. The AFL and the Victorian government have argued that the grand final is in the national interest and has the capacity to kick up morale by helping people to take their eye off the ball. With the federal election postponed, a spokesperson for the government of national unity said today from a large underground hole at Coober Pedy that no exceptions could be made to the travel embargo. "We cannot allow a sport to prejudice the impact of a real emergency," he said, before disappearing.

JULIE MCCROSSIN: Ladies and gentlemen, Peter Leonard. Ladies and gentlemen, we're having our morning tea at a quarter to, and between now and a quarter to we have to subject your allocation to the political process. The rules are simply this: I need a moment to bring in a new version of "Deal or No Deal", fourteen people, fourteen boxes. Each advocate gets to choose one

Box, hear what's in it and the impact on their budgetary allocation. Then they may, if they wish, have a second box and that has an allocation. Okay, are you ready for this? Come in, Boxes. Round of applause for the Boxes, please.

[PERFORMANCE]

JULIE MCCROSSIN: Thank you, Night Owls. And another round of applause for Night Owls. They're doing a wonderful job here. Now I don't want to coach you but all these people are medical, nursing and allied health students. This is indeed the rural and remote workforce of the future. And, particularly, I'm loving that gentleman in that dress. That's just fantastic. Ladies and gentlemen, I'd like to invite Ann Tax Cuts to come forward. She still exists as a budgetary item in your formal allocation due to the fact that we just have to accept that. Can you just go with it for a second, but we care about the Arts; it's over there.

Okay, which box, Tax Cuts, do you wish to choose? Approach the box and bring that person forward. Ah, she's chosen number two, number two box. Look, a very nice decision. I'd love to talk to you about the real person underneath. Could you read us what is in number two, please? She's opening up the box. Look at the work that's gone into this, ladies and gentlemen. It's amazing.

BOX NUMBER TWO: Well, because of an outbreak of avian flu the government has allocated an extra 4% to the health workforce of northern Australia. You have to choose which sector to take it from.

JULIE MCCROSSIN: So you've got take, Tax Cuts, 4%. Who are you going to take the 4% off to give to Work Force?

TAX CUTS: Aboriginal health.

JULIE MCCROSSIN: Oh, geez, another 4% off Aboriginal Health and the

adjustment will be made. Thank you very much, Tax Cuts. Do you wish to have a second box? She doesn't. Okay. Round of applause for Tax Cuts.

And can you see behind – the Treasurer's frantically working on the pie chart. This is amazing. Please welcome back Public Hospitals. Out the front please, Public Hospitals.

[PERFORMANCE]

JULIE MCCROSSIN: Thank you, Night Owls. Bob, what do you do in your life?

PUBLIC HOSPITALS: I'm a health administrator.

JULIE MCCROSSIN: Nice to meet you, nice to hear you arguing for the hospitals. Which box would you like to choose?

PUBLIC HOSPITALS: Number 12.



JULIE MCCROSSIN: Okay, number 12, will you come forward, please? And, sir, if you could read out to us what Public Hospitals has got?

BOX NUMBER 12: The new Australian Health Care Agreement heralds an unprecedented age of cooperation between the Commonwealth and states. There is a strong focus on health promotion and illness prevention. Pigs are seen overhead. Five per cent from Public Hospitals to Primary Health Care.

JULIE MCCROSSIN: Now, Public Hospitals, do you want to choose another box?

PUBLIC HOSPITALS: I think I'd better.

JULIE MCCROSSIN: Okay, what other one would you like?

PUBLIC HOSPITALS: Number 11.

JULIE MCCROSSIN: Number 11 if you could come forward please, and a marvellous hair cut there, sir. What has he got in box 11?

BOX NUMBER 11: The government of national unity forces health practitioners from the wealthy suburbs in the cities to country areas. No need for workforce incentives any more. Six per cent from Workforce to Tax Cuts.

JULIE MCCROSSIN: Ladies and gentlemen, a round of applause for Public Hospitals. The vagaries of the political process. Let's hear now from Other Sectors. Would you come forward, Other Sectors? A passionate student advocate for Other Sectors. A round of applause please.

[PERFORMANCE]

JULIE MCCROSSIN: Now, Lydia, these beautiful cool cats. Who are you going to choose?

OTHER SECTORS: It's so hard. I mean they look so good I just can't choose. Maybe I'll have to go for someone right up the back. Number eight.

JULIE MCCROSSIN: Number Eight, come on down. Now, Number Eight, let me come over. What has Other Sectors got in her deal or no deal box?

BOX NUMBER EIGHT: The drought breaks, gross domestic product goes up to 5%, the real dollar allocation to all sectors increases 5% but the relativities are unaltered.

JULIE MCCROSSIN: Okay, so 5% more, Treasurer, to everybody, and off she goes. A round of applause, please, for Other Sectors. Just a quick aside: Have you been wondering who the beautiful assistants actually are? What's your name and what do you do?

BEAUTIFUL ASSISTANT: Hi. My name's Cat and I study speech pathology in Perth. I'm very excited and grateful to be here as part of the NRHN.

JULIE MCCROSSIN: Round of applause. I'd now like to welcome forward Aboriginal Health to subject herself to the political process. On you come.

[PERFORMANCE]

JULIE MCCROSSIN: Aboriginal Health, what box are you interested in?

ABORIGINAL HEALTH: Seven. It's my lucky number.

JULIE MCCROSSIN: Number Seven, please. Is it your lucky number? Great. You look fabulous, Number Seven, just superb. Now would you like to tell us what's the fate for Aboriginal Health?

BOX NUMBER SEVEN: The World Health Organization, the Organization for Economic Co-operation and Development, UNICEF, UNESCO, Al Gore and Dick Smith all put out reports about the state of

Indigenous health in Australia the week before APEC is due to begin in Sydney; plus 10% for Aboriginal Health, minus 5% for Public Hospitals, and minus 5 for Other Sectors.

JULIE MCCROSSIN: Okay. The Treasurer will make all that happen. Aboriginal Health, do you wish to choose a second box?

ABORIGINAL HEALTH: Can I ask the audience? What do you think I should do? My little granddaughter is nearly three so I'll have three.

JULIE MCCROSSIN: Number three, please. Sir, what do we have in this one?

BOX NUMBER THREE: We have: It turns out that the special allocation to Aboriginal Health was made without proper Cabinet decision, the states object, half the total current allocation to Aboriginal Health goes to Public Hospitals.

JULIE MCCROSSIN: It's the political process, guys. A round of applause for Aboriginal Health.

[PERFORMANCE]

JULIE MCCROSSIN: Musical interlude. I've got the rhythm of a stick. Okay, let's welcome back our wonderful advocate for Pharmacy, Alison. Welcome back, Pharmacy.

[PERFORMANCE]

JULIE MCCROSSIN: She's from Dorrigo, northern New South Wales, say no more. They take more than pharmaceuticals up there. What box would you like to choose?

PHARMACY: Do I have to choose?

JULIE MCCROSSIN: You do actually. Gordon told me.

PHARMACY: I can see people in red shirts all out there. Maybe they can help me choose? Red's my colour.

JULIE MCCROSSIN: Sorry. Sorry.

PHARMACY: All right. So you want me to choose?

JULIE MCCROSSIN: If you wouldn't mind.

PHARMACY: Well, because Pharmacy is the primary profession in health care, I'm going to choose number one.

JULIE MCCROSSIN: Ah, Number One, come on down. Thank you. And look, Number One, you're looking that sporty I feel like I've got Olivia Newton-John up here with me. It's amazing. Would you please read Number One for Pharmacy?

BOX NUMBER ONE: There is a new Minister for Health who is a pharmacist by training. To avoid perceptions of conflict of interest she has played hardball on the new Guild-Government agreement and Pharmacy loses 4% of its share. You can choose which sector to give it to.

JULIE MCCROSSIN: Oh, so you've got choice. Who are you going to give your percentage to?

ARTS: The Arts.

PHARMACY: Okay, there's one advocate for the Arts. Can I hear advocates for other areas? Help me choose. Aboriginal Health, a loud voice from the Arts. Anyone else?

DENTAL HEALTH: Dental Health.



PHARMACY: Is that Mental Health? Oh, Dental. My dad was an orthodontist. He helped get fluoride in the water. I'm with you, baby doll. Why wasn't it in Medicare, hey? Why? What's going on?

JULIE MCCROSSIN: What did you decide?

PHARMACY: Can I split it?

JULIE MCCROSSIN: No.

PHARMACY: I'm an advocate for lots of areas.

JULIE MCCROSSIN: I know but the hardball budgetary process requires you to allocate it to another sector.

PHARMACY: I'll have to have the loudest voice. I can't do that. I can't do that. Okay, Primary Health Care; we're a part of it.

PRIMARY HEALTH CARE: Thank you.

JULIE MCCROSSIN: Primary Health Care, but I like to think Primary Health Care has such a sense of the power of the communication of the Arts, in a sense it has come to you, Chris, in another form. So ladies and gentlemen, that's the decision, it's going to Primary Health Care. Would you please now welcome Workforce to the front of the room?

[PERFORMANCE]

JULIE MCCROSSIN: Thank you very much. Now, Mary Workforce, what box does Workforce want? You want to support the young ones, do you?

WORK FORCE: I'll go for 14.

JULIE MCCROSSIN: Number 14. Oh, my, ladies and gentlemen. There is nothing as wonderful as panties on the outside, is there? Just – you've really done well. Thank you so much.

BOX NUMBER 14: Okay. This is what's happening in this box: The national strike by CRANA, which we heard about, and the health workers grab the attention of two GPs, Alan Jones, oh my god, and other talkback radio.

3% to Work Force from Primary Health Care.

JULIE MCCROSSIN: Look, isn't it interesting? On the one hand you don't like to hear anything coming from Aboriginal Health and on the other hand more to Workforce is good? Budgets aren't easy, are they? Did you feel a sense of ambiguity and confusion at that moment? Ladies and gentlemen, a round of applause for Workforce. Just before I go to our final sector in the budgetary process, my other beautiful assistant, can you come forward? I just thought it's fun to meet them. We just use them as eye candy. And your name and what you do?

SARAH: Hi, I'm Sarah, and I'm doing occupational therapy at Albury, Charles Sturt.

JULIE MCCROSSIN: Good on you. Thank you very much. Ladies and gentlemen, please now welcome for the final sector to be subjected to the political process, Primary Health Care.

[PERFORMANCE]

JULIE MCCROSSIN: I like the idea that Primary Health Care has "The Saints Marching In". Now, Rob, what number would you like to choose?

PRIMARY HEALTH CARE: Number six, thanks, Julie.

JULIE MCCROSSIN: Thank you. Number six. Here he comes, a man in a wig and a skirt. Look I know that this probably does happen these days in rural and remote Australia, but where I have my breakfast in Darlinghurst, the guy dead set does wear a skirt. Seriously, he does. I've never liked to ask why, but anyway, there we go.

BOX NUMBER SIX: All right. There's an adverse incident in a regional base hospital. Quality and safety become a high priority, the allocation to Public Hospitals is increased by 2%. It comes from Primary Health Care.

JULIE MCCROSSIN: Gee, that doesn't seem fair, does it?

PRIMARY CARE: No, Julie. I'd better pick another box I think.

JULIE MCCROSSIN: Okay. You want another box? What number do you want? Number 13, and welcome to you, sir. What are you studying?

BOX NUMBER 13: Paramedic science.

JULIE MCCROSSIN: Isn't that great? We've got everybody up here, hey? So if I collapse you'll do things to me and I'll get back up? Is that paramedic science?

BOX NUMBER 13: I'll ... for you.

JULIE MCCROSSIN: Registration has a role. Okay are you ready?

BOX NUMBER 13: The new Minister confuses the meaning of Primary Health Care in Cabinet submissions with lots more doctors, nurses, and physios in rural electorates. It's your lucky day. Plus 8% for Primary Health Care, minus 4 for Tax Cuts and Public Hospitals.

JULIE MCCROSSIN: Thank you. Look, ladies and gentleman, I was just having a look there with the help of Treasury. Ah, there it goes. This is the final allocation. I'm just wondering if our Treasurer wishes to comment at all on the final allocation by percentages? Could you take us through it? Have you got the microphone there? Do you need me to help? No?

TREASURER: You just want a report on the percentages?

JULIE MCCROSSIN: Yes, I think it would be good.

TREASURER: Public Hospitals 22%, Primary Health Care 27%, Aboriginal Health 18%, Tax Cuts 5%, Pharmacy 5%, Work Force 14%, All Other Sectors 9%.

JULIE MCCROSSIN: Oh, very, very interesting. Evidence Base, can you give us your observations, your commentary, on the allocation so far? Would this assist rural health? Are we going to see better health outcomes in rural and remote Australia with the final allocation we've achieved here?

EVIDENCE BASE: Yes, Julie, I think one of the things we have to recognise is this is the national budget allocation we're dealing with here, not just the rural health budget allocation, and at the moment nearly 60% of the national budget allocation goes to the two big states of New South Wales and Victoria, and guess where most of that money ends up? Probably Sydney and Melbourne. So when you look at public hospitals and even the workforce, maybe, I don't know, I think we might need to reconsider out there in the audience whether we're getting a fair rural deal by giving them 22% in the public hospitals.

JULIE MCCROSSIN: If you were going to try to do better for rural Australia, what would you like to beef up and what would you like to retract?

EVIDENCE BASE: I think the community health sector, the Medicare sector, so the primary health care sector definitely has to be boosted up. I think the other sectors probably need boosting up to take up the areas that perhaps missed out a little bit in rural health – particularly I heard about research and areas like that.



JULIE MCCROSSIN: Look, ladies and gentlemen, I'm in a position where I'm facilitating a conference and I'm standing between a conference and morning tea. I could go to audience adjustments but I'm not. I'm going to instead go to asking the Treasurer to display the final dollar allocation. So we'll just let that appear – the power of technology. Could we have a little bit of music, Night Owls, just while we see the wiggly change?

[PERFORMANCE]

JULIE MCCROSSIN: Do you want to wiggle, guys while it's happening? A bit of assistance – do you want to wiggle? Audience, would you like to wiggle? The lights are wiggling. This is really great, isn't it? Has it changed? Should I stop? Where's the money? Oh, I see. You see, this is completely new, I can't even read what's going on, but still, the wiggling was good, wasn't it? Treasurer, can you just run it out? How many millions or billions goes to each?

TREASURER: The billion dollar figures are on the second row – 11 billion for public hospitals, 13.5 billion for primary health care, 9 billion to Aboriginal health, 2.5 billion on tax cuts, 2.5 billion dollars to pharmacy, 7 billion dollars to work force, and 4.5 billion dollars to other sectors.

JULIE MCCROSSIN: Ladies and gentlemen, it's time for a news flash.

NEWS FLASH

A major national conference on rural and remote health this week has recommended a radical redistribution of Australia's health resources. Delegates have described the work as "a major contribution to the future

health and well being of people in Australia." The process was colourful and noisy and I thought the band was terrific. Let's hear it for the band. Now I wonder how it's all going to end. Perhaps Julie can tell us.

JULIE MCCROSSIN: He's just suggested that I tell you what's going to happen next and how can we bring this to end? Ladies and gentlemen, it is my view that in the important work we do facing so many of the tough things of life as well as the great joys that Dr Ahmed expressed so tenderly today describing his emotional response to receiving a thank you letter in response to his careful palliative care, you guys deal with a lot of tough things, and I think there is a place within the budgetary process for singing and dancing, ladies and gentlemen.

ARTS: The arts ...

JULIE MCCROSSIN: The Arts? God help us. We rely upon them even though we're reluctant to fund them. And we're going to now climax with a version of "Waltzing Matilda" and then "We Are The Champions of The World". Words will be provided. Young people will wiggle. Give them a round of applause to encourage them. Sing along on the chorus.

[PERFORMANCE – WALTZING MATILDA]

JULIE MCCROSSIN: Okay, just pause for a second, Night Owls, just for one second. There's a technical issue. They can't see the words. Could the people just move over to the side here or move a little bit? That's great. Now guys we'll do it one more time and when we do the chorus sing in a righteous manner. Everyone it's good for endorphins and you'll lower your anti-depressants later in the day. Okay. Let's go again with the chorus please.

One more song, ladies and gentlemen. I understand we're sick to use a technical term. I love the way these people can move. I wish I wasn't a stick. Can we do "We Are The Champions" and this will lead us to a dramatic climax? I'm not going to give you any housekeeping. After this we'll clap and go for tea, don't you reckon?

[PERFORMANCE – "WE ARE THE CHAMPIONS"]

JULIE MCCROSSIN: Ladies and gentlemen, thank you to our students, thank you to the Night Owls, thank you to our special panel, and thank you to Gordon Gregory who's a lunatic and conceived the lot. A round of applause. Thank you.