

HOUSE OF ASSEMBLY.

Thursday, April 7, 1960.

The SPEAKER (Hon. B. H. Teusner) took the Chair at 2 p.m. and read prayers.

QUESTIONS.**TEROWIE WATER SUPPLY.**

Mr. O'HALLORAN—I have received a letter from the secretary of the Terowie Progress Association regarding the supply of water in that town. Because of the prolonged drought in that area, rainwater supplies in private homes have been exhausted. The Railways Department is supplying people with water, which has to be carried from, I think, Burra at a charge of 35s. per thousand gallons delivered to the tanks in the railway yard. The householders have to pay another 30s. per thousand gallons to local carriers to have the water delivered to their homes, so at a total charge of £3 5s. a thousand gallons it is very expensive water indeed. Will the Premier investigate the position to see whether something can be done to reduce the cost of water to these people, pending the replenishing of the rainwater supplies by the rain which we all fervently hope will come very soon?

The Hon. Sir THOMAS PLAYFORD—Some time ago the Leader asked questions about the shortage of water on the Broken Hill line, where conditions are probably somewhat analogous to those at Terowie. I am prepared to recommend to Cabinet that the concession granted along the Broken Hill line at that time should apply to Terowie, namely, a charge of £1 per 1,000 gallons.

LECTURE ON MERINO BREEDING.

Mr. JENKINS—I understand the Minister of Agriculture last evening attended a lecture at Hallett by Miss Newton Turner on wool production and the breeding of merinos. Can the Minister give the House any information on this matter?

The Hon. D. N. BROOKMAN—I attended a meeting of the Hallett Branch of the Agricultural Bureau, at which Miss Newton Turner addressed an audience composed of about 300 stud merino breeders and other interested persons. Miss Newton Turner outlined the procedures the Commonwealth Scientific and Industrial Research Organization is adopting in the improvement of merino sheep. The lecture was largely concerned with the methods of measuring both the fleeces and the sheep themselves which enable the partial elimination of eye appraisals. In other words, the skill

of the studmaster can be heavily supplemented by these particularly precise measurements which the lecturer described. The lecture, which was warmly applauded by the audience, should do much good in improving our knowledge of merino breeding in South Australia.

HOSPITAL CHARGES.

Mr. FRANK WALSH—Has the Treasurer a reply to the question I asked yesterday concerning hospital patients who are able to prove that they are unable to pay the full charges?

The Hon. Sir THOMAS PLAYFORD—I have the information here, and I am prepared to make it available in its entirety to honourable members. Frankly, I feel that if I were to read the information to honourable members without any explanation they would not get a true picture of what is involved. Under those circumstances, early in the debate this afternoon I will give not only the information but also examples to show members how the scale applies. The information was prepared by a committee. It is a complicated statement, and the only way to get a true picture of what is involved is to take concrete examples to show the effect under the approved schedule. Although the Commonwealth regulations contain certain complications, I think I shall be able to show honourable members the lines Cabinet has approved. I assure the honourable member that there is no desire whatsoever to prevent members from having a full picture of what is proposed and what actually operates now.

LAND SETTLEMENT.

Mr. HARDING—I understand that 28 blocks of land were recently thrown open for allotment under the land settlement scheme, and that 208 applications were received. Can the Minister of Lands say whether these blocks have, in fact, been allotted?

The Hon. Sir CECIL HINCKS—In fact, 209 applications were received for the 28 blocks. Many applications were most disappointing as regards the possession of cash or plant to carry out the further development of most of the blocks. However, the Land Board has recommended 26 applicants, two blocks not having yet been allotted. I have approved 26 settlers and notification was posted to those successful applicants yesterday.

ALMOND TREES ON PORT ROAD.

Mr. HUTCHENS—For many years almond groves close to the city of Adelaide proved to be a fine tourist attraction but because of

progress they are becoming fewer every day. Will the Minister of Works take up with his colleague the matter of having the piece between the two portions of the Port Road planted with almond trees, and so create a tourist attraction and beautify the gateway to Adelaide for overseas visitors?

The Hon. G. G. PEARSON—I will take up that matter with my colleague.

STREAKY BAY SCHOOL.

Mr. BOCKELBERG—A new classroom has been approved for the Streaky Bay school but as there is not sufficient room in the school yard, after an assembly area is provided for, on which to erect the classroom the Superintendent of Primary Education recommended about four months ago that an allotment next to the school should be purchased. I understand that private people are endeavouring to purchase that property and up to the present nothing has been done by the department. Will the Premier, representing the Minister of Education, endeavour to purchase it so that it may be available to the school?

The Hon. Sir THOMAS PLAYFORD—I presume that the delay has something to do with the difference between the price of the land and the Land Board valuation. I will investigate the matter and take immediate action.

BEETALOO VALLEY WATER SUPPLY.

Mr. RICHES—The Premier will recall a visit he made to the Beetaloo Valley when he arranged for a visit to it by a Mines Department representative to conduct a geological survey in order to assist growers in getting water for their gardens. Following on the Premier's visit there was correspondence between the Premier and Mr. Carter of Beetaloo Valley. The Mines Department wrote to Mr. Carter on February 4 stating that his letter of January 21, addressed to the Premier, had been forwarded to the Director of Mines for reply, and that arrangements were in hand to sink a trial bore to a depth between 200 and 300 feet, and that Mr. Carter would be advised of the result in due course. That was satisfactory, but on February 25 the Director of Mines wrote another letter to Mr. Carter and said:—

Further to my letter of February 4, and in reply to yours of February 14, I have to advise that the matter of a test bore in the Beetaloo area is dependent upon acceptance of the proposal by the Engineering and Water Supply Department. It is uncertain that this will be accepted, as reticulation of any waters

encountered will be an expensive matter. Accordingly, I am unable to indicate when boring will be undertaken.

I understood that the purpose of the bore was to demonstrate to the growers whether there was water at depth suitable for orange production, and not to try to pump water into a reservoir or a reticulation system. In view of his knowledge of the situation, will the Premier examine the matter and have it speeded up?

The Hon. Sir THOMAS PLAYFORD—My recollection of the interview I had with the settlers in the Valley is along the lines outlined by the honourable member. It was that I would ask the Mines Department to investigate whether it would be possible to get underground water to augment their present precarious and costly water supply. I arranged with the Minister of Mines for that to be done and it is news to me that the Engineering and Water Supply Department is interested in the matter, because I do not know of any grounds for its becoming interested. The arrangement with the Mines Department was that the matter should go forward. I will examine the position and try to straighten it out.

VICTORIA SQUARE.

Mr. FRED WALSH—For some considerable time the Adelaide City Council has been considering the question of closing the portion of King William Street that passes through Victoria Square and suggesting one-way traffic around the perimeter of the square. As the city council represents only a very small minority of the people and interests concerned, can the Premier say whether there is any authority, such as the Minister of Works, the Commissioner of Highways or the Commissioner of Police, who could countermand a decision by the City Council to close the roadway through Victoria Square?

The Hon. Sir THOMAS PLAYFORD—This matter has not been discussed in Cabinet, nor has any decision been made on it, because it has always been a matter of controversy in the council itself. I think I would be stating the views of my colleagues—it is my own view—if I said that the Government would oppose applying any more restrictions in that area at present. We have enough traffic restrictions now in the city and I do not think, in the interests of the city generally, that this area should be closed, because it is one of the heaviest traffic areas in the city. No decision has yet been made on the matter and I do not think it is likely that the city council will decide to close the street.

WHYALLA-PORT AUGUSTA ROADWAY.

Mr. LOVEDAY—Towards the end of last session the member for Stuart raised the question of when 2½ miles of the roadway between Port Augusta and Whyalla would be sealed and it was said at the time that the finalizing of the work was being left so that the road might become consolidated. It has had a long time to become consolidated; in fact, it is now so rough that it will probably have to be surfaced again. In addition, it is a danger to traffic, and one or two cars have overturned there. Will the Minister representing the Minister of Roads see whether that section of the roadway can be sealed as soon as possible?

The Hon. G. G. PEARSON—Yes. I will take the matter up with my colleague. I know the condition of the road, but I think the statement that it would be left for consolidation was my own view. The road does get somewhat rough at times but I think vehicles overturn because they travel for such a distance on bitumen that when they reach the unsurfaced portion of the road they are travelling at high speed. The road is not particularly dangerous. I can vouch for that as I have travelled over it in the last few days. The Highways Department has an active sealing programme on the Lincoln Highway at present and I think it would be interested in sealing the road at an early date.

PORT MACDONNELL SLIPWAY.

Mr. CORCORAN—Can the Minister of Agriculture indicate whether the Port MacDonnell slipway will be constructed this year?

The Hon. D. N. BROOKMAN—I could answer the question more easily if I knew what was required in the area. Some time ago I visited the area, and I recognize the urgent need for a slipway at Port MacDonnell. Of the three sites suggested only one could be used, because of navigational difficulties. That is situated alongside the jetty, but unfortunately no suitable land is available at that point. There is much division of opinion about shore installations for the slipway but notwithstanding interviews I have had with local residents, fishermen and councillors no solution has been offered. Someone has disagreed with each suggestion. My colleague, the Minister of Works, who is the constructing authority for any slipway and who is endeavouring to secure suitable land, has written to the local council and the Fishermen's Association asking them to discuss the problem and advise him what they require. I assure the honourable member that the

Government is keen to provide a slipway, but it has first to find suitable land and then have a plan approved. We want to assist the local fishing industry as we have assisted the industry on other parts of the coast.

NORTHERN DISTRICTS CASUALTY HOSPITAL.

Mr. CUMBE—In the metropolitan area the main casualty hospitals are at the Royal Adelaide Hospital and the Queen Elizabeth Hospital, with a smaller one at Port Adelaide, but there is none in the northern suburbs. As the northern districts, particularly parts of Tea Tree Gully and Modbury, are expanding rapidly and the number of road accidents is increasing enormously, will the Premier take up with the Minister of Health not only the possibility, but the desirability, of establishing a casualty hospital in the northern districts? The present hospitals there are private or community and it may be possible to incorporate a casualty hospital in one of them.

The Hon. Sir THOMAS PLAYFORD—I will have the matter examined.

HOUSING TRUST RENTAL HOUSES.

Mr. RYAN—Will the Premier ascertain from the South Australian Housing Trust the number of outstanding applications for rental houses, including applications from occupants of emergency dwellings, for the past three years?

The Hon. Sir THOMAS PLAYFORD—I will see if I can get the figures for the honourable member.

CRAYFISHING INDUSTRY.

Mr. TAPPING—I have been advised by people interested in the crayfishing industry in South Australia that crayfish caught in Victoria must be larger than in South Australia. This limit is provided by regulation. Export figures reveal that while some States have increased their production, production in South Australia has either decreased or remained static. Can the Minister of Agriculture indicate whether investigations are being undertaken to assist our crayfishing industry to increase its production and to determine whether the imposition of restrictions could increase our potential production?

The Hon. D. N. BROOKMAN—It would be wrong to infer that because there are different minimum lengths in South Australia and Victoria our industry is suffering. In fact, our crayfishermen would not agree with that contention. They are vitally interested in their livelihood and have asked for information

into the life history of the crayfish and the University is investigating this at present. Little information is available as to the age of crayfish and their habits. There are more people in this industry than there were, which is making it a more difficult livelihood than previously, and that is probably the main reason for the industry's present difficulties. The investigations are necessarily long-range, but the Government is encouraging the industry as best it can by providing facilities—slipways and anchorages—all along the coast where the industry is operated, and by assisting various co-operatives and other shore installations.

LOXTON REVALUATIONS.

Mr. STOTT—Has the Minister of Lands a reply to my question of yesterday concerning the revaluation of blocks in the Loxton soldier settlement area?

The Hon. Sir CECIL HINCKS—In the Loveday division, 11 valuations were issued and nine appeals were lodged; in the Cooltong division there were six valuations and three appeals; and in the Loxton area, 52 valuations and 37 appeals—a total of 69 valuations and 49 appeals. It is expected that these appeals will be dealt with by the end of April or early in May. In addition, a further 65 settlers (44 at Loxton and 21 at Cooltong) were recently advised of their valuations and have 90 days from the date of advice to lodge appeals. Only one, a Loxton settler, has appealed yet.

NUCLEAR POWER.

Mr. HUGHES—Recently, in the Senate, criticism was levelled against the Australian Atomic Energy Commission's report, as the development of atomic energy was being relaxed in South Australia. One Senator is reported to have said that, because oil and coal were readily available for generating electricity, nuclear power was not as attractive as was at first thought. Will the Premier say whether this will in any way affect any further research that may be planned on atomic power in South Australia?

The Hon. Sir THOMAS PLAYFORD—The fact that oil and coal have been plentiful and cheap has undoubtedly slowed up the development of atomic energy. The pressure for development has undoubtedly eased in all countries, but I do not believe it has affected the big research programmes of the principal countries, particularly the United Kingdom and United States of America, and I would presume also Russia, France and Germany.

LATE ARRIVALS OF MELBOURNE EXPRESS.

Mr. BYWATERS—I have received a request, through the Leader of the Opposition, from the Australian Federated Union of Locomotive Enginedrivers to bring to the notice of the Minister the recent frequent late arrivals of the Melbourne Express. I have spoken to enginedrivers in my electorate and have been informed that there has been a change of policy in relation to the diesel locomotives hauling the express from Tailem Bend to Serviceton. I understand that the present system is to remove one of the twin diesel electric locomotives at Tailem Bend. This is left at Tailem Bend overnight and reconnected the next morning, and on the trip across the desert only one locomotive is used. When more than 11 carriages are used it is noticeable that the express runs late, and sometimes as many as 17 carriages have been used. On the return journey, when the second engine is reconnected, I understand that the present practice is for the engines to run tandem style, whereas they previously ran back to back. As there is a difference in the platform height of several inches and the fireman has to travel from one compartment to the other to make regular checks, it is necessary for him to stoop and this is dangerous at high speeds because the two engines are connected only by chains and a coupling. Will the Minister of Works refer to the Minister of Railways a request that the twin engines remain connected to Serviceton when more than 11 coaches are attached and that these diesels be connected other than tandem style because of the difference in height of the platforms which makes it dangerous for the fireman passing from locomotive to locomotive for engine tests, particularly when travelling at high speeds when considerable oscillation takes place?

The Hon. G. G. PEARSON—I will refer the question to my colleague for reference to the Railways Commissioner.

RAILWAY COACH ACCOMMODATION.

Mr. FRANK WALSH—I understand that second-class steel mainline coaches known as 600 and 700 class provide seating accommodation for eight passengers in each compartment and that the same type of vehicle provides accommodation for six first-class passengers. I have been informed that the practice is now to have the same type of coach labelled "first-class," but whether this is an emergency arrangement for the Easter holiday

period, or whether it is a permanent arrangement, I do not know. Will the Minister of Works ascertain from the Minister of Railways whether this is being done and, if so, whether he could insist that second-class carriages used for first-class passengers have no more than six passengers in each compartment?

The Hon. G. G. PEARSON—I will refer that question to the Minister of Railways.

FLOWER DAYS.

Mr. RICHES—Will the Premier, through the Director of the Tourist Bureau, use his good offices to suggest to the organizers of Flower Day that the next festival be held during a week-end so that country people would have an opportunity to visit the city to see the display? I have been asked to bring this matter forward by people who regret that they have never been able to see a Flower Day in Adelaide.

The Hon. Sir THOMAS PLAYFORD—I will have this matter examined by the committee, which is an extremely active body and does a magnificent job. I think everyone appreciates what has been done in relation to Flower Day in the metropolitan area. It has given tremendous pleasure to everyone associated with it. If it is practicable to adopt the honourable member's suggestion I am sure the committee will consider it. I will see that the suggestion is placed before the committee for consideration concerning next year's festival.

SOUTH-WESTERN DISTRICTS DRAINAGE SCHEME.

Mr. FRANK WALSH—Can the Premier state when the work on the south-western drainage scheme is likely to commence?

The Hon. Sir THOMAS PLAYFORD—The work was assigned to the Highways Department to supervise, and I received a request from the Minister of Roads for a sum to be made available and, speaking from memory, I think that £25,000 has been made available for preliminary work. The work has been committed to the Highways Department, and the Minister has already taken some active steps to start the programme. I am not sure how long those preliminary steps will take, but I know the matter is being actively considered.

GAWLER ADULT EDUCATION CENTRE.

Mr. CLARK—People interested in the Gawler adult education centre have been somewhat concerned over the delay in building operations at the centre. The Minister of Education has

more than once agreed with me that the early erection of these buildings is necessary. I realize that certain difficulties had to be overcome before buildings could be commenced, namely, sewage disposal and the acquisition of additional land. As both these problems have now been overcome, will the Premier, representing the Minister of Education, obtain for me information as to when the erection of these very necessary buildings is likely to commence, and, in fact, when the building operations are likely to be completed?

The Hon. Sir THOMAS PLAYFORD—Yes.

HOTEL LICENCE FEES.

Mr. HEASLIP—The Premier, in a reply to a question I asked last session regarding hotel licence fees, stated that the system of charging on the basis of purchases of liquor had been challenged in Victoria and that the matter had been considered by the High Court. He went on to say:—

Although it is a considerable time since the case was heard, judgment has not been given, so whether charging on the basis of purchases of liquor is regarded as an excise by the High Court and is therefore unconstitutional remains to be seen. I suggest that this matter be left in abeyance at least until the High Court has decided whether such charges are legal or otherwise.

I understand that since then the High Court has decided that charging on the basis of purchases of liquor is not regarded as an excise. Is the Premier therefore prepared to alter hotel licensing fees to give a more equitable charge to the country hotels compared with those in the metropolitan area?

The Hon. Sir THOMAS PLAYFORD—This matter was before the High Court which, after a considerable time, gave a majority decision that the Victorian law was not an excise and was a good law. Since then the matter has been under review by Treasury officers. No discussions have yet taken place with the hotel authorities, nor are we yet able to have any discussion with them. The matter is being investigated to see whether it is possible to use the method now being used in, I think, every other State to ensure a fairer charge. This question has another angle to it than the one mentioned by the honourable member. I do not know the views of my friends opposite, but I personally have been gradually coming to the opinion that it would be advisable to have two types of hotels in South Australia. Many other countries have two types, one being conducted by people that go to the trouble of providing good accommodation for visitors, sometimes at a loss, and the other

being conducted obviously for the provision of liquid refreshment, which is more profitable. I doubt whether the honourable member would get complete equity under the system he mentioned, even though it were based on the "purchase of liquor" type of licence. However, the matter is being examined, and in due course conversations will be held with the Hotels Association to see to what extent the association would agree to a different type of charge under the Act for liquor licences.

HOSPITAL CHARGES.

Mr. O'HALLORAN (Leader of the Opposition)—I move—

That the Standing and Sessional Orders be, and remain, so far suspended as to enable the following motion to be moved by me forthwith and considered by the House before the adoption of the Address in Reply, viz.:—That the regulations under the Hospitals Act, 1934-1959, relating to fees charged in Government hospitals, made on January 14, 1960, and laid on the table of this House on March 31, 1960, be disallowed.

The Opposition is unanimously in favour of the substantive motion being discussed now, and hopes that most members will agree to that course. When the Hospitals Act Amendment Bill was before the House last session I pointed out the necessity to protect sick people from imposts which might be made in the future by an impecunious Government, and moved that the Bill be amended so that fees should be made by regulation which would be subject to disallowance by either House. That amendment was agreed to and is now part of the Hospitals Act.

Members should have the opportunity to scrutinize these regulations and to consider whether the fees imposed under them are fair and reasonable. It may be argued that regulations are subject to disallowance in the usual manner, provided that the notice for disallowance is submitted within the prescribed time. At the moment, however, we are involved in a discussion on the Address in Reply which may proceed for some time. In the meantime, much concern exists amongst people outside, particularly pensioners and other people of limited means, as to just what they are going to be up for in hospital charges. This makes the matter urgent, and I believe this question should be determined by the House at the earliest possible moment, which is now.

The SPEAKER—Is the motion seconded?

Mr. DUNSTAN—Yes, Sir.

The Hon. Sir THOMAS PLAYFORD (Premier and Treasurer)—I do not oppose this motion, but there is one aspect that I should like considered. I refer particularly to the words "and remain so far suspended." The ruling that I believe has been given in this House over a long period of years is that a suspension of Standing Orders applies only to the day upon which the motion is moved. Often we have suspended Standing Orders to enable a Bill to pass through its remaining stages without delay, but the suspension did not refer to another day. As the Address-in-Reply debate may take some time to complete, I support the suspension of Standing Orders today. I am not in any way trying to stifle the discussion on hospital charges but for its own safety I think the House should not depart from a long-established practice by allowing a suspension to continue to another day. I should like the Leader of the Opposition to look at the matter carefully, because if we suspend Standing Orders for a period ahead it could mean that they could be suspended today with a majority of members present but only a thin House indeed when the matter was dealt with later. Of course, it could cut both ways. I do not think what is proposed is the best procedure for Parliament to adopt. I am concerned about the Standing Orders being suspended indefinitely. I think we should keep to the long-established practice of their being suspended for only one day.

The SPEAKER—Standing Order No. 463 states:—

The suspension of the Standing Orders is limited in its operation to the particular purpose for which such suspension has been sought and, unless it be otherwise ordered, to that day's sitting of the House.

The effect of the suspension would be for one day only but if the motion is carried as worded the suspension will continue beyond today, if necessary.

Mr. O'HALLORAN—When I worded the motion I was not aware of just how soon it would be dealt with, and I therefore took the liberty of extending the period for its consideration. I think I can say frankly that members on this side desire to terminate the debate and have a vote taken today.

Motion carried.

Mr. O'HALLORAN (Leader of the Opposition)—I move—

That the regulations under the Hospitals Act, 1934-1959, relating to fees charged in Government hospitals, made on January 14, 1960, and laid on the table of this House on March 31, 1960, be disallowed.

Much concern exists amongst people outside as to the extent to which they are involved in these new hospital charges. Although the regulation applies only to Government hospitals I have noticed reports in the press that many subsidized hospitals have adopted the fees. Consequently, the charges on sick people, particularly pensioners and others of limited means, will be imposed by other than the hospitals mentioned in the regulation, namely, Royal Adelaide, Queen Elizabeth, Mount Gambier, Port Pirie, Port Augusta, Port Lincoln, Wallaroo and Barmera. If all the Government-subsidized hospitals adopt the fees it will follow that the regulation will cover practically the whole State. Therefore, it is a matter of great concern to us to see that protection is provided for sick people.

I am dissatisfied with the way in which the fees were explained. First we had the promulgation of the regulation with no explanation, and then press statements were made by various parties as to its meaning. This week in this House the Premier made statements in reply to questions but, although lengthy, they did not make the situation very clear. This afternoon a schedule of rebates agreed to by Cabinet was mentioned, but there was no mention of it in the Premier's reply to questions asked by Mr. Frank Walsh. The Premier said that during this debate he would explain the scale of remissions. If all this information had been given earlier we would have known where we stood, but no definite or reliable information has been given. I have had requests from the Old Age and Invalid Pensioners' Association, Pensioners' League of South Australia, and the Port Augusta Council of Trades Unions urging action in this matter. In addition to requests from these authoritative bodies, I have had numerous other requests from people in both the city and the country.

We are particularly concerned about the fees charged in the general wards because it is to them that pensioners and other people with limited means must go for hospital treatment. The regulation provides for the payment of £3 a day in the public hospitals I mentioned. That represents £21 a week and members will agree that it is completely outside the income of the people in whom we are particularly interested; therefore, it is a matter for close examination. I have some information about hospital charges in other States, some of which charge considerably less than South Australia does. I refer particularly to New South Wales, where the public ward charges are £12 a week, whereas in South Australia they are

£21, and there are more public ward beds in New South Wales *per capita* than in South Australia. In New South Wales they have provision for rebates and, in some instances, complete remissions of fees. No charge is made for patients in public wards in Queensland. That principle was established by a Labor Government in Queensland many years ago and the present Liberal and Country Party Government has maintained it because it realizes that the burdens placed upon the sick people of the community should be as light as possible. A long period of hospitalization at £21 a week could involve a person in a debt that would take months, if not years, to liquidate.

In New South Wales the private ward charge is £26 5s. compared with £29 5s. here, and in intermediate wards £19 in New South Wales and £26 5s. in South Australia. Queensland and New South Wales have always been non-claimant States and have been able to maintain hospitalization at a lower charge than is provided in the regulation I am seeking to have disallowed. At the moment we are a non-claimant State and surely we should be able to treat our sick people on the same basis as New South Wales and Queensland, more particularly when we remember that when we were a claimant State, according to the reports of the Grants Commission, we did not claim from the Commonwealth the full amount to which we were entitled for hospitalization. I do not desire to labour the question because my proposal is eminently just. The regulations should be re-examined by the Government and a more realistic schedule of fees provided, with particular thought to pensioners and people with low incomes who are entitled to the utmost consideration during their periods of illness.

Mr. DUNSTAN (Norwood)—I support the motion on three grounds: firstly, because these regulations obviously are bad as they are obviously unjust. Throughout the western world the tendency in the post-war period has been to provide security for people in time of illness. Nation after nation has decided that hospital treatment should be free. Indeed, during the latter part of the Chifley Labor regime we had free hospital treatment in Australia and not the provision, as has sometimes been claimed by the Premier, of free hospitals by the Commonwealth Government, but the provision of sufficient money to the States to ensure that public wards of public hospitals were free. That has not been continued by the Federal

colleagues of the present Government of this State, and the Government's present move completely destroys the principle, established by the Chifley Government, of free hospital treatment in public wards. It goes to the extent that people who cannot afford hospital treatment are going to have to pay for it. This is the drastic feature of these regulations. When hospital charges were first reintroduced in public hospital wards in South Australia in 1956, in reply to a question, the Premier, according to page 400 of *Hansard*, said:—

Pensioners will not be required to pay and any person who considers he should not pay may apply for a remission of fees, setting out his position.

He realized then that it was wrong to demand that people in indigent circumstances should have to pay and that it was wrong to demand that a pensioner, out of the miserable pittance given to him by this nation as a pension, should have to pay for his hospital treatment.

What is the position today? We have not been told—and I want to discuss this in detail later—what the basis of remission is. All we know is what we have been told by persons who have approached us and related what has happened to them under the application of the remission scale by the Hospitals Department. So far as we are able to ascertain from cases that have been cited to us by the Pensioners' Association—and I happen to be an officer of one such association—the minimum charge is 10s. a day. Even a pensioner, who has nothing beyond his bare pension, is required to pay 10s. a day. I have heard it suggested, in justification of this, that this is a mere food charge which is not really enough to cover food costs. A married couple, both pensioners, have commitments from their pensions and it cannot be suggested that between them they pay £7 a week for food, because they cannot; that would leave them with £2 10s. a week from their joint pensions to pay for rent, fuel, clothing and any additional expenses they might have. They could not possibly do it. How many pensioners pay £3 10s. a week for food while living at home? I have known of pensioners having to exist on much less than that, and there are plenty in my district, and I know there are in other districts.

If a wife, from a pensioner couple, is required to pay £3 10s. a week as a minimum in a public hospital, it means that that pensioner couple will certainly be in dire trouble in meeting their other commitments. Even those pensioners who have their own houses have to pay for rates and repairs. We cannot take £3 10s. a week

from a pensioner and expect him to have sufficient left to live on. If a pensioner has more than the mere pension apparently he is going to be charged decidedly more than 10s. a day. This is completely wrong, and grave concern has already been expressed to members of this House by doctors of the staff of the Royal Adelaide Hospital, because people are already refusing urgently needed hospital treatment as they are frightened of the bill with which they are going to be faced. They do not know that they are going to be able to afford the treatment recommended by their doctors. That should never be the case. It should never be that a person from fear of economic difficulty should lack urgently needed treatment, and yet this is what they are faced with in South Australia under this regulation. Indeed, the regulation itself—and the form of it—encourages this attitude on the part of people seeking hospital treatment.

The second ground upon which I oppose this regulation is that it is unnecessary. It is plainly unnecessary from the viewpoint of the State's finances. This State consistently has provided fewer public hospital facilities than any State in the Commonwealth and has consistently treated fewer patients in proportion to population and provided fewer hospital beds and fewer trained hospital staff than any other State. In the last Grants Commission report the position is set forth clearly and at page 69 the figures for expenditure by States on health, hospitals and charities are set forth for the year 1957-58. New South Wales spent 132s. 11d., Victoria 143s. 1d., Queensland 166s. 4d., Western Australia—a claimant State—166s. 7d., and Tasmania—a claimant State—163s. 9d. The average for Australia, which was pulled down by our figure, was 143s. 5d. South Australia spent 125s. 1d. At page 122 of the appendices to the Grants Commission report the per capita expenditure on hospitals is set forth, showing that New South Wales spent 83s. 11d., Victoria 80s. 4d., Queensland 107s. 7d., Western Australia—a claimant State—106s. 3d., and Tasmania—a claimant State—94s. 3d. The average of the States was again pulled down by our figure to 87s. 10d. South Australia spent 78s. 7d. This has been the consistent attitude of this Government. It has refused to spend on hospitals the amounts that have been spent by other States and, consequently, we have fewer hospital facilities, for which people are asked now to pay. We are not spending as much on the very things for which we are seeking to charge at the rates set forth in these regulations.

Let us now consider the figures relating to hospital beds. I have quoted figures on this subject on previous occasions, but I have carefully had them brought up-to-date. The last figures published by the Commonwealth Statistician reveal that for public and subsidized hospitals in New South Wales there are 171 persons to every bed, in Victoria 221—and Victoria, it may be noted, is the State which, next to this, has had the least Labor Government in the past 30 years—in Queensland there are 126; in Western Australia, 159; and in Tasmania, 141. The Australian average, which is taken up by our figure, is 174, and the South Australian figure is 232! There is not another State like it, and the condition of public hospital beds here on average is worse than in the other States as well. I know that the Premier may cite the building at Woodville that was erected over such a long period at such an extraordinary cost in relation to the original estimate.

Mr. Jennings—And with great publicity.

Mr. DUNSTAN—Yes, and it is not yet being fully used because of lack of trained staff. However, that does not get away from the position at the Royal Adelaide Hospital, where conditions in many wards are scandalous. No other hospital in the Commonwealth has such bad conditions as are offered there. Let me turn now to the provision of trained nursing staff: this is also informative on what the Government is doing with the small amount it chooses to spend and for which it is now charging the people of the State. In New South Wales there are 302 people to each nurse; in Victoria, 316; in Queensland, 347; in Western Australia, 251; and in Tasmania, 270. The Australian average, which was taken up by our figure (members will see that it is more than the figure of several States), was 304 people to every nurse. South Australia's figure was 401 people to every trained nurse. It is in relation to this that we are being asked now to pass a regulation on hospital charges! These are the services upon which the Government has chosen to spend a smaller proportion of its Budget than has any other State Government in the Commonwealth!

If we spent at the level of the other States on the few facilities that this Government chooses to provide we would not need to be imposing charges in public hospitals at all. If we brought our expenditure up to that of the other States we could still provide free hospitalization and put by a little to extend hospital services. The regulation is bad, as it is unnecessary. It is not necessary that this State

should impose these charges and, by imposing them in the circumstances, what we are doing is imposing a tax on the poorer people. It is not merely a charge: it is a tax. In addition to the removal of a social service that has been previously provided, it is a tax on the poor.

But there is a third ground: the regulation is bad because it allows far too great a latitude in administration. When the Government accepted the amendment moved by the Leader of the Opposition last year it agreed that it was right that this House should scrutinize the scale of charges, but that is not what is proposed in these regulations. What is proposed is that we pass a regulation saying that the fee is £3 a day in public wards and that we leave it to the Government, upon something that is not part of the regulations, but merely an administrative direction about which none of us has even heard yet and which could be changed tomorrow without any alteration of the regulations, to have some scale of remissions that it could administer in a sympathetic way. We have not been taken into the Government's confidence on the method of doing this but, even if the Premier tells us, it is not this House that then decides what the policy or the charges shall be. The Government fixes a scale of charges, which are not the charges that will be administered, and says, "This is a maximum. Leave it to us to fix the minimum, which we may change tomorrow without having any direction." That is not allowing this House to exercise its prerogative under the Act but derogating from Parliament the power given to it when the amendment was moved last session.

Let me cite a particular case of the sort of thing that is happening administratively under this direction. I have a case that was sent to me by the Old Age and Invalid Pensioners Association, and I shall be happy to tell the Premier the name of the lady in question. She is the wife from a pensioner couple. She was first hospitalized at the Queen Elizabeth Hospital and was sent a bill for the full charge of 60s. a day, less the Commonwealth benefit of 12s. a day, making a total of £16 16s. for the first week there. Then, after investigation and application, apparently, of this scale of remissions that Cabinet had apparently decided upon, it was decided that she should pay 28s. a day net. She was then transferred to the Royal Adelaide Hospital where she spent a total of 34 days and received a bill for 60s. a day, less 12s. a day Commonwealth benefit. At that hospital, apparently applying the scale of remissions, the

charge was reduced to 22s. a day. Precisely why the difference we have never been able to find out, so apparently the scale of remissions is not too clear even to people administering it. The circumstances of these people are these: both receive the full pension, and in addition the husband has a superannuation allowance of £4 6s. 0d. a week, so that their total income is £13 16s. 0d. They partly own their home, and are paying on it, and they owe money on repairs to the house. They have £50 in the bank and they expect a bill for £40 for rates and taxes on the house this year. They are required to pay £4 4s. 0d. in relation to the Queen Elizabeth Hospital and three sums—of £30 16s. 0d., £6 12s. 0d. and £3 6s. 0d.—to the Royal Adelaide Hospital, so that the total bill is over £40.

The Premier may say, "It is all right for people in those circumstances to pay £40 in cases of illness," but if they are going to pay it can only be by dint of denying themselves something that has already been established by the Commonwealth Government in the pension that is being paid, and they obviously cannot do it easily on the figures I have given. Even if it were further reduced, these people are in circumstances in which they should not have to pay for hospital charges, and it is wrong for us to impose charges upon them in the circumstances I have outlined. The doctors have said that in this case the worry has affected the wife. In any case, doctors are disturbed about the worry that charges of this kind are imposing on patients in the hospital.

Another case, in which an invalid pensioner in Adelaide has a total income of £5 5s. 0d. a week, was sent to me by the association. This man has a small allowance besides the pension. He is single and he has no relatives or friends who can look after him. He rents a room, for which he pays 27s. a week, but he is not able to get his food there. It is difficult for him to get into a boarding house because, due to his affliction, people are not prepared to take him. In addition to paying 27s. a week rent he has to buy his food at cafes, as he cannot prepare it himself. Honourable members will see just what his financial position was, yet he was required to pay 10s. a day as a hospital charge and was advised that in addition he should pay for Commonwealth medical benefits so that he would insure himself.

Mr. Millhouse—How much?

Mr. DUNSTAN—It is only 9d. a week, but that is still 9d. a week that this State chooses

to impose as an impost on the Commonwealth pension when pensioners are supposed to be treated free.

Mr. King—How much did he save by not having to buy meals?

Mr. DUNSTAN—Naturally, he saved something by not having to have meals, but he still had to pay for his room. In these circumstances I do not believe we should agree to any sort of regulation in this House unless the full terms of what is to be done under the regulation are set forward for the approval of this House and this House approves them as a regulation so that they cannot be altered without a vote of this House. It ought not be the position that the administration of regulations and the fixing of a scale of remissions can be done administratively without reference to this House, and that is the situation the Government is asking us to approve. I therefore urge that on all of these grounds, particularly the last, this House is not being given by these regulations its full rights, and that the regulations should be disallowed. I hope most members will vote for the motion.

The Hon. Sir THOMAS PLAYFORD (Premier and Treasurer)—I want at the outset to deal in a general way with one or two remarks made by members opposite in moving the motion. Firstly, the statement made by the Leader that these regulations are being followed by subsidized hospitals in the country is not in accordance with fact. For a long time subsidized hospitals in the country, through force of circumstances, have been obliged to charge fees that in many instances have been far in excess of those contained in these regulations.

Mr. O'Halloran—Have you a list of the hospitals that have done that?

The Hon. Sir THOMAS PLAYFORD—I could easily obtain a list. More than that, when a person goes to a subsidized hospital in the country he not only has to pay hospital fees but has to pay full medical fees, whereas patients in the big training hospitals in the metropolitan area have avoided all payment of medical fees. The position was not that this is something that was copied by the country; as the hospital reports show, whereas the big central hospitals were being overcrowded by people, many of whom were in affluent circumstances and could afford to pay, many country hospitals had only half the number of beds filled because they were able to charge much more than those in the metropolitan area. We also had the position in the

metropolitan area of people permanently in hospital who were getting Commonwealth benefits but were not paying anything at all and whose relatives were collecting their money and taking it home as an extra subsidy for the family exchequer. What is more important is that many people are crowding into our Government hospitals who could well afford to and should pay fees. The honourable member for Light, the late Mr. Hambour, time and time again in this House referred to the detrimental effect on the State of having a privileged class of the community paying totally different fees and enjoying totally different conditions from most people in private hospitals and country subsidized hospitals.

The Leader of the Opposition wanted me to mention one or two examples. One is the Adelaide Children's Hospital. Let me tell the honourable member for Ridley (Mr. Stott) that the Government hospital at Barmera is subsidized by the Government on a certain standard of scale, while the surrounding hospitals at Berri, Loxton and Renmark are on a totally different scale. How can we in this House justify a position where there are many people in Government hospitals who, on examination, are found to be well able to afford private hospital fees? How can we justify some people crowding into Government hospitals on a large remission of fees when they can adequately afford to pay in other hospitals? This privilege of free hospitalization, if I may use that term, is after all confined to about five centres in the whole of the State.

I want to deal now with the statistics given by the honourable member for Norwood (Mr. Dunstan), who is good at statistics. He can usually produce them when they are at least three years old, which of course is a very good thing; but I can prove anything by statistics. We have a different system of hospitalization in South Australia from that of some of the other States. This State has purposely subsidized the erection of private hospitals and has purposely subsidized the erection of subsidized hospitals. For the purpose of the honourable member's statistics, the public beds in our public hospitals apply, and the beds in the subsidized hospitals apply, but the community hospitals that have been established at great Government expense are completely overcrowded. For instance, technically the hospital at Whyalla is not a subsidized hospital. It is good and big; it is receiving Government support and I hope it will receive more; but, for the purpose of the statistics that the honourable member for Norwood gave,

it is in a category slightly different from that of the other hospitals. I believe that our system of subsidizing hospitals in South Australia is good and is appreciated. It enables hospitals to go into much smaller centres than is possible with purely Government hospitals. It enables almost every doctor established in the country to have a cottage hospital associated with his practice. It enables the patients to be treated in their own country towns; but are they to be at a permanent disadvantage with regard to charges compared with those attending other hospitals? I should say, definitely not.

The honourable member for Norwood said that this was a tax. I want to deal with that feature in a few moments. If I may, I want now to quote from my notes because I want to give some illustrations. I will deal with one question raised by the honourable member for Norwood and, in a different way, by the Leader of the Opposition, who stated that the fees for the public wards in New South Wales were lower than the fees for the public wards in South Australia. That is very doubtful. I totally disagree with the argument of the honourable member for Norwood that these regulations are bad because they provide for remissions. I do not believe that any formula can ever be evolved that will deal with everybody's case unless there is somewhere or other some discretion for dealing with a particular case. There are no two people in South Australia whose financial position is the same. In those circumstances, if you are going to provide for fees for a hospital—and I point out that that is not a decision to be taken by South Australia; it is a decision taken nationally now—the honourable member will say "They do not do it in Queensland." I know that. The Queensland Liberal Government at the last election promised that during the three years for which it might be returned it would not introduce hospital fees; and it observed that promise. Queensland will be obliged—in exactly the same way as New South Wales, Victoria, Tasmania, Western Australia and South Australia have been—to undertake the charging of fees, because the system that the Commonwealth Government has introduced is a Commonwealth system of insurance.

If a person is insured, the Commonwealth pays £1 a day towards his hospitalization. If a person is not insured, the Commonwealth pays 8s. a day. In those circumstances obviously insurance is the policy as far as hospitalization is concerned. Any State that does not have this for every patient in its hospitals is going

to lose 12s. a day. Having said that there are to be charges and that insurance is to be the order of the day, I think everyone here recognizes that not everyone will be insured immediately. I have been greatly surprised at the growth of insurance that has taken place, even when we were not charging fees in a hospital or even when we were charging lower fees in a hospital. One of the anomalies that immediately arose was that we had plenty of patients in our Adelaide Hospital who were not only getting hospitalization free but, owing to insurance, also being paid a bonus for being in hospital. That is not an anomaly that anyone could support.

Let me give some figures with regard to this discretion. These figures are possibly a little more recent than those given by the honourable member for Norwood. Hitherto the full charge made in the public wards was 36s. a day, and of this 8s. was claimed directly by the hospital from the Commonwealth and the remaining 28s. was charged to the patient. If the patient were insured to the minimum extent he would have had nothing at all to pay. If he was not insured he was able to secure a partial or full remission in cases of hardship. A pensioner ordinarily had the full charge remitted.

The Auditor-General's report indicates that of the net cost of operating Government general hospitals in 1958-1959 of more than £3,600,000, only about £450,000, or 12 per cent, was recovered in patients' fees, about £360,000, or a further 10 per cent, from the Commonwealth, and nearly £100,000, or three per cent, was provided by rating of local governing bodies. This left about £2,700,000 of the £3,600,000, or three-quarters of the total cost, to be covered by Government appropriations. I point out that that service was provided for only a limited and selected number of patients. The cost per patient in the Royal Adelaide Hospital in 1958-59 was £5 13s. 4d. a day, and in the other Government general hospitals it was somewhat higher. These costs, furthermore, were rising rapidly with increased wages and salaries, higher prices of medicines and drugs, and the very high costs of additional hospital buildings and equipment.

The Government had the matter of hospital charges investigated by an expert committee, and this disclosed a situation which the Government agreed was no longer tenable. It was untenable that such tremendous costs should be thrown upon the public at large through Government subsidy, when a person in the very best of circumstances was required to pay only 28s. per day net towards his

hospitalization, which cost at least four times that amount. If a person insured to the minimum extent, which costs 9d. a week for a single person and 18d. a week for a family, he would have nothing to pay at all. If he insured more heavily and for three times that contribution he could get a cover of 68s. per day, and would make a profit on his hospitalization.

Mr. Jennings—But he has to pay the premiums.

The Hon. Sir THOMAS PLAYFORD—I am coming to that in a moment. We found that in many cases the premiums had been paid and in many cases a profit was being made. For persons in less affluent circumstances who had failed to insure, when the very small cost of 18d. family contribution per week would have covered the full public bed charges, the department had been making a partial and even full remission of charges, according to the patient's circumstances. This procedure had developed to the extent where there was very little point in many people taking out any hospital insurance at all, as they could get free or very nearly free hospitalization. If people did not insure, not only was the department deprived of the insurance funds, but also of the Commonwealth subsidies to the insurance of 12s. per day. Under the new scale of charges no person occupying a public bed in a Government hospital need pay a penny if he is adequately insured.

Mr. O'Halloran—He has to pay for the insurance.

The Hon. Sir THOMAS PLAYFORD—I will come to that in a moment. The maximum public bed charge is 60s. a day for ordinary hospitalization and 65s. a day for maternity, whereas insurance can be secured at a family rate of 4s. 6d. a week to the extent of 68s. per day. The criterion used is broadly that a person in affluent or in very comfortable circumstances may be expected to pay the maximum charge (which in any case is little over half the cost) if he does not choose to insure adequately. For persons in less comfortable circumstances the department will make appropriate remissions from the maximum charges. One criterion for remissions is that a member of a family in moderate circumstances may be expected to take out the minimum insurance costing 18d. a week family contribution, and if no insurance is taken, then the patient should meet an ordinary hospitalization charge equal to the minimum cover which he could have obtained, that is, 36s. a day, less the direct 8s. Commonwealth contribution, or a net 28s. per day.

By a family in modest circumstances, I mean an unskilled man with a wife but no other dependants, and who has an income of £14 to £15 a week, which is up to 30s. a week above the basic wage. It would also comprise a tradesman's family if that family should have four children. Persons in better circumstances than these would ordinarily get smaller remissions, whilst those in poorer circumstances should get greater remissions. Of course, people with substantial property can expect less remissions than those with no property, but the ownership of a normal family dwelling and ordinary domestic furniture and equipment will not count to their disadvantage in determining appropriate remissions. Furthermore, the broad criterion for remissions will be made even more considerate if the patient should have been an abnormal period in hospital or be otherwise in a specially difficult or unfortunate position. That is one of the answers to the honourable member's question on the different rates.

As further examples of the net charges for ordinary hospitalization after remissions in normal circumstances, I now wish to quote some typical cases so that they may be placed on record for members to see. I think these examples will show that the Government is anxious to see that there is no hardship in the charges levied when a person uses ordinary forethought with regard to hospitalization. They are examples prepared by an officer of my department. After he had prepared his statement I asked him for another list showing the effect on persons in particular circumstances which I stipulated. In order to get some broad picture of how the charges would work out, I asked for an idea of the cost involved to people in what might be regarded as ordinary circumstances. The 60s. a day charge, less the Commonwealth direct payment of 8s. a day, or a net 52s. a day, will be paid by a family without children if earnings are more than £18 a week, a family with two children if earnings are more than £20 a week, and a family with four children if earnings are more than £22 a week. In each case these families can be fully covered by insurance costing 4s. 6d. a week. A 12s. a day remission, making a net charge of 40s. a day after deducting Commonwealth payments, will apply to a family without children if the earnings are £16 to £17 a week, a family with two children if the earnings are £18 to £19 a week, and a family with four children if the earnings are £20 to £21 a week, and these families can be fully covered for

their hospital charges by insurances costing 3s. a week.

A 24s. a day remission, making a net charge of 28s. a day, will apply to a family without children if the earnings are £14 to £15 a week, a family with two children if the earnings are £16 to £17 a week, and a family with four children if the earnings are £18 to £19 a week and these families can be fully covered by insurance costing 18d. a week.

A 36s. a day remission, making a net charge of 16s. a day, will apply to a family without children if the earnings are £12 to £13 a week, a family with two children if the earnings are £14 to £15 a week, and a family with four children if the earnings are £16 to £17 a week, and these families can be fully covered by insurance for 18d. a week.

A further remission so that the net charges a day will be only 10s. will ordinarily apply to a family without children if the earnings are less than £12 a week, a family with two children if the earnings are less than £14 a week, and a family with four children if the earnings are less than £16 a week. This last group, to pay a net 10s. a day, will ordinarily include pensioners who like other people can insure for 36s. a day coverage by paying 9d. a week for one person or 18d. a week for a family.

There are of course many pensioners who become long term and even semi-permanent inmates in Government hospitals. In such cases if they do not insure it is reasonable that a substantial part of their pension should go to their support in the hospital which feeds and houses as well as tends them. Just over one-quarter of their pension would still be left to them for miscellaneous expenditure. If they do insure to the minimum extent, which they must certainly be encouraged to do, the hospital will get additional revenue up to the extent of insurance whilst the pensioner will be better off by 10s. a day which he would otherwise pay to the hospital for his support. There will, of course, be some cases of pensioners who cannot be expected to meet even the 10s. a day, in which case it will be remitted, but it is hoped that insurance will become so widespread that these cases will be very few indeed. Even the minimum amount of 10s. a day is not in every case enforced. The honourable member mentioned a case where there was some obligation as to a house. In those cases even the minimum 10s. would be remitted where there was hardship.

Charges for beds in our hospitals are almost identical with the charges provided in Victoria, but there is nothing at all similar in

the result of our scheme as compared with that in Victoria because our remissions are on a much more generous scale than in Victoria. I do not agree with the member for Norwood when he says that these regulations are bad because they provide for remissions.

Mr. Dunstan—I did not say that. I said they were bad because they did not provide for remissions.

The Hon. Sir THOMAS PLAYFORD—They do not provide for remissions, but the administration of the regulations provides for remissions and the Hospitals Act that we passed last year—and that has been referred to in the debate—specifically stated that the Government should be enabled to provide for remissions in cases of hardship or in cases of less affluent circumstances.

The explanation that I gave a few moments ago was of cases that had been specifically drawn up by an officer of the Hospitals Department. Here are some cases that I specifically asked him to get me answers to. They cover a variety of cases that might crop up and they give a lead to the severity of the case. The first was a single man earning £20 a week; minimum insurance cover of 36s. a day costing 9d. a week premium. He will be charged 60s. a day and he will have to pay 24s. a day beyond what is met by his insurance. The next case is of a single pensioner receiving £4 15s. a week pension in hospital permanently and not insured. His charge will be reduced to 10s. a day to be met from his 13s. 7d. a day pension. The next case is of a married man earning £16 10s. a week who has two children and pays 18d. a week insurance. These are cases I set out in general to get answers so that honourable members would see where it would take them. This man's charges will be reduced to 36s. a day which would be fully met by insurance and Commonwealth subsidies. The next case is of a married woman, maternity case, with two other children, an income of £14 10s. a week, and no insurance. The charge will be reduced to 36s. a day, which will be a net 28s. a day after allowing Commonwealth direct benefit. This woman will have the maternity benefit of £16. The next case is of a married man, with four children, earning £19 10s. a week with a minimum insurance costing 18d. a week. He will have remissions so that he has to meet 6s. a day beyond his insurance cover. The next case is of a single pensioner without insurance having a pension of £4 15s. a week

and savings of under £200. He is a permanent patient. He will only pay the minimum charge of 10s. a day.

In the foregoing analysis attention has been given mainly to ordinary hospitalization. For maternity cases the maximum charge is 5s. a day higher, namely, 65s. a day. This is partly because of special services such as babies' washing, for which no separate charge is made, and partly because Commonwealth special maternity benefits are available to help meet hospital expenses. For that reason, too, remissions on account of family responsibilities and low income will ordinarily be somewhat less extensive than for ordinary hospitalization charges.

The regulation, as well as providing for public ward charges, also provides for intermediate and private patients in Queen Elizabeth Hospital, and for share-room and private-room accommodation at Government country hospitals. These charges have been set so as to be not in excess of but comparable with charges for comparable accommodation at private hospitals in the city and subsidized hospitals in the country. There is no reason for the Government to provide such special accommodation at public expense at lower charges than apply in other hospitals. If it did so it would be simply building up pressure for increased expenditure on provision of private accommodation in Government hospitals at the expense of other hospitals. The provision for charging theatre fees is to ensure that where a patient is insured the Crown gets the appropriate payment covered by the insurance. If no charge were made, the insurance organization would not be called upon to pay anything on this account. In cases of uninsured persons who are not in reasonably good circumstances the scale of remissions will ensure that no hardship is occasioned.

I have said that other States have had to impose additional hospital charges, but as far as I can determine none has a remission scale as generous as South Australia has. If we lose the small amount of revenue we get from hospital charges, it will mean that somewhere in the Budget a saving must be made, and it will result in less generous treatment for other hospitals or for other activities. Every penny the State gets at present is fully committed, and we are not in the position of having surplus revenue available to provide a scale of remissions greatly in excess of what is available in other States.

Mr. McKee—You could go to the Grants Commission.

The Hon. Sir THOMAS PLAYFORD—Western Australia and Tasmania are still under the Grants Commission, but they have imposed charges more severe than has South Australia. The severity of the charge depends on the scale of remissions. At the outset we made it clear that if a person suffered a financial difficulty in meeting his account he could supply the information and get a remission. I hope the House will not disallow the regulation. To do so would be a retrograde step. I am prepared to investigate any case where it is alleged that there is hardship.

Mr. McKee—That will keep you busy.

The Hon. Sir THOMAS PLAYFORD—In approving the regulation Cabinet specifically said that the charges were to be imposed in a sympathetic way and that there was to be no hardship. We want people to insure, for without it we would lose the 12s. that the Commonwealth provides. If a person does not insure the hospital gets only 8s.

Mr. Clark—What about asking the Commonwealth to alter the position?

The Hon. Sir THOMAS PLAYFORD—The honourable member knows how much chance we have of getting the Commonwealth to do that. If in the early days of Federation the Commonwealth Government had adopted a scheme of national insurance we would not have the present means test and all the inequalities that go with it. If we had had national insurance from the early days we would be a much happier community. One of the deterrents to migration to Australia from Great Britain is the fact that we have no system of insurance that covers a person so adequately as the Great Britain scheme. I believe in insurance. In this case, unless there is insurance the hospital gets 12s. less. I hope the motion will not be carried. The disallowance of the regulation would impose a considerable hardship under the Budget on some other activity. It would also bring about the inequalities that we had previously.

Mr. FRANK WALSH (Edwardstown)—On a previous occasion the Premier and those supporting him went out of their way to undo a national approach to this matter of hospitalization. When the Chifley Labor Government was in office it introduced two types of taxation—one for a welfare fund and one for the ordinary taxation fund.

Mr. O'Halloran—It was a big step to national insurance.

Mr. FRANK WALSH—I can think of no greater scheme to help in that way. Recently I discussed with a member of the Commonwealth Parliament the matter of lifting the means test and he said that what had been proposed was not in accordance with the Constitution but it did not take Mr. Menzies very long to use the £48,000,000 in the welfare fund. The plea of our Premier today does not mean very much when we get down to hard facts. He has told us this afternoon how generous the Government has been to subsidized and community hospitals, but has he ever thought of what they have saved this Government in expenditure? I do not intend to attempt to answer all the points he made about remissions—points prepared for him by officers of the Hospitals Department.

He referred to maternity charges, but my understanding is that the Commonwealth provides a benefit for the prenatal and post-natal periods in addition to the period of hospitalization, and I think the least said by the Government about this topic the better. Early this year our Chief Secretary, as Minister of Health, attended a Health Conference in Sydney, at which a unanimous resolution was carried stating, in effect, that all Ministers of Health believed in free hospitalization. How could our Minister of Health support such a resolution, particularly when this Government had printed on January 14 these regulations, which were to operate from February 1, providing for a charge of 60s. a day in public wards?

This Government's policy is to segregate sections of the community as much as possible and this is instanced by the fact that accident cases, covered by workmen's compensation, are to be charged 75s. a day. The Government knows full well that the insurance companies will have to pay that charge. What an unfair approach to the question of hospital charges is this! How can the Government justify a difference of 15s. a day in the charges for patients in a public ward compared with workmen's compensation cases?

Medical treatment and hospitalization cannot be separated, particularly as in most cases a doctor attends a patient before that patient is hospitalized. The Commonwealth Government has determined that certain approved organizations may insure persons for hospital and medical benefits, but that person can only receive the Commonwealth subsidy from one such organization. The maximum benefit a person can receive from any organization is £16 16s. a week plus the Commonwealth benefit, but he can register with another organization for

an additional weekly benefit. A family man must necessarily insure for medical benefits as well as hospital benefits. In one organization to insure for £11 4s. a week benefit a person has to pay 6s. 8d. a week, but to secure the maximum of £16 16s. the charge is 8s. 2d. a week. This charge covers both medical and hospital benefits. In another organization, to secure £6 6s. a week for hospital benefits, a person has to pay, for a family unit, 4s. a week, and for £16 16s. a week—or 48s. a day—6s. 6d. a week. The Government has increased its hospital charges and contends that everyone should take out hospital insurance. The Premier stressed the need for compulsory insurance, and that is all it amounts to. I should like to know what attempt the Government made to interview approved organizations and inform them of the proposed increased hospital charges. I do not think it made any move in that direction. The people who contribute for a payment of 32s. a day pay an insurance charge of 6s. 8d. a week. These organizations would suggest to their contributors, "The Government has now increased its charges up to 75s. a day for a public ward and in order for you to receive £23 16s. a week, all charges inclusive, it will cost you 8s. 2d. a week." The reaction from most people would be, "If this is the Government's best proposition, what am I to do, because I cannot pay the 6s. 8d. a week, and why should I be charged about another 2s.?" There was no fairness in the Government's approach to the organizations.

I am particularly concerned at this stage with the chronic or semi-chronic cases admitted to the Northfield Wards of the Royal Adelaide Hospital. In reply to a question the Premier informed me that there were 193 beds available at Northfield. To the best of my knowledge the Government has never built accommodation specially for chronic and semi-chronic cases, but instead has usurped accommodation provided years ago for infectious cases. This is not a very great contribution by the Government. In the last 20 years to my knowledge it has done nothing to improve the position. Now, we have 193 beds available at Northfield for the chronic and semi-chronic type of patient, but in the event of an epidemic that number would be considerably reduced. Under the Government's proposed charges a patient will pay no less than 10s. a day for a bed. I know there have been instances at Northfield where no charge was made and the patient retained the whole of his

pension. Let us go back to December 31, 1959. The Commonwealth Government then provided that it was not a question of recognized hospitals, as the Premier suggested this afternoon. No hospital will be recognized to provide for these patients unless it can provide accommodation equal to that available in a public ward. What about those people who are now unable to be accommodated at Northfield, and there are plenty who are being denied?

Take the case of a person who may have been at Northfield and the department considers that he should no longer be a patient and he is forced to go elsewhere. He may look for accommodation in a private nursing home. Some patients have been paying their 2s. 3d. a week insurance for hospital accommodation which payment would entitle them to £16 16s. a week or 48s. a day, and they would be entitled to receive this for 13 weeks. If they change over to other accommodation they still have to pay the 2s. 3d. a week, but because they are in a nursing home or a hospital which does not provide accommodation equal to that available in a public ward, they are denied the 16s. a day. Because they pay 2s. 3d. a week they receive the sum total of 8s., plus 12s.—8s. because they are in a hospital and 12s. because of the generosity of the Commonwealth Government, about which we hear so much. The Northfield ward receives £4 15s. from an aged or invalid pensioner. These people will be called upon to pay the £3 10s. now claimed by the Government and that will leave them only £1 5s. to provide meagre necessities. If they are women they may like a little lipstick and face powder. They certainly need it to give them a little interest in life. After these payments there will be little left out of the 25s. remaining to them. If they are able to get about they will probably go to the canteen and buy a cup of tea. Those who are at nursing homes because they are unable to gain admission to Northfield receive 8s. a day, and an additional 12s. a day if they are members of an association. These amounts, added to the pension, give them a total of £11 15s. to meet a charge that ranges between £12 and £14 in most cases. Who will pay the difference? Will this Government, which takes £3 10s. a week from age pensioner patients at Northfield, pay it? This reduces this Government's responsibility of providing for people who cannot provide for themselves in case of sickness. Who is making the profit the Government speaks about?

Much has been said in this debate about what the hospital charges should be and about the remission scale. Why should members have to go cap in hand to the Premier every time when they want something for their constituents? Why should I be forced to go and say, "Please, Sir Thomas, this is a case of a person admitted to the Royal Adelaide Hospital who is charged 16s. a day because he is not an insured person. Will you remit some of the charge of 60s. a day?" In Ascot Park and Edwardstown there are two settlements of cottage homes. In Kegworth Road and Regent Street there are another 35 cottage homes, and there is another section behind the Repatriation Hospital. Not one of the people in these homes is less than 60 years of age, and many are well over 70. If these people come to me, will I have to go cap in hand to the Premier to ask for a remission? I do not think I should be forced to make the request just because an officer of the Hospitals Department decides that a certain amount should be paid.

In a recent case I dealt with, a lady over 80 years of age spent two days at the Royal Adelaide Hospital and used the theatre there. The department said that no charge would be made for the theatre but sent an account for 16s. a day. This person was not insured but, because she had £130 in the bank as a result of years of saving, she had to pay. If she had spent this money on, say, a refrigerator, perhaps she would not have been asked to pay. The Government wants this Parliament to accept that sort of thing! The whole matter is entirely wrong and unjust, and I hope members will, by their vote, defeat these regulations.

Mr. MILLHOUSE (Mitcham)—Firstly, I express my sympathy with the member for Gawler, who, as members may know, is a member of the Joint Committee on Subordinate Legislation and presumably represents the Opposition on that committee. These regulations are at present before that committee. On looking at the motion before the House it seems to me that from one point of view it is a motion of no-confidence in the ability of the honourable member to handle the matter before the committee. I have a high admiration for the member for Gawler and for his abilities as a member of that committee, and I think it is a pity that this task was not left to him because, as I said, the committee has not reached a conclusion on these regulations. Without appearing patronizing in any way, I think I should say that the

honourable member is an excellent member of that committee.

Mr. Clark—You admit that he has only one vote on the committee?

Mr. MILLHOUSE—Yes, but he has a great influence on the committee. Let us leave that point, however. This afternoon we have heard speeches from three members of the Opposition. Firstly, we had the speech of the Leader, for whom I have the highest admiration and respect, in moving his motion. We then had a typical and excellent speech by the member for Norwood. I should like to comment on these two speeches first. Let me say here and now that if the whole story of these regulations and of the position in this State were contained in those two speeches I believe every member of this House would hesitate very seriously before opposing the motion. Why? Because, of course, the Leader in his admirable speech (and the member for Norwood until prompted by interjection) ignored the most important part of the whole matter: the Federal medical benefits scheme. It was adequately answered, of course, from the departmental angle, if I may put it that way, by the Premier when he spoke in this debate. However, it is something that not once crossed the lips of the Leader of the Opposition in moving this motion, and was mentioned by the member for Norwood (Mr. Dunstan) only when he was prompted by interjection by myself and the member for Chaffey (Mr. King). Then, of course, he tossed it off as being another impost upon pensioners, because the whole case of the Opposition has rested upon the position of (as the Leader of the Opposition called them) pensioners and people on low incomes.

As I say, the Opposition has studiously ignored—I believe the member for Edwardstown (Mr. Frank Walsh) did the same thing—the question of insurance and the benefits that flow from medical insurance. The Premier has already dealt with that from one angle. Perhaps I could in a few minutes deal with the same point from another angle. I can best do that by giving an experience I had only in the last few weeks on this very matter. An elderly man in my district approached me about a fortnight ago. He is a pensioner, on a war pension. Unfortunately, he has a great deal of ill health, and has been many times in the Adelaide Hospital. He faced another spell there for an operation and wanted to know what the position was under these regulations. I therefore got in touch with the Hospitals Department itself to ascertain the

position. I have here the notes that I made at the time of that conversation. This was, of course, before the motion of the Opposition was mentioned in this House. The date is March 28. I found out then that the position is this, that for everyone the theoretical payment is of course £3 a day, and all patients will get a bill for that amount at the end of their period of hospitalization. That is common ground. This is what I was told by the department, and it has been repeated here within the last 48 hours in answer to a question on notice by the member for Edwardstown. There is a proviso for it to be reduced, in the discretion of the department, on a remission scale, and taking all circumstances into account. Generally, the minimum payment is 10s. a day, which is £3 10s. a week, leaving a pensioner with £4 15s. a week 25s. over and above the fees payable to the hospital.

Then, of course, I was reminded of the question of insurance and, that being the answer to it, I told the inquirer in my own district what the position was. He said he was not insured but would insure straight-away. As the Premier has told this House—and I am staggered and amazed that honourable members opposite did not even deign to mention it—a single person for a payment of 9d. a week can obtain benefits of 4 guineas a week at least, quite apart from the payment made by the Commonwealth to the hospital concerned. That is the position. Just in case I should have misunderstood the telephone conversation that I had with the Hospitals Department, this very morning I called upon a medical benefits organization in this city. There is no reason why I should not mention its name; it is the Mutual Hospital Association. There are many others, no doubt, and, for all I know, the scales of their benefits are the same as, or about the same as, or even better than, those of the Mutual Hospital Association. I went there as a member of the public; nobody knew who I was. I put up a hypothetical case and said, "I want to make an inquiry about the position of a pensioner who is out at the Northfield Wards of the Royal Adelaide Hospital. What benefits can she get? She is not insured at present." One of the inquiry girls very pleasantly, plainly and definitely told me what she would tell any member of the public who went along there, that the position was this: it does not matter how sick a person is, whether chronically or not, whether the sickness is long-standing, permanent or temporary, anyone for the payment of 9d. a week for insurance can get at least the Commonwealth benefit indefinitely.

Mr. Dunstan—Do you say that the special account provision applies in the case of Northfield?

Mr. MILLHOUSE—No. The honourable member is jumping in too quickly. I was given this brochure, which sets out the benefits. What is the position? It is there for any member of the public to see. It is that any person over the age of 65—and we have been concentrating this afternoon on pensioners—pensioner or not, has to contribute to what is called a special account. His contributions go into that account. The position is that, if such a person is at a hospital recognized by the Commonwealth, for the payment of special account fund benefits he receives for his 9d. a week the following benefits: the fund benefit of £5 12s. and the Commonwealth benefit of 4 guineas, making a total of £9 16s. a week. That is for 9d. In addition, the Commonwealth benefit is deducted from the hospital account. That is a further £2 16s. a week, making a total benefit, for the payment of 9d., of 12 guineas. That is the position for a person who is at a hospital approved for the payment of special account fund benefits.

I have a list of all the hospitals. It includes the Queen Elizabeth, the Children's, the Queen Victoria Maternity, the Royal Adelaide (except for the Northfield General Wards), and so on. That is the position at a hospital for which the special account fund benefits are payable. As the member for Norwood is only too anxious to interpolate, of course the Northfield General Wards at the Adelaide Hospital are not so approved. What is the position in that case? It is, of course, that for the same payment of 9d. a week a patient will receive the Commonwealth benefit of 4 guineas a week and the hospital will of course receive the deduction of £2 16s. a week. If my arithmetic is correct, that means a benefit, in the worst case, of £7 a week for the payment of 9d.

Mr. Riches—How much will they still have to pay?

Mr. MILLHOUSE—In my conversation with the Hospitals Department I was told that, if a person is paying that 9d. a week into a medical benefits fund, then the department normally takes that in full settlement of the hospital bill. If we like to look, as I invite the member for Stuart (Mr. Riches) to look, at the answer given by the Premier on Tuesday to a question on notice, he will find the same thing:—

For those pensioners who are covered by hospital benefits the amount of benefit will normally be accepted in full payment of the hospital account. For a payment of 9d. per

week (1s. 6d. per week for married couples) a hospital insurance cover of 28s. per day may be obtained quite apart from the basic Commonwealth benefit of 8s. per day which is deducted from the hospital account.

I believe that is the complete answer to the motion before us today. The sum of 9d. a week is not very great, even to a person on a pension of £4 15s. a week. It is insurance, and that is a principle in which I wholeheartedly believe. I have no doubt that members of the Opposition also believe in that principle of insurance.

Where do we go from there? In his sterling speech this afternoon the member for Norwood said that people, because of the fear of the account they would get at the end of their period of hospitalization, were not seeking the treatment which they should have. Unfortunately, that may be true, but that places a greater duty on us who know the position not to come along as the Opposition has done this afternoon and conceal the position by giving only half the case. Surely it is our duty to let people know the position, just as I did with the elderly man in my own district. It is the duty of every member of this House to do that, and not to put up a pettifogging motion like this. I hope that if this debate does nothing else it will at least make the position known to the general public.

That is in essence what I should like to say in this debate. The member for Norwood gave three points this afternoon in attacking these regulations. One of those points was that the regulations were a derogation of the rights of Parliament. That is a good phrase, and one which we have heard before. Quite frankly, if there is anything in the case which has been put up by the Opposition this afternoon there is something in that point, but these regulations have been in force now for a little over two months—

Mr. Ryan—It is no credit to the Government.

Mr. MILLHOUSE—Perhaps we shall deal with that point in a moment. I suggest to members of this House in all sincerity that we should wait for a period sufficiently long to see how these regulations and the remissions under them are administered before we make a complaint. I suggest—and maybe the member for Port Adelaide will be interested in this—that we hark back to the end of last session when the Hospitals Act was amended. I remind members that section 47 of the Hospitals Act which we amended last year has been on the Statute Book since 1941—a considerable period of time—and during the whole of that time the Director-General of Hospitals has had the power

to remit the whole or any part of any amount payable under the section. For nearly 20 years this power of which the Opposition is now complaining has been possessed by the Director-General.

Mr. O'Halloran—The Opposition has made no such complaint.

Mr. MILLHOUSE—Exactly. For 20 years that power was there, but last year, when this Bill and the amendment out of which these regulations spring was before the House, what did the Leader say? Bear in mind what the member for Norwood has said today! The Leader last year made the following statement:—

I have the utmost confidence in the Director-General of Hospitals. I believe he administers the provisions giving him the power to levy and remit fees with much understanding. . . .

Mr. O'Halloran—Why don't you read the rest of it?

Mr. MILLHOUSE—Very well. The Leader went on to say:—

. . . but at the same time I also believe that he might soon find himself in difficulties with an impecunious Government of a non-claimant State desiring to secure revenue from all and every source that can possibly be secured.

Why didn't the member for Norwood, when the matter was being debated last December, raise the objections he is raising today, and why didn't other members opposite raise this point?

Mr. Dunstan—We got the amendment and we are debating the matter now. We are saying the regulation is no good.

Mr. MILLHOUSE—Why didn't the Opposition make its complaint last December when the very section in the Act which gives the Director-General this power was before the House? In fact, we tacked a little rider on to the very subsection which gives the Director-General the power. One hesitates to use the word "hypocrisy," but on December 1, 1959, the Opposition said not a word about the power which the Director-General has had for 20 years, and on April 7, 1960, it makes the complaint that this is a derogation of the power of Parliament.

Mr. O'Halloran—In accordance with the right we secured in December, 1959.

Mr. MILLHOUSE—The Leader said that he had the utmost confidence in the Director-General of Hospitals.

Mr. Dunstan—But not in the Government.

Mr. MILLHOUSE—It is entirely impossible to reconcile the views of the Opposition in December, 1959, with its views in April, 1960,

and I suggest that in putting forward this complaint about the administration of these regulations by the Director-General the Opposition is doing no more than playing politics. I suggest that it is our duty to go out and let the people know what benefits they can have for the trifling sum of 9d. a week. If that is done, then of course there will be no trouble with these regulations. I oppose the motion.

Mr. LAWN (Adelaide)—I briefly support the motion. The member for Mitcham has just concluded his speech on a note of support for discretionary powers for the Director-General of Hospitals. Personally, I support the attitude adopted by the Leader last year. I believe the Director-General should have the power to remit fees in certain circumstances, and, further, that he really should not have the necessity to remit any fees because there should not be any charges in Government hospitals. The member for Mitcham, as the Chairman of the Joint Committee on Subordinate Legislation, has moved about a dozen disallowance motions in this House because those regulations, like those now in question, involved discretionary powers. Inconsistency is the only thing in which the Liberal Party is consistent. The member for Mitcham mentioned the figure of 9d. a week. I will refer later to that matter. The Premier this afternoon, as he has often done in this House when on the spot, undertook to do this and to do that. I remember when the Stuart Royal Commission was being debated last year he gave an undertaking to the House on the Thursday, and repudiated it on the Friday, and on the Tuesday denied that he made the statement, but it was recorded in *Hansard*. He has told us time and time again that he will investigate any complaint made by members of the House.

Mr. Jenkins—Has he ever refused to?

Mr. LAWN—I will tell the truth about that. I have availed myself time and time again of that opportunity. As a matter of fact, people have come to me and I have told them to send me a letter with their complaint so that I could send it on to the Premier for investigation, as he had always undertaken to investigate any matter. I recently sent him another complaint in relation to hire-purchase. Firstly, if it is a matter concerning his own departments or under his personal direction his secretary will send an acknowledgment. Later on the member receives a report. If it is not a matter under the Premier's direct supervision a letter will be received from his secretary saying it has been sent on to the

appropriate authority for investigation. Members will note it has not been sent on for the Premier's investigation, but it has been sent on to the appropriate authority. Subsequently, in cases of that nature I have received a report from the appropriate authority. The Premier does not carry out his promise to undertake a personal investigation. He said today, "I will personally investigate it," but he does not do that. He sends it on to the Chief Secretary if it is a health matter, to the Attorney-General if it is a legal matter, or to the Marine Department if it belongs there, and a report is received back from that department. The Premier does not carry out his promise for a personal investigation.

The Premier said also that he would like to have seen a national insurance scheme inaugurated some years ago. In 1938 his own Party, the Menzies Government, proposed a national insurance scheme to the people of Australia, and I believe that, had it been a fair scheme, it would have been endorsed by the people. However, we cannot get anything fair from the Liberal Party, be it Federal or State. The Menzies Government fell down in its method of financing the scheme. It said it was to cost a shilling in the pound flat rate. That meant that a man on £6 a week would have to pay 6s. and a man on £100 a week would have to pay only the same flat rate and pay 100s. That meant the man on £6 was really paying more than the man on £100. The Government wanted to finance the scheme out of the pockets of the wage earners and not out of the pockets of the people who could afford to pay. The country subsequently had a change of Government. The Curtin Government took office and it introduced the present social services scheme under which payments were based in this way: there was an income test but the basic wage earner was exempt from it. There was a special social services tax to cover social services and if the Chifley Government had remained in office that would have been developed until today we should have had a complete social services scheme in operation or a national insurance scheme that would have been adopted by the people and under which the basic wage man paid no tax. He would pay neither income tax nor social service tax, but, on salaries above the basic wage, the social services tax would increase according to income. The more a man earned the more he would pay for social services. The money derived from this scheme was going into a special fund and at the time of the defeat

of the Chifley Government in December, 1949, the fund amounted to £120,000,000. Within 12 months of the Menzies Government taking office it had closed the fund and spent that money; in addition, it had borrowed \$50,000,000 from America and had spent that too. On page 37 of this evening's *News* there is an article, part of which states:—

One useful thing Mr. Menzies and Mr. Macmillan could do when they meet next month would be to exchange party titles. The Australian Liberal Party could resume its honest-to-goodness conservative mantle; the British Tories could borrow the title Liberal.

If the Playford Government were included in that statement I would endorse the article. This Government is as conservative as the most conservative Government in Australia; in fact I suggest it is as conservative as any in the world.

Here we have regulations prescribed which would affect all persons unfortunate enough to have to go into a public or private hospital. I am not particularizing or referring to pensioners, but I am referring to all persons. Under this Government in South Australia we have to pay for hospitalization the highest rate payable in Australia. The sum of £21 a week has to be paid in a public ward. In New South Wales, where a Labor Government is in power, the amount payable is £12 a week and in Queensland, where a Liberal Government is in power, no charge is incurred by the patient. I ask, "Why is that?" There is no gerrymander of electorates in Queensland despite what the Premier said in the past, but the Liberal Party in Queensland had to promise the people that if it were returned it would not charge for admittance to public hospitals. It now dare not impose charges. Queensland is not broke. It is going along as well as it was a couple of years ago. Yesterday afternoon, this House heard the honourable member for Unley tell us what a marvellous person the Government was and he pointed directly in front of him to where the Premier sat, although he was not in fact there then. The press tells us what a marvellous person the Premier is: he has been in office for 21 years. What has he done for South Australia? He puts up all sorts of schemes and makes weekly broadcasts, but nothing eventuates. What has the Premier done for South Australia? According to the press we last year saw the culmination of 21 years in office. South Australia was no longer a claimant State.

The SPEAKER—Order! I ask the honourable member to resume his seat. I ask the

honourable member to speak to the motion, but he is not speaking to the motion. I ask him to confine his remarks to the motion.

Mr. LAWN—I am addressing my remarks this way: We are told on the one hand what a wonderful person the Premier is and we are told that he freed South Australia from being a claimant State. We now have to pay for that this way. What I am saying is obvious to anyone. This is the result of South Australia being a non-claimant State. The Premier emphasized that when he spoke this afternoon because every time he referred to Tasmania he referred to it as a claimant State and that is the point I am making now. What we are required to do today for being free is to pay the highest rate in Australia for hospitalization. What does the worker get in return for that? The Premier went to the court last year and this State was the only State to oppose the worker getting increased wages. Last year we, in this State, saw a higher cost of living increase than the Eastern States and after the Light by-election we will see railway fares, charges for electric light and power, and water rates increased. There has been no announcement about that, but it will happen. We have seen galloping price increases in South Australia since Christmas and Government members are not prepared to challenge me on that or to ask me to cite specific cases because they know of them. The price of everything else has increased considerably here since Christmas. Even the price of meat and bread has increased. People working in this State under legislation introduced by this Government are getting the worst workmen's compensation conditions and payments applicable in Australia, and yet the Premier charges the workers the highest hospital rates.

The SPEAKER—Order! The honourable member will tell me what that has to do with the motion. His comments may be pertinent to a debate on the Address in Reply, but I rule they are not pertinent to the motion. I ask the honourable member to confine his remarks strictly to the motion.

Mr. LAWN—I am saying that this is a conservative Government and equal to the worst that I know.

The SPEAKER—Order! Will the honourable member confine his remarks to the motion.

Mr. LAWN—Mr. Speaker, I repeat that I am criticizing the Government for promulgating this regulation for it means that the

workers pay the highest charges for accommodation at Government hospitals, whilst getting the lowest workmen's compensation. If I am not in order in saying that, I am not in order in criticizing the Government, and I might just as well go back to my electors and say, "It's no use. You can't be heard in Parliament." I have been told that I am out of order, yet I am only criticizing the regulation. The Government wants more revenue. The Premier said that this afternoon, and I am pointing out how he can get it. Last year I told him that he had given the grand pay-off to the people who put him in power in this place. He gave increased rebates in succession duties to the large landholders. It is about time that the people of South Australia woke up. In fact, I think they are doing that already but they cannot change the Government because of the gerrymandered electorates.

I want free hospitalization. I do not ask for the disallowance of the regulation in order to go back to the 36s. I should like to see what they have in Queensland apply here, but if that is not possible then perhaps we could follow New South Wales. I favour free hospitalization. Whenever it has been suggested that we have a State lottery to finance our hospitalization the Premier has said that whilst South Australia was a claimant State she would not be one penny better off, because what she got from the lottery she would lose in the Commonwealth grant. My first thought when I saw in the Liberal Party rag, the *Advertiser*, that we were no longer a claimant State was that we would get a State lottery, because the Premier had always said that we could not have one for hospitalization purposes because we would not be any better off whilst we were a claimant State. No longer are we a claimant State. The member for Mitcham said that it costs only 9d. a week to insure against hospital costs, but it would cost the employers only a few shillings a week to provide the same workmen's compensation as the Eastern States. I make no apology for supporting the motion. If Government supporters have any Christian charity in their hearts let them try to give the people hospitalization as cheap as can be obtained in the Eastern States. If they do not vote for the motion they are censuring the Government and saying that the Premier is not able to give the workers what Governments in other States can give their workers. I support the motion.

Mr. STOTT (Ridley)—The Premier did not take this matter as far as he should have done.

This morning I checked the fees charged by hospitals in my electorate. It has no Government hospital but across the river from Loxton there is the Barmera hospital which is affected by the regulation. It is a community hospital subsidized by the Government in the same way as the Waikerie hospital is subsidized. At Karoonda there is a community hospital but it has not yet qualified for a Government subsidy. People at Waikerie and Loxton are concerned about this matter. Increased costs are being imposed on hospitals, which must be met by increased fees. If the charges are reduced to 24s. less than the present charges the Loxton people will go to the Barmera hospital, which is already overcrowded. The Loxton hospital is not now breaking even and it would have to increase its fees for the fewer patients it would have, and that would impose a hardship. I have had three telephone calls from my electorate this afternoon about the hospital charges.

The Waikerie hospital has tried to meet the position of the lower income people. At the Loxton hospital the pensioner pays 8s. 7d. a day as against a general rate of 58s. a day, subject to the Commonwealth Government subsidy of 12s. The charge for a private room is 68s. 6d., again bearing in mind the 12s. The charge for maternity accommodation is 60s. 6d. At Waikerie the charge in the general ward is 50s. and for a private room it is 59s. 6d., again keeping in mind the 12s. subsidy. The regulation has been approved by these country hospitals and they have based their charges on it. If the regulation is disallowed these hospitals will have to review their present method of fixing charges; otherwise, they will lose revenue because they will have fewer patients. I cannot vote for the motion. As these hospitals have based their rates on the regulation I must support it.

Mr. QUIRKE (Burra)—I oppose the motion. I do not oppose pensioners having free hospitalization, but whatever they do in Queensland we do not control the social service position. It is wrong that a person on only £4 15s. a week should be called upon to pay heavy hospital charges, but the hospitals cannot do anything about it, nor can the State, because it does not control social services. We know that pensioners could secure a cover for 9d. a week, and if the Commonwealth increased the pension by 9d. a week, and retained that amount and paid it into a fund from which hospital charges could be paid, the problem could be resolved.

The people of the district are keeping pensioners in country hospitals. At the Clare Hospital the charge to old-age pensioners is 36s. a day. By paying 9s. 9d. a quarter into a hospital fund the pensioners can receive exactly that amount. By paying 39s. a year—or 3s. more than the daily hospital charge—pensioners can secure a cover for 12 months. If pensioners are not in a hospital fund—and they are all urged to be, and very few are not—all they are charged is £2 9s. a week, which is deducted from their pensions. They could not live as well at home for that. Who pays for this? The hospital cannot possibly function on that amount, and loses money on every pensioner patient, although those patients receive the same attention and devotion as other patients. The local people pay for it. We have no Government hospital from which pensioners can seek free services. Some of these wonderful facilities should be extended to country areas where people not only have to maintain their hospitals, but, in many instances, maintain the patients therein. There should be a general scheme for hospitalization, and not a piece-meal scheme applied only to Government and public hospitals. I oppose the motion.

Mr. RALSTON (Mount Gambier)—I oppose these regulations. We have not been told the basic reasons for the increased charges. This afternoon the Premier said that there were patients in Government hospitals who were collecting Commonwealth benefits but paying nothing to the hospital. Their Commonwealth benefits were being collected by relatives. The Government has decided to correct this position not only by making those people pay but by increasing the charge to every wage-earner in this State by 24s. a day to a minimum charge of 60s. Every worker in South Australia who receives a wage or salary, and every self-employed person, and every person receiving a social service entitlement, is now paying the penalty for the lack of Parliamentary supervision over the mounting costs of Government expenditure. Nowhere has the Government's policy been more high-lighted with all its manifest disadvantages than in the capital costs of hospitals. Lest members opposite should imply that the increased charges are due to increased wage costs, I remind them that in December, 1955, the basic wage was 231s. a week, and at December, 1959, 271s.: the increase is nominal compared with the increase in hospital charges.

Without question, this imposition of 24s. a day increase in hospital fees can be, in the

main, attributed to debt charges on capital expenditure incurred by this Government, but never satisfactorily explained. We have not yet forgotten the motion introduced by the Leader of the Opposition last session:—

That in the opinion of this House it is desirable that a Public Accounts Committee be established to—

- (a) examine the accounts of the receipts and expenditure of the State and each statement and report transmitted to the Houses of Parliament by the Auditor-General pursuant to the Audit Act, 1921-1957;
- (b) report to both Houses of Parliament, with such comments as it thinks fit, any items or matters in those accounts, statements and reports, or any circumstances connected with them, to which the Committee is of the opinion that the attention of the Parliament should be directed;

There were two other terms of reference, but those I have quoted have most bearing on this debate. Let us examine the most salient features on the cost of hospital buildings that emerged on that occasion. In 1948 the Public Works Standing Committee recommended the building of the Queen Elizabeth Hospital at an estimated cost of £1,370,000 which was later adjusted to £2,900,000. The estimated cost, shown in the Auditor-General's report to Parliament, as at June 30, 1958, was £7,500,000. In his report the Auditor-General says of this expenditure:

The estimated cost of constructing, equipping, and furnishing the Queen Elizabeth Hospital is £7,500,000, of which £6,600,000 was spent up to 30th June. When completed, accommodation will be available for 500 patients, 580 nursing staff, and 80 medical staff . . . It is emphasized that the full daily average cost per patient is not ascertained from departmental records but taking only expenditure, which is identifiable as attributable in whole to the maintenance of patients, the daily average cost per bed occupied was £8 19s. 3d., or £63 per week.

Debt charges assessed as being applicable to the maternity block are equivalent to a further £19 a week, making the cost for the items included and debt charges £82 per week.

The cost of salaries and wages included the payment of overtime when the number of the nursing staff was 115, or twice the generally accepted standard with relation to the average bed occupancy. I want honourable members to keep that in mind, as hospital charges are based on costs. In 1959 the Auditor-General had a little more to say, as follows:—

The department has again failed to distinguish in its records between such payments and those attributable to maintenance. As a result actual cost of maintaining patients is not ascertainable.

The position at Mount Gambier is not much better. The final cost of the building will be almost twice the estimated amount. The attention of Parliament had been drawn to these matters about which the Auditor-General is far from satisfied, and he has said so, but nothing has happened. In South Australia there is no Parliamentary Committee to investigate these matters about which the Auditor-General is so critical. The reason is obvious. The Government does not want one. It does not think that these excessive costs which so disturb the Auditor-General require investigation. I assure honourable members opposite that thousands of taxpayers in this State who have to foot the bill for increased hospital fees are more than interested, as the Government will in due time find out.

I should like to quote the opinion of a member of the Liberal Party in Canberra, where they have a Public Accounts Committee. The following is a statement by Dr. A. J. Forbes appearing in the *Border Watch* of March 29 last when commenting on the resignation of the chairman of the Public Accounts Committee (Professor Bland):—

The work the Public Accounts Committee does is a partial solution to the greatest problem facing democratic government today; the problem of how in the face of the huge increase in the size and complexity of government administration, Parliament can effectively control it. In this sense, the Public Accounts Committee is one of the watchdogs of Parliament. I personally believe that the committee system must be developed further

That is a far different attitude from that of the South Australian Government on the need to appoint a Public Accounts Committee. Let us examine the statement so frequently made by the Premier that people are making a profit out of hospitalization. In other words, he says that it pays to be ill. Who pays the workman's wages while he is in hospital? No-one. If he is a member of a lodge, and thousands of people are, the lodge pays only the actual hospital charges incurred, if he has sufficient coverage for that amount and irrespective of how high the scale of contributions is. No lodge member can make a profit out of hospital fees, and I think this is well-known to the Premier.

As to benefit associations, who but the few in the high income groups can afford to pay the weekly contributions required to cover himself and family against hospitalization and medical costs? To illustrate this let us ascertain the position of a person who is not a

member of a lodge or of a benefit society. Previously he paid 36s. a day in hospital, less the 12s. Commonwealth benefit. Today he pays 60s., less the 12s., so his actual cost has increased from 24s. to 48s.—100 per cent increase. Surely honourable members opposite will agree that this is duress in its worst form. It means insure, or else! Who but the wealthy could afford to fully protect themselves against illness to the extent of making a profit out of it, as the Premier has so frequently said? The Government may be misleading itself, but it is not misleading the public of South Australia. The Government has not justified the increase of fees from 36s. a day to 60s. In my opinion the reasons advanced are extremely flimsy, and viewed in the light of the Government's oft-expressed concern to keep as low as possible overhead costs to industry, it is of great interest to note that industry is expected to pay through workmen's compensation 15s. a day more than the general rate. Does the Government consider that this is justified? In fact this and the maternity rate of 65s. a day should be sufficient to condemn these regulations in the mind of every honourable member. Whatever the outcome of this debate, it has achieved something in that it has compelled the Government to make a public statement on the scale of remissions, and these should be displayed in the home of every working man in South Australia to remind him forever of the Playford Liberal Government. I support the motion.

Mr. HALL (Gouger)—I think that we have heard from the honourable member a very audacious and tongue-in-cheek address. His district has benefited more than any other in the State from capital expenditure on hospitals, and yet he has the audacity to refer to the capital costs of the building. Why does he not tell his electorate that the Government has spent too much?

Mr. Ralston—I have told them plenty about the Playford Government and will tell them more.

Mr. HALL—In my electorate the people have contributed on a one-for-one basis to the hospital, which is now getting a two-to-one subsidy. The people there work hard for their hospital and do not come here to complain about it. For an exponent of the 35-hour week to bring up costs in this House is not in accordance with the facts. I oppose the motion.

Mrs. STEELE (Burnside)—I think what has been overlooked in this debate is human

dignity. I suggest that few people like straight out charity, which is what some members opposite have suggested this afternoon and, in any case, where the circumstances dictate that this must be, under the present regulations there is a discretionary power, about which the Premier has given instances. I believe that most people prefer a contributory scheme and I suggest few cannot afford to pay a minimum medical benefits premium. Again, the Premier gave several instances in which a full remission of hospital charges is covered by the minimum premium.

I do not think that most people in South Australia want free hospitalization. If I may draw a parallel, recently transport was provided for physically handicapped children on a contributory basis, under which two-thirds of the cost was paid by the Government and the remaining one-third by the parents. This was quite acceptable to the parents, who were thus relieved of much financial concern. If these people, who face for many years the anxiety of educating these children, find this acceptable, surely it is not too much to expect that the public of South Australia should contribute something in the way of medical benefits premiums to cover a great proportion of their payments.

The member for Norwood quoted figures relating to Western Australia, but the costs per capita in that State are among the highest in the Commonwealth, and most hospitals there have been almost entirely equipped from lotteries. Tickets at 2s. 6d. each are sold in their thousands every week, and lotteries are drawn every four or five days. Their contribution to the Charities Commission time and time again does not entitle contributors to hospital benefits, yet in South Australia, for less than one-third of that sum, remissions varying from a total remission are possible for the various categories outlined by the Premier. I oppose the motion.

Mr. RICHES (Stuart)—I support the motion. From all my reading and experience, the people of Great Britain are among the most independent and proud people in the world, yet they readily accept free hospitalization, as we understand it and advocate it here. I believe that the people of Queensland are just as independent and proud as we are. As a member of a community that enjoyed free hospitalization, I say that it was with great regret that we had to view a Government getting away from a position that formerly obtained. I want to know what has happened to the economy and the management of this

State that it is no longer in a position to provide the facilities it formerly gave.

Several explanations were given this afternoon for the imposition of these increased fees. One that was enunciated by the Premier and which seemed to be supported strongly by the member for Burnside was the passing of the buck to the Commonwealth Government, but I am reminded of advocacy in this House over the last two years by Liberal back benchers who have asked that this should happen. It is a mistaken idea that is apparently held by the two Independent members of this Chamber that by increasing charges in Government hospitals the position in other hospitals is alleviated. When we had free wards in Government hospitals we also had free beds in other hospitals, and I think that is the answer to that problem. I do not believe this has been brought about by Commonwealth pressure, but that it has been brought about as a result of representations made in the last Address in Reply debate and over the last two years by members on the back benches opposite. I do not know how they can feel that the other hospitals are benefiting as a result of this increase.

Another point is that these charges are an imposition on every wage earner in this State, who must increase his contributions to benefits funds in order to purchase security for his family. In these days of rising prices that are straining the home budget, this is another imposition foisted on every person who, whether he is sick and needs hospitalization or not, wants to provide security for his family.

One good result of this debate has been the clarification of the practice obtaining at hospitals. I am not too sure that some of this has not been introduced because of the knowledge that this debate was coming on. For instance, we have been told today for the first time that the Hospitals Department will accept as full payment the amount of benefit received by any member of a benefits organization, but that is not in the regulations we are discussing. If it had been we would have been happier about the regulations than we are.

In the district I represent there are two Government hospitals, and the people there have the highest regard for the services provided. That there has been resentment at the increased charges is not to be regarded in any way as a criticism of the hospitals, but at the ineptitude of the Government in not being able to maintain this position. I do not propose to go over any of the arguments used before, but I feel that I should express

the feeling of the people in my district on this motion, and I am sure that it is almost unanimously in its support.

Mr. O'HALLORAN (Leader of the Opposition)—Time will not permit me to reply extensively to the various arguments used in an effort to defeat this motion because, as I indicated earlier, I desire a vote to be taken before 6 p.m. I do, however, wish briefly to refer to one or two arguments. We have been told that human dignity should prevent people from accepting free hospitalization. I wonder if these people have heard anything about Christian charity, because, after all, it has been one of the tenets of Christian charity through the ages, from the time of the Good Samaritan, that those who were sick or injured should be cared for. That principle stands today, and it is what the Labor Party stands for. We want free hospitalization, but we realize we cannot get it because members opposite who talk so glibly about national insurance opposed the very principle of national insurance when the Chifley Government introduced it, and they would oppose it again. What they say today is being said with their tongues in their cheeks, if ever utterances were made with tongue in cheek. We believe that a step towards free hospitalization would be to see that those who are pensioners, sick, or workers with limited means should at least be treated in Government hospitals free of charge. Surely that could be achieved by disallowing this regulation and introducing a new one providing a minimum income below which the recipient would be entitled to free hospital treatment.

Mr. Clark—And it would not be charity, either.

Mr. O'HALLORAN—No. The Premier challenged my statement that many subsidized hospitals had increased their charges since this regulation was first published. I should like him to supply a list to the House showing what the fees charged by some of those hospitals were on December 31 last and what they are today. That would be the reply to my statement but, until I have it, I stand by my statement.

The Premier referred to people who have to rely on subsidized hospitals for treatment and who have to pay for it. When there were free beds in the Government hospitals in South Australia, the boards in charge of most subsidized hospitals followed suit and provided free accommodation in the wards. I suggest that the Government might look at this aspect of the case to see that, if there is to be a remission of charges in accordance with the long and complicated formula mentioned by the Premier this afternoon, the subsidized hospitals, approximately 50 of them, might be induced to take the same views of their patients who unfortunately are people on low incomes.

Mr. King—Often they do.

Mr. O'HALLORAN—I admit that, but they ought to do it. After all, we are providing them with substantial grants to assist them in providing for this type of patient. Even if it meant increasing the grant slightly so that there could be a general and complete cover for this type of patient, I should be prepared to support it enthusiastically. I trust the motion will be carried.

The House divided on the motion:—

Ayes (16).—Messrs. Bywaters, Clark, Corcoran, Dunstan, Hughes, Jennings, Lawn, Loveday, McKee, O'Halloran (teller), Ralston, Riches, Ryan, Tapping, Frank Walsh and Fred Walsh.

Noes (19).—Messrs. Bockelberg, Brookman, Coumbe, Dunnage, Hall, Harding, and Heaslip, Sir Cecil Hineks, Messrs. Jenkins, King, Laucke, Millhouse, Nankivell and Pearson, Sir Thomas Playford (teller), Messrs. Quirke and Shannon, Mrs. Steele and Mr. Stott.

Pairs.—Ayes—Mr. Hutchens. Noes—Mr. Pattinson.

Majority of 3 for the Noes.

Motion thus negatived.

ADJOURNMENT.

At 5.59 p.m. the House adjourned until Tuesday, April 12, at 2 p.m.