Ladies & Gentlemen:

I have been asked to open the Annual 3 HA Hospital Appeal. This Appeal is opening today, 25th September. It will remain open until December 4th when there will be a continuous day-long Appeal.

This Annual Appeal serves to raise funds for the following hospitals - the Base Hospital at Hamilton and the hospitals of Macarthur, Coleraine, Casterton, Penshurst, Merino, Skipton, Portland and Warrang.<br>

This year, each hospital is going to put in a candidate for the "Miss Glenelg" Radio Appeal, and functions will be organised in your local areas centred around your individual candidates. It is hoped that as many people as possible will, throughout the coming weeks and months, support this Appeal, as this public participation and help plays a most important part in the smooth running of our hospitals.

Incidentally, the winner of the "Miss Glenelg" Radio Appeal will be given a free trip to Hayman Island for herself and for a chaperone. This trip has been donated by Mr. Reg. Ansett who has never forgotten that his great business enterprises began in Hamilton.

I thought you may be interested to hear a little of how the business of National Health is managed at the present time. Health is no longer a simple thing and the framework of organisations and of hospitals that has been established in recent years is greatly complicated and involves, quite naturally, the people in the local communities and their hospitals. It also involves the States and the Commonwealth. It can truly be said that the business of health is a partnership between the people, the State and Commonwealth Governments. Each has an important and vital role to play.

Hospitals are, of course, much more directly concerned with State Governments and instrumentalities than they are with the Commonwealth. The hospitals are supervised by the Hospital
and Charities Commission which makes most of the funds available to the hospitals. Each year, the different hospitals submit a budget to the Hospitals and Charities Commission, and after the Commission has had a look at the budget, the Commission makes whatever grant it can to help the hospitals. This generally covers about 62% of the hospital's maintenance charges. In addition, the hospitals get hospital benefits from the Commonwealth which makes up a further 7%. The Government money, then, that goes to the hospital is near enough to 70%. The rest of the money that the hospital finds comes from public appeals, charitable contributions and hospital fees. Of this, the hospital fees are by far the largest part, but the charitable contributions made by individuals, in answer to Appeals of this kind and to others, are most important for the smooth and efficient running of our hospitals.

Since the war, the Commonwealth Government has come into the National Health business on a large scale. This is because it is recognised that the Government has an obligation as regards certain aspects of National Health which cannot be put aside, and in many fields, the obligation can only be properly met by the Central Authority and that is the Commonwealth Government.

For example, in 1959-60, the Commonwealth Government made available £300,000 to the States to supplement public and private hospital revenues. Of this, Victoria received £240,000. In 1949, the Commonwealth made £150,000 available under the Tuberculosis arrangement that had been made with the States. In recent years this figure has been between £5M. and £6M. The peak year was in 1956-57. Since then, the total made available to combat Tuberculosis has declined to a certain extent. This was a sign that the campaign initiated by the Commonwealth had been markedly successful. Victoria was one of the States to get off the mark quickest in regard to the Tuberculosis arrangements. Under these arrangements, the Tuberculosis Wards would be paid for
entirely by the Commonwealth, and further, the maintenance of the beds in that ward would be paid for entirely by the Commonwealth.

Probably everyone has, at some time or another, come across the mobile X-ray units which have visited many centres to test people for Tuberculosis. The campaign, so far as Victoria is concerned, has been so well run and so efficiently managed that Victoria does not now need the full number of Tuberculosis beds that were originally established. 50 beds have been transferred from the Tuberculosis to general hospital wards. This shows that the campaign initiated by the Commonwealth has been most successful, especially so in this State which was one of the first to recognise the need to act in this sphere.

Incidentally, it is worth noting that beds that are transferred in this way from Tuberculosis to general wards represent a clear gain to the States because such wards have been established and paid for entirely by the Commonwealth and when they are no longer needed for their original purpose they are transferred. They become an addition to the State's general wards at no cost at all to the States concerned. So this is a secondary but important benefit from the efficiency of the Tuberculosis campaign in Victoria.

The Commonwealth also assists hospitals in other ways. There is, first of all, the 8/- which is paid direct to the hospitals for patients who are in a hospital ward. This is what is known as the ordinary Commonwealth benefit. Even though this amount is only 8/- a day, it totalled nearly £10M. during the 12 months ended 30th June, 1960. However, in addition to this ordinary benefit, the Commonwealth subsidises the voluntary insurance scheme in which a great number of people now participate. As a result of this arrangement, last year the Commonwealth paid to insured persons another sum of just under £1OM. This made the Commonwealth contribution to maintenance of hospital beds nearly £2OM. in the last financial year. In addition to this, the Hospital Benefit Funds paid out about £12M. All this created a pool of about £30M. which was available to all the States to
As an example the a man who's family can be insured for a main rate of 5/- a week. This main rate attracts a benefit of 7 2/3 a day for any member of that family who may have to go to hospital. Secondly people can also receive medical benefits of up to 4/- a week for a man or 1/- a week for a woman. This main rate also attracts a full family rate, a benefit ranging from 16/- for a single benefit, 20/- to 60/- for a family of another.
supplement public and private hospital revenues.

The importance of the Commonwealth subsidy to insured persons is this. Without the Commonwealth subsidy, the rate of insurance would have to be pretty high before there would be worth while returns to the insured person. However, with the Commonwealth contribution, a reasonably moderate payment can attract quite substantial benefits from the different funds. People who have been insured and whose families have suffered sickness have, I am sure, recognised the real advantage of this system and it may not be out of place at the present time to suggest to any person who is not insured that they should make inquiries from their local doctor or chemist to see if they should not enter this voluntary scheme.

There is another instance in which Victoria and the Commonwealth have co-operated to special advantage. Some time ago the Commonwealth undertook to find £1 for every £2 that the States spent on the construction of mental hospitals. There was a quota for each State and a limit beyond which the Commonwealth subsidy would not be paid. Victoria is the only State in the Commonwealth to take full advantage of this Commonwealth offer. New South Wales, for instance, has spent a much smaller sum on mental hospitals and has only attracted 39% instead of 100% of the Commonwealth grant made for this purpose.

However, that is enough National Health from an Australia-wide point of view. This present Appeal is a personal affair and it affects intimately each person living in this Glenelg region. One of the main advantages of maintaining a place in the finances of hospitals by private contributions and donations is that it gives the average citizen the feeling - "This is my hospital" or "This is the hospital that belongs to my district." Such a feeling makes people much more concerned as to how the hospital is run, to see that it is efficiently managed, and to see that the service that is given patients in that hospital is the best possible service that can be given sick people.
This feeling of hospitals belonging to the people in whose areas they are found is, of course, greatly reinforced by the fact that hospitals are largely run by voluntary committees of public-minded citizens who donate their time to the service of their own particular community.

I think I should repeat this present hospital Appeal which will be running continuously until December 4th, concerns the Hamilton Base Hospital, and the Macarthur, Coleraine, Casterton, Penahurst, Merino, Skipton, Portland and Willaura district hospitals. Each hospital has put in a candidate for the "Miss Glenelg" Radio Appeal, around whom various functions will be organised in the coming weeks. The more people of the different regions who support these functions, the better their hospitals will be served.

People wishing to make donations to this Appeal which is organised each year by this Station should contact their local hospital.

I am proud to have been asked to launch this Appeal for this year. I am sure, as in the past, the Appeal will be most successful. It is worth noting that, in these things, the Australian public is generally most patriotic and individuals in the past have not hesitated to make donations for worthy causes. I believe that people in the Glenelg region will not be lagging behind. Indeed, the standard of hospitalisation and services to the people in this area is direct evidence that public appeals in this part of the country have been very well met in the past. However, if we want our hospital standards to continually improve, this Annual Appeal must continue to be well supported.

I have great pleasure in declaring this 1960 Appeal officially open and leave the matter in the capable hands of each individual.
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