

STATEMENT:

Over time I have seen a number of enquiries take place and feel that after attending yesterday's hearing there are two issues in these current deliberations that prompt me to comment.

1. Land Management
2. Health

1. Land Management**Background:**

The house, which my husband and I built in 1967/68, is situated in Fletcher Christian Road, and is a 2-acre Crown lease block. It was bare of vegetation and we have planted over 300 native trees, which have created their own mini environment. I have previously indicated my opposition to the freeholding process, but if it goes through will take up the offer made.

Issues:

When the large Crown lease blocks are transferred they will be able to be considerably reduced in size by subdivision. Mr Neville's questions to Mr Ivens (Toon) Buffett clearly illustrated the difficulties in enforcing care for environmentally sensitive areas and the committee may care to look at putting into place covenants prior to transfer.

If the Commonwealth Government hands over to land holders this windfall there will be long term consequences. Contrary to Mr Buffett response to a question yesterday that there was no difference in value between freehold and leasehold "in the view of eligible persons". At the moment Crown lease can only be purchased by **RESIDENTS OF NORFOLK ISLAND** and only one lease is supposed to be held by an individual/family. Once the land is freeholded it can be sold to any person or corporation, including companies registered off shore for tax purposes.

E.g. freehold portion 57a4 – Bounty Heights Incorporated –not registered in Norfolk Island.

Sheila Grimshaw - JSC



2. Health

Background

Both my children and my two grandchildren were born in the Norfolk Island hospital and over the years we have received all the usual treatments as well as a number of surgical procedures.

My husband died from¹ cancer in 1996 and a year later I was diagnosed with breast cancer. As a result I have spent a lot of time receiving and observing treatment provided by major hospitals and specialists both in Brisbane and Melbourne.

My interest was also triggered by contacts with Norfolk Island residents who were at a considerable disadvantage when it came to obtaining and paying for advanced treatment since we are not eligible for medicare benefits.

Issues:

Medivac situation – Mr David McCowan gave figures of costs but during last year we had 3 medivacs in a 6 week – this was a considerable strain the on Hospital Budget and when it occurs with tourists places the NI Gov. in a very invidious position. If we were to refuse to evacuate a patient and there was a death the ramifications could be horrendous. One solution would be for medicare to be extended to the app 30,000 Australian a year so that their medical needs could be covered, but the ideal would be for all Australians, residents and tourists alike.

We had an episode in January when certain flights were delayed for over 3 days. Resulting in many visitors having to obtain additional medications – their doctors visit cost \$50 + and the medications were at the rate locals pay- in some cases this was very expensive, and would do little to encourage return visits.

New Hospital- the committee's questions of Mr McCowan revealed their awareness of the needs for a new hospital. If part of the brief is that all Australian citizens should receive standard of health services no matter where they reside then the Commonwealth should give considerable thought to the funding of this project.