parents and kids from access to quality child care!"

Poor fool! Every sane person knows that there is no logic to the system at all. Trying to find a pattern in the shifting sands of childcare funding procedures is like trying to find a runaway toddler in the baby animal pavilion at the Royal Easter Show. It can’t be done!

Actually, I have seen quite a few childcare activists over the years and I have found the most severe levels of psycho-sexual distress in patients who still hold out hope for the Australian Labor Party. In the most extreme manifestation of this condition the patient may even still cling to the fancy that the Labor Party represents the true interests of Australian women.

It is distressing to watch the effects once the patient realises that, regardless of Labor policy, the key decisions affecting the future of childcare services in Australia are made by men who live in bachelor flats in Canberra. Intermittently, these men pop in on family life back in their electorates where their wives are living and looking after the children. The very few women involved in making major policy decisions usually haven’t had time to have any children themselves. Or if they have had kids, they discovered long ago the advantages of highly trained private nannies. These nannies are expensive, but on Canberra wages the senior bureaucrats can afford them.

But none of this is much help to those legions of poorly paid childcare workers out there in the community where people are breeding like rabbits. Let me offer a simple solution to the chronic problem of poor funding for childcare services. Quite frankly, no one who matters really gives a damn about all your rundown centres crammed with women and children. And so this is what you must do to win your political battles.

Immediately sack all nurses and teachers and childcare trained staff working in the industry. Get rid of the lot of them! From now on only employ male doctors in all the centres, preferably medical specialists. There are plenty of orthopaedic surgeons around who have never returned to the public hospitals. Also, immediately sack all the progressive do-gooders in community advocacy organisations like Community Child Care and, instead, employ Dr Bruce Shepherd to run all your campaigns.

Remember to instruct all your new medical staff to wear white coats at all times. This will give them a lot of authority when talking to the media. In fact, all the children, including the babies, should wear white coats and stethoscopes as well. Trust me, this strategy will work.

Now the real hotheads in the childcare industry might prefer a little direct action. Such political anarchy is not, of course, to my taste, but for the sake of this discussion I will share with you the following plan. It was outlined to me by a childcare patient just before we gave her ECT.

Her proposal was that all the childcare staff, all the parents and all the children from all over Australia, should get into buses and drive to the new Parliament House in Canberra. Then they should all live there for a week. This patient claimed that a lot of Family Day Care staff want to see how the politicians like it when a whole bunch of other people’s kids live in their houses for a week!

Just before we applied the electric current to her temples, my direct action patient cried out that the parents should hang nappies in all the politicians’ offices, they should put Leggo all over the floor of the House of Representatives, and they should wash the really awful pooey nappies in the Prime Minister’s private swimming pool. “That should get some media attention for childcare issues!” she shouted just before her grand mal fit.

Patients, if you identify with any of her symptoms, I look forward to meeting you at one of my clinics.

Send your problems to Dr Hartman’s secretary, Julie McCrossin, care of ALR.