



Screening for Ministerial appointments? Systems failure in Peter Dunne's appointment as a New Zealand Revenue and Associate Health Minister

MP Peter Dunne has recently been appointed as a Minister outside cabinet for two positions, Associate Minister of Health and Minister of Revenue. These appointments may be relevant to a wide range of health issues in New Zealand, the Pacific region, and elsewhere. This letter focuses on his record on tobacco issues, and considers some of the implications of his appointments.

For nearly 20 years, Mr Dunne has taken a public position opposed to tobacco control. In 1987, while an Undersecretary of Health in the Labour Government, he was reported as describing those who wanted a ban on tobacco advertising as '*elitist zealots*'.¹ Since he left the Labour Party in 1994, he has consistently voted against tobacco control initiatives.

Mr Dunne has described the efforts in New Zealand to prevent the sale of tobacco to underage children as '*fascist*',² and tobacco control spending as a '*scandalous waste of money in pursuit of some health zealots' beady eyed political correctness*'.³ Mr Dunne also described the 2003 New Zealand legislation for smokefree bars as '*extremism*'.⁴

Speaking in Parliament to oppose the legislation,⁵ the evidence indicates that he used (without attribution) statements previously published on a website by Barry McKay of the Canadian tobacco industry front group *PUBCO: The Pub and Bar Coalition of Canada*.⁶ He incorrectly attributed these statements (about ventilation being a solution to secondhand smoke dangers) to a *British Medical Journal* article.

A December 1994 note from Paul Adams of British American Tobacco, to Peter Dunne, stated that it accompanied 100 pounds:

*'to help pay for your 'Awayday'. I do hope you will enjoy yourselves. I would be grateful if you could get receipts for your expenses and pass them to the driver, even large companies have to account for their money! Enjoy your visit to England.'*⁷

In 2003, the month before this tobacco industry document was revealed, he was reported as saying:

*'I am constantly labelled by the health sector as a tool of the tobacco industry or a stooge ... I cannot remember when I last met with someone from the industry.'*⁸

In 2000, when the possibility of tobacco companies being sued by government was raised, Mr Dunne stated that Labour Prime Minister Helen Clark had a '*fanatical anti-smoking obsession*' and described ASH NZ as an extremist pressure group.⁹ In 2001, Prime Minister Helen Clark said that '*he had consistently picked up issues in support of the tobacco and pharmaceutical industries*'.¹⁰

That a politician with this track record can be appointed to a Ministerial role in the health portfolio is a side effect of the MMP political system New Zealand now has (given he is a leader of a minor party in a type of government coalition). Nevertheless, it also indicates a design fault in the way the New Zealand political process selects new ministers.

That is, there is no systematic publicly transparent review process for ministerial appointments, or a public appraisal of a ministerial candidate's past support for commercial vested interests in the portfolio area they are considered for. Until such a transparent and effective system is established, it may be appropriate for the public (and the rest of Parliament) to at least tightly monitor the performance of such Ministers. In particular, non-governmental organisations need to take a monitoring and advocacy role to minimise any damage by such Ministers to important regulatory and legislative controls that protect public health and society.

Or perhaps Mr Dunne should come with a warning label?

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Competing interests: Both authors have worked for health sector agencies concerned with tobacco control.

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