



The Australian Indigenous Doctors' Association

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Ms Jackie Morris
Committee Secretary
Senate Legal and Constitutional Committee
Department of the Senate
PO Box 6100
Parliament House
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Dear Ms Morris

Submission to the Senate Inquiry in relation to the Families, Community Services and Indigenous Affairs and Other Legislation Amendment (Northern Territory National Emergency Response and Other Measures) Bill 2007; the Northern Territory National Emergency Response Bill 2007; and the Social Security and Other Legislation Amendment (Welfare Payment Reform) Bill 2007

The Australian Indigenous Doctors' Association (AIDA) is a not-for-profit, non-government organisation dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce. Currently there are approximately 120 Indigenous medical graduates and a similar number of Indigenous medical students in Australia.

AIDA is represented on over 30 government and non-government health, education and workforce groups, including the National Aboriginal and Torres Strait Islander Health Council, the Aboriginal and Torres Strait Islander Health Workforce Working Group and the Australian Medical Association (AMA) Taskforce on Indigenous Health.

As Indigenous medical practitioners, we offer a combination of both clinical and cultural competence and expertise, and therefore have a unique and central role in advocating for, and improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples. We are keen to ensure that the needs of Indigenous communities and their respective health services are articulated, protected, advocated for and respected.

AIDA wishes to make the following points in relation to the above legislation, currently under consideration.

AIDA defends and upholds the protection of all children

- AIDA is committed to working with the Australian and Northern Territory governments and other agencies to secure the best approach in dealing with the current challenges facing Aboriginal communities in the Northern Territory. We welcome any just initiative that promotes the safety, wellbeing, health and equality of opportunity for our children.

Valuing existing Indigenous health expertise

- AIDA believes that any approach to addressing these issues must be measured, far-reaching and sustainable. This can only be achieved through proper consultation and collaboration between government and Indigenous health expertise; and commitment by the Australian Government to invest in long-term, comprehensive, holistic health infrastructure including environmental health infrastructure and education. We affirm and support the positive and leading role that the Aboriginal community controlled health organisations, including the Aboriginal Medical Services Alliance Northern Territory (AMSANT) as the peak organisation, could play in this Indigenous health measure. We are committed to working with our Indigenous colleagues in the community controlled health sector, as well as our non-Indigenous peers to achieve real improvements for our kids' health.

Indigenous health in Australia

- The state of Indigenous health in Australia remains a national tragedy. The appalling situation in relation to Indigenous health across Australia includes:
 - An infant mortality rate for Indigenous children that is still three times that of the non-Indigenous population.
 - Indigenous adults still dying on average, 17 years younger than their non-Indigenous peers.
 - Indigenous people being three times more likely to have a major coronary event than other Australians, and being 1.5 times more likely to die after a major coronary event than other Australians.
 - Indigenous people being twice as likely to be hospitalised for 'mental and behavioural disorders' and Indigenous people being up to three times as likely to die from suicide than non-Indigenous Australians.

AIDA believes that this situation also constitutes a state of emergency requiring urgent attention and resourcing. We support the AMA call for the Australian Government to commit \$460 million a year to Aboriginal and Torres Strait Islander primary health care.

- The AMA, in its 2007 Report Card on Indigenous Health *"Institutionalised Inequity not just a Matter of Money"*, points to some of the causes and barriers that relate to Indigenous Health. It identified some financial and non-financial barriers, and moreover, identified that 'institutional racism' is a consideration for the improvement of Indigenous Health. While such terms may be confronting, AIDA believes that all governments must acknowledge, understand and address the institutionalised racism that can occur at the individual, the patient-provider and the broader organisational level.
 - A recent AIHW report shows that Indigenous people are considerably more likely to suffer a heart attack, to die from a heart attack without being admitted to hospital, and to die from a heart attack if admitted to hospital.¹ (AIHW 2006)

¹ AIHW: Mathur S, Moon L & Leigh S 2006. Aboriginal and Torres Strait Islander people with coronary heart disease: further perspectives on health status and treatment. Cardiovascular disease series no. 26. Cat. no. CV13 34. Canberra: Australian Institute of Health and Welfare.

- In hospital Indigenous people were less likely to receive key medical investigations or common procedures such as coronary bypass surgery or angioplasty. When in hospital, Indigenous people had a 40% lower rate of coronary angioplasty or stent procedures. They also had a 20% lower rate of coronary bypass surgery (AIHW 2006)

Health Workforce

- The Indigenous health workforce requires substantial resourcing and development. A competent health workforce is vital for ensuring the health system has the capacity to address the needs of Aboriginal and Torres Strait Islander peoples. The workforce must be responsive to the needs of Aboriginal and Torres Strait Islander people and it should provide culturally safe and accessible services.
- In 2001, although Indigenous people made up 2.4 per cent of the population, Indigenous people employed in health-related occupations represented only 0.9 per cent of the total health workforce. While Indigenous people comprised 93 per cent of all Aboriginal and Torres Strait Islander health workers, they only comprised 0.8 per cent of all nurses, 0.6 per cent of dental workers, 0.5 per cent of allied health professionals, 0.3 per cent of medical workers and 0.1 per cent of pharmacists.²

Learning from existing good practice in Indigenous health

- It is important to note that there are many programs in Indigenous health, which work to combine both clinical and cultural success. Some of these projects include Indigenous Community Nutrition projects, Mums & Babies projects, family wellbeing projects, and addressing petrol sniffing. For more detail on a number of successful Indigenous health projects that operate across Australia Please refer to the ANTaR publication "Success Stories in Indigenous Health"
http://www.antar.org.au/images/stories/PDFs/SuccessStories/success_stories_final.pdf
- AIDA believes any intervention must utilise existing expertise and evidence in Indigenous Health, and to take account of successful models that can contribute to lasting solutions in the Northern Territory.
- The Committee should note that although there is a strong evidence base for dealing with trauma in the non-Indigenous community, there is a lack of programs that are culturally valid for Indigenous children in particular. Therapy can potentially be harmful, can precipitate illness and suicide in the child and family system and should not be entered into in an ill-informed way. Unless there is a high level of Indigenous professional participation, children are unlikely to engage, may be left untreated and end up in a worse state.
- In addition to the initiatives under the proposed legislation, the Australian Government should consider the establishment of a national network of healing centres. The purpose of the healing centres would be to acknowledge and address that fact that Aboriginal and Torres Strait Islander people, continue to suffer high levels of grief, loss, trauma

• ² AIHW, *Aboriginal and Torres Strait Islander Health Performance Framework*, 2006.

(including inter-generational trauma), abuse, substance misuse, child development problems, family breakdown, cultural dislocation and social disadvantage.

Land and culture is important for Indigenous health

- AIDA urges the Australian Government to acknowledge and understand that there is a fundamental connection between land and health for Indigenous people. Unresolved issues of land (as well as control of resources and cultural security) have been recognised as contributing to illness and reducing health inequities in Indigenous peoples in international research.
 - The landmark study by Chandler and Lalonde³ in Canada showed that those First Nations communities that had some form of self-government and settled land claims had much lower rates of youth suicide as a result. Those that didn't, have excessively high suicide rates.
- Recent Australian research identified extreme isolation as a possible factor protecting against high risk of clinically significant emotional or behavioural difficulties. In areas of extreme isolation, children were 83% less likely than their peers in Perth metro to be at high risk. While there are a number of factors influencing this finding, it is nevertheless evident that in areas of extreme isolation, adherence to Aboriginal culture (which includes relationship to land) and traditional ways may be a protective factor in social and emotional wellbeing.⁴

Risks posed by the proposed legislation

- AIDA believes that the legislation currently under consideration poses significant risk to the health of Indigenous people through the devastation of the re-traumatisation of dispossession and extreme powerlessness. This will have negative consequences on:
 - Mental Health including possibly higher rates of depression, stress and anxiety;
 - Social and emotional wellbeing through increasing anxiety and uncertainty
 - and hence this may precipitate family and community despair and dysfunction, poor or maladaptive coping and contribute to substance use and possible violence as well as loss of trust;
 - Physical health as there is a strong relationship with chronic stress and poor health outcomes including diabetes and cardiovascular disease.
- If the measures are not implemented appropriately, particularly the handling of childhood sexual abuse, other consequences could occur including:
 - Increased suicide rates and deaths in custody;
 - Mental health problems in children;
 - Failure of follow up for identified health problems.

³ Chandler M and Lalonde L (1998) Cultural Continuity as a Hedge Against Suicide in Canada's First Nations, Transcultural Psychiatry

⁴ The Western Australian Child Health Survey, Volume 1, Social and Emotional Wellbeing

- AIDA urges the Australian Government to be mindful of the legacy of the Stolen Generations and in particular the impact that forced removals had on identity and cultural loss that contributed to poor outcomes for those removed. Forcible loss of control over land, culture and decision making has proven to be highly traumatic. The Australian Government should take heed of the past legacy of forced removal of Aboriginal people from their land and culture. We must learn from this very important lesson, and take every precaution not to risk such widespread grief, loss and trauma occurring again.
- As a nation, we should think carefully about cultural identity and the inheritance for children. If communities lose control over their land, their children lose the rightful inheritance for their future which will reinforce the feelings of dispossession.
- Racially-based legislation that leads to the negative stereotyping of all Indigenous peoples, (despite the recognition of child abuse, drug and alcohol abuse and violence as issues faced by the non-Indigenous population) will contribute to racism and discrimination against Indigenous peoples in society. This can have significant ramifications for many years to come and impact on the identity and self-esteem of children.
- AIDA is concerned that the proposed legislation does not take into consideration the recommendations from the The *Little Children are Sacred* report. That report made 97 recommendations for action which are practical and achievable and importantly, emphasise empowerment, education, improved policing and increased collaboration between essential services for child safety and protection, health and education.
- There is little evidence that the legislation, and the emergency intervention overall, will address child protection and sexual abuse issues.
- AIDA draws the Committee's attention to the body of national and international evidence on child protection and links to improvement of health and social outcomes.^{5 6 7}

Accountability and Evaluation

- There is a need for this intervention to be monitored and evaluated for the duration of the intervention. It is vitally important that any learnings, both positive and negative, be noted.

⁵ Langren, K, *The Protective Environment: Development Support for Child Protection*. Human Rights Quarterly 27 (2005) 214-248. The Johns Hopkins University Press , 2005

⁶ UNICEF *A Guide to General Comment 7: Implementing Child Rights in Early Childhood*, Bernard Van Leer Foundation, The Hague, 2006

⁷ Telethon Institute for Child Health Research, *Strengthening the Capacity of Aboriginal Children, Families and Communities*, November 2006

- AIDA notes that there should be accountability for the measures and some of the impacts may not be realised until further down the track. Currently, we understand that the Australian Government does not have baseline measures in place to compare the impact of the intervention measures in the future.
- There is an urgent need for a baseline screen or at the very least, a retrospective approach will have to be developed.

RECOMMENDATIONS

AIDA recommends that:

- The Australian Government commits to the development of the Indigenous health workforce by:
 - Increasing the number of Aboriginal and Torres Strait Islander people working across all health professions;
 - Improving the effectiveness of training, recruitment and retention of non-Indigenous and Indigenous health staff working in Indigenous health.
- The Australian Government commits \$460 million a year to Aboriginal and Torres Strait Islander primary health care.
- The Australian Government establishes a network of healing centres.
- The Australian Government creates strong partnerships with Indigenous organisations and communities to increase Indigenous participation in decision making and showcase strong Indigenous leadership in dealing with these most serious issues in communities.
- The Australian Government considers what safeguards are put in place to ensure Australia retains its unique cultural identity, knowledges and practices of its Indigenous peoples.
- The Australian Government establishes proper monitoring, evaluation and accountability measures in relation to the NT Intervention.

Dr Mark Wenitong
President

10 August 2007