Keynote Address to

Indigenous Health Justice Conference
and
National Indigenous Legal Conference

by
Barb Shaw

Chairperson
Aboriginal Medical Services Alliance (AMSANT)

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Good morning everyone.

I'd like to begin by acknowledging the Traditional Owners of the land on which we're meeting, the Larrakia people, and particularly their elders, past, present and emerging, and to thank James Parfitt for his warm welcome to country.

My name is Barb Shaw.

I am the Chairperson of the Aboriginal Medical Services Alliance of the NT—or AMSANT—and also the Chief Executive Officer of Anyinginyi Health Service.

I would like especially thank David Woodroffe for his insightful words of introduction, and particularly his highlighting of the importance of the words hope, optimism and resilience. These are qualities that have always been strong in our communities.

I am very grateful to the Winkiku [Win-kee-koo] Rrumbangi NT Indigenous Lawyers Association for their invitation to AMSANT to partner with them in holding the inaugural Indigenous Health Justice Conference, being held in parallel with this year's National Indigenous Legal Conference.

The conference represents the coming together of two strands of community endeavour—health and justice—that I think naturally belong together, and about which I have had a close association with, and passion for, since I was young.

From my sector's perspective—the primary health care sector—you simply cannot talk about health without invoking the principles of justice.

It's in our DNA as health professionals.

Even more so when we are talking about Aboriginal community controlled primary health care services.

For our services are—first and foremost—acts of self-determination. There is no stronger expression of our community's desire and hunger for justice than the pursuit of our rights as First Nations peoples to be self-determining.

To have our people making the decisions about what we need and how we should do things.

And to have our people governing and being employed in the organisations that deliver programs and services to our communities.

When we take a long, hard look at the many, many injustices our people face today, we can trace the path of injustice back to the persistent and variously callous, arrogant, or ignorant denials of our rights to self-determination that is our lived experience as First Nations peoples in this country.

And yet we have never accepted, and we will never accept, this imposed status quo.

Aboriginal community controlled health services embody this determination and resolve.

In the NT, we have been around more than 45 years, since Congress was first established in Alice Springs in 1974.

It was a time when one out of every four of our babies died before their first birthday! Just think about that.

It was a time when the life expectancy for Aboriginal males was just 52 years and for Aboriginal females, 54 years.

The community rallied—literally. It was a turning point and a movement was born.

Other communities followed and new community controlled services emerged—Urapuntja in 1977, Wurli Wurlinjang in the early 1980s, Pintupi and Anyinginyi in 1984, with more joining over the years.

As a sector, we didn't sit back and wait for the government to do to us—we actively drove the agenda, took a leadership role, and did the hard work to advocate and lobby—and importantly—to provide the evidence and substance to what we were asking for.

Last week AMSANT held our 25th Anniversary celebrations in Alice Springs. One of our strong and amazing leaders, Pat Anderson, reminded us of our sector's leadership in the early years, including in the international arena.

When primary health care leaders from around the world met in Russia in 1978, to set out a vision for primary health care, resulting in the historic Alma Ata

Declaration—we were there—making our contribution to the Declaration's drafting.

And in 1996, when the United Nations Working Group on Indigenous Populations was drafting the UN Declaration on the Rights of Indigenous Peoples—UNDRIP—we were there, advocating for community control.

Back in Australia, we led the campaign to remove health from ATSIC's responsibilities—where it was chronically underfunded—and transfer it to the Commonwealth Department of Health, where Commonwealth bureaucrats were made accountable for our people's health.

Importantly, this meant we were finally able to begin to access the mainstream resources and services due to us, that we were not receiving.

This brought significantly increased funding to our sector and transformed the Aboriginal health landscape.

Today, our services provide over 60% of all primary health care to our people in the Northern Territory.

And we do it better. In 2010, a major study concluded that when ACCHSs deliver health programs there is fifty percent more health gain or benefit than if those programs were delivered by mainstream primary care services.

The important point here is that this didn't come from government. It came from us.

This history also illustrates two fundamental principles that our two disciplines, justice and health, also hold in common—Truth and Evidence.

For our sector, our truth existed in the history of disadvantage, neglect, exclusion and institutional racism that our communities were facing.

But in order to get action from government we needed to provide the evidence to support our case.

The battles we were fighting were, in fact, situated within a much longer history of struggle to establish and protect human rights.

Advances in public health achieved during the 19th century laid the foundations for a set of rights as citizens and communities that we now regard as standard entitlements and the responsibility of good government—if not to provide—then at least to regulate.

These advances depended on evidence.

For example, discovery of the causes of infectious diseases, such as cholera, provided crucial evidence for the need for public infrastructure for clean water supply and sewage disposal.

Evidence of the impacts on health caused by poor and overcrowded housing contributed to establishing a role for government in the provision of public housing and building standards—the concept of shelter as a basic human right.

Such advances in our knowledge of health determinants underpin the rights and laws that have developed around these issues, which we largely take for granted.

In stating this, it is also apparent to all of us here that these rights have not become automatic and universally available, and that those who most often lack them, come from the poorest and most marginalised sections of our society.

Here in the Northern Territory, particularly in remote communities, the lack of adequate housing, water and sewerage are major issues of concern.

For our people, connection to country and the ability to live on our ancestral lands are fundamental to our identity, to our cultural and spiritual wellbeing, and to our right to maintain our relationships and communities.

However, we cannot achieve this without basic infrastructure and services that are routinely provided in cities and towns, but which in many of our communities, are either inadequately provided or don't exist.

Poor quality and inadequate sources of potable water have become issues of public health concern which in some cases are threatening community viability.

The significant shortfall in housing and high levels of overcrowding and homelessness experienced in Aboriginal communities are unacceptable in themselves, but all the more so, because the evidence tells us that inadequate housing and homelessness are determinants of poor health and wellbeing.

This includes transmitted diseases such as rheumatic heart disease, communicable diseases, effects on stress and wellbeing, family violence and even school attendance.

Whichever way you look at it, Indigenous housing is an area of significant government failure.

In a large part this is because government made a series of ill-considered decisions to cut us out of any significant or meaningful governance and decision-making role in housing.

Our Indigenous Community Housing Organisations were abolished.

The Commonwealth's Strategic Indigenous Housing and Infrastructure Program or SIHIP, and National Partnership on Remote Indigenous Housing or NPARIH, burned through some $1.7 billion over 10 years without much troubling to get our input.

And the NT Intervention saw the Commonwealth take over responsibility for remote community leases and housing, with housing transferred to the NT Government.

The latter has been its own disaster, with evidence of incompetent management of residential tenancy leases and rents and an inadequate system for responding to repairs and maintenance, leading to significant hardship for residents.

Despite evidence of its own failures, it is perhaps unsurprising that the government is not happy that communities have recently exercised their rights

to adequate housing by launching a class action against the NT Government in relation to rents and repairs.

This is a good example of a health justice partnership—the community partnering with a group of lawyers who provided the expertise to document and launch an action at the direction of the community.

It is hard to look at this example as anything other than a spectacular own goal by government.

They should have listened to us, perhaps!

In saying this, it needs to be acknowledged that there are encouraging developments in government policy on housing at both the NT and Commonwealth levels.

The NT Government's Local Decision Making policy extends to Aboriginal housing and the new National Partnership Agreement on Indigenous housing struck between the NT and the Commonwealth, includes the four Northern Territory Land Councils in a significant role.

However, this falls well short of self-determination in Aboriginal housing.

Here, the leadership has once again come from the Aboriginal community. Four years' work—supported by the Aboriginal Peak Organisations NT, or APO NT—has resulted in the development of a new Northern Territory Aboriginal peak housing body, Aboriginal Housing NT, or AHNT.

This was our initiative and our hard work—not government's.

With in-principle agreement to support the new body, it is now a matter of negotiation about what formal role the new peak body will be afforded.

[PAUSE]

Occasionally an issue emerges that cuts like a knife through the national consciousness, requiring immediate and strong action.

Such was the situation when the 4-Corners program revealed the appalling abuse that was occurring inside the Don Dale youth detention centre. The revelations prompted the immediate establishment of the Royal Commission into the protection and detention of children in the Northern Territory.

This issue blew wide open the systemic failures that exist in the treatment of our young people, mostly Indigenous children, and provided a huge opportunity for reform.

Our sector's response, alongside our APO NT partners, provided leadership to ensure an evidence-based, therapeutic, public health response was considered by the Royal Commission.

We also advocated for a new Tripartite Forum with an oversight role in relation to reforms in child protection and youth justice. AMSANT is represented on the Forum as one of three APO NT representatives.

The NT Government's acceptance of the recommendations of the Royal Commission is commendable, however progress on the reforms is concerning and the lack of a commitment of funding from the Commonwealth is disappointing.

It is also disappointing to see the Northern Territory Government waver in the face of a recent campaign to water down the reforms.

We know only too well the politics that have long played out in the Northern Territory to scapegoat and demonise our people as problems to be managed, and punished.

We have seen the law and order and mandatory sentencing campaigns that have directly contributed to outcomes such as Don Dale. We have suffered under the NT Intervention.

The low road of political opportunism dressed up as community concern.

Anything but focus on the neglect and structural racism that are key underlying determinants of the situation.

We can and must do better as a community.

[PAUSE]

This brings me to two other moments of national consciousness pricking that bring us—I believe—to a watershed moment in this nation's history.

The first is Closing the Gap—a policy that was well-intentioned but also typically forged without our consent or input and delivered as a top-down initiative.

What could possibly go wrong?

Burdened with annual, very public demonstrations of its failure according to its own indices—only two of 10 targets achieving reasonable improvement—the Prime Minister sensibly called for a re-fresh of the policy.

Perhaps not so sensibly, the re-fresh consultations were centrally controlled and once again failed to engage us meaningfully.

However, this time, faced with concern expressed by a national Coalition of Peak Indigenous organisations, the Prime Minister asked for our solution.

The result is a formal Partnership Agreement on Closing the Gap with the Coalition of Peaks, and the establishment of a Joint Council on Closing the Gap with the Coalition of Peaks represented as a member—the first time that a non-governmental body has been represented within a COAG structure.

APO NT is a member of the Coalition of Peaks and the NACCHO CEO, our very own Pat Turner, is leading the Coalition.

Importantly, the central ask of the Coalition of Peaks, is not around the new indicators—although these are important tools to get right—but for a fundamental change in the way governments work with our people and the full involvement of our people in shared decision-making at all levels.

This includes the need for a commitment to building, strengthening and expanding the formal Aboriginal and Torres Strait Islander community controlled sector to deliver Closing the Gap services and programs.

[PAUSE]

The second watershed moment was the release of the Uluru Statement from the Heart.

That this considered and heart-felt gesture from our communities was summarily dismissed by the Prime Minister of the day—and that it continues to be undermined by baseless scaremongering—represents a moment of national shame.

But we have taken great heart from the many, many non-Indigenous organisations and individuals who have taken the Statement to their hearts.

This includes the AMA and the Australian Law Society.

And what did we ask for? We asked for:

- a process of treaty-making to lay a firm basis for the future relationship of First Nations and those who came to this country later;

- a process of truth telling about our shared past; and

- a constitutionally enshrined voice to Parliament to ensure ongoing structures for our input into policy making and the life of the nation.

If we were to try to pinpoint the essence of what justice for our people means and what it will take to address the health disadvantage we face, then we would probably find it contained within the pregnant potential of these two initiatives—Closing the Gap and the Uluru Statement.

We are not going anywhere.

And we will not give up on our dreams.

All we ask is to be afforded the responsibility to make our own decisions about our own lives.

To have the opportunity to participate in decision-making over the policies that affect us; and to have our organisations and our people serve our communities.

To be afforded respect as equals, side-by-side, safe and secure in our cultures and identity.

To have the courage and the decency to face the truth of this nation.

Over the next two days, these and many other issues will be discussed and I know it will be done with passion and with goodwill.

I commend this conference to you.

Thank you.