



NATIONAL RURAL
HEALTH
ALLIANCE INC.



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National Press Club Address: Fixing rural and remote health

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Good afternoon ladies and gentlemen, Elders and dignitaries.

Thank you for your very warm welcome and thank you all for being here and for watching at home.

I would like to start by paying my respects to the Traditional Custodians of this land, the Ngunnawal and Ngambri people, and to Elders past and present, and to future generations.

I am a proud Nurrunga Kurna woman, which means I am from the York Peninsula in South Australia, more specifically Point Pearce mission. I'd like to start with a personal story about how I decided to become a nurse.

When I was a young girl growing up in a country town in SA we lived next door to the director of nursing from our local hospital. In our home we always had more than our fair share of sick people, and Mr Walker, often came over to help us. He built the health literacy in our home.

He wasn't an Aboriginal man. He saw colour, he respected our difference and he didn't judge us. Our family often enjoyed a laugh with him and we built a relationship founded on mutual respect and trust. We can only ever travel at the speed of trust.

When I look back, I recognise that he embodied culturally safe and respectful practice, long before the term had even been invented. He supported us to make the best use of our family's human resources without bias.

When I was 7 years old, he told me I would make a good nurse, because I was smart, and kind. He didn't underestimate me. He encouraged me to see beyond the mountain, to see what I could be.

What he gave me was the capacity to make sure I didn't waste the resources that I had, to make the best use of them.

And that's the message, I would like governments to take on board today: stop the waste and barriers. Make use of a great asset - the Aboriginal and Torres Strait Islander nurses, midwives and all of our other health professionals.

I often like to begin my speeches by speaking about a great pioneering Aboriginal nurse. May Yarrowick.

May trained in obstetric nursing in Sydney in 1903, imagine that an Aboriginal nurse treating and caring for both Aboriginal and non-Aboriginal peoples in this era. And she may well be our first Aboriginal woman qualified in western nursing.

We now have over 3,000 Aboriginal and Torres Strait Islander Nurses and Midwives working across this great country.

When I think of May, I am reminded of the incredible service that our health professionals provide to people living in rural, remote and regional Australia. It's a service built on the knowledge of our people, who undertook the roles of health professionals for thousands of years before the first formal health school was ever set up.

The importance of our workforce on closing the gap in health must not be underestimated. Evidence shows that our people respond best when they are treated and supported by Aboriginal and Torres Strait Islander health professionals.

A strong and growing Aboriginal and Torres Strait Islander health workforce not only provides better quality of care and role modelling for our people. But it also provides life-changing jobs for our people in rural, remote and regional communities and improves health literacy for families and communities.

Unfortunately, continued waste and short-term vision of Government bureaucracy sadly contributes to the lack of progress in "Closing the Gap".

Each year, our sector invests an obscene amount of time and effort arguing for the renewal of funding contracts. This diverts front line staff from their jobs and I can tell you is a killer for job satisfaction. It also sends a terrible message to our workforce about their own job security and value.

So policies that help grow and support the Aboriginal and Torres Strait Islander health workforce; less bureaucracy; and, longer-term funding arrangements for our organisations - is the low hanging fruit of what can be done to close the gap.

But these aren't the only answers. While we are growing our own workforce we need to make sure that all health professionals operate in a culturally safe way with Aboriginal and Torres Strait Islander people

We need health professionals like Mr Walker – who see colour, see our culture, see our difference and respect it. Health Professionals that understand the impact of racism, poverty and dispossession on health outcomes. Health professionals capable of addressing their own bias and the bias that underlies the system in which they work

In New Zealand, legislation requires all health professionals to be trained **in** and demonstrate culturally safe and respectful practices. We are lagging behind to do the same in our country.

Let me give you another area where our health system fails to support our rural, remote and regional families - when support IS most necessary: when a new baby arrives.

The birth of a baby is a special time and the birthing period is also critical for forming life-long trajectories in health.

That's why, together with the Australian College of Midwives and CRANaplus, we have been calling on governments to support women to give birth on country – in the communities where they live - surrounded by their loved ones.

A woman I am so proud to call my friend Ms Djapirri Mununggirritj articulated the meaning of Birthing on Country to be

‘...a metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families - which provides an appropriate transition to motherhood and parenting...’.

There is no cookie cutter approach to the term birthing on country, but what is common for everyone being with family, being on country and

having birthing choices respected.

In some places, Aboriginal and Torres Strait Islander women are virtually forced to leave their communities towards the end of their pregnancies.

Respected Brisbane based researcher, Professor Kildea recently told me of an expectant mother in a remote community who said she wanted to delay her departure from her community by a week. The health providers threatened her and told her that if she did not get on that plane to be taken to the closest hospital, they would report her to child protection services.

This level of coercion being used on expectant Aboriginal mothers is shocking and reminiscent of what Australians would have hoped was a bygone era.

Professor Kildea told me another distressing story. Of a hospital that discharged a new mother, without telling her family and they put her on the long bus-ride home. So when this new mother arrived into town at 3am, there was no-one there to meet her, she had no means of contacting anyone to pick her up. What could she do? At 3am? She walked for an hour, with her new baby, to get home.

If services are not culturally safe, if they are not providing health care that meets the needs of OUR people, then what value are we getting for our investment?

Our nation requires champions for action on the wider determinants of health. Aboriginal people make up 3% of the population we need the other 97% to champion this with us.

I trust the new Commissioner for Rural Health will be a champion of change and see beyond the mountain just like my childhood neighbour Mr Brad Walker. I trust the commissioner will be a champion for improving health systems and services while recognising the need to address key areas like:

poverty, inequality, racism and prejudice.

It is these wider issues that continue to plague and burden the health of Aboriginal and Torres Strait Islander people.

Let us make the best use of the extraordinary Aboriginal and Torres Strait Islander health sector and workforce. Let us make the best use of the wealth of Indigenous knowledge that has helped sustain us for thousands of years. Let us utilise these valuable assets to improve the health of our Nation.

I look forward to meeting the new Commissioner for Rural Health and working together to do just this.