

Speech to 25th Anniversary Dinner of NRHA
10 September 2018, Boathouse Canberra
Professor Tom Calma AO

Distinguished guest, ladies and gentlemen

I have worked across regional and remote Australia for many decades and as the Chair of Ninti One Ltd, a company that managed the Cooperative Research Centre for Remote Economic Participation and who specialises in servicing rural and remote Australia, I have an enduring affiliation with the Bush.

It is a privilege to have been asked to address this 25th Anniversary Dinner of the incorporation of the National Rural Health Alliance.

May I begin by thanking Aunty Matilda and Paul House for welcoming us to their country tonight and I acknowledge all Ngunnawal and Ngambri Peoples the traditional owners of the land on which we are meeting this evening. I pay my respects to you, to your Elders and to your youth as I do to all youth who will be our future leaders, and the custodians of our stories, languages, histories and cultures. I also want to acknowledge people from other First Nations groups, organisations and other distinguished guests from around Australia who are with us tonight.

Friends,

Over the past few months there have been too many occasions when the public's attention has been drawn to real or imagined *divisions* in Australian society. Sometimes these divisions are entirely harmless as when - with September upon us - many of us fall into competing tribes following a particular jersey in a particular type of football.

But sadly we are sometimes divided by characteristics that are far more serious and with far more serious consequences. And there are people whose purpose seems to be to try to increase this divisiveness and we saw last month in Canberra. Yet on the other hand we have seen tremendous national unity and support for those living in drought ravaged areas of our lands.

World Suicide Prevention Day

One of the many impacts of drought is the mental anguish and stress placed on the farmers and all rural industries and their families. Today is World Suicide Prevention Day and as all of us here tonight know too many of our constituents take their own life.

In fact rural suicide rates are more than 50 per cent higher than in the capital cities and Indigenous suicides are double the non-Indigenous rate. There is no easy answer to address people taking their life or self-harming but commensurate funding and consistent policy and community empowerment would be a good start.

If you have not seen the Rural Suicide and its Prevention: *A Centre for Rural and Remote Mental Health Position Paper* released last December I would urge you to read it. But don't stop there, lobby your local member to address this issue beyond the drought and outside the lead-up to an election. As an Ambassador for Suicide Prevention Australia, I also encourage you to take time out and ask your friends, colleagues and loved ones, R U OK.

The Gender Gap

In Australia recently and around the world we have been reminded too often of the power differential and the uneven economic relationships between men and women.

One of Australia's darkest secrets is that male violence against women claims at least one woman's life every week.

As an Ambassador for White Ribbon Australia I have been privileged to contribute to the process by which more and more men publicly condemn all violence against women.

It can happen anywhere and take many forms; including physical, sexual, emotional and financial violence.

One in three women over the age of 15 report having experienced physical or sexual violence at some time in their lives. Violence is a major cause of homelessness for women and children and It has been estimated that it costs the Australian economy in the order of \$20 billion a year.

Tragically, as an Aboriginal woman you are 45 times more likely to experience domestic violence than a non-Indigenous woman. We must all be vigilant to call out violent behaviour and lend support to victims.

Other Real Gaps

Other "secret oppressions" sometimes affects the very young and the elderly. Appalling case studies have come to light about the sexual abuse of children and the lack of care for some elderly patients in aged care facilities.

More broadly, we still have an economic system in which too many are disadvantaged in terms of employment, under-employment and income.

About 3 million people live in poverty in Australia including over 730,000 children.

- The Newstart Allowance for people looking for paid work has not increased in real terms for 24 years. The basic rate is now \$278 per week.
- Around 40% of those on Newstart receive rent assistance and 20% receive some Family payment, Including rent assistance, and
- a single person will get \$345 a week - the average rental for a one-bed unit in Perth.

Polling in June of this year revealed that 68% of the Australian population back an increase in the Newstart Youth Allowance and related payments.

Without an increase, every day some people will be choosing whether to eat dinner or turn on the heater; take the bus to a job interview or buy their medication.

And over the past few years there has been increasing attention on several aspects of housing in Australia ranging from the tragedy of homelessness itself through to the difficulty of younger people getting a foothold on the housing property ladder. And as many of you know, the challenges are more acute in rural and remote Australia.

Racial Divides

These are all real divides that exist in Australia and are based on gender, age or economic status. We are learning to recognise them and through understanding and action - sometimes underpinned by law and regulation - we are gradually combatting these challenges.

But some people for their own bewildering reasons are trying to seed further division in Australia - sometime under the veil of Parliamentary Privilege - that is based on racial and cultural background.

These few would have us believe that the Australian nation is, or ought to be, divided along racial lines. Some of the recent statements relating to our immigration policy, the settlement of migrants to Australia and the reputation and potential contribution of particular racial groups, have been designed to damage our national coherence.

This is a move we must resist and turn back because we know how beneficial the Refugee Resettlement Programme is to rural Australia; and it has been successful.

As the *Conversation* reported just last month "Refugees are integrating just fine in regional Australia" and are actually doing well, and those in communities that welcome them, may have the best support of all.

Indigenous Issues

As someone who had the privilege of serving as Australia's Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner I am all too familiar with such issues.

It gives none of us any pleasure to reflect on the fact that historically much of the racial tension in Australia has been centered on the status and treatment of our Indigenous peoples.

I am proud of the fact that it was the 2005 Social Justice Report I submitted as Commissioner to Attorney-General Philip Ruddock on 22 November 2005 that led directly to the establishment of the Close the Gap Campaign operated by Australia's peak Indigenous and non-Indigenous health bodies, NGOs and human rights organisations.

The campaign's goal is to close the health and life expectancy gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians within a generation: to close the gap by 2030.

The campaign is built on evidence that shows that significant improvements in the health status of Aboriginal and Torres Strait Islander peoples can be achieved within short timeframes.

The Close the Gap Campaign Steering Committee first met in March 2006 and the Patrons, Cathy Freeman and Ian Thorpe, launched the Campaign in Sydney in April 2007. The NRHA was represented at that launch by then Executive Director Gordon Gregory and many of you here tonight are members of the CTG Steering Committee.

The National Close the Gap Day in the third week of March has become an annual event since 2009. Health services, schools, businesses, hospitals, government departments, ambulance services, non-government organisations and others hold events to raise awareness and show support for the Campaign and its goals. It has become the largest and highest profile Aboriginal and Torres Strait Islander health event in the country.

The campaign's approach is supported by Australian governments who have signed onto the CTG Statement of Intent. Every year the Close the Gap Steering Committee publishes a report that details what the non-government sector considers as achievements or not and they appraise the Australian Government's progress against the Closing the Gap targets.

The fact that some people are trying to foment tensions based on other racial and cultural differences is a matter of great shame and concern to all of us.

In Contrast a Story of Collaboration

Let me now turn to the main game. At a time like this what a pleasure it is to be speaking to representatives of a sector which for a quarter of a century has been all about bringing people together for a shared purpose.

This evening I want to celebrate with you.

I call on you and those you represent to celebrate three things:

- a cause
- an organisation, and
- your own people.

Your Cause

The cause for which you are all working is not only a good one, it is worthy. It is based on fairness - the principle that wherever they live in this generally affluent nation, people should have equivalent health status and equivalent access to health and health-related services.

Over the years I have attended a number of NRHA events and all of them have dealt with the question of 'How' change will be affected, not whether it should or can be affected.

This is the way governments like it. They want to hear about solutions not the reiteration of problems that exist. This almost certainly helps to explain the good relationship the Alliance has had with a succession of Ministers, Shadow Ministers and departmental personnel over the years.

They too accept that the cause is a good one, a fair one - and one amenable to reasonable solution.

The cause for which you work has of course many facets. I note that your current focus areas include some very broad areas such as the social determinants of health, health system performance and mental health; as well as some very specific matters such as the arrangements relating to codeine and prescription medicine abuse.

Given the number of member bodies you have whose interests you represent, and the very broad view of 'health' you have, it will always be necessary to cover many aspects of health and well-being and in many different settings.

As I have already indicated the NRHA has been a long-term supporter of the Close the Gap Campaign.

This has been a challenging task for the NRHA with just a small number of specific Indigenous organisations as members.

I do observe however that the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Aboriginal and Torres Strait Islander Commission (ATSIC) were both deemed to be among the twelve founding members and were at the first AGM on 14 February 1993.

It is a credit to the NRHA that not-with-standing the cultural, social and political aspects of this challenge, it has remained loyal to the improvement of Indigenous health as one of its core issues. As you well know about 63 per cent of our nation's Indigenous people live in regional centres, towns and remote areas outside the capital cities.

The organisation has continued to support the leadership shown by Indigenous health organisations particularly that from NACCHO which has been a member throughout the 25 years.

Another institution I would like to give my very special thanks to is Aunty Matilda House for the unstinting support she has provided to the NRHA and its cause over many years.

As Co-Chair of Reconciliation Australia it was pleasing to learn about the decision recently announced of the Alliance's work to set in place a Reconciliation Action Plan.

All of these important causes - better Indigenous health, improved access to services, protection of vulnerable populations and gender neutrality - are inseparable. An organisation like the NHRA is uniquely placed to help to manage them and their inter-relationships working from a strong basis of consumer direction and support.

Your Organisation

Next, I want you to celebrate the organisation which the NRHA has become.

It is unusual for a relatively small non-government organisation in Australia to have retained such a high reputation and status for 25 years. In his absence I would also like to acknowledge our dear friend and colleague Gordon Gregory who spent 23 years with the NRHA and who guided me with this speech.

I challenge you to consider why this has happened, not why Gordon was here for so long, but why the NRHA has enjoyed such a high reputation and once this is clear, to be sure you protect the culture and the systems and celebrate the people responsible for this success. You have the institutional integrity and fortitude to maintain this success and reputation into the future.

There is no doubt in my mind, the NRHA has set a high standard for its integrity, its openness, its networking and its authenticity.

I'm sure that in large part this has been due to the ongoing good will and support of your 35 member bodies. The support of the Department of Health and the Minister of the day and other agencies has also been absolutely critical.

The networking the NRHA does with other organisations has been exemplary, vital and valued.

Those who have served on your Council have provided the local and professional knowledge for the NRHA to remain authentic and up-to-date and those who have served on the Board have done this as well as providing the necessary governance to allow you to thrive.

A huge debt is owed to your staff, past and present, for devotion and ongoing commitment.

My recommendation is that you take a brief pause now to celebrate and to reflect on how the success of the past quarter century will be repeated in years to come.

Because as Tanya Lehmann said in the media release recently, "The Alliance will always have an important role while country people do not have the same opportunity to be as healthy as other Australians".

Your People

Although the days are past when every Australian had at least a first cousin in the Bush, I think it is still the case that Australians as a whole have a special appreciation for the people who live in rural and remote areas.

Generally speaking these people possess a unique cohesiveness which makes the rural sector a great setting in which to work.

This is perhaps due to the fact that whatever their differences, rural people are united by the common challenges they face: the effects of distance; the unpredictability and un-manageability of the weather and other natural events; relatively poor infrastructure, including broadband access, spread over wide areas; and a close sense of community despite poor technical facilities for communication.

These pervasive characteristics of non-metropolitan Australia give its people in general a resilience, a can-do attitude – and a ready acceptance of the hand they have been dealt.

These characteristics of the Bush mean that health professionals who work there have capacities and challenges not usually experienced in the major cities. Often you have to work alone or at least without face-to-face professional support. Your scopes of practice are broad and on occasion may even extend beyond your formal competence - but we won't promote this too widely.

What this all means is that you and your leaders are very special people - and this has given your organisation its strong, insightful and collegial leadership.

I am told that literally thousands of people have been directly involved with the NRHA and its 35 or more member organisations. We should thank and celebrate those who have had public positions on your Council and Board as well as those in the separate member bodies who have supported the cause without being formally or publicly associated with the NRHA. Your supporter base even includes individuals like myself.

And let's never forget the people who live in the major cities who have worked with us and supported us.

Conclusion

As mentioned it is a pleasure and honour for me to contribute to this evening's celebration and to acknowledge and thank those leaders who came up with the good idea that evolved into the National Rural Health Alliance and those who have worked to make it a success.

With good people supporting a good organisation working on a just cause, the future will be a little more assured.

Thank you.