

**National Aboriginal Community Controlled  
Health Organisation (NACCHO), Australia  
Intervention to UN**



May 2004

On behalf of NACCHO, I welcome the opportunity to address the forum and would first like to recognise and respect the traditional Indigenous owners of this land.

Like many parts of the world, Australia is becoming increasingly monocultural and feeling the effects of the global perspective with the inevitable consequence of the reorganisation of social priorities. Programs that seek to address systemic disadvantage are more under threat than ever before. Prior to 1967, Aboriginal people were not recognised as citizens of Australia and in some ways, it would appear that progress in Indigenous empowerment has stagnated.

In this environment, we have seen with the endorsement of both political parties the dismantling of the Aboriginal and Torres Strait Islander Commission and the National Aboriginal Community Controlled Health Organisation, NACCHO, whom I represent, is one of the few remaining national Aboriginal peak bodies. There has been little challenge to statements to the effect that self determination has failed and needs to be replaced by increased bureaucratic control.

And yet Australia's 130 Aboriginal Community Controlled Health Services delivered over 1.5 million occasions of service to Aboriginal people last year. Some of our services have been in existence for over 30 years and one is now the oldest comprehensive primary health care service in the world. We have pioneered many cutting edge initiatives in indigenous health care. While we do not need to prove that self determination works because self determination is our inalienable right, we have proved that ACCHS are the optimum expression of best practice in Aboriginal primary health care. In reality health services are reaching Aboriginal communities through this process.

Indigenous women are believed to be 57 ~~more~~ times more likely to experience violence than non-Ind women + 10 times likely to die as result.  
It is well known that Aboriginal Australians have a median life expectancy of no more than 50 years. I am acutely aware of what this means even from within my own community. If this were happening routinely in non Aboriginal communities, it would become a national emergency.

In all fairness these statistics are of concern to governments, both federal and State, but the required effort and resources recommended by specialists in the field are not heeded and bureaucratic mainstreaming is erroneously being championed as the remedy rather than the increased role of the Aboriginal community itself as recommended in the National Aboriginal Health Strategy 1989 and endorsed by all Governments. This document represented a positive plan for improvement in our health status. The NAHS has not been fully implemented by government. Curiously, the response has been to devise another plan and its recommendations largely unaddressed. Of the areas identified requiring Aboriginal Health Services, only 35% of

recommended large clinics, and only 5% of smaller clinics have been established.

The failure by placing fingers in the dyke when a comprehensive rebuild is required means that the disparity in mortality and morbidity rates continue to widen between Aboriginal people and other Australians. Apparently, the ongoing consequences of dispossession are then placed upon the shoulders of the Aboriginal community itself. Regardless of political persuasion, instead of commensurate resourcing, our per capita share of health expenditure is less than that for non Aboriginal people when adjustments are made for burden of illness, socio-economic status and rurality/remoteness.

It is an occupational hazard that criticisms of our country's performance in Aboriginal Affairs render community representative organisations such as ours vulnerable. There is much for which the governments, Federal and State, should be commended – there are indications of genuine partnerships in health throughout the country and within different jurisdictions. However, it would be remiss for an Aboriginal representative organisation, knowing the extent of our communities ill health, not to say that so much more needs to be done and the pragmatic priorities should be replaced by the Aboriginal community itself working in genuine complementary partnerships with governments based on parity and mutual respect.

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