Voices for the Bush Conference 2022

Waters for Regional, Rural and Remote Communities

Presentation by Patricia Turner AM

Including and Sharing with Us: The only way forward

Good morning!

My name is Pat Turner, and I am the daughter of an Arrernte man and a Gurdanji woman. I begin by acknowledging the Arrernte people and their custodianship of Country where your conference is being held, in Alice Springs. Your conference **Voices for the Bush – Water in regional, remote and rural communities** is very timely.

Please accept my apologies for not being able to travel myself to join you.

I'd like to thank the Australia Water Association, the Water Services Association of Australia and Corinne as today's session Chair for providing this option to share some reflections with you by video-recording.

I am also delighted to take this opportunity to acknowledge and congratulate Senator Malarndirri McCarthy as Assistant Minister for Indigenous Australians and Indigenous Health.

Senator McCarthy, please accept my sincere best wishes for your success in these Ministerial roles and my support from one Aboriginal woman to another, and, as Lead Convenor of the Coalition of Aboriginal and Torres Strait Islander Peak Organisations, for continuing structural reform to benefit our peoples.

I believe the conference speakers, registrants and ALL Australians share common ambitions for the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in rural and remote communities.

Water is life and this audience needs no reminder of this fact. Access to water is a human right.

In my comments today, I'd like to share with you some reflections on key policy opportunities and what this means for each and every person here. I call this the WHY, WHEN and HOW. At this conference, you are focused on water yet the impact you can make is very much bigger.

I hope to give you some new ideas about ways of working together for the advancement of Aboriginal and Torres Strait Islander peoples.

First, to set some context, let's go back to 2019. Remember, that was the last year before the COVID pandemic struck!

In March 2019, an historic **Partnership Agreement** on Closing the Gap was signed between COAG and the national Coalition of Peak Aboriginal and Torres Strait Islander Organisations. This set the national bipartisan guarantee that Aboriginal and Torres Strait Islander people would share decision making with all governments for the second decade of Closing the Gap.

Signatories to that Partnership Agreement were from all political stripes.

They agreed:

- Firstly, that when Aboriginal and Torres Strait Islander peoples are included - and have a real say in the design and delivery of services that impact on them - the outcomes are far better.

- Secondly, that Aboriginal and Torres Strait Islander peoples need to be at the centre of Closing the Gap policy. No gap will close without our full involvement.

- Thirdly, that no-one can expect Aboriginal and Torres Strait Islander peoples to take responsibility and work constructively with governments and other mainstream organizations if we are systematically and structurally excluded from decision making.

Operationalisation of this guarantee comes through the **National Agreement** on Closing the Gap signed by all governments in July 2020.

This National Agreement has a ten-year timeframe. We are already two years in.

The National Agreement specifies 17 socioeconomic targets across the following outcome areas: education, employment, health and wellbeing, justice, safety, housing, land and waters, and languages.

These 17 outcomes convey the end results desired by Aboriginal and Torres Strait Islander peoples. They are not priorities unilaterally invented by governments in their backrooms after a paltry effort at consultation.

The second **Annual Data Compilation Report** for the National Agreement was released just last month in July 2022. As an independent report from the Productivity Commission tallied against the targets, it presented a mixed picture that was not entirely unexpected. Few of the 17 targets are on track to meet their trajectories. Some have worsened over time.

Therefore, I must emphasise to everyone today that these targets will neither move quickly nor in the right direction until all the structural impediments are dealt with.

Let's talk about a couple of these outcomes in the National Agreement and their targets especially relevant for this conference.

Socioeconomic outcome **Number 2** is that Aboriginal and Torres Strait Islander children are born healthy and strong. Its headline target is healthy birthweight.

We should be pleased that, in the most recent year of national measurement, **89.5%** of Aboriginal and Torres Strait Islander babies were born in the healthy weight range. This represents good improvement and this target is on track to be met.

BUT … we have to think long and hard about the environments in which our newborn bubs grow up.

Socioeconomic outcome **Number 9** is that Aboriginal and Torres Strait Islander people can secure appropriate, affordable housing that is aligned with their priorities and need. By 2031, the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing should reach 88 per cent.

This should hardly be a stretch as this target had already been met and exceeded for non-Indigenous Australians way back in the 1990s.

Yet at that time, what was understood about Aboriginal and Torres Strait Islander peoples' outcomes was barely earning a sliver of government attention.

Let's take a look.

In 1994 for example, environmental health conditions were assessed in 155 remote and rural Aboriginal communities in Western Australia.

Over one-third of these communities had water supply or sanitation problems. Seventy per cent had housing problems. Thirty-six per cent had difficulties with wastewater disposal. In the words of the researchers, overcrowding and substandard housing were "commonplace".

Four years later, a study was published showing that admissions to hospital for Aboriginal children under five years of age from skin disease was ten times higher than that of their non-Indigenous counterparts.

Later research in the NT revealed that the median number of clinic presentations per Aboriginal child in the first year of life was 21. Twenty-one! Per child! These children would typically have six clinic presentations for diarrhea alone! In their first year of life! Infectious middle ear infections and skin infections were also high as reasons for needing health care.

Another study from the Western Desert region in WA examined clinic presentations of all Aboriginal children aged 0 to 5 years of age. These children had on average more than 30 clinic visits each per year to their clinic.

Think about what that means to the morale of the parents, the attitudes of the clinicians, the health budget bottom line. Infectious diseases explained half of these presentations.

I must emphasise that these rates of infectious diseases are NOT caused by bad parents.

As you well know, they are caused by poor living conditions enforced on my people including poor water quality and access, plumbing, overcrowding and poverty.

When our efforts through the National Agreement on Closing the Gap lifts the proportion of healthy weight bubs as anticipated in the second target, we must remember that environmental conditions are HUGELY important in setting their life trajectory.

This is where we are, and this is the essence of what we need to do to close the gap.

When 16 people are living in a three-bedroom home with only one toilet and one shower, it is inevitable that the health hardware will be under immense pressure.

Hard water in remote locations affects pipes, plumbing and the functionality of the washing machine. A leaky basin tap which hasn't been repaired promptly by the government landlord drains away litres of this precious resource.

A toilet bowl disconnecting from its waste water system and left unrepaired is a disaster waiting to happen. Backflow of untreated sewerage is a health emergency.

Yet we see it. I hear it. My people live it.

A recent systematic review of the scientific literature has summarized the known causal links between the home environment and communicable diseases.

This is what caught my attention:

- Ear infections are associated with crowding, lack of functioning facilities for washing people, bedding and sewerage outflow.
- Gastro infections are associated with poorly maintained housing and the state of food preparation and storage.
- Skin infections are associated with inadequate personal washing and crowding

These are all about water.

In addition, poor access to safe water and sanitation worsens existing health issues, often non-communicable and chronic among our elders.

While treated water may be safe on technical testing, it may have an unacceptable taste, odour or colour. This can have flow-on effects on health outcomes through the purchase of soft drinks as a substitute for water. This contributes to diet-related conditions such as obesity or diabetes.

Almost all remote communities in the NT are reliant on bore water.

Some 200 kilometres west of where you are in Alice Springs is a community of 300 people whose water comes from a bore.

This community's water has been contaminated with litre of uranium at more than three times the concentration limit recommended in the Australia's drinking water guidelines.

It is not unusual for me to hear about water being trucked into communities because nitrate levels in the local water are unsafe for children. In the NT, I understand there are two communities for whom the entire water supply for everyone – not just infants – is being trucked in.

Let's turn our gaze to the Torres Strait in northern Queensland.

Torres Strait Islander residents on Thursday Island know they have been on 'boiling water' alerts for most of the last year! And both climate change and reducing green house gases mean that reliance in the other Torres Strait islands on desalination plants powered by noisy generators using expensive diesel fuel will soon become a double health jeopardy.

In WA, a recent Auditor-General's report demonstrated that drinking water is contaminated in nearly a quarter of remote Aboriginal communities. Traces of arsenic, nitrates, *E coli* and even uranium were detected – and unmitigated.

Indeed, 37 communities with poor water quality in 2015 still did not have drinking water meeting Australian Drinking Water Guidelines five years later. Of concern, government was not transparent in how it applied service level criteria. Documentation of decisions affecting remote communities was notably poor.

Periodic monitoring of water quality is a positive development. Yet these reports and the response they usually trigger are always episodic.

There HAS to be something in the longterm 'year in, year out' exposure of Aboriginal and Torres Strait Islander peoples to poor quality water!

In this regard, we should all keep an eye out for results next year from a study of communities across the NT which matches longitudinal data about water quality over time with pathology results from blood and urine tests of kidney disease collected over two decades for clinical purposes from the same communities.

Consequences are dire when I learn from the Central Land Council in the NT that building of sufficient community housing is curtailed when assessment of water sources finds there is 'no existing capacity for remote development'.

This Catch-22 limits the stock of available housing in remote areas and clearly exacerbates health issues associated with overcrowding. Yet contracts can be struck with overseas countries to sell bore water.

As a society, we have found ways to ensure water flow for commercial and extractive industries in remote locations – why not for Aboriginal and Torres Strait Islander peoples living on their own country?

My colleagues in the NT now refer to "clinical refugees". These are people who must make the heartbreaking decision to leave their community and the rest of their family because health care and other essential services such as water, power and food security are so under par that they cannot continue to live there. These "clinical refugees" can end up homeless and living on the fringes of larger towns and cities.

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Please remember that the **National Agreement on Closing the Gap** is far more than these 17 socioeconomic targets of which we have here considered just two.

The National Agreement includes annual Partnership Check-Ups, formally evaluated by independent evaluators. There are Sector Strengthening Plans. For example, the community-controlled Health Sector Strengthening Plan was endorsed in November last year and the community-controlled Housing Plan is being developed. Each and every state and territory government must have a current Closing the Gap Implementation Plan publicly available for scrutiny and monitoring. We also have a commitment to develop a community infrastructure target to measure progress towards parity in infrastructure, essential services and environmental health and conditions.

However, I'd like to invite you all to become especially familiar with the **four Priority Reforms** of the National Agreement on Closing the Gap because these are most immediately useful for your deliberations in this water conference.

These four Priority Reforms guide our path as a nation and our practice as partners.

PRIORITY REFORM ONE develops and strengthens structures so that Aboriginal and Torres Strait Islander people share in decision making with governments on Closing the Gap.

PRIORITY REFORM TWO builds formal Aboriginal and Torres Strait Islander community-controlled service sectors through significant investment and resource reallocation.

PRIORITY REFORM THREE Requires that mainstream government agencies and institutions undertake systemic and structural transformation to identify and eliminate racism and ensure their own services are culturally safe.

PRIORITY REFORM FOUR Ensures Aboriginal and Torres Strait Islander people have access to locally-relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development. This establishes partnerships between Aboriginal and Torres Strait Islander people and government agencies to improve collection, access, management and use of data, including identifying improvements to existing data collection and management.

Each of these Priority Reforms can be expressed in everything you do. This conference has registrants from diverse organisations including:

- Water utilities and authorities
- Local, state and federal government agencies
- Regulators
- Laboratories
- Agriculture, aquaculture and irrigation
- Engineering and
- Academia

Irrespective of where you work, the strength of your collaboration with Aboriginal and Torres Strait Islander people is THE vital ingredient. Your respect for our right to self-determination, and the need to respectfully shift control is key.

Perhaps you are now asking yourself, how can I aid and abet the Priority Reforms of the National Agreement?

Irrespective of the organization in which you work, develop heightened expertise for partnership and cultural competence.

Remember that water services and initiatives will have limited impact UNLESS they are controlled in their co-design and delivery by Aboriginal and Torres Strait Islander organisations with track record, authority and relationships in the community.

Be alert in your everyday practice. Are you at a meeting to discuss water solutions for remote Aboriginal communities? Then ask yourself, do we have majority Aboriginal people at this meeting?

If you don't, why is that? How can Aboriginal perspectives and co-design ever be truly respected and incorporated in policy, technology or delivery if we are not at the table? Try this mental check at your next meeting and speak up about it.

Are you seeking to engage with communities about water reports? Then ask yourself about the openness of data sharing, the regularity and scope of water testing reports back to communities in real time.

Ask yourself would YOU or your children drink the water as made available to this community EVERY day for your entire life? If not, why not? Speak up about it.

Are you a non-Indigenous academic researcher with an ambition to study water supply and health hardware in social housing for Aboriginal and Torres Strait Islander people? Ask yourself less about your career and more about what you can do to increase the number of Higher Research Degree students who are Aboriginal and Torres Strait Islander people.

Start a genuine academic pipeline that will produce more Aboriginal and Torres Strait Islander professors. Their connections to community are deep and lifelong.

Speak up about it. Insist on research questions being identified by communities and answered through co-design and collaborative data interpretation.

If you are in education and training, commit to increase numbers of qualified Aboriginal and Torres Strait Islander plumbers, civil engineers and data programmers. Speak up about opportunity. Advocate for serious, meaningful and permanently funded positions for Aboriginal and Torres Strait Islander graduates, not short-term project-based positions that start and stop.

I also want to mention a specific aspect of the fourth Priority Reform regarding data.

It is especially important when national-level data mask the significant differences experienced at the local level.

I'll return to an earlier example to illustrate.

You will recall I mentioned the target for the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized dwellings. While the trajectory is 88% by 2031 and the national measure is 78.9%, I am troubled that the proportion in the **NT** is only 38.4%. There will be locations throughout remote and rural Australia in which this measure could be even worse.

This should concern everyone as recent overseas research shows a clear gradient between the proportion of houses which are overcrowded in a specific geographic location and the corresponding rate of population-based hospitalisations for COVID complications and even COVID mortality among residents.

High COVID vaccination rates won't outpace these social determinants.

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In addition to my role as Lead Convenor of the Coalition of Peaks, I am also CEO of the National Aboriginal Community Controlled Health Organisation known as NACCHO. I will conclude with a few comments about the **National Aboriginal and Torres Strait Islander Health Plan.** This Plan was co-designed with Aboriginal and Torres Strait islander representative organisations and directly with communities. It charts a new way forward for governments at all levels to work in true partnership with Aboriginal and Torres Strait Islander people, communities and organisations.

After extensive consultation, Priority 7 of the Health Plan was designated as **Healthy environments, sustainability and preparedness.** This will be of interest to everyone I am sure.

Priority 7 recognises that poor environments result in dire health inequities. When environmental health conditions such as water as a human right are not taken into consideration, they can undermine the success of every other public health initiative. But you already know that!

From the latest National Aboriginal and Torres Strait Islander Health Survey in 2018, we learn that urgent attention in environmental health is required in the following order:

- facilities for preparing food including a kitchen sink and drinkable water
- facilities for washing clothes and bedding
- working sewerage facilities,

  and
- last but by no means least, facilities for washing people. This means wet areas with functional showers and/or baths.

Four of these eight directly implicate water.

Researchers recently published environmental factors ranked for their impact on infectious diseases. The top eight are:

- Access to continuous water supply which is equal first with
- Reliable sewerage system
- Adequate housing
- Adequate septic system
- Maintenance of water system infrastructure
- Community health centre providing primary health care
- Regular rubbish collection from households and public places
- Access to hospital services and birthing facilities

Access to continuous water supply also ranked highly for non-communicable chronic disease outcomes.

THIS is why your conference is so timely. We have national co-designed policy frameworks and plans ready and waiting for your energy and effort. Our obligation now is to take action from research reports to community control. Your partnerships for water quality and water quantity must be part of a holistic approach to health and wellbeing.

Recall the expert advice generated decades ago by Yami Lester and the Nganampa Health Council in the APY lands. In 1986, these leaders collectively initiated a collaborative project between local Anangu people and technical experts to *'stop people getting sick'.*

Some of you may recognise this as the UKP project.

Yami Lester and his Council knew the importance of sharing with their people knowledge about what causes diseases. They sought to support households in adopting new habits to sustain health in circumstances none of us would find easy.

Their legacy is the framework of nine Healthy Living Practices that incorporate water as a resource for life – for washing, for sanitation, for safe food preparation and hydration.

In their minds, longterm community development and health promotion to re-build knowledge and re-gain the dignity of self-determination was best delivered through community-controlled organisations.

By listening to Aboriginal and Torres Strait Islander leaders with genuine humility and engagement, we will make progress.

These are the structural reforms I emphasise today.

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As specified in the **National Agreement on Closing the Gap**, responsible decisions at every level must be made in partnership. At this conference, I encourage you to glean best practice and commit to change. Expand your discussions with a positive acknowledgement of community control, and the rights we have as Aboriginal and Torres Strait Islander peoples to shape our own destiny, to partner with you as equals in innovation, technology and service delivery.

In the twenty-first century, Aboriginal and Torres Strait Islander peoples are not asking for anything more than what mainstream Australians already take for granted. We seek re-entry into knowledge from which we have been structurally excluded. We deserve to make decisions in partnership about policies and programs directly affecting us.

We don't need rescuing. We don't need another thought bubble dreamt up by people who don't know us and who don't partner with us.

We WILL get better health by improving housing, water quality, water quantity and environmental health programs.

BUT these improvements require a significant shift in how decisions are made, how policies are funded and how programs are designed. Australia's Gross Domestic Product puts us in the top 10% of all the world's countries. We have the economic and financial resources to do this. We can close this gap.

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