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Dear Dr Szoke

Australian Indigenous Doctors' Association (AIDA)
Submission to the National Anti-Racism Strategy

The Australian Indigenous Doctors' Association (AIDA) welcomes the opportunity to comment on the National Anti-Racism Strategy and I appreciate the extension of time granted to AIDA to provide these comments.

AIDA is an anti-racism strategy. AIDA is the nation's peak body for Aboriginal and Torres Strait Islander doctors and medical students, and advocates for improvements in Indigenous health in Australia. We are working towards creating a healthier Aboriginal and Torres Strait Islander population, a parity of Indigenous health professionals across the entire health sector and a health system that is culturally safe, high quality, reflective of need, and respects and integrates Aboriginal and Torres Strait Islander cultural values. AIDA is represented on over thirty committees at the national policy level; the value of having an Indigenous presence and voice at these meetings cannot be underestimated. From a marketing and media perspective, our Indigenous student and graduate members are success stories that continue to challenge racist stereotypes.

As an Indigenous organisation we strive to ensure that our cultural values guide and support us and we take great pride on maintaining our cultural identity, knowledge and practices. Respecting, safeguarding and strengthening our unique cultural identity also serves to strengthen Australia's national identity, to the benefit of all Australians.

A strong and confident national identity is one that begins with its First Nations peoples[1].

Australia's national identity needs to be reconstructed to recognise the rights of Aboriginal and Torres Strait Islander people. The individual, and collective rights of Indigenous people as well as their rights to culture, identity, language, employment, health education and other issues are set out in the United Nations Declaration on the Rights of Indigenous peoples[2]. This Declaration was officially endorsed by the Australian Government on 3 April 2009. AIDA advocates that these rights be articulated in a preamble of our Constitution as proposed in *The Boatshed Declaration*[2]*:*

> *That there be a preamble to the Constitution that recognises the rights of First Nations peoples, followed immediately by the establishment of a treaty that details a formal agreement between the Australian Government and Aboriginal and Torres Strait Islander peoples, and a framework for national action.*

The Boatshed Declaration is a detailed statement against racism. The Declaration is the result of Roundtable co-hosted by AIDA in 2009 with leading researchers and academics from across Australia at the University of Western Australia Boatshed in Perth. For a full version of the Boatshed Declaration please see **Attachment 1 – *National Roundtable on Research on Racism towards Indigenous Australians***.

'I'm an Aboriginal man who just happens to be a doctor, not a doctor who happens to be Aboriginal.'[3]

Many of our Indigenous doctors define themselves primarily through their cultural identity: Indigenous doctors who are Indigenous and trained as doctors. Some of our members have reported being advised to leave their 'indigeneity' at the door if they want to succeed in their medical careers and win leadership positions. On the contrary, our Indigenous identity is what makes us strong, resilient, good doctors. As Indigenous doctors we have expertise in western medicine and at the same time have a shared understanding of what it is to be an Indigenous person trying to access the health system. For Aboriginal and Torres Strait Islander doctors our jobs are much more than being part of a profession. Ours is one of obligation to our ancestors, families and communities, to pave a better path for future generations.

Numbers of Aboriginal and Torres Strait Islander doctors have grown steadily over the years and there are now over 160 Indigenous medical graduates and 220 Indigenous medical students. To maintain a strong and healthy identity as Indigenous doctors, collegiate support is essential. We do not have to prove or explain ourselves to each other or articulate what we can contribute to society. We value and take pride in ourselves as Aboriginal and Torres Strait Islander peoples, and empower each other to maintain and build on these strengths. Building on our strengths includes addressing weaknesses such as lateral violence, or bullying behaviour, harassing and intimidating in Indigenous communities. The Social Justice Report 2011, acknowledges lateral violence within Aboriginal and Torres Strait Islander communities as a real issue and one that we, as Aboriginal and Torres Strait Islander people, need to address ourselves[4].

Self-empowerment, self governance, self determination

With this strong foundation, AIDA aims to facilitate opportunities for Aboriginal and Torres Strait Islander people to have control over our own health. We need to be participating in every layer of decision making to meet our health needs. This was also called for in *The Boatshed Declaratio*n:

> [We propose] *that policies that affect and impact on Australian Aboriginal and Torres Strait Islander peoples must be based on their full involvement and engagement to ensure appropriate agendas and appropriate levels of resourcing are applied*[1].

We want self determination to confront and reverse the negative health impacts of colonisation and discrimination. In order to do that, we need to increase awareness and understanding of the social and cultural determinants of health.

Research from Canada on Aboriginal youth suicide rates has highlighted the importance and usefulness of self-governance and cultural continuity from a health perspective[5]. Their research looked at a range of Aboriginal communities and rates of

youth suicide to explore which factors would be associated with lower risks of suicide. Controlling for socio-economic factors, it was found that "communities that succeed in taking steps to preserve their heritage, culture, and that work to control their own destinies, are dramatically more successful in insulating their youth against the risks of suicide"[5]. Culture, spirituality, family and community, and self determination must be understood to be protectors of health. Likewise, grief and loss, high levels of anxiety and stress, racism, the loss of autonomy must also be recognised as health risks.

Investigation of the social determinants of health by Marmot and Wilkinson has shown the significant role of social exclusion, inequality and discrimination in poor health and premature death[6]. Social exclusion can result from racism, discrimination, stigmatisation, hostility and unemployment. Although there is limited research on the quantified health effects of systemic racism, Paradies, Harris and Anderson have identified several pathways from racism to ill-health including:

- Reduced and unequal access to the societal resources required for health (eg. employment, education, housing, medical care, social support),
- Stress and negative emotional reactions that contribute to mental ill health, as well as adversely affecting the immune, endocrine and cardiovascular systems physiology; and
- Judgments and generalisations about smoking, alcohol and other drug use[7].

In relation to diseases of the circulatory system, it is important to note the evidence regarding the link between heart disease and depression and 'psycho-social stress', induced by social isolation, poverty, feelings of hopelessness and lack of empowerment and control over life opportunities[8].

Access to mainstream health services for Aboriginal and Torres Strait Islander people is often limited by distance and cultural and financial factors. The Inala Indigenous Health Service is a best practice example of improving access for Indigenous people. In 1994 only 12 Aboriginal and Torres Strait Islander people attended the Inala Health Centre General Practice[9]. Focus groups and telephone interviews revealed that many Indigenous people did not use the service due to a lack of Indigenous staff, and a lack of items such as artwork that Indigenous people could identify with. Health Centre staff were also perceived as unfriendly; inflexible in relation to appointment times and intolerant of Indigenous children's behaviour. The issues were addressed through:

- Energetic Indigenous leadership;
- Enabling bulk billing to increase funding;
- Moving to a standalone clinic; and
- Engaging with teaching, research and community programs.

By 2008, Inala Indigenous Health Service had 3006 Aboriginal and Torres Strait Islander patients registered with the improved access also leading to many important community health gains[9]. Under Indigenous leadership, the Inala Indigenous Health Service not only succeeded in adapting their practice to improve patient engagement and health care outcomes, but also consulted and engaged with the local Indigenous community, including the local Inala Elders.

'Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians.'[10]

AIDA welcomes policy developments which have occurred in relation to addressing Indigenous disadvantage and reconciliation. The Prime Minister's Apology to Indigenous Australians in 2008 and COAG commitments to Close the Gap (2009), point the way to real improvement in Indigenous health – so long as it's undertaken in genuine partnership with Aboriginal and Torres Strait Islander people. AIDA recommends that the Australian Government creates strong partnerships with Indigenous organisations and communities to increase Indigenous participation in decision making and showcase strong Indigenous leadership in dealing with issues in communities.

An example of health repercussions of punitive, racially-based policy and insufficient consultation and partnership with Indigenous communities is detailed in the *Health Impact Assessment of the Northern Territory Emergency Response (NTER).* Undertaken by AIDA in partnership with the University of New South Wales' Centre for Health Equity Training, Research and Evaluation in 2010, the report predicted the NTER would leave "a negative legacy on the psychological and social wellbeing, on the spirituality and cultural integrity of the prescribed communities[11]" . For a full version of the *Health Impact Assessment* please see **Attachment 2 - *Health Impact Assessment of the Northern Territory Emergency Response***. The consultation process for the next stage of the NTER, the Stronger Futures Legislation[12] was yet another important opportunity lost for the Australian Government to practice some of the principles of active involvement of Indigenous people. While the proposed legislation commits to a 10 year funding program and reinstatement of the Racial Discrimination Act, Indigenous communities were not properly engaged, consulted and valued in the consultation process. The Australian Government has introduced 'Special Measures' that are racially based resulting in the possibility that the legislation will have little positive long-term health effects.

Partnerships with Aboriginal and Torres Strait Islander people are given a high priority in *The Boatshed Declaration* which proposes that:

> *Effective and genuine partnerships with governments and that capacity building agendas be recognised as essential pathways to improving the outcomes for Aboriginal and Torres Strait Islander peoples' education, health and wellbeing*[1]*.*

A current example of a genuine and effective partnership can be found in the university teaching environment, with the Collaboration Agreement between AIDA and Medical Deans Australia and New Zealand (Medical Deans). Former Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma has expressed the importance of developing such partnerships across the nation:

> *The collaboration between AIDA and the Medical Deans provides a concrete example of what needs to happen more broadly in this country…Indigenous organisations and people engaged in mutually respectful relationships with other leaders in their fields.*

This work has recently been progressed in the pre-vocational area with a formalised Collaboration Framework between AIDA and the Confederation of Postgraduate Medical Education Councils (CPMEC). Each collaboration outlines practical, measurable

actions that are underpinned by the guiding principles of Indigenous self-determination, sovereignty, mutual respect, inclusive consultation and decision making, valuing each other's contribution, and promoting cultural safety.

A key component of the Medical Deans and AIDA Collaboration Agreement is knowledge transfer. To reflect this, each second year, as a priority component of their Annual Conference, all Deans have committed to participating in a comprehensive Indigenous Knowledge Initiative. This Initiative provides Deans with firsthand experience of Indigenous culture and aspects of Indigenous health to better understand the nature and complexity of issues impacting on Indigenous people and their health. The Initiative ensures that individual Deans, in their leadership roles, are better equipped with increased understanding and knowledge of the health issues of Aboriginal and Torres Strait Islander people, and potential strategies that Deans might employ within their schools to influence improved health outcomes.

Racism and cultural safety in Medical Education

The CDAMS (now Medical Deans) Indigenous Health Curriculum Framework (Curriculum Framework) was first published in 2004 and endorsed by all Deans of Medicine. *The Curriculum Framework* provides medical schools with a set of guidelines for success in developing and delivering Indigenous health content in core medical education. The Australian Indigenous Doctors' Association's *Healthy Futures Report* was first published in 2005. For a full version of the *Healthy Futures Report* please see **Attachment 3- Healthy Futures Report**. The *Healthy Futures Report* provides medical schools with a set of principles and best practice themes for medical schools to adopt to develop effective recruitment and retention strategies for Indigenous students.

Together, *The Curriculum Framework* and *The Healthy Futures Report* are anti-racism strategies; they aim to increase cultural safety in the curriculum and in educational institutions by including culturally appropriate Indigenous health content in the curricula and by encouraging specific support services and resources for Indigenous medical students. *The Curriculum Framework* outlines processes for including Indigenous health content in the medical curricula in an effort to educate all medical students about the causes, nature and appropriate responses to Indigenous health issues, without perpetuating stereotypes or teaching from the deficit-model. The *Healthy Futures Report* outlines strategies for the recruitment and retention of Indigenous medical students, thereby contributing to the growth of the Indigenous medical workforce (for further information on pathways into the health workforce for Aboriginal and Torres Strait Islander people please see **Attachment 4- *A Blueprint for Action***).

A key priority under the Collaboration Agreement was to conduct a joint review of the implementation of the *Indigenous Health Curriculum Framework* and *Healthy Futures Report. The Medical Deans - AIDA National Medical Education Review*[13] (*The Medical Education Review*) looks at both *The Curriculum Framework* and the *Healthy Futures Report* and documents how medical schools – with their differing resources, histories and structures – have each developed and implemented *The Curriculum Framework* and recruitment and retention strategies for Indigenous medical students. *The Medical Education Review* found a considerable number of student participants identified the clinical environment as a setting where culturally unsafe practices and learning may occur[12]. Cultural safety is based around attitudinal change, respecting an individual's

cultural values and addressing issues surrounding power imbalances. An example given for a culturally unsafe learning environment is given by a student:

> *Especially in the clinical years your main exposure to Indigenous health issues is through your consultant. They tend to offer negative impressions. All you get is Indigenous people are non-compliant, don't understand, aren't grateful etc*[12].

If doctors and other medical professionals are to practice and educate effectively they must possess the knowledge and understanding to look under the surface to see what's really going on, for example, why someone isn't taking their medication. Are there other things going on in their patient's lives that might stop them from taking care of themselves? We need to work together with the patient, their family, and often the community to see how we can move forward.

The majority of medical schools are implementing strategies, engaging in events and establishing protocols in an attempt to increase cultural safety and eliminate racism and discrimination toward Aboriginal and Torres Strait Islander people. *The Medical Education Review* found that cultural awareness programs risked being perceived as tokenistic, counterproductive and generally required a more strategic approach[12]. Medical Schools need to continue working towards breaking the intergenerational cycle of negative educational experiences for Indigenous students.

AIDA's 2005 *Healthy Futures Report* found that sixty-six percent of Indigenous medical students surveyed had experienced racism and discrimination[14]:

> F*ollowing successful completion of [a very difficult specialist exam] one colleague commented 'you only got through cos' you're black'.*
>
> *[I was] often made to feel inferior by other students and/or faculty members, [saying] that [I] 'must be dumb' because [I] only got into the course because [I'm] Aboriginal.*
>
> -Indigenous medical graduates[12]

Since the publication of the Healthy Futures Report in 2005 there have been significant increases in the numbers and percentage of Indigenous students in Australian medical schools. Yet, *The Medical Education Review* findings indicated that institutional, overt and covert racism and discrimination remain a significant issue in the majority of Australian medical schools[15]. At the tertiary level, AIDA advocates that institutions commit to national standards, guidelines and best practice for teaching and implementing Indigenous health, history and culture, ensuring cultural safety in Australian undergraduate, postgraduate and vocational education and training. While medical schools cannot singlehandedly compensate for Australia's racist history or for the inequitable representation in society of Australia's Indigenous doctors, they can choose to act as agents for social change through a variety of academic means, including admissions policies and curricula reform.

As outlined in *The Boatshed Declaration*[1], valuing and taking pride in Aboriginal and Torres Strait Islander people will ultimately be of benefit to all Australians and future generations. Anti-racism awareness campaigns are part of the picture, but for these to be effective Aboriginal and Torres Strait Islander people also need other practical measures including Constitutional recognition, increased involvement in decision

making, effective partnerships, and increased support for self-empowerment and self determination.

Recommendations:

1) Anti-racism awareness campaigns should consider Aboriginal and Torres Strait Islander people as a distinct group, with unique experiences and histories.

2) Recognise the rights of Aboriginal and Torres Strait Islander people in a preamble of the Australian Constitution.

3) Develop a National Induction Program for both 'new' Australians and International Medical Graduates that includes Indigenous health, history and culture.

4) A national approach to tackle racism including the development of a cultural competence package (with relevance to local and professional contextual differences), guidelines and national requirements and indicators to monitor cultural competence.

5) That the Australian Government foster strong consultative and collaborative partnerships with Aboriginal and Torres Strait Islander leaders, organisations and communities.

AIDA would welcome the opportunity to discuss this submission in further detail. The contact person in the AIDA Secretariat is Ms Leila Smith, on phone 02 6273 5013.

Associate Professor Peter O'Mara
President

21 May 2012

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[15] Medical student quoted in Medical Deans Australia and New Zealand & Australian Indigenous Doctors' Association. A Review of the implementation of the Indigenous Health Curriculum Framework and the Healthy Futures Report within Australian Medical Schools. Medical Deans Australia and New Zealand Inc. and the Australian Indigenous Doctors' Association. 2012: p. 33 and p. 3.