



Climate Health WA Inquiry

Inquiry into the impacts of climate change on health in Western Australia

**Inquiry Lead:
Dr Tarun Weeramanthri**

Witnesses:

**Ms Ali Meehan
A/Policy and Strategy Manager, Aboriginal Health Council of WA**

**Ms Ronda Clarke
Sector Engagement Officer, Aboriginal Health Council of WA**

Thursday, 28 November 2019, 11.15 am

[11:16:55]

HEARING COMMENCED

5 DR WEERAMANTHRI: Ms Clarke, Ms Meehan, I'd like to thank
you both for your interest in the Inquiry and for your appearance at today's
hearing. The purpose of this hearing is to assist me in gathering evidence for
the Climate Health WA Inquiry into the impacts of climate change on health in
10 Western Australia. My name is Tarun Weeramanthri and I have been
appointed by the Chief Health Officer to undertake the Inquiry. Beside me is
Dr Sarah Joyce, the Inquiry's Project Director. If everyone could please be
aware that the use of mobile phones and other recording devices is not
permitted in this room, so if you could please make sure that your phone is on
silent or switched off.

15 This hearing is a formal procedure convened under section 231 of the Public
Health Act 2016. While you are not being asked to give your evidence under
oath or affirmation, it is important you understand there are penalties under the
Act for knowingly providing a response or information that is false or
20 misleading. This is a public hearing and a transcript of your evidence will be
made for the public record. If you wish to make a confidential statement
during today's proceedings, you should request that that part of your evidence
be taken in private. You have previously been provided with the Inquiry's
terms of reference and information on giving evidence to the Inquiry. Before
25 we begin, do you have any questions about today's hearing?

MS CLARKE: No.

30 MS MEEHAN: No.

DR WEERAMANTHRI: For the transcript, could I ask each of you
to state your name and the capacity in which you are here today, and if you
could also briefly state your name prior to speaking through the hearing so we
can capture that for audio?

35 MS CLARKE: Hi, my name's Ronda Clarke and I'm the
Sector Engagement Officer for the Aboriginal Health Council of WA, which is
the peak body for the 23 Aboriginal Community Controlled Health Services
across WA.

40 MS MEEHAN: And my name's Ali Meehan, I'm
the Acting Policy and Strategy Manager for the Aboriginal Health Council of
WA.

45 DR WEERAMANTHRI: Thank you, both. Ms Clarke, would you
like to make a brief opening statement?

MS CLARKE: Yes, I would. But before doing that, I'd
50 like to acknowledge the Wadjuk Traditional Owners of the Noongar nation
whose land we are presenting on today and the Elders past, present and
emerging.

[11:19:05]

5 Today, we've done a visual – I'll leave Ali to show you.¹ And the visual is the
view and the effects and impacts that climate change has on Aboriginal people
and their communities. Just a little description on the painting. The white dots
come from the top of the sky and from the bottom through the water, which is
10 the sea and the water holes. It shows climate change as a disease and how this
affects and impacts on every living thing, from the individual, their family, the
infant within the womb, the wildlife, their offspring, their eggs, the fish in the
ocean or the waterways, the plants, the trees, the bush, the bush tucker, our
traditional medicines and the landscape on which one lives, works and plays.

15 This picture shows how Aboriginal people are Traditional Owners of this
country, descendants from a proud people. It's about our cultural identity and
our links and connection to land and country. For our people, it's, "I'm country
and country is me. I am culture and culture is me. I am the bush, the bush is
me. I am the river, the river is me. My family is me and we are one. We are
20 community". The black dots show things can change. They can come in many
different forms and colours, just like a disease and like climate change. This is
why respect and acknowledgement for our Elders is important. These are the
people that know where you should build a house, explore, dig for water. They
know the seasons, when to fish, when to hunt, when to plant, when to pick, and
when to burn. These are the people that need to be consulted regarding the
25 lands, waterways, culture, values and beliefs. And our opening statement from
the Aboriginal Health Council and our Aboriginal Community Controlled
Health Services is what climate change means for Aboriginal people and their
communities.

30 Aboriginal people are the Traditional Custodians of the land on which we
walk, work and live. It's important that we recognise their continued
connection to the land, sea and community and acknowledge that this
connection has extended over 60,000 years. Aboriginal people and their
culture have continued to survive despite their ongoing trauma and experience
35 by invasion and colonisation. For Aboriginal people in their communities, the
impacts of climate change resembles the experiences of colonisation. When
the first settlers invaded Australia, falsely and disrespectfully calling it *terra
nullius*, no one's land, they brought with them many strangers carrying many
diseases. Today, the man-made impacts of climate change are bringing a new
40 form of disease to our country. For Aboriginal people, their culture and their
beliefs are underpinned by their dreamtime, language, skin groups, family,
kinship systems and community, as well as the land and the country on which
they live.

45 For thousands of years, Aboriginal people have continued to live in harmony
with the land, sharing their traditions, values, culture and beliefs. And as they

¹ A photo of A *Visual View of the Effect and Impact Climate Change has on Aboriginal People and their Community* is attached at the end of this transcript.

have hunted, fished and gathered food, Aboriginal culture has been shared from generation to generation by means of storytelling, and through many forms, inclusive of stories, song, dance and art.

5 [11:22:33]

10 The dreaming is history, a history of how the world, which was once featureless, once transformed into mountains, hills, valleys and waterways. The dreaming tells about how the stars were formed and how the sun came to be. Climate change is having a significant impact on all elements of Aboriginal culture, Aboriginal people and their communities. Some of these impacts include changes to the landscape, including the waterways, the water holes. These are drying up.

15 The loss of traditional bush medicines and bush tucker. Decreased numbers and increased migration of native animals, many of which are traditional food sources that contribute to the diet of Aboriginal people. Changes in biodiversity, affecting the fish species in the ocean and the rivers. Loss of previous Aboriginal culture, heritage, dreamtime, history and land. Aboriginal people are being forced from their lands and homes due to extreme weather such as floods, droughts and fires. The loss and dispossession of traditional lands, including sacred sites, meeting places and waterways.

25 And most relevant to this Inquiry, climate change is affecting the physical health, and social and emotional wellbeing of Aboriginal people and their communities. It is like a disease, which impacts are felt severely by our most vulnerable—pregnant women, infants, children, youth, the chronically ill, the disabled and the elderly. But in closing, if we were to call climate change a disease, would more people take notice?

30 DR WEERAMANTHRI: Ms Clarke, thank you very much for that opening statement, and I just acknowledge the significance and beauty of the painting that you have shown us. And thank you for explaining its meaning to us, as well. Could I just confirm, for the record, who the artist is?

35 MS CLARKE: That would be Ronda Rudda Rudda.

DR WEERAMANTHRI: That's yourself, correct?

40 MS CLARKE: That is, yes.

DR WEERAMANTHRI: Terrific. So we've got that now for the record. And I think it's important to recognise that. Great.

45 MS MEEHAN: Ali Meehan. Sorry, can I just add to what Ronda has said about the painting. It actually has been endorsed by all the CEOs and the Board of AHCWA, as well as being representative of how

their response is to, you know, this Inquiry as well. So it definitely is an important part of what we are presenting today.

5 DR WEERAMANTHRI: And we'll certainly look and see whether we could include that in our final report in some way, and if you have any problems with that, let us know. But given the spirit in which you've presented that, I hope that's okay.
[11:25:23]

10 MS CLARKE: Don't have problem with that at all.

DR WEERAMANTHRI: Thank you.

15 MS CLARKE: Happy.

DR WEERAMANTHRI: Thank you for your very detailed and helpful written submission, as well, which includes some compelling case studies, and for engaging with the Inquiry throughout in such a positive manner. I'm delighted we've been able to tailor some of our consultation sessions for Aboriginal individuals and organisations, including holding forums in Broome and in Perth in recent months. Can I just start by asking you what you think is the general level of awareness of these issues in the Aboriginal community controlled health sector?

25 MS MEEHAN: Ali Meehan. Aboriginal communities are communal and collective. Aboriginal Community Controlled Health Services, which we call ACCHS, so if I refer to ACCHS in the remainder of this hearing, that's what I'm talking about. Aboriginal Community Controlled Health Services, ACCHS, are intrinsically connected with community. So when you ask what the general awareness of the impact of climate change on health is in the ACCHS sector, the answer can't be separated from the level of awareness of Aboriginal communities as a whole. The impacts of climate change are being felt across the breadth of Western Australia's Aboriginal communities, as they continue to witness unprecedented changes to their country, environment and quality of life.

30 While the CEOs of AHCWA's member ACCHS have told us that their services are responding to ever-increasing climate-related presentations in their clinics, the health impacts of climate change are only really starting to emerge in the public discourse. Responses to the health impacts of climate change must be in partnership, but government policy is well behind in its work on this. AHCWA acknowledges that urban areas of Western Australia experience the negative health impacts of climate change, for example, extreme heat in the built environment can cause significant discomfort, dehydration, and respiratory distress for people living in the Perth metro area. However, the experience of Aboriginal people in rural, remote and very remote areas is compounded due to the diverse climatic and environmental zones of Western Australia.

As Ronda's already mentioned, on their lands, Aboriginal people are experiencing extreme weather events, including heatwaves, drought and flooding.

5 [11:27:55]

10 This is resulting in increased presentations to ACCHS's clinics of Aboriginal people with respiratory disease, mosquito-borne diseases, scabies, acute rheumatic fever, trachoma and ear infections. The deteriorating social and emotional wellbeing of Aboriginal people in areas impacted by severe weather events is also an increasing concern. We're receiving reports from Aboriginal rangers on the lands that changing conditions in the bush and the desert mean that traditional medicines and bush tucker are either diminished or extinct. The compound effect of this is a disconnection from traditional cultural norms and practices which Aboriginal Elders fear will soon be unknown to Aboriginal children and Aboriginal young people.

20 So a lot of the impacts of climate change on health in rural, remote and very remote areas remain unwitnessed by policymakers in urban areas. Our society needs to really understand the extent of the damage and must work with ACCHS to develop solutions. They live the reality of climate change every day, in and with their communities. That's their level of awareness. They must be empowered to work with traditional Elders and the community to develop local solutions using local language, knowledge and expertise.

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DR WEERAMANTHRI: Thank you, and we might get to, if we have time, some of those specific, if you like, witness statements about impact, but acknowledging that you have provided some of that in your written submission. Before we do that, could you outline the model of care adopted by all Aboriginal Community Controlled Health Services in WA and why that might be relevant to taking action on climate change?

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MS CLARKE: So Ronda Clarke. The model of care delivered by Aboriginal Community Controlled Health Services is unique.² It places the person at the centre of their care and requires that a holistic perspective is used when delivering health and social and emotional wellbeing services to that individual or that person. The model of care is a multi-disciplinary, comprehensive holistic model that is underpinned by eight equally important fundamental dimensions. That's family, community, culture, spiritual, the physical, the emotional, language, and country. It provides a whole of life perspective, and prioritises the need and experiences of the whole person, including their family and the significant others that come with it.

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45 The model offers cultural security for Aboriginal people and recognises the alternate options to Western medicines and methods, including traditional

² A document providing a definition of health in the Aboriginal Community Controlled Health Services model of care, and outlining the eight determinants of the wellbeing of Aboriginal and Torres Strait Islander people and their communities is provided at the end of this transcript.

5 healers and bush medicines. A key strength lies in its delivery by experienced
Aboriginal workers who understand cultural security, they understand cultural
awareness, what cultural practices are, values, the connection to family,
community, and country. All services and supports for Aboriginal people are
informed by that model. Using the model of care, the Aboriginal Community
Controlled Health Services are unique in their approach to Aboriginal Health.
[11:31:16]

10 They don't just see the cut or the injury, they see where it came from, how it
happened and why it happened. It's not just a six-minute consult when they go
into one of our clinics. It's a holistic. They're seeing all those elements. And
we have provided a poster of our model of care and some printouts that define
each, actually, dimension for it, to the committee.³

15 The same approach is required for understanding how the ripple effects of
climate change have broad ranging impacts of the health and the social and
emotional wellbeing of our people and their communities. Our model of care
is holistic; you can't just look at one of its dimensions. Like, for example, you
can't just look at the physical dimension without considering all of the others.
20 Climate change is the same. It has many drivers and extensive impacts, so
when thinking about solutions, we must recognise that everything is connected.
You can't consider climate change, adaptation and mitigation strategies without
considering the whole system. The approach has to be the same. It has to have
a regional approach, as regions are different, and for Aboriginal people across
25 WA, it is different. And the classic example is, I could do an
acknowledgement this morning, but I could not do a Welcome to Country
because I'm not from this area. And that's important for Aboriginal people.

30 DR WEERAMANTHRI: Thank you for explaining that to us. I
was struck by your statement that these eight dimensions are equally important.
That's quite a difficult concept for us to get, because we, kind of, instinctively
rank things in a Western biomedical model of care.

35 MS CLARKE: Yeah. And that's the difference between
our model and the Western model of care. Ours doesn't just see that. And for
some people, to explain a little bit extra, in-laws can't sit or have eye contact
with other in-laws. So in some of our clinics, there might be a dividing wall so
that they can still get the same quality of care, one can sit this side, one can sit
that side. The Aboriginal Health Workers can attend to them on separate
40 bases. Language issues, like language can be second, third or fourth language.
The Aboriginal people that are working in those clinics can understand it and
help out. That's the difference. So that cut might have been from something
else, and that's the understanding behind it all.

45 DR WEERAMANTHRI: You've mentioned the mental health
impacts on the Aboriginal community. Can you describe the range of those

³ A copy of these documents is provided at the end of this transcript.

impacts? Some examples maybe, and the relationship of that mental health concept to the broader concept of social and emotional wellbeing.

5 MS CLARKE: Ronda Clarke. I'd like to start by giving some concrete examples of the way that climate change is impacting the social and emotional wellbeing of Aboriginal people and their communities. To start with, social and emotional wellbeing is how we call mental health.
[11:34:32]

10 The stigma for mental health for Aboriginal people is, "We're going to lock them in Graylands". That's the difference between why we call it social and emotional wellbeing and not mental health. Further to what Ali and our opening statement has already said, changes to the landscape means that we are losing important plants and animals that are essential for Aboriginal food
15 sources and cultural traditions. Climate change is killing off the bush tucker and our bush medicines, therefore our cultural connections are changing.

When we're unable to access sacred sites and meeting places, as a result of extreme weather events, our connection to the land and country is cut. And
20 when we are forced to move off country, whether it be due to an approaching storm, a cyclone, and then the damage that they cause, our social and emotional wellbeing is affected, because we have to move. When we talk about mental health impacts of climate change, we're talking about the loss and disconnection of our spiritual identity, our cultural beliefs and our values,
25 which are essential requirements for our own life force.

It's a completeness and a wellness. And that's our social and emotional wellbeing coming together. Aboriginal law and spirituality are inseparable, they're intertwined with the land and with us being on country. Any
30 disconnect from family, culture, community and country can contribute to an unhealthy or an imbalance in one's state of mind, body and soul. Culture for Aboriginal people is an awakening. It's the window to one's soul. It depicts who a person is, it guides their behaviours and how they live, and how their lives evolve. It encompasses their values, their beliefs, the customs, the
35 practices that are central to the health and the social and emotional wellbeing of our people. So our physical being only supports our essence and it shelters us from the extreme environment, whereas for us, social and emotional wellbeing plays a big part in all that.

40 DR WEERAMANTHRI: We haven't heard too much in this Inquiry as yet about food security. Could you outline how climate change might impact on food security of Aboriginal communities?

45 MS MEEHAN: Ali Meehan. Firstly, I'd just like to note that we absolutely acknowledge the extreme impact that climate change is having on the agricultural sector, which obviously, ties in very tightly with food security, but it's not really what we're going to talk about today. But just wanted to just acknowledge that we're very, very aware of that and supportive

of the farmers that are doing it very difficult in the country. Food security for Aboriginal people in Western Australia has not yet been achieved. While the vast majority of Western Australians have access to safe, affordable, nutritious, and high-quality food, many Aboriginal people, particularly those in remote communities, are not afforded this access.

5 [11:37:48]

To understand the present state of food security for Aboriginal people, it's important that we acknowledge that food security for Aboriginal people began with colonisation. Prior to colonisation, Aboriginal people lived as hunter-gatherers with their survival dependent on a comprehensive knowledge of the land, its waterways, seasonal cycles, plants and animals. The arrival of settlers, as Ronda mentioned in the opening statement, resulted in the land that the Aboriginal people used to hunt and gather being destroyed and their waterways polluted. Colonisation adversely affected Aboriginal people's access to and use of traditional foods and the retention of this cultural knowledge, forcing Aboriginal people to change their ways and rely on Western foods.

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Climate change compounds this food insecurity for Aboriginal people. So let me start with nutritional food security. Access to food stores can be a significant issue in remote communities, particularly when extreme weather events lead to road closures, causing Aboriginal people and their communities to be cut off from their local community stores for extended periods of time. The impacts of climate change can also cause issues with freight transport to communities, often leading to a reliance on frozen pre-packaged foods lacking in nutritional value. While campaigns on healthy food consumption, preparation and cooking play an important role in improving food security among Aboriginal people, the effectiveness of such initiatives is dependent on healthy food being available and accessible in the first place. And in addition to that, I also say nutritional food being affordable. We're finding that there are, you know, lots of examples of remote communities paying excessive amounts of money for fresh fruit and vegetables.

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In our submission, we provided a case study on flooding in the Kimberley region and how they had to fly fresh produce into the community. While this was done on this occasion, this is not always possible, as many communities don't have a sealed airstrip, or an airstrip at all. Poor environmental health infrastructure is also a major impediment to nutritional food security. Although the data is old, a study from 2008 found that in Aboriginal communities across Australia, only six per cent of houses had functioning nutritional hardware, such as storage space for food, adequate bench space for preparing food, refrigeration and a functioning stove and sink.

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The ACCHS sector has long promoted the role of environmental health in mitigating and adapting to environmental causes of poor health and wellbeing. It's an essential and unique knowledge base and skill set that is held by the ACCHS sector, and options for the expansion of environmental health in

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responding to climate change, and in this example, food security, must be considered. It's also important to consider the impacts of climate change on cultural food security. Ronda has already mentioned that traditional hunting and gathering has remained an important way of life for many Aboriginal people.

[11:40:51]

Hunting for food is a central part of the diets of many Aboriginal communities and is also of significant cultural importance. Changes to the environment as a result of climate change can prevent these traditional practices from taking place.

Many Aboriginal communities, particularly those located in remote regions with limited food being transported into their communities, may rely heavily on traditional hunting and gathering as their primary food sources. Not having access to this can lead to significant health problems, including social and emotional wellbeing issues associated with the loss of this cultural practice, which I think Ronda eloquently told us earlier. While not directly related to food security, bush medicine and traditional healing practices play an important role in the holistic approach to health among Aboriginal people. Use of the natural environment, such as herbs and other plants, are an important part of bush medicine practices. Climate change can see the destruction of many of the species that Aboriginal people rely on to carry out healing, which in turn, can have adverse health effects for Aboriginal people and their communities.

DR WEERAMANTHRI: That's terrifically helpful, thank you. There's some very practical implications of climate change for recruiting and retaining staff who live and work in rural and remote areas of the state, in particular, including for Aboriginal Community Controlled Health Organisations. What are some of these issues, say, around housing, air-conditioning and the like?

MS MEEHAN: So as you can imagine, the conditions in which many of our member services operate can be very harsh. In many locations, there is the challenge of isolation, limited access to goods and services. There's often poor connectivity to the Internet, and restricted options for professional supervision and support. Of course, all these challenges are compounded by very diverse and often extreme weather conditions. There are consistent challenges for attracting and retaining staff in some ACCHS. Services have to be flexible in how they recruit and remunerate staff in remote area single nursing posts in the Kimberley, Pilbara, Goldfields and Central Desert regions. There are also significant issues with the workforce available to deliver services to people with disability under the NDIS. There are currently many Aboriginal clients of the Puntukurnu Aboriginal Medical Service in the Pilbara who have a fully approved NDIS plan, however, there are no organisations to deliver the services.

5 While extreme weather is not the only cause of employment and retention challenges, it is certainly a key contributing factor. Comfort of staff in ACCHS is a high priority, but infrastructure in some areas is very difficult and costly to maintain. Due to the harsh conditions, the need for maintenance can also be unrelenting.
[11:43:44]

10 Red dust, caused by dry land and strong winds which are directly resulting from the climate impacts – well, climate change – they can severely damage air-conditioning units which are essential in areas where the temperature regularly exceeds 40 degrees. However, maintenance services are often not readily available, meaning that there are often long delays for essential works to be completed, and to transport equipment and parts into the community.

15 As detailed in our submission, climate change also impedes the ability of ACCHS staff to complete their daily tasks. As we mentioned, after a particularly bad wet season, the Bidyadanga community in the Kimberley was cut off by road from surrounding areas. The Kimberley Aboriginal Medical Service, otherwise known as KAMS, organised for Bidyadanga Aboriginal Community Health Service staff to be brought into the community by boat to ensure that staff were able to deliver health services, and that they also had the necessary supplies to do their jobs. The full cost of this was actually borne by KAMS, not either the State or the Commonwealth Government. They had to find that funding out of their own, you know, existing funding, which obviously provides a burden for Aboriginal Community Controlled Health Services.

30 Finally, an important consideration is the impact of climate change on the social and emotional wellbeing of ACCHS staff. We've talked a lot about social and emotional wellbeing for clients of our services, but our staff are members of the community, as well. A lot of them – I don't know the proportion but –are Aboriginal people themselves. So these amazing professionals live in communities, and as a result, they are literally on 24–7. The risk of staff burnout is already significant, but is compounded by the challenges of climate change. AHCWA strongly believes that these are key issues for government to consider if they are truly committed to a sustainable primary health system for Aboriginal people.

40 DR WEERAMANTHRI: You did mention it, but I'm struck just by the cost of providing and maintaining and replacing air-conditioning, for example. Is this, you know, a big item in Aboriginal Community Controlled Health Organisation's expenditure in the north of the state, for staff or for the clinic or whatever.

45 MS MEEHAN: Ali Meehan. I mean, Ronda may have knowledge of the costs, but if we can't give you the adequate information - - -

MS CLARKE: We'd like to take that one on notice - - -

MS MEEHAN: - - - we'll take it on notice.

[11:46:25]

5 MS CLARKE: - - - because we don't have the full costs
of that – Ronda Clarke – and we'd like to take that on notice as to provide – we
can probably provide some of the costs in that area⁴. I know there is costings
with solar panels and having connection to the main grid, which is a part of the
clinic. So for (indistinct) change, you need to have power. And we've already
10 put that in our submission, that's part of our submission, is one of the costings
there on that. But the other, we'd like to take on notice.

DR WEERAMANTHRI: Yes. And I do acknowledge that in your
written submission, you gave us some information about flooding in the
15 Kimberley in 2018, which you've just referred to. And we've also heard about
the impact of Cyclone Veronica earlier in 2019 in the Pilbara, for example. So
those two case studies, kind of, go together in terms of flooding impact.

MS MEEHAN: Ali Meehan. The only thing I'd
20 say is that they were two... as you just said, they're two years apart, like, one
was 2018, one was 2019. So the issue is you have communities recovering
from the first event and then, you know - - -

MS CLARKE: Recovering again.

MS MEEHAN: Yeah. So it's this ongoing... and I
think I made mention that it's unrelenting, these impacts, yes.

DR WEERAMANTHRI: So just turning to the, kind of,
30 opportunities side of it. We talked about the cost of air-conditioning, but
would you like to expand on the solar panel technology you've introduced, that
you talked about your written submission, in the Goldfields and Pilbara? I
think that's the Spinifex Health Services.

MS MEEHAN: Yes.

MS CLARKE: Yes. Do you want to answer that one
now?

MS MEEHAN: It depends on how much – sorry,
40 Ali Meehan.

MS CLARKE: Yes.

⁴ Supplementary financial information on the costs of air-conditioning maintenance was provided to the Inquiry team after the hearing

MS MEEHAN: If you're needing a lot of detail, we can probably take that on notice. Ronda, do you have information about what happened at Spinifex?

5 MS CLARKE: Other than what we've already put in our submission, I would have to take it on notice to get permission to actually put any more than what we've already got in there, because I'm only one voice, and

[11:48:16]

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one Aboriginal voice here today, speaking on behalf of our 23 Aboriginal Community Controlled Health Services, and to me - - -

DR WEERAMANTHRI: What about the principle here?

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MS CLARKE: Yes.

DR WEERAMANTHRI: So rather than – we don't need more detail about that.

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MS CLARKE: Yes.

DR WEERAMANTHRI: But if you could just talk to the principle of, you know, providing renewable energy in a remote area, which both impacts positively on the environment, but also reduces your costs.

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MS MEEHAN: Yes. Sorry, Ali Meehan. Obviously, our sector is committed to improving its environmental footprint. I think that there are massive challenges for that, as we've mentioned, with regards to the geographical challenges, I think, is one of the major issues, and to compound that is the funding. So the principle behind making our services... the principle behind our services making themselves more environmentally safe, very much something that our sector wants to embrace going forward. But the reality is the funding is not there to do that. And the other thing is the expertise in some of these areas is not there either.

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So I think what we've been sort of saying in our submission, and what we're continuing to say throughout this hearing, is that to enable our sector to really engage in a real, meaningful way – I mean, we all have good ideas. And I speak personally about the things I, as an individual, try and do to, you know, be more environmentally friendly. But I think as a sector, we can only do what we're equipped to do. And we're embracing this climate inquiry and the opportunities it brings. But linking the principles and the action is difficult. When you talk about Spinifex, Spinifex is in the process of getting solar panels, or has them?

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MS CLARKE: Just about to get the funding to put them up so that they can – they've already got them, and what they were trying to do

was connect to the grid. So the funding was there for the solar panels, but that funding took a while for them to get and to search for. But it's connected to the grid so that they were workable, was the issue, because that was a whole different bucket of funding. I suppose, really, in hindsight, governments and people, we don't talk to each other collaboratively, we don't work collaboratively together. And the further you go out of WA and rural remote, the more expensive it gets, and it makes it harder.

[11:51:08]

So what you could build in the metro area, can I say, the price tag on it out in rural remote is a completely different price tag all together. And bearing in mind the further you go up to the Kimberleys, then you're rated a six cyclone area. So that is even higher again when it comes to infrastructure and what you build there.

MS MEEHAN: But I think – I mean, leading into – sorry, Ali Meehan – leading into, you know, the next question that you provided us with in preparation for this hearing, there is sustainability measures being addressed in our sector. So I would look at solar panels being an adaptive, kind of, strategy, and to harness the power that is there from the sun to be able to power a clinic. Whereas our services are now looking at, you know, more – and probably still adaptive, kind of, strategies, through development of sustainable buildings and those kinds of initiatives. And I think, in our submission, we made particular reference to the health hub down in the South West Aboriginal Medical Service in Bunbury. So yes, I think when we've spoken to our Chief Executive Officers about climate change, the will is there. But doing it on top of a day job, doing it when you're funded only to provide core services for Aboriginal people in trying conditions, that's where we, sort of, fall down. Yes.

DR WEERAMANTHRI: We are talking to WA Country Health Service today, you know, in the next hearing. And I would say that what you described is not unique to the Aboriginal Community Controlled Health Services.

MS MEEHAN: No, absolutely not.

MS CLARKE: Exactly.

DR WEERAMANTHRI: So we are getting the same message from a range of health players.

MS MEEHAN: Yes.

DR WEERAMANTHRI: So it is helpful to hear it from your point of view.

MS MEEHAN:

Yes.

DR WEERAMANTHRI: And your comment about partnerships is well taken. You said earlier that some impacts are unwitnessed. And I'll just offer you the opportunity to either talk about any things that we haven't talked about so far in terms of frontline impacts that, you know, may not have come through to us or been emphasised, but also the ability for your sector to provide frontline witnesses.

[11:53:53]

So people are actually on the ground across the state, seeing with their own eyes what's happening, and those kind of inputs are often not systematically picked up. We certainly heard some stories in Broome, for example, from rangers who are out on the... you know, on country, giving us some very practical examples of what they've witnessed, themselves. And I'm presuming you've got a network of people across the state who work for you who are frontline staff.

MS CLARKE: Ronda Clarke. Can I say, most importantly for Aboriginal people, their Elders and their communities are the custodians of the land and should be empowered to make, develop, decide and lead some of these responses to climate change. You know, their involvement is a big part of us even presenting here today. It's about the people, the Aboriginal people, and their communities, and we need to develop local solutions at a grassroots level.

MS MEEHAN: And I guess I'd also say – sorry, Ali Meehan – in relation to what you're saying about practical examples. What we're hearing strongly from our services is that they are responding to the impacts of climate change daily, but not necessarily linking it to climate change, because it's been an insidious change. So, you know, perhaps 30 years ago, you know, there may have been X number of people coming in for this particular illness, which was minimal, and then just that slow creep over time has now meant that they maybe confront that issue on a day-to-day basis. But because it's been insidious, it's not something that they've necessarily clicked and gone, "That's related to the change in our climate". So practical examples are probably something that I have to think about, because it's the day to day. It's kind of like, you know, not being able to see the wood for the trees.

So these kinds of inquiries are important for really shining a light and getting people thinking and not just accepting, you know, that life goes on. It's like, "No, hang on, there's something going on here and we need to actually respond". So we've actually been very welcoming of this whole process because it really does get not only the government to be aware of what's happening, but also for us to look back at our own selves, our own services and say, "What's happening and how can we make it better?"

DR WEERAMANTHRI: Thank you. Just got a few minutes left, so I might try and look forward and, you know, just acknowledging the engagement of your organisation also, I will say, the National Aboriginal Community Controlled Health Organisation, which also gave us an excellent submission. But, you know, your sector has really participated in the spirit of this Inquiry, which is we don't know all the answers, we're at different points, that people want to do more and want support to do more. But looking forward, I think you've given us a message about how you'd like the community controlled health sector to be involved.

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And it's quite a strong message, which I might just ask you to put on the record.

MS CLARKE: Yes, and – Ronda Clarke – we understand that this Inquiry intends on making final recommendations, and we ask that any of the recommendations which impact on Aboriginal people are discussed in good faith with us and, you know, with the voices of our Elders and our youth. That's our future for tomorrow and for our communities. It's about having a voice and being heard. And we've welcomed being able to present, to put our case across, from an Aboriginal's perspective and an Aboriginal health perspective and how we see it.

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MS MEEHAN: And could I just add to that – Ali Meehan – you mentioned before, in response to what I said about the impacts of climate change on Aboriginal communities being unwitnessed. There's a tension in that for our Aboriginal communities, because the beauty of the Aboriginal Community Controlled Health Sector is the self-determination that comes with that. And so inviting people into community to witness these impacts of climate change is almost a double-edged sword, because there is a potential perception of loss of that self-determination. So I think what we would like to put forward is what we've kind of been saying all along, is that this is a partnership. This has to work as a collaboration.

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Witnessing what's happening on the ground needs to also involve, as Ronda has just said, engaging with Elders, engaging with knowledge, respecting the expertise that Aboriginal people have from the 65,000 years they've been on this country. So that's what, I guess, I would say, is it needs – although we want government on board, we also want to maintain a seat at the table, an equal seat at the table. It's not the token Aboriginal advice, it's the seat at the table involved in the decision-making as well.

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MS CLARKE: Yes, and – Ronda Clarke – and we need a whole of government approach with regional focuses. Each region is different, as I said before, so it needs everybody to come together. For this to make any change, we need to work collaboratively and we need to work in coordination together. And that's something that we probably don't all do, but we're willing to do that.

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DR WEERAMANTHRI: I'm just struck by your final words that explain your painting, Ms Clarke, which is about change, and it's about showing how things can change. And you've also emphasised the respect and acknowledgement and role of Elders, and all of the knowledge that they bring in different areas, which are clearly relevant. And in your written submission, you asked us to consider your sector co-leading, co-designing and co-evaluating initiatives in future, and certainly we'll be putting some recommendations forward about the governance of anything going forward - - - [12:00:55]

MS CLARKE: Yes.

DR WEERAMANTHRI: - - - which needs to be, you know, inclusive.

MS CLARKE: Yes.

DR WEERAMANTHRI: Do you want to give you the last word, Ms Clarke, rather than having the last word. Do you want to look back at your painting and just tie it up for us?

MS CLARKE: Can I say, in looking at the painting and being sitting on the Sustainable Health Review Climate Change Committee and with all the meetings for over 18 months now, and listening to what's coming back from our Elders and our community members across WA, we want to improve our services, we want to try and help make the change. We're already feeling that change out in rural remote, can I say. And yes, if we did call it a disease, would everybody stand up and take notice? Because it's like everybody's going, "It's in our face, it's in our face". That changing landscape is a big social, emotional impact on our Aboriginal people and our communities. We're losing our identity. If we lose our identity, where do we stand in the picture? So what we're asking for is a seat at the table. We want to be there so that we've got a voice and be heard.

DR WEERAMANTHRI: Ms Clarke, Ms Meehan, thank you both very much for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct. While you cannot amend your evidence, if you would like to explain particular points in more detail or present further information, you can provide this as an addition to your submission to the Inquiry when you return the transcript, though I do note you've already provided us with very comprehensive materials. Once again, thank you both very much for your evidence.

MS MEEHAN: Thank you for having us.

MS CLARKE: Thank you very much for having us and giving us an honoured opportunity to be able to present.

5 HEARING CONCLUDED

A Visual View of the Effect and Impact Climate Change has on Aboriginal People and their Community



A Visual View of the Effect and Impact Climate Change Has on Aboriginal People and Their Community

The white dots coming from the top of the sky and from the bottom through the water (sea or waterholes), show climate change as a disease, and how this affects and impacts on every living thing, from the individual, their family, the infant within the womb, the wildlife and their offspring (eggs), the fish in the ocean or waterways, the plants and trees, the bush tucker, traditional medicines, and the landscape on which one lives, works and plays.

The visual shows how Aboriginal people are traditional owners of this country, descendants of proud people. It's about our cultural identity, our links and connection to land and country. For our people, it is - 'I am culture and culture is me. I am country and country is me. I am the bush and the bush is me. I am the river and the river is me. My family is me and we are one, we are community.'

The black dots show things can change. They can come in many different forms and colours, just like a disease and like climate change. This is why respect and acknowledgement of our Elders is important. These are the people that know where you should build a house, explore and dig for water, they know the seasons, when to fish, when to hunt, when to plant, pick and when to burn. These are the people that need to be consulted regarding the land, waterways, culture, values and beliefs.

Aboriginal Health Council of Western Australia and Aboriginal Community Controlled Health Services Opening Statement

What Climate Change Means for Aboriginal People and Their Communities

Aboriginal people are the traditional custodians of the land on which we walk, work and live. It is important that we recognise their continued connection to the land, sea and community, and acknowledge that this connection has extended over sixty thousand years. Aboriginal people and their culture have continued to survive despite the ongoing trauma experienced by invasion and colonisation.

For Aboriginal people and their communities, the impacts of climate change resemble the experiences of colonisation. When the first settlers invaded Australia, falsely and disrespectfully calling it 'Terra Nullius - No One's Land' - they brought with them many strangers carrying many new diseases. Today, the manmade impacts of climate change are bringing a new form of disease to country.

For Aboriginal people, their culture and beliefs are underpinned by their dreamtime, language, skin groups, family, kinship systems and community, as well as the land and country on which they live.

For thousands of years, Aboriginal people have continued to live in harmony with the land, sharing their traditions, values, culture and beliefs, as they hunted, fished and gathered food. Aboriginal culture has been shared from generation to generation by means of storytelling through many forms, inclusive of stories, song, dance and art. The dreaming is history. A history of how the world, which was once featureless, was transformed into mountains, hills, valleys and waterways, the dreaming tells about how the stars were formed and how the sun came to be.

The changing climate is having a significant impact on all elements of Aboriginal culture, people and communities. Some of these impacts include:

- Changes to the landscape, including waterways and waterholes - these are drying up;
- The loss of traditional bush medicines and bush tucker;
- Decreased numbers and increased migration of native animals many of which are traditional food sources that contribute to the diet of Aboriginal people;
- Changes in biodiversity, affecting fish species in oceans and rivers;
- Loss of precious Aboriginal culture, heritage, dreamtime, history and land;
- Aboriginal people being forced from their lands and homes due to extreme weather, such as floods, droughts and fires;
- The loss and dispossession of traditional lands, including sacred sites, meeting places and waterways.

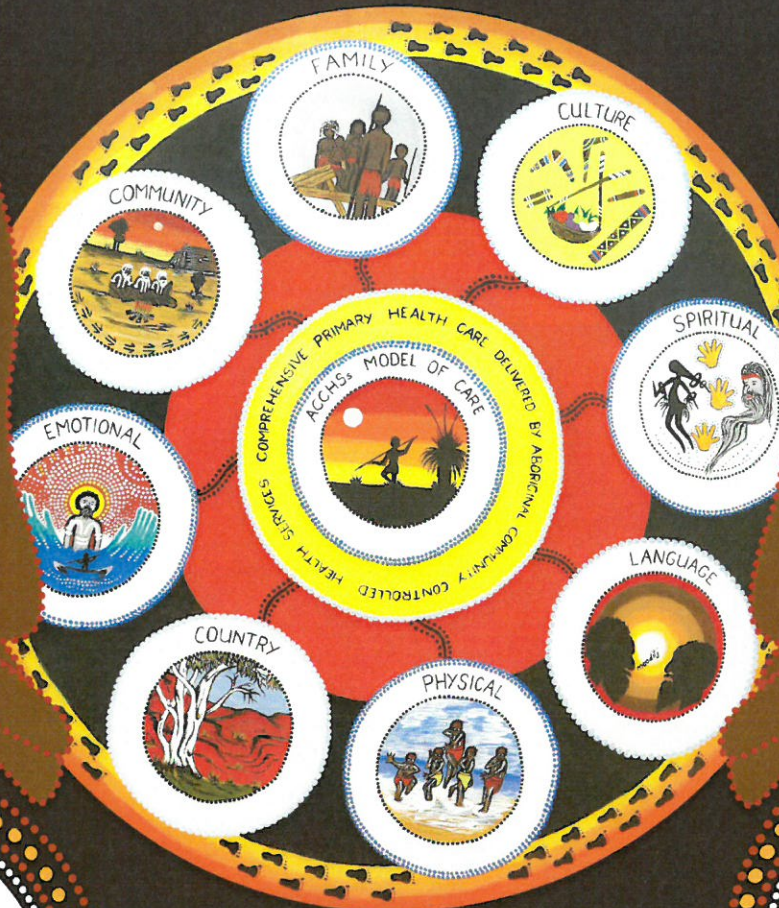
Most relevant to this Inquiry - Climate change is affecting the physical health, social emotional wellbeing of Aboriginal people, and their communities. It is like a disease, with impacts felt severely by our most vulnerable, pregnant women, infants, children, youth, the chronically ill, the disabled and the elderly.

If we were to call climate change a disease - would more people take notice?

ACCHS Model of Care

The Aboriginal Community Controlled Health Services (ACCHS) Model of Care is underpinned by eight determinants that are required for the wellbeing of Aboriginal and Torres Strait Islander People and their Communities.

Definition of Health



Community Engagement

Involving local community members in service delivery enables the Practice to engage clients in appropriate healthcare. Aboriginal people must be included in leadership positions and decision making processes.

Multi-disciplinary Team Approach

Utilising the skills and knowledge of a variety of healthcare professionals allows for the complex care needs of clients to be met.

Aboriginal Workforce

An Aboriginal workforce delivering primary healthcare ensures a culturally safe environment.

Roles include: Aboriginal Health Worker/ Practitioners and other Health Professionals, Transport Drivers, Health Promotion Officers, Liaison Officers, Practice Managers, SEWB Workers, Receptionists, and Environmental Health Workers

Cultural Safety

It's important for clients to feel safe, welcome, and empowered.

This can include:

Aboriginal staff - familiar faces, Family environment, Layout of clinic, Longer appointments, Use of local artwork/ posters, Communication style, Service is holistic addressing the social determinants of health, Respect for cultural protocols



AHCWA
Aboriginal Health Council
of Western Australia

AHCWA aims to promote and strengthen the ACCHS model of care. A model that is built around the delivery of comprehensive, holistic and culturally secure primary health care services.

The Aboriginal Community Controlled Health Services Model of Care

The Aboriginal Community Controlled Health Services Model of Care is modelled and underpinned by eight fundamental dimensions pivotal to the health and wellbeing of Aboriginal People and their Communities. These dimensions we refer to as the foundations / cornerstones for Aboriginal Health and Wellbeing.

A disconnection from any of the eight dimensions can cause an individual to experience an imbalance in their overall health and wellbeing, not only from a medical point of view, but also an Aboriginal and cultural point of view.

The Aboriginal Community Controlled Health Services in WA acknowledge the importance of timely, accessible, affordable, acceptable and appropriate health care for Aboriginal People/Communities, that is strongly aligned and connected to Country and Cultural Heritage, and recognises the integral role that family and community play to the overall physical, mental and spiritual wellbeing of an Aboriginal person and community.



The Person

- I am Aboriginal, a traditional owner of this country, descendant from a proud people.
- I am culture and culture is me, I am country and country is me, I am the bush and the bush is me, I am the river and the river is me.
- My family is me and we are one, we are Community.



The Physical Realm



- The Physical realm refers to the capacity for physical health and development.
- It is the human biological wellness of one's self; mind, body and spirit.
- For Aboriginal people physical well-being is intertwined with the spiritual, emotional and family dimensions.
- Our physical being supports our essence and shelters us from the external environment.

The Spiritual Realm

- The Spiritual realm is identified as being the most essential requirement for health, as it provides the capacity for faith and wider communication.
- Health is related to unseen and unspoken energies.
- The spiritual essence of a person is their life force.
- This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going.



AHCWA

Aboriginal Health Council
of Western Australia

The Family Realm

- The family realm is the prime support system providing care not only physically but also culturally, spiritually and emotionally.
- For Aboriginal people, family is about the extended relationships rather than the nuclear family concept, and the capacity to belong and be a part of a wider social network support system.
- Family provides us the strength to be who we are and links us to our ancestors, our ties with the past, present and future.
- Understanding the importance of family and how family can contribute and assist in the healing process of Aboriginal people is vital and important to the holistic wellbeing of Aboriginal people.



The Emotional Realm

- The capacity to communicate, to think, feel and acknowledge that the mind and body are inseparable.
- Thoughts, feelings and emotions are integral components of the body and soul.
- How we see ourselves in the universe, our interaction with that which is uniquely Aboriginal and the perception that others have of us.

The Community

- On country and connection with country.
- Culture heritage.
- Lore and culture, the sustainability of traditional customs, practices, values and beliefs.
- Social networks and support systems, family and community.
- A sense of belonging, a place to stand.
- Self determination, leadership and empowerment.
- Authority and control.



The Culture

- Aboriginal culture is the oldest living culture in this world, it is complex and diverse dating back 50,000 - 65,000 years.
- Culture is an Aboriginal persons awakening, it is the window to ones soul.
- It depicts who a person is, guides their behaviours and how they live their lives.
- It encompasses values, beliefs, customs and practices that are integral to the health and wellbeing of an Aboriginal person.
- Culture is to be respected.



The Language

- The Aboriginal language is diverse with over 290 – 363 difference language groups/dialects.
- The importance to communicate, understand and engage effectively.
- Understanding that Aboriginal language is a vital part of culture and heritage.



The Country

- I am intrinsically linked to the land and country through my birth, lineage, culture and identity.
- Aboriginal lore and spirituality are heavily intertwined with the land and being on country.
- A disconnection from country, culture and family contributes to a unhealthy state of mind, body and soul.