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PARLIAMENTARY DEBATES



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Federation Chamber

MINISTERIAL STATEMENTS

Closing the Gap: Prime Minister's Report 2014

SPEECH

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Questioner
Speaker Entsch, Warren, MP

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Mr ENTSCH (Leichhardt) (11:52): I am certainly pleased to rise today to associate myself with the annual statement on Closing the Gap. Leichhardt is an electorate that has a very large Indigenous constituency, with the homelands of the Torres Strait, many Cape York communities and of course large Indigenous populations in its main towns. I have been the member for Leichhardt for most of the last 17 years and a resident of Cape York for many years before that, and I have come across a number of programs aimed at reducing the gaps in education, health, employment and the standard of living between Indigenous and non-Indigenous people. Many of these programs started with the best of intentions but have failed for any number of reasons, with outcomes and, sometimes, millions of dollars going by the wayside. Sometimes it has been hard not to get jaded, hearing about another new initiative and wondering if we would ever see a real difference in our lifetime. But standing here today, as part of this government, I truly feel that there is a change in the air.

Listening to our Prime Minister, Tony Abbott, make the annual Closing the Gap statement to the House, it was clear to me that when he says Aboriginal policy must become personal rather than political he clearly means it. I have never, in my time in this place, seen such meaningful actions being taken. Note that I said actions, not dialogue. These actions include the focus on amending the Constitution to recognise Aboriginal and Torres Strait Islander peoples, with a joint select committee chaired and deputy chaired by my good friend Kenny Wyatt and Senator Nova Peris; the moving of the Indigenous Affairs portfolio into the Department of the Prime Minister and Cabinet; the establishment of the Prime Minister's Indigenous Advisory Council, chaired by Warren Mundine; and the focus on investment in Indigenous employment, driven by Andrew Forrest and others.

That feeling was reinforced over the course of four days recently, when I attended four events in my region. Last Wednesday, I witnessed the emotional handover of the Bilwon Training Farm from the ILC to a group called Indigenous Job Connections, who have shown a level of commitment to good governance that blew me away. Back in 2011, I presented board members with their Certificate IV in Governance. At the handover, I was honoured to be asked, as a non-Indigenous person, to read the national apology on the anniversary. And I think it was very appropriate that the land was divested from ILC to Indigenous Job Connections on that anniversary.

On the Tuesday, I attended the graduation of 11 young Indigenous people through the Shangri-La Deadly Success program; not training for training's sake, but training with a guaranteed job and a one-year mentorship at the end. Jeremy Donovan from Generation One told his incredibly inspiring story; and congratulations to Nic O'Donnell from the Shangri-La, to Sue and Bronwyn from Deadly Success, and of course to the Deadly trainees, all 11 of them who were successful in this program.

On Monday, I spoke at the opening of the Australian Red Cross Pat Gosper Place, a new model in accommodation that will significantly improve the wellbeing of Aboriginal and Torres Strait Islanders who stay in Cairns for long-term medical treatment.

And on the Friday before, I went to the road show launch of the IDEAS van. This particular initiative has really shown me a practical way to close both the remoteness gap and the health gap. The acronym IDEAS stands for Indigenous Diabetes Eyes and Screening. Parked at the Wuchopperen Health Service, there it was: a huge, brand-spanking new semitrailer, painted with beautiful Indigenous artwork. I was met by Lyndall De Marco, the Executive Director of Diamond Jubilee Partnerships. It was an absolute pleasure to meet someone so brimming with enthusiasm. Lyndall gave me a guided tour through the IDEAS van, which has to be seen to be believed. It contains everything you need to diagnose and treat eye problems in diabetics who have suffered visual impairment from refractive change, cataract and diabetic retinopathy. It has three rooms—one for the optometrist, one for the ophthalmologist and one for imaging—each filled with pristine, state-of-the-art medical equipment.

So what is it all about? Most Australians would be aware that diabetes is a huge problem for our Indigenous peoples. One in three Aboriginal and Torres Strait Islander people in Queensland over the age of 40 are affected

by diabetes, and almost 10 per cent of these have some form of vision impairment. Most blindness caused by diabetes can be prevented by managing glucose levels, getting regular eye checks and early treatment. The IDEAS initiative aims to help reduce incidences of blindness by providing education, equipment and specialist clinical support to 27 Aboriginal Medical Services in Queensland. It has been funded initially by the Queensland government, which donated \$5 million to the Diamond Jubilee Partnerships for the innovative two-year pilot project.

Nine AMS centres, including Cairns, will become regional hubs to serve 16 communities. The Royal Flying Doctor Service partnership will expand the scope of care and tap into 32 communities. The van will visit each of the nine hubs every four and a half weeks, spending ten months solid on the road this year. The regularity is really important; it meets the time frames for people who need to have regular injections and, if someone misses an appointment, the van will be around again soon.

Telemedicine facilities will be set up in 27 communities, giving people instant access to some of the best specialists from around the country at no cost. The program will generate a rich data set of information: every retinal scan will be sent to Professor Paul Mitchell of Sydney University to be graded, before local GPs are advised on the next course of action—an operation, six-monthly monitoring, or investigation.

As Lyndall said to me, the incredible work of people such as Fred Hollows, Bill Glasson and Mark Lone was unfortunately limited by the amount of equipment they could carry. Here, the van is bringing the equipment. Lyndall says she gets asked all the time, 'How on earth did you get this world-class facility—the machinery, the staff and the supplies for a two-year program—into regional communities of 100,000 people for \$5 million?' The answer comes down to three things: the cause the project is working for, the people who are driving the project and the alliances the project has created through an ideal public-private partnership.

Twenty organisations have come on board with Diamond Jubilee Partnerships, and experts have given freely of their time to add value and to guide the project. The organisations include: the Queensland Eye Institute; the Optometrists Association of Australia in Queensland and Northern Territory; the Royal Australian and New Zealand College of Ophthalmologists; Diabetes Queensland; the Royal Australian College of General Practitioners; and the Princess Alexandra Hospital. Ellex gave a \$150,000 discount on the eye equipment. Volvo provided the use of a brand new prime mover, which they are committed to servicing and replacing every year. JJ Richards will take care of medical waste and grey water. Professional services have been provided pro bono through Minter Ellison Lawyers and BDO. Kurtz Transport will supply at cost the drivers who will steer the vehicle around Queensland. The artist who painted the colourful mural on the van's exterior donated the work. Perhaps most importantly, the project is not being foisted on the Indigenous communities. One of the most significant partnerships is with the Queensland Aboriginal and Islander Health Council and its CEO Selwyn Button, who will drive the project through the council's 27 medical centres.

The assistance of the 20 assisting organisations enabled 94 per cent of the funding to be spent on infrastructure, equipment and running costs—Lyndall does not even have an office. This Monday, 3 March, the IDEAS Van will see its first clients in Toowoomba, and it is full steam ahead from there. I think that this is an absolutely incredible initiative; I am very excited by it. So much money has been spent on bringing people to cities for medical treatment—paying for hotels, meals and transport—and it is revolutionary to instead bring specialist facilities to people in a cultural environment that is familiar to them.

The project is about building a sustainable model which someone can take on, once the pilot ends, for about \$500,000 a year. As Lyndall said, the project is not about giving money; it is about providing tools and support to build the capacity of and give ownership to Indigenous health services. Projects such as this are exactly what will help to achieve our Closing the Gap targets. I hope that that similar vans can be used to bring health services to communities in remote areas. If this happens, will see some serious, tangible differences—and we will close the gap.