

**Australian Medical Association Limited**

**ABN 37 008 426 793**

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604  
Telephone: (02) 6270 5400 Facsimile (02) 6270 5499  
Website : <http://www.ama.com.au/>



**LAUNCH OF 2016 AMA REPORT CARD ON INDIGENOUS HEALTH  
DANILA DILBA HEALTH SERVICE**

**DARWIN**

**25 NOVEMBER 2016**

**AMA PRESIDENT DR MICHAEL GANNON**

---

\*\*\* Check Against Delivery

Good morning, and welcome to the launch of the AMA 2016 Report Card on Indigenous Health.

I acknowledge and pay my respects to the traditional owners of the land on which we meet today – the Larrakia People.

On behalf of the AMA, I thank the Danila Dilba Health Service for hosting the launch of this Report Card.

We are pleased to have with us here today:

- The Honourable Warren Snowdon MP - Shadow Assistant Minister for the Centenary of ANZAC, Shadow Assistant Minister for External Territories, and Shadow Assistant Minister for Northern Australia;
- Mr Braiden Abala, Chairperson of the Danila Dilba Health Service;
- Members of the Danila Dilba Health Service Board;
- Mr Matthew Cooke, Chairperson of the National Aboriginal Community Controlled Health Organisation;
- Professor Bart Currie, Director of Rheumatic Heart Disease Australia, and colleagues;
- Professor Jonathan Carapetis, Director of the Telethon Kids Institute;
- Associate Professor Robert Parker, President of AMA Northern Territory;
- Representatives of the AMA Northern Territory Council; and
- many others with a special interest in the health of Indigenous Australians.

Thank you all for being with us today.

Since 2002, the AMA has produced an annual Report Card on Indigenous Health.

We do this to increase awareness of the health inequalities between Indigenous and non-Indigenous Australians.

And we do this to show how governments have responded – or should respond - to these problems.

Unfortunately, successive governments have failed to deliver on all their promises to address major health issues for Aboriginal and Torres Strait Islander people.

I have to say that there has not been a lack of passion or commitment to get things done, especially from some leaders and Ministers over the years.

But there has been a lack of continuity, or insufficient funding, or a lack of cooperation and coordination to achieve lasting improvements.

As a result, Aboriginal and Torres Strait Islander people continue to have some of the worst health outcomes in Australia, and die much younger than their non-Indigenous peers.

It is inexcusable that a country as wealthy as Australia is allowing this to happen to just three per cent of its population.

Today, we are launching the AMA's 2016 Report Card on Indigenous Health.

We are calling on governments to respond to a problem that is needlessly devastating the lives of Aboriginal and Torres Strait Islander people in Australia.

We are calling on governments to rid Indigenous Australia of Rheumatic Heart Disease – an entirely preventable and debilitating condition that destroys the valves of the heart.

Rheumatic Heart Disease is emblematic of the life expectancy gap between Indigenous and non-Indigenous people.

It almost exclusively affects Indigenous people in Australia.

In fact, the rates of Rheumatic Heart Disease among Indigenous Australians are among the highest in the world.

From 2010 to 2013, over 700 new or recurrent cases of Rheumatic Heart Disease were reported in Australia, with 94 per cent of these cases being among Indigenous people.

Disturbingly, more than half of these cases were among children aged 5 to 14 years.

The fact that Rheumatic Heart Disease still occurs in Australia today is a national shame.

Rheumatic Heart Disease is a disease of poverty. It should not be occurring here in Australia – one of the world's richest nations.

For most people in Australia, Rheumatic Heart Disease has been consigned to history.

It is remembered as being a disease of last century - a time before better living conditions and access to health services, and a time before penicillin was introduced.

But, today, for many Indigenous Australians, Rheumatic Heart Disease continues to be a reality.

Indigenous people are 20 times more likely to die from Rheumatic Heart Disease than non-Indigenous people. In the Northern Territory, this rate rises to 55 times higher.

These high rates speak volumes about the fundamental underlying causes of Rheumatic Heart Disease, particularly in remote areas.

We are talking about poverty, poor-quality and overcrowded housing, lack of education, and inadequate primary health care.

We know the conditions that give rise to Rheumatic Heart Disease. And, we know how to address it - this knowledge has been around for many decades.

Yet, we have not been able to rid Australia of this serious disease.

The Closing the Gap measures are an important step forward in some ways in housing, education, and health funding.

But it is still not enough to stop the occurrence of Rheumatic Heart Disease.

This AMA Report Card calls on all Australian governments to work together help prevent new cases of Rheumatic Heart Disease.

To do this, the development and progression of Rheumatic Heart Disease must be stopped.

We have to deal with the over-crowded and unhygienic conditions in which Strep A bacterium can thrive and spread.

Indigenous community members must be educated about Strep A bacterial infections, which can lead to the development of Acute Rheumatic Fever and Rheumatic Heart Disease.

Doctors must be able to detect Strep A bacterial infection, Acute Rheumatic Fever, and Rheumatic Heart Disease rapidly and accurately.

And culturally safe primary health care must be provided to the Indigenous community.

The number of potential cases is relatively small.

It is only around one three hundredth of one per cent of the entire Australian population.

The task is achievable.

A national approach, involving action from both the Commonwealth and the States and Territories, is needed.

The AMA urges all our political leaders to act to implement solutions.

The AMA's 2016 Report Card calls on the Australian Government to:

- First - commit to a target to prevent new cases of RHD reported among Aboriginal and Torres Strait Islander people by 2031. This should include committing to a sub-target that no child in Australia dies of Acute Rheumatic Fever and its complications by 2025; and
- Second - work in partnership with Indigenous health bodies, experts, and key stakeholders to develop, fully fund, and implement a strategy to end Rheumatic Heart Disease in Australia by 2031.

The AMA is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people.

We want Rheumatic Heart Disease eradicated. We take this very seriously.

To that end, I am delighted to announce that the AMA is one of the foundation partners in a new END Rheumatic Heart Disease Coalition.

Together with the other foundation partners, including the END Rheumatic Heart Disease Centre for Research Excellence, the Heart Foundation, the National Aboriginal Community Controlled Health Organisation, and RHD Australia, the AMA commits to work to eliminate the scourge of Rheumatic Heart Disease from this country.

Thank you.

---

25 November 2016

CONTACT:	John Flannery	02 6270 5477 / 0419 494 761
	Kirsty Waterford	02 6270 5464 / 0427 209 753

Follow the AMA Media on Twitter: [http://twitter.com/ama\\_media](http://twitter.com/ama_media)

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Follow *Australian Medicine* on Twitter: <https://twitter.com/amaausmed>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>