

## **2003 Annual Conference Resolutions**

### **Conference Resolution on Aboriginal and Torres Strait Islander Health**

#### **Sponsored by the Aboriginal and Torres Strait Islander Health SIG.**

This conference notes with concern that recent data reveals that there has been no substantial improvement in health outcomes for Aboriginal and Torres Strait Islander people - there is still a 20 year gap in Life Expectancy between Aboriginal and Torres Strait Islander and non Aboriginal people in Australia . We believe that it is possible to achieve a major change in this situation within 10 years and we urge all governments to work together to develop a fully funded Aboriginal and Torres Strait Islander Health Action plan based on the new National Strategic Framework for Aboriginal and Torres Strait Islander Health. If implemented, the new Strategic Framework provides the basis for the necessary whole of government, intersectoral approach to addressing Aboriginal and Torres Strait Islander health gain in partnership with Aboriginal community controlled health services and other stakeholders.

The Conference focused in particular on the following critical areas:

#### **1. Primary Health Care**

The conference noted the progress made in implementing the Primary Health Care Access Program but we believe that certain fundamental principles of the program need to be reinforced.

- the establishment of Aboriginal community controlled health boards in each PHCAP zone or region that have the capacity to plan and deliver effective health services under Aboriginal community control.
- the principle of funds pooling needs to be applied in all jurisdictions within Australia as the means of ensuring the integration and maximisation of PHC funding with greater equity and transparency in funding arrangements for Aboriginal and Torres Strait Islander primary health care.
- The next Commonwealth budget needs to fully fund the program at an estimated cost of \$250 million recurrent based on the current conservative capitation formula, to ensure new inequalities between funded and non funded zones are not created and because we believe that it is unacceptable to further delay the full potential of the PHCAP to contribute to Aboriginal and Torres Strait Islander health gain.

#### **2. Workforce**

The conference:

- noted that workforce is a critical issue, and that the current engagement of Aboriginal & Torres Strait Islander people in all levels of the education system must be improved, with particular emphasis on graduates for the health professions

- commended the Commonwealth, State & Territory governments for endorsing the first National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework,
- called upon the Commonwealth government to ensure, through the Framework Agreement process in each jurisdictions, that this Framework is fully implemented,
- stated that if jurisdictions fail to produce an action plan, through the joint planning processes, then those jurisdictions should be ineligible to access new workforce funding

### 3. Sustainable Communities:

The conference noted that:

- In order to build on the empowerment of Aboriginal & Torres Strait Islander people that capacity building programs must address issues of equity, justice and be delivered within the paradigm of Aboriginal and Torres Strait Islander holistic understandings of health,
- Particular emphasis must be placed on achieving recognised benchmarks in education and employment, including creating real employment outcomes for real wages,
- Culture plays a fundamental role in the sustainability of communities, and must be recognised in both the Aboriginal and Torres Strait Islander domain and within education institutions, in classrooms and in the teaching and use of language. Cultural security in the health field is a vital underpinning of the success of service delivery and acceptance.

### 4. Social and Emotional Well Being

The conference:

- noted the progress of the National Aboriginal & Torres Strait Islander Framework in Social Emotional Wellbeing and Mental Health,
- recognised the importance of social health teams, that are multi-disciplinary in composition, but that in order for them to be effective they need to be placed within a Comprehensive Primary Health Care setting,
- recognised that alternative healing practices and therapies, suitable to Aboriginal and Torres Strait Islander people must be supported, that respect Aboriginal and Torres Strait Islander peoples knowledges and that these views are incorporated in all aspects of the operations of Social & Emotional Wellbeing Centres,
- recognised that workforce in this field must be adequately skilled and supported, to create a professional workforce that is cognisant of the power and values of Aboriginal and Torres Strait Islander knowledges and respects cultural safety.

## 5. Aboriginal and Torres Strait Islander Holism

This conference:

- reaffirmed the primacy of the Aboriginal and Torres Strait Islander concept of the holistic approach to health and calls upon policy makers to be guided by and work within this paradigm as defined by Aboriginal and Torres Strait Islander people, rather than reinterpreting this vision into their own understandings.
- Recognised the Aboriginal Community-controlled Health Services as the embodiment of this vision in health service delivery, and
- Stated that Aboriginal and Torres Strait Islander health funding must not be used to underwrite the adequate funding of other social determinants of health such as housing, education and employment. The primary responsibility for the funding of these services must be met by other government departments, as they would be for other Australian citizens; Aboriginal and Torres Strait Islander people must not be asked to sacrifice the effectiveness of their health services through the forced under-funding of these services to meet funding gaps for other services.

This conference calls on the PHAA Board to write to all health ministers asking them to note and implement these resolutions. We also call on PHAA to ensure that these conference resolutions are integrated into all aspects of its policy and advocacy work.

(This resolution was passed at the 35th PHAAA Annual Conference held in Brisbane in 2003).

## **CONFERENCE RESOLUTION 35th PHAA CONFERENCE**

### **ARMS TRADE**

The 35th PHAA Conference notes:

1. The PHAA policy on Violence Prevention adopted at this years AGM.
2. That armaments, particularly small arms, are enablers of violence.
3. That weapons intended for military use are diverted into civilian use.
4. Most arms are used to kill and oppress intra-national populations.

The 35th PHAA Conference believes:

5. The arms trade is a major contributor to human suffering, morbidity and death.

The 35th PHAA Conference recognises:

6. That Australia is only a minor arms trader.

That only international efforts through multilateral structures such as United Nations Committees will be able to control and stop the arms trade.

The 35th PHAA Conference resolves that the Board and the PEHSIG will:

8. Advocate to the Commonwealth government:
  - To prevent arms trading by Australian government departments and private business
  - To not permit arms trade expositions and marketing displays within Australian jurisdictions
  - To work in international fora to develop and strengthen controls on arms trading.

(This resolution was passed at the 35th PHAAA Annual Conference held in Brisbane in 2003).

## **CONFERENCE RESOLUTION 35th PHAA CONFERENCE**

### **FREE TRADE AGREEMENTS AND HEALTH**

The 35th PHAA Conference notes:

Free Trade Agreements are bi- and multi- lateral agreements that regulate international trade and in goods, services and intellectual property. Examples include: GATT (General Agreement on Tariffs and Trade), GATS (General Agreement on Trade and Services), TRIPS (Trade Related Aspects of Intellectual Property Rights) and the Australia - US Free Trade Agreement currently in negotiation.

Free Trade Agreements (FTAs) are an aspect of globalisation.

Globalisation of itself is ambiguous in its effects on health and wellbeing, and may offer benefits as well as adverse effects.

That a Free Trade Agreement is currently being negotiated between the United States of America and Australia.

Statements by US negotiators that they are concerned about the price regulation aspects of the PBS.

The 35th PHAA Conference believes:

Market forces are not able to take accounts of matters concerning differential needs, access and equity.

Privatisation and deregulation that follow from FTAs increase social and economic inequity, which adversely influences population health and wellbeing.

FTAs have potential to limit or override a nation's ability to foster and maintain systems and infrastructure that contribute to the health and wellbeing of its citizens by detracting from a nation's ability to legislate and regulate on such matters as:

- Water and sanitation
- Control of tobacco, alcohol and firearms.
- Pricing of medications (eg price regulation in the PBS)
- Practitioner registration standards
- Privacy rules
- Distribution of services based on need
- OH&S standards

The 35th PHAA Conference resolves that the Board of PHAA will:

- Urgently advocate to the Commonwealth government particularly the Departments of Health and Aging and Foreign Affairs and Trade to have all services that relate to or are likely to have influence on the provision of public health, health care and welfare services be specifically excluded from the Australia - US Free Trade Agreement.

- Join the AFTINET Coalition to work with them toward this end and toward further limiting adverse impacts of FTAs on health and wellbeing infrastructure and service provision, legislation and regulation.
- Support the World Federation Of Public Health Associations' (WFPHA) position paper on International Trade Agreements: Priorities for Health and the WFPHA Resolution number 98-2 Promoting Health in an Era of Global Free Trade
- Promote PHAA amendments to WFPHA Resolution number 98-2 to the next WFPHA General Assembly.
- Actively support and work with WFPHA to ensure that WHO promotes and protects public health within international free trade agreements.  
[http://www.apha.org/wfpha/intel\\_trade\\_pol.htm](http://www.apha.org/wfpha/intel_trade_pol.htm)

This Resolution was carried at the PHAA 35th Annual Conference held in Brisbane 2003

## **CONFERENCE RESOLUTION 35th PHAA CONFERENCE**

### **URANIUM WEAPONS**

The 35th PHAA Conference notes:

1. Uranium weapons are weapons whose casings or projectiles are made from 'depleted' uranium; that is uranium derived from the fuel of nuclear power plants.
2. The debris from uranium weapons are sources of low grade radiation (principally alpha particle) contamination in areas where they have been used.
3. Military and industrial users of 'depleted' uranium from which uranium weapons are made require stringent safety precautions by personnel handling this material.

The 35th PHAA Conference believes:

4. Uranium weapons are a threat to the environment and to human health for long after they have been used.

The 35th PHAA Conference resolves that:

5. The PHAA through the Board and PEHSIG will lobby the Commonwealth government to work in international fora and within Australia to ensure:
  - there is medical assessment, long term monitoring and if necessary treatment of all those who have been exposed to uranium munitions in Iraq, Kosovo and any other location where uranium munitions have been used. This includes the local people in each place, Australian troops and those of other nations, and any other persons who have may have been exposed.
  - A clean up of all uranium munitions debris from all locations where they have been used, to prevent further adverse health and environmental effects. This includes removing and disposing of penetrator fragments, contaminated equipment and uranium oxide contamination.
  - Development of an international ban on the production and use of uranium weapons.
6. Further the PHAA through the Board and PEHSIG will advocate for the Commonwealth government to:
  - Avoid deploying Australian defence personnel in any alliance that uses uranium weapons.
  - Declare if uranium munitions are or have been used by Australian Defence Forces (for example the naval Phalanx missile system).
  - Declare if any Australian sites have been contaminated by uranium munitions used in any manner.

- Stop the mining, milling and export of uranium. (See policy on Uranium mining)
- Ref: Medical Association for Prevention of War Australia draft position paper on Uranium Weapons, 2003

(This resolution was passed at the 35th PHAAA Annual Conference held in Brisbane in 2003).

## **CONFERENCE RESOLUTIONS 35TH PHAA ANNUAL CONFERENCE**

### **AUSAID AND REPRODUCTIVE HEALTH**

This conference notes the 10th Anniversary of the International Conference on Population and Development [ICPD] in 2004. PHAA calls on the public health community to support the efforts of NGOs and development agencies to widen the access to good quality reproductive health services to support individuals' choices and rights.

Specifically PHAA also notes that Australian funded Aid projects offer more limited reproductive, education and health services than those available to Australian women. PHAA calls on AusAid to ensure that women in developing countries have the same choices as women in Australia. PHAA will therefore write to Office of the Status of Women and Department of Foreign Affairs and Trade to actively promote this policy and to continue to fully support the ICPD program of action. PHAA also will further collaborate with other reproductive health advocacy organisations such as the Australian Reproductive Health Alliance to achieve these goals.

(This resolution was passed at the 35th PHAAA Annual Conference held in Brisbane in 2003).

### **WOMEN AT RISK**

This conference believes that the Women at Risk category offer an excellent opportunity to resettle women refugees at risk of violence and other dangers. We therefore call on the government through Department of Immigration to meet the quota and use the visa category more extensively and provide support services and to ensure provision of such services.

(This resolution was passed at the 35th PHAAA Annual Conference held in Brisbane in 2003).

### **POST CONFLICT AND HEALTH CARE WORKERS**

PHAA notes the number of countries and parts of countries which are unstable or emerging from major periods of conflict. PHAA also recognises the increased involvement of Australia and Australian aid in seeking to assist these communities and countries.

This conference notes the positive role that health care workers have and can play in post conflict situations in rebuilding communities. PHAA calls on AusAid to support such work and have it documented so that lessons can be learnt and best practice disseminated.

(This resolution was not passed and was referred back to the International Health SIG.

(The concern being that it is not as appropriate as it should be. The SIG to take this to the Board if they wish to pursue)

## **CONFERENCE RESOLUTION - 35th PHAA Annual Conference Brisbane, 2003**

PHAA inclusion of a statement about Inequity in PHAA's statement of purpose.

It was proposed that PHAA change its statement of purpose and its objectives as it does not include inequities to include its definition of public health to include an explicit focus on the reduction of inequities. It was agreed that the Board engage SIGs, Branch Presidents and membership in consultation to form the final wording.

This resolution calls for consultation with the broader membership, the Board to put it in touch and put our existing and new one into a review and then change the Constitution.

This Resolution carried at the PHAA 35th Annual Conference held in Brisbane in 2003

## **CONFERENCE RESOLUTION**

It was requested that the Branches and SIGs host and organise an event in each State and territory at the end of September 2004 to sustain the continuity and maintain the sense of community and that the Board consider a proposal along with AGM and the SIG AGMs.

This would sustain the continuity for members to participate at this time of year as the usual PHAA Annual Conference is not being held in 2004.

This Resolution carried at the PHAA 35th Annual Conference held in Brisbane in 2003