



21 April 2009

Senate Select Committee on Men's Health
c/o Chris Reid
Committee Secretary
Senate Select Committee on Men's Health
PO Box 6100
Parliament House
Canberra ACT 2600

**Re: "Close the Gap" Steering Committee for Indigenous Health Equality
submission**

Summary

We recommend:

1. That the commitments made by the Council of Australian Governments (COAG) and the Commonwealth Government in relation to the achievement of Aboriginal and Torres Strait Islander health status and life expectation equality by 2030, as set out in the *Close the Gap National Indigenous Health Equality Summit Statement of Intent*, inform the findings of the Inquiry, and provide its broader context in relation to the health of Aboriginal and Torres Strait Islander men.
2. That a national Aboriginal and Torres Strait Islander men's health strategy is developed and integrated with a national plan of action towards achieving Aboriginal and Torres Strait Islander health equality by 2030.
3. That a national Aboriginal and Torres Strait Islander men's health strategy is developed in partnership with Aboriginal and Torres Strait Islander Australians, including Aboriginal and Torres Strait Islander men, organisations and their representatives.
4. That a range of targets and indicators, as set out in the *Close the Gap National Indigenous Health Equality Targets* are adopted in relation to Aboriginal and Torres Strait Islander men.
5. That Aboriginal Community Controlled Health Services are the preferred service model in the delivery of comprehensive primary health care to Aboriginal peoples across Australia.

Part 1: Introduction

I hereby enclose a submission for consideration by the Senate Select Committee on Men's Health. Thank you for allowing an extension for the receipt of the submission.

I make this submission for consideration by the Senate Select Committee on behalf of the Close the Gap Campaign Steering Committee for Indigenous Health Equality (Steering Committee) in my capacity as Chair of that Committee.

The Steering Committee members are the:

- Australian General Practice Network;
- Australian Human Rights Commission;
- Australian Indigenous Doctors' Association;
- Australian Medical Association;
- Australians for Native Title and Reconciliation;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Cooperative Research Centre for Aboriginal Health;
- Fred Hollows Foundation;
- Heart Foundation;
- Indigenous Dentists' Association of Australia;
- Menzies School of Health Research;
- National Aboriginal Community Controlled Health Organisation;
- Oxfam Australia;
- Royal Australasian College of Physicians; and
- Royal Australian College of General Practitioners; and
- Torres Strait Island and Northern Peninsula District Health Service.

More broadly, the Close the Gap Campaign is actively supported by a broader coalition of some 40 or so organisations and peak bodies.¹

The founding of the Steering Committee is a historic event, being the first time that such authoritative and influential peak bodies and key organisations from Australian civil society have worked together in partnership in such a sustained manner towards a single goal -- Aboriginal and Torres Strait Islander health equality.

Aboriginal and Torres Strait Islander leadership, and the leadership of the Indigenous health peak bodies in particular, has also been a hallmark of the Close the Gap Campaign. Through these members in particular, the Campaign draws on a support base from within the Aboriginal and Torres Strait Islander community.

Many Steering Committee members were required by their constitutions to formally seek the support of their constituent members in order to participate in the Campaign. NACCHO, for example, successfully received the endorsement of its

¹ A non-exhaustive list of organisations who have publicly expressed support for the Campaign includes: Aboriginal Medical Services Alliance Northern Territory; Amnesty International Australia; Australian Catholic Bishops' Social Justice Committee; Australian College of Rural and Remote Medicine; Australian Council of Social Services; Australian Council for International Development; Australian Institute of Health and Welfare; Australian Institute of Aboriginal and Torres Strait Islander Studies; Australian Nursing Federation; Australian Red Cross; Caritas Australia; Clinical Nurse Consultants Association of NSW; Diplomacy Training Program, University of New South Wales; Gnibi the College of Indigenous Australian Peoples, Southern Cross University; Human Rights Law Resource Centre; Ian Thorpe's Fountain for Youth; Indigenous Law Centre, University of New South Wales; Jumbunna, University of Technology Sydney; Make Indigenous Poverty History campaign; National Aboriginal and Torres Strait Islander Ecumenical Council; National Association of Community Legal Centres; National Children's and Youth Law Centre; National Rural Health Alliance; Public Health Association of Australia; Quaker Services Australia; Rural Doctors Association of Australia; Save the Children Australia; Sax Institute; Sisters of Mercy Aboriginal Network NSW; Sisters of Mercy Justice Network Asia Pacific; UNICEF Australia; and the Victorian Aboriginal Community Controlled Health Organisation.

approximately 140 member Aboriginal community controlled health services to actively participate in the Campaign. For AIDA, the endorsement of their Board was required. Through these processes, the Campaign ensured it had significant support among both Indigenous health professionals (specifically, doctors, nurses, dentists and, later, psychologists) and the Aboriginal community controlled health services (ACCHS). The latter was particularly important as an indicator of broader Indigenous community support for the Campaign. The ACCHS draw their members from the communities they serve.

Attached to this submission are a number of documents that have been developed as a part of the Close the Gap Campaign:

- Aboriginal and Torres Strait Islander Social Justice Commissioner, *Achieving Aboriginal and Torres Strait Islander Health Equality within a generation* (2007);
- The *Close the Gap National Indigenous Health Equality Summit Statement of Intent*, (Statement of Intent) 20 March 2008; and
- Aboriginal and Torres Strait Islander Social Justice Commissioner and the Steering Committee for Indigenous Health Equality, *Close the Gap – National Indigenous Health Equality Targets* (2008).

Part 2: Recommendations

Recommendation: That the commitments made by the Council of Australian Governments (COAG) and the Commonwealth Government in relation to the achievement of Aboriginal and Torres Strait Islander health status and life expectancy equality by 2030, as set out in the *Close the Gap National Indigenous Health Equality Summit Statement of Intent*, inform the findings of the Inquiry, and provide its broader context in relation to the health of Aboriginal and Torres Strait Islander men.

On 20 December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to achieve the target of ‘closing the gap’ on Indigenous disadvantage; and notably, to close the 17-year gap in life expectancy within a generation, and to halve the mortality rate of Aboriginal and Torres Strait Islander children within ten-years.

In part, the COAG commitment above was a response to the Campaign for Indigenous Health Equality. The Campaign had begun to organise in March 2006 in response to a number of recommendations for a targeted approach to achieving Aboriginal and Torres Strait Islander health equality had made in my *Social Justice Report 2005*². ‘Close the Gap’ was the focus of the public face of the Campaign.

The Campaign culminated in the signing of the historic *Close the Gap Statement of Intent* in which the Australian Government committed:

- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in

² Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2005*, Human Rights and Equal Opportunity Commission, Sydney, 2006.

health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.

- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.³

The main signatories to the *Close the Gap Statement of Intent* were the:

- Prime Minister;
- Leader of the Opposition;
- Minister for Health and Ageing;
- Minister for Families, Housing, Communities and Indigenous Affairs;
- Presidents and Chairs of the four main Indigenous health peak bodies:
 - the National Aboriginal Community Controlled Health Organisation,
 - the Australian Indigenous Doctors' Association,
 - the Congress of Aboriginal and Torres Strait Islander Nurses, and
 - the Australian Indigenous Dentists' Association;
- Presidents and CEOs of the four main mainstream health peak bodies;

³ *Close the Gap National Indigenous Health Equality Summit Statement of Intent*, 20 March 2008
http://humanrights.gov.au/social_justice/health/statement_intent.html.

- the Australian Medical Association,
- the Royal Australian College of General Practitioners,
- the Royal College of Australasian Physicians; and
- the Australian General Practice Network;
- Aboriginal and Torres Strait Islander Social Justice Commissioner of the Australian Human Rights Commission (then the Human Rights and Equal Opportunity Commission).⁴

Since then, the *Close the Gap Statement of Intent* has received bi-partisan support from the Parliaments of Victoria and Queensland. Efforts are underway for every Australian government to have signed the Statement of Intent by mid-2009.

The Steering Committee believe that the *Close the Gap Statement of Intent* is one of the most significant compacts between Australian governments and civil society in Australian history and also wish to highlight the support given it by the health peak professional bodies whose members play a central role in the delivery of primary health care services.

We believe that the *Close the Gap Statement of Intent* is the foundation document for a national effort to achieve Indigenous health equality by 2030, setting out in summary form key commitments that should underpin national efforts towards Indigenous health equality (and by extension, underpin the Indigenous components of a national primary health care strategy).

The major commitments are given discrete treatment in this submission below.

Recommendation: That a national Aboriginal and Torres Strait Islander men’s health strategy is developed and integrated with a national plan of action towards achieving Aboriginal and Torres Strait Islander health equality by 2030.

To reiterate, a commitment made by the Australian Government in the *Close the Gap Statement of Intent* is:

To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.

The Inquiry into men’s health is occurring concurrently with other reform processes including (but not limited to) the:

- Council of Australian Governments, Health and Ageing Working Group;
- National Health and Hospitals Reform Commission;

⁴ Other signatories included the heads of NGOs including Oxfam Australia, Australians for Native Title and Reconciliation, Reconciliation Australia; Get Up!, Catherine Freeman Foundation; Ian Thorpe’s Fountain for Youth; and the Australian Doctors Trained Overseas Association.. Further,

- Preventative Health Taskforce; and
- Review of Maternity Services.

The Steering Committee note that all of these reform processes will impact on Aboriginal and Torres Strait Islander health, and otherwise all relate to parts of the health system that must work in a coordinated fashion to achieve Aboriginal and Torres Strait Islander health equality by 2030. It is vital that such reform processes are integrated into such a national plan of action. Without such coordination, there is the risk of duplication of effort on the one hand and on the other hand, of significant issues that do not squarely fall within the scope of one reform process not receiving sufficient attention.

The Steering Committee otherwise believe that it is common sense that such a national plan be created in order to take into account all the determinants of the poorer health of Aboriginal and Torres Strait Islander Australians, and in a way that can meet the 2030 target.

The Steering Committee believes that the establishment of a process for developing a comprehensive, national action plan should be the priority of Australian governments.

The attributes of such a national plan include the clear identification of:

- What is to be done;
- The time frame for doing it;
- Who is going to do it;
- The cost;
- Where the funds will be found;
- How is it to be implemented; and
- How is it to be evaluated?

The national plan should also include:

- *a coordinating body* to oversee and guide the work of the many Australian, State and Territory government agencies responsible for delivering health services for the Aboriginal and Torres Strait Islander population.
- *a monitoring body* to ensure that the responsible government agencies are working effectively and that measurable progress is being made towards achieving the goal of health equality for Aboriginal and Torres Strait Islander Australians.

The *Close the Gap Statement of Intent* sets out the main principles underlying such a national plan that the Australian Government has committed to. It also sets out core targets for such a national plan:

- that Aboriginal and Torres Strait Islander health equality is achieved by 2030, and
- ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.

A national plan could also take into account the need to ensure that culturally safe and appropriate services are provided across the health care delivery continuum from primary health care and into secondary and tertiary care levels.

In addition to the targets in the *Close the Gap Statement of Intent*, the *National Indigenous Health Equality Targets* are intended to provide a further foundation for the creation of a comprehensive national plan of action to close the Aboriginal and Torres Strait Islander health equality gap by 2030.

A particular target is for a national Aboriginal and Torres Strait Islander men's health strategy be developed within the context of a national plan for Aboriginal and Torres Strait Islander health equality. Other targets are discussed below.

Recommendation: That a national Aboriginal and Torres Strait Islander men's health strategy is developed in partnership with Aboriginal and Torres Strait Islander Australians, including Aboriginal and Torres Strait Islander men, organisations and their representatives.

The Australian Government in the *Close the Gap Statement of Intent* has already indicated its broad support for this position, where (among many references to the need for a national partnership) there is a commitment:

[t]o ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.

This builds on further, broader commitments to partnerships with the goal of reducing Indigenous disadvantage by the Australian Government, including by the Prime Minister in the *Apology to Australia's Indigenous Peoples*:

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.⁵

The Steering Committee welcome these commitments because productive partnerships between Indigenous peoples and their representatives and government are a vital component of any overall approach to the achievement of Aboriginal and Torres Strait Islander health equality by 2030.

⁵ Prime Minister, Kevin Rudd MP, *Apology to Australia's Indigenous Peoples*, 13 February 2008.

When talking of partnership, Steering Committee mean one between:

- Aboriginal and Torres Strait Islander peoples and their representatives;
- Australian governments (with an internal, cross sectoral dimension; and at the intergovernmental level); and
- Key players in the Indigenous and non-Indigenous health sector.

The Steering Committee have identified partnership as being so fundamental to the achievement of Aboriginal and Torres Strait Islander health equality that they included partnership targets in the *National Indigenous Health Equality Targets*. These targets propose that within 2 years (meaning by the end of 2009):

- A National Framework Agreement to secure the appropriate engagement of Aboriginal people and their representative bodies in the design and delivery of accessible, culturally appropriate and quality primary health care services is established; and
- That nationally agreed frameworks exist to secure the appropriate engagement of Aboriginal people in the design and delivery of secondary care services.⁶

The Steering Committee believes that Australian governments are aspiring to engage with Aboriginal and Torres Strait Islander peoples more effectively as partners. The challenge is to identify *how* this is to be achieved.

Particularly in relation to an Aboriginal and Torres Strait Islander men's health care strategy, Aboriginal and Torres Strait Islander representative bodies must be active participants in development and implementation. Aboriginal community controlled health services must be involved in health planning at the local and regional level with the National Aboriginal Community Controlled Health Organisation, and State/Territory NACCHO Affiliates at national and jurisdictional levels respectively. Where relevant, additional partners would include the Indigenous health professional bodies and a national Indigenous representative body when it is established.

Recommendation: That a range of targets and indicators, as set out in the *Close the Gap National Indigenous Health Equality Targets* are adopted in relation to Aboriginal and Torres Strait Islander men.

The Committee note that the *Close the Gap Statement of Intent* contains the following commitment by the Australian Government:

to measure, monitor, and report on our joint efforts [towards Aboriginal and Torres Strait Islander health equality], in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

The *National Indigenous Health Equality Targets* were developed over a period of six months by three working groups of the Steering Committee. A notable Indigenous

⁶ Aboriginal and Torres Strait Islander Social Justice Commissioner and the Close the Gap Steering Committee for Indigenous Health Equality for Indigenous Health Equality for Indigenous Health Equality *National Indigenous Health Equality Targets*, Human Rights and Equal Opportunity Commission, Sydney, 2008., p22. Available online at: http://humanrights.gov.au/soial_justice/health/targets/index.html.

person with extensive health experience led each working group.⁷ The targets working groups drew on the expertise of a wide range of health experts, and, in particular, Aboriginal and Torres Strait Islander health experts.⁸

The following considerations framed the thinking of the Steering Committee and the assisting experts when developing targets:

- What targets (if achieved) will reduce disparity to the greatest degree?
- What targets (if achieved) will improve health outcomes to the greatest degree? What is the disease-specific burden experienced by Aboriginal and Torres Strait Islander populations?
- Can we adequately measure the current/future indicators to determine whether or not the target has been reached, or is significant additional investment, infrastructure or capacity required?
- To what targets can we hold government to account as their primary responsibility?

At the National Indigenous Health Equality Summit,⁹ the targets were presented to:

⁷ Dr Mick Adams, Chair, National Aboriginal Community Controlled Health Organisation; Associate Professor Dr Noel Hayman, Indigenous Health Committee of the Royal Australasian College of Physicians; and Dr Ngiare Brown, then at the Menzies School of Health Research.

⁸ The following assisted with the creation of the targets -- Dr Christopher Bourke, Indigenous Dentists' Association of Australia; Ms Vicki Bradford, Congress of Aboriginal and Torres Strait Islander Nurses; Mr Tom Brideson, Charles Sturt University's Djirruwang Aboriginal and Torres Strait Islander mental health program; Dr David Brockman, National Centre in HIV Epidemiology and Clinical Research; Dr Alex Brown, Baker IDI Heart and Diabetes Institute; Professor Jonathon Carapetis, Menzies School of Health Research; Dr Alan Cass, The George Institute for International Health; Professor Anne Chang, The Queensland Centre for Evidence Based Nursing and Midwifery; Dr Margaret Chirgwin, National Aboriginal Community Controlled Health Organisation; Dr John Condon, Menzies School of Health Research; Mr Henry Councillor, former National Aboriginal Community Controlled Health Organisation; Dr Sophie Couzos, National Aboriginal Community Controlled Health Organisation; Professor Sandra Eades, Sax Institute; Ms Dea Delaney Thiele, National Aboriginal Community Controlled Health Organisation; Mr Mick Gooda, Cooperative Research Centre for Aboriginal Health; Dr Sally Goold OAM, Chair, Congress of Aboriginal and Torres Strait Islander Nurses; Ms Mary Guthrie, Australian Indigenous Doctors' Association; Associate Professor Colleen Hayward, Kulunga Research Network and Curtin University; Ms Dawn Ivinson, Royal Australasian College of Physicians; Dr Kelvin Kong, Australian Indigenous Doctors' Association; Dr Marlene Kong, Australian Indigenous Doctors Association; Mr Traven Lea, Heart Foundation; Dr Tamara Mackean, Australian Indigenous Doctors' Association; Dr Naomi Mayers, National Aboriginal Community Controlled Organisation; Mr Romlie Mokak, Australian Indigenous Doctors' Association; Professor Helen Milroy, Associate Professor and Director for the Centre for Aboriginal Medical and Dental Health; Professor Kerin O'Dea, Menzies School of Health Research; Dr Katherine O'Donoghue, Indigenous Dentists' Association of Australia; Ms Mary Osborn, Royal Australasian College of Physicians; Professor Paul Pholeros AM, University of Sydney; Professor Ian Ring, Professorial Fellow, Faculty of Commerce, Centre for Health Services Development, University of Wollongong; Professor Fiona Stanley AC, Telethon Institute for Child Health Research; Professor Paul Torzillo AM, Department of Respiratory Medicine, Royal Prince Alfred Hospital; Dr James Ward, Collaborative Centre for Aboriginal Health Promotion; Ms Beth Warner, Royal Australasian College of Physicians; Associate Professor Ted Wilkes, National Indigenous Drug and Alcohol Committee of the Australian National Council on Drugs; and Dr Mark Wenitong, Australian Indigenous Doctors' Association.

⁹ The Close the Gap Steering Committee for Indigenous Health Equality hosted the National Indigenous Health Equality Summit in Canberra from 18 – 20 March 2008. The Summit was intended both as the culmination of the previous two years work by the Steering Committee and supporting organisations, and also aimed to build on the momentum for change provided by the commitments of Australian Governments made at the 20 December COAG meeting (as discussed in the text). The first two days (18 - 19 March) involved approximately 100 invited delegates including senior representatives from Commonwealth and state/territory level governments and health departments; specialists and experts (and particularly Indigenous ones) from a range of health and health-related

- Senior representatives from Commonwealth and state/territory level governments and health departments;
- Specialists and experts (and particularly Aboriginal and Torres Strait Islander ones) from a range of health and health-related areas; and
- Representatives from Aboriginal and Torres Strait Islander health and health related peak bodies (including from all the state and territory level Aboriginal community controlled health organisation peak bodies).

Discussion and debate around the targets was fed back into the target development process. The *National Indigenous Health Equality Targets* were eventually finalised in July 2008.¹⁰

Following the exhaustive process of target development, the Steering Committee are confident that targets represent the ‘industry perspective’ on what needs to be done and the time frame for doing so in relation to achieving Aboriginal and Torres Strait Islander health. As noted, this unprecedented body of work is intended to be the basis of negotiations with Australian governments as to the main elements and time frames of a national plan to achieve Aboriginal and Torres Strait Islander health equality by 2030.

The targets identify the following five key subject areas for target setting as priorities, and the key elements of any national plan to achieve Aboriginal and Torres Strait Islander health equality:

- Partnership;
- Health status;
- Primary health care and other health services;
- Infrastructure; and
- Social and cultural determinants (currently under development).

While the Steering Committee stands behind the *National Indigenous Health Equality Targets* in their current form, they also accept that they also provide a foundation point for negotiation in the spirit of partnership with Australian governments.

In relation to targets around Aboriginal and Torres Strait Islander men’s health, generally speaking the targets are not gender-specific. However, we recommend the Senate Select Committee consider the targets in relation to mental health (p27 of the publication), and programmes for smoking, nutrition, alcohol and physical activity (p37-38) as being particularly relevant to Aboriginal and Torres Strait Islander men.

areas; and representatives from Indigenous health and health related peak bodies (including from all the state and territory level Aboriginal community controlled health organisation peak bodies). The final morning of the Summit (20 March) was a ceremonial occasion held at the Great Hall of Parliament House, Canberra. Here, before members of the public, the press, MPs, public servants and Summit delegates the Summit outcomes were presented and the Close the Gap Statement of Intent signed.

¹⁰ Aboriginal and Torres Strait Islander Social Justice Commissioner and the Close the Gap Steering Committee for Indigenous Health Equality for Indigenous Health Equality for Indigenous Health Equality *National Indigenous Health Equality Targets*, Human Rights and Equal Opportunity Commission, Sydney, 2008. Available online at: http://humanrights.gov.au/soial_justice/health/targets/index.html.

Recommendation: That Aboriginal Community Controlled Health Services are the preferred service model in the delivery of comprehensive primary health care to Aboriginal peoples across Australia.

The *Close the Gap Statement of Intent* commits the Australian Government:

- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.

The Steering Committee believes that such commitments are vital to the achievement of Aboriginal and Torres Strait Islander health equality by 2030 and supports the view that 'Aboriginal Community Controlled Health Services are the preferred service model in the delivery of comprehensive primary health care to Aboriginal peoples across Australia' including in relation to the delivery of services to Aboriginal and Torres Strait Islander men.

Thank you for the opportunity to provide this submission and at late notice. The Steering Committee hope it is helpful to the Senate Select Committee.

Yours sincerely

Tom Calma

**Aboriginal and Torres Strait Islander
Social Justice Commissioner and
Race Discrimination Commissioner**