

The *MJA* supports an Aboriginal and Torres Strait Islander Voice to Parliament

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We are at a time when there have never been better opportunities to translate health policies, practices and medical research into improvements for Aboriginal and Torres Strait Islander health. Critical to these efforts is a health and research system — including in the publishing sector — that recognises the importance of Indigenous leadership in producing and implementing health care and research in order to magnify research benefits across the communities it serves.¹ However, as noted by Michelle Kennedy and Janine Mohamed from the Lowitja Institute, research requires appropriate Aboriginal and Torres Strait Islander ethical governance: “All research involving Aboriginal and Torres Strait Islander peoples should be deemed safe and respectful by Aboriginal and Torres Strait Islander peoples.”²

The health outcomes in Aboriginal and Torres Strait Islander populations during the COVID-19 pandemic provide an outstanding example of how outcomes are best when Aboriginal people have a voice. Aboriginal Community Controlled Health Organisations coordinated the response from the National Aboriginal Community Controlled Health Organisation down to remote communities. As a result, the health gap was reversed in the first year of the pandemic, with Aboriginal and Torres Strait Islander populations experiencing six times fewer cases than the non-Indigenous population, and no recorded deaths.^{3,4} It is notable that research in New Zealand has included Māori ethical frameworks for over 30 years,⁵ which has strengthened the design and the implementability of medical research.

The importance of listening to Aboriginal and Torres Strait Islander voices on another key issue of our time, climate change — which has a disproportionate impact on First Nations people — was articulated well by GetUp! CEO Larissa Baldwin in her 2022 Charles Perkins Oration: “We know that by expanding our democracy and seeing First Nations people with a seat at the table, that’s a gift that we can give to the rest of the country.”⁶

Minister for Indigenous Australians, the Hon Linda Burney MP, in her July 2023 speech to the Press Club making the case for the Voice, put health at the top of her priorities, saying “I will ask the Voice to consider four main priority areas: health, education, jobs and housing.”⁷ Of the four priorities noted by Minister Burney, the effect of housing on jobs, jobs on education, and all of this on health is well known; health outcomes are more likely to be improved when the contributing factors are simultaneously addressed. But we cannot wait for the flow on effects to health to occur.

In July 2023, the Productivity Commission Annual Data Compilation Report on Closing the Gap was published.⁸ The report card was not good. The four targets that are most directly health related — life expectancy, healthy birthweight, childhood development when starting school, and suicide rates — are not on track. Two of these — childhood development and people dying by suicide — have worsened.

The health targets of the Closing the Gap report⁸ are just one indicator of how Aboriginal and Torres Strait Islander Australians are being failed by the current health system. Racism and discrimination are fundamental determinants of health.⁹ As highlighted by Pat Dudgeon and colleagues in the *MJA* in March this year, systemic racism — a legacy of colonisation — within and beyond the Australian health system remains prevalent and affects health directly: “Indigenous social and emotional wellbeing, and mental and physical health have been adversely affected by over 200 years of institutional, cultural and interpersonal racism.”¹⁰

The National Agreement on Closing the Gap, published in 2020, is explicit about what is needed: “The Parties will listen to the voices and aspirations of Aboriginal and Torres Strait Islander people and change the way we work in response.”¹¹ The July 2023 draft review by the Productivity Commission of the Agreement is blunt: “The Agreement’s reforms have not been prioritised by governments.”¹² The review notes that “Stronger accountability mechanisms are needed to drive change” and that “a Voice could contribute to accountability and oversight of matters affecting Aboriginal and Torres Strait Islander people.”¹²

Current health care structures and processes do not meet the needs of the Aboriginal and Torres Strait Islander population. New approaches, which place Aboriginal and Torres Strait Islander communities at the heart of discussions and decision making about their futures, are clearly needed. On this basis, the *MJA* supports an Aboriginal and Torres Strait Islander Voice to Parliament.

In developing our position on the Voice, we have been mindful of other views. In the health sector, many organisations including the Lowitja Institute,¹³ the Australian Indigenous Doctors Association,¹⁴ the Royal Australasian College of Surgeons,¹⁵ the Australasian College for Emergency Medicine,¹⁶ the Royal Australasian College of Physicians,¹⁷ the Australian Medical Association,¹⁸ and other prominent medical and research organisations have shown leadership and have expressed support for the Yes vote, as have many universities and the Australian Academy of Health and Medical Sciences.¹⁹ We also sought advice from our Editorial Advisory Group (<https://www.mja.com.au/journal/staff/mja-editorial-advisory-committee>) and from a number of Aboriginal and Torres Strait Islander health academics, and we have discussed our position internally. While we recognise and respect that every Australian is entitled to vote as they decide, we are firmly of the view that *MJA* should support the Voice because of the Journal’s fundamental role in promoting and supporting what is best for Australian health policy and practice.

As you form your own positions, we encourage our readership of health practitioners and researchers, and organisations across Australia, to weigh arguments for and against the Voice in an evidence-led manner that centres core public health principles

of equity, justice, and recognition of the upstream determinants of health.

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