



SPEAKING NOTES

10 September 2020

Ms Pat Turner AM, CEO of NACCHO and Co-Chair END RHD Speech at the RHD Endgame Strategy launch on 24 September 2020

It is wonderful to join you on Ngunnawal country. Thank you for your welcome, and to the traditional owners of this land. I am delighted to be celebrating the launch of the RHD Endgame Strategy – a world-leading project for researchers to walk with us and make the commitments to end rheumatic heart disease a reality.

Rheumatic heart disease begins with a sore throat or a skin sore. For our Aboriginal and Torres Strait Islander children, these are common infections. They spread quickly in overcrowded houses, due to hardware problems and insufficient access to medical care. Without appropriate treatment they can cause an abnormal immune reaction in the heart, causing damage to the heart valves. The effects of that last a lifetime. A lifetime which, too often, is cut short.

Today, I call for that cycle of infection, disease and tremendous sadness to end. We know what needs to be done, and we know that it can be done. Our shared vision is that no child born in Australia from this day forward dies of RHD. I am asking all of you now to help make that happen.

I want to tell you why this matters to me. As the CEO of NACCHO, I lead the Aboriginal and Torres Strait Islander primary care sector. Being comprehensive means that we do everything – immunisations and iron infusions, injuries and ischaemic heart disease. Doing everything means that we rarely choose to focus on a single disease. There is so much to be done, we can't afford to have 'favourite' diseases.

But RHD sticks out. It's the greatest cause of cardiovascular inequality for Aboriginal and Torres Strait Islander people in this country. Non-Indigenous people, literally, just don't get it. 98% of people who get RHD are our people. We get it because of crowded houses, because – despite our best efforts - showers don't work, taps don't run, and clothes don't get washed. We get it because our clinics are overwhelmed with demand and sometimes skin sores and sore throats go untreated. We get it because the diagnosis is missed and sometimes it is too late for treatment. All that needs to change.

At NACCHO, we are a founding partner of END RHD – an alliance of organisations working to end RHD. We have prioritised RHD, not because this disease is a simple fix, but because it is hard. Because it spans from housing to clinics to open heart surgery. It exemplifies the gaps in prevention in the health system and in outcomes. We are focusing on this because the only possible solution is a comprehensive, Indigenous-led primary care-based strategy of both prevention and treatment. In pursuing this goal, we have an opportunity to work together, collaboratively, in new ways. We believe in that way of working and – with your help - we believe that it can end RHD.



There is a clamour from Aboriginal and Torres Strait Islander people ready to commit to leading the strategies to end RHD – this disease isn't something that we just have to live with or die from. It's something we can take collective action on. Communities have already made a start. With this RHD Endgame Strategy, we have the evidence we need to make choices about what works best for us and how to put research into action.

We need to make this matter – it can't just be a report on a shelf. With the release of the Endgame, we have a real opportunity to turn a corner. But to do this, we need:

- A commitment to Aboriginal and Torres Strait Islander leadership - and we need to appoint an advisory group to make that happen
- A national body to oversee the implementation of the Endgame Strategy
- To fund community led action in places with the highest risk of RHD
- Action outside the health sector – on environments, housing and education to change the risks of RHD
- To establish targets to measure progress and know that we are winning

This work is transformative. Not just because we can save lives and prevent the human suffering of RHD. That is important. But also, because a comprehensive, community-led approach to primary care and environmental health will help address so much more: ear disease, eye disease, childhood lung infections. RHD is just the start of this new way of working.

NACCHO, END RHD and our partners stand ready to put that new way into practice. We are delighted to have the Endgame Strategy behind us to give us a technical foundation for all the work ahead. The next steps to put this into practice are a collective responsibility. I really believe that today we are stepping into the beginning of the end of RHD and I cannot tell you how much that means for our people.