

Winnunga News

ISSN 2206-3080

MARCH 2023

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CEO Update

Australia and most pertinently the Aboriginal and Torres Strait Islander community has, in the last week, lost with the death of Yunupingu, one of the most highly regarded, influential and effective Aboriginal leaders of the last half century.

The man whose name means 'sacred rock that stands against time' Yunupingu, a Yolngu lore man and Gumatj clan leader was born in 1948 on Gunyangura, an Island in the Northern Territory's Melville Bay, north-east Arnhem Land.

Yunupingu first came to national prominence through his involvement with his father and uncle in the drafting of the Yirrkala Petition. The Yirrkala Petition asserts native title over land and is acknowledged as the first such document produced by First Nations people to be formally acknowledged by the federal parliament.

Yunupingu was subsequently appointed an advisor to the Woodward Royal Commission by Gough Whitlam to enquire into native title in the Northern Territory. He was elected Chairman of the Northern Land Council in 1976 and was Australian of the Year in 1978. In 1988 it was Yunupingu who handed the Barunga Statement to Prime Minister Bob Hawke. Both the Yirrkala Petition and the Barunga Statement are on permanent exhibition in Parliament House.

Yunupingu, along with his brother Dr M Yunupingu, lead singer with Yothu Yindi, founded the Garma Festival.

More recently Yunupingu was moved to reflect on his impression of the Prime Ministers he had met with over his life. This is what he had to say:

'All the Prime Ministers I have known have been friendly to me but I mark them all hard'.

'None of them has done what I asked or delivered what they promised. I asked each one to be truthful and to honestly recognise the truth of history and to reconcile that truth in a way that finds unity in the future. But they are who they are, and they were not able to complete their task.'

On behalf of the Directors of the Winnunga Board, staff and all our clients I express our deepest and most sincere condolences to all of Yunupingu's family and friends. His contribution to the welfare of his people and all First Nations peoples across Australia is unmatched.



Julie Tongs OAM, CEO



If you are not part of the solution you are part of the problem

'...much more needs to be done to break entrenched cycles of justice system involvement and also to prevent the next generation of people entering the cycle of child protection, the youth and adult criminal justice systems and ultimately prison.'

I was very pleased in recent weeks to accept an invitation from the Justice Reform Initiative (JRI) to attend the ACT launch of its agenda for reform of the justice system across all of Australia.

The JRI explains its agenda, in summary, as 'working to reduce over-incarceration in Australia and to promote a community in which disadvantage is no longer met with a default criminal justice system response.'

Notably a driving force behind the creation of the JRI was Robert Tickner, a former Federal Minister for Aboriginal and Torres Strait Islander Affairs in the Hawke/ Keating era. In one of life's myriad coincidences, I served for several years as an advisor to Mr Tickner in his Parliament House office.



Robert Tickner AO

<https://www.roberttickner.com/about>

The JRI expands on its ambition to reduce over-incarceration in the ACT in the following terms:

'JRI applauds the ACT Governments commitment to build communities, not prisons but says that much more needs to be done to break entrenched cycles of justice system involvement and also to prevent the next generation of people entering the cycle of child protection, the youth and adult criminal justice systems and ultimately prison.'

It goes on to say:

'The ACT Government is proud to be a human rights jurisdiction and also a restorative city. However, JRI believes that the Government needs to strengthen these commitments with strong and effective practices and actions that better support our citizens, including in our care and protection system and especially First Nations people. We are also committed to elevating approaches that see Indigenous-led organisations being resourced and supported to provide appropriate support to Aboriginal and Torres Strait Islander people who are impacted by the justice system.'

Let me be clear I agree wholeheartedly with almost every thing that the JRI stands for, the steps which it articulates as necessary to break the cycle of offending and to reduce both the incarceration and recidivism rates, most particularly of Aboriginal peoples, in the ACT.

However, while having expressed my support for JRI and its agenda it is relevant I also point out that over the last decade if not longer, indeed since the opening of the Alexander Maconochie Centre, I have advocated endlessly for precisely what the JRI is now calling for. I do not think there is in the JRI position paper a single issue or desired outcome that I have not raised, repeatedly but to absolutely no avail, with the ACT Government. It is pertinent, in that context, to note that in the last decade the Aboriginal incarceration rate in the ACT increased by 279% against a national increase of just on 50%. The latest Productivity Commission report on Government Servicers

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'...Aboriginal detainees in the AMC comprised 31% of the prison population despite constituting only 1.9 % of the ACT population.'

confirms that the ACT currently has the highest rate ratio (20.5) of Aboriginal peoples in custody in Australia and that over the last few weeks Aboriginal detainees in the AMC comprised 31% of the prison population despite constituting only 1.9 % of the ACT population.

I trust you will, therefore, excuse the fact that I may appear a tad cynical. Having said that it is very pleasing to me the JRI has stood up and publicly demanded change, in respect of these issues, from the ACT Government and all other Government's across Australia. Sadly I am not aware of a single person in the ACT apart from myself and former Chief Minister Jon Stanhope that has done so.

Access To Winnunga Services

Due to the increase in demand for our services by Aboriginal peoples in and around the ACT, including the numbers of new Aboriginal clients accessing Winnunga services (mostly due to the fact that bulk billing health services are more difficult to find/access), the following changes have needed to be made for non-Aboriginal clients.

- Existing non-Aboriginal clients can continue to access basic GP and nursing services
- Specialist services are not available to non-Aboriginal clients
- Unfortunately we no longer have the capacity to take on new non-Aboriginal clients

Consideration/possible exceptions are given to non-Aboriginal clients who are either a spouse of an Aboriginal person, or who have Aboriginal children, or are pregnant with an Aboriginal child (ie ANFPP, Midwifery Program).

Winnunga is an Aboriginal health service and as such we need to prioritise Aboriginal clients.



Fact: In the 2021-2022 financial year Winnunga provided 91,967 occasions of service (excluding groups, transport and administrative services). This was a 49% increase compared with the previous financial year. 8,295 individual clients were seen by Winnunga. This was a 59% increase from the previous financial year.

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'...for Indigenous women there is enormous ground to be made. None the least because we are the most at risk of violence...but also because we have an incredibly fraught historical relationship with the systems we are asked to engage with when we seek refuge from male violence.'

Gendered Violence and Human Rights

The following excerpts are from a speech delivered by Ms Louise Taylor, now Magistrate Louise Taylor prior to her appointment to the ACT Magistrates Court.

The speech resonates as much today as it did when it was delivered by Louise in 2016.

'I take this opportunity to acknowledge a group of people particularly relevant to today's topic - the women who made it possible for me to speak like this today and the women who have demanded better for us by marching in the streets, driving the petitions, writing the submissions and providing safe haven. This is an important acknowledgement. Speaking out about violence against women is almost fashionable these days (and I don't mean that pejoratively) - but that of course was not always so. Women risked their safety, their jobs, their wellbeing, their relationships and their sanity screaming into the wind for decades about the position of women at the hands of men. Many of those women were and are feminists and I acknowledge the role of that movement whilst also acknowledging the at times difficult relationship that Indigenous women have had and still have with that movement.'

'You'll all agree that we have come a long way from the 'brush it under the carpet', 'what happens in the home stays in the home' approach. Male violence against women is recognized and pursued as a crime. We have denunciation of it from the highest levels of government. We have awareness campaigns coming out of our ears and celebrities and politicians falling over themselves to be supportive of the cause. I often reflect...on why it's taken so long for this support to materialize. I suggest that we still have some significant way to go.'

'I know that in particular for Indigenous women there is enormous ground to be made. None the least because we are the most at risk of violence - between 2012-13 Indigenous women were hospitalized for non-fatal family violence assault at 34.2 times the rate of non-Indigenous women -but also because we have an incredibly fraught historical relationship with the systems we are asked to engage with when we seek refuge from male violence.'

'As a community we like our victims to be the perfect picture of victimhood. What I mean by that is we feel most comfortable with women, victims of male violence who do all the right things and respond in the ways we determine best reflect them as credible victims - call the police immediately, leave the perpetrator immediately, seek



Magistrate Louise Taylor

Photo source: law.anu.edu.au/news-and-events/news/inspiring-women-anu-law-magistrate-louise-taylor

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Gendered Violence and Human Rights (cont'd)

medical attention, cooperate completely with an investigation and prosecution and of course - always put their children first. My experience tells me that victims commonly present having not done one or more of those things.'

'The cases of Ms. Dhu in 2014 and Ms. Lynette Daly from Northern NSW are instructive of the value placed on the lives of black women. Ms. Dhu was a 22 year old Yamatji woman taken into custody in Port Hedland for non payment of a fine. She died a slow painful and preventable death right before the eyes of the police and health professionals charged with her care. During her three days in custody she cried in agony for hours and vomited repeatedly as pneumonia and septicemia set in -the result of a broken rib from a suspected DV assault prior to her arrest.'

'Lynette Daly was a 38 year old Aboriginal woman who died in horrific circumstances on a beach in northern NSW in the company of 3 men. Charges were not pursued against the men for almost five years.'

'The deaths of these two Aboriginal women in circumstances where someone absolutely must be responsible for them sends a clear message to us as Aboriginal women. You aren't as important. You won't be cared for or valued by the system we demand you engage in when you want something done about violence committed against you.'

'We must ensure that the systems designed to protect and support us accommodate our history as Aboriginal women. That history includes the unfinished business that remains for this country for many Aboriginal people. We have yet to secure our political, economic and cultural positions. We must recognize that we are the mothers, daughters, sisters and aunts of the men you are jailing in record numbers but that we are just as deserving of safe haven and protection from violence - we are just as deserving of justice.'

'You cannot encourage and indeed demand that we engage with you to prevent or stop violence against us without recognizing the complex factors that sit behind our identity as Aboriginal women-that identity is inherently political and a failure to recognize that will impact the ability to engage with us successfully. Aboriginal women are strong leaders - we are well used to carrying the trauma of our communities and holding our families together - we have had to do it since Cook landed. But you must let us lead. Not as an afterthought or a tag on - we can do so in the mainstream - just like white women.'

'It is essential that the faces and stories of domestic violence are not constrained to just those of middle class white women presenting that picture of victimhood that we as a community feel most comfortable with. We must acknowledge that for many victims the criminal justice system is not the answer they are looking for - acknowledging that the criminal justice system has not always served women, at all well.'

'I return now to thinking about those women I honored at the beginning, those women who risked so much to pave the way for us to end up here talking about this. Women have been alone in this for a long, long time.'

'It is my fierce hope that my sons-proud Bundjalong/Kamilaroi young men that they are - grow up with respect for women, our bodily autonomy, our right to live a life free from violence. And as for my daughters it is my fierce hope that they never know the sting of a slap, the force of a fist, the hopelessness of manipulation or the paralysis of control at the hands of a man, and if they do - there are systems that will give them solutions. But we must do the work to get there. And at the heart of that work is confronting

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'...the litmus test of our success here is not how many women we have on Boards - the real test is the position of our most marginalized and our most vulnerable - statistically Indigenous women...'

Gendered Violence and Human Rights (cont'd)

inequality amongst victims, the barriers to engagement and the structural obstacles we have to dismantle to result in justice being achievable for all the women who seek it. Because the litmus test of our success here is not how many women we have on Boards - the real test is the position of our most marginalized and our most vulnerable - statistically Indigenous women - and unless we bring all women with us in our search for justice for the violence committed against us by men, in our search for gender equality, we are just entrenching that marginalization and vulnerability further.'

Louise declared in her speech that she liked men. She said 'I've borne two, live with one as my partner and am the daughter of the best one I know' - namely her father Russel Taylor, who incidentally is held in as high esteem by the Aboriginal community of Canberra as any Aboriginal person who has ever graced this city.

The Ugly Face of Racism in Canberra

Julie Tongs, CEO of Winnunga says that while the recent report by the ACT Children and Young People Commissioner, Ms Jodie Griffiths-Cook, states that 80% of Canberra children and young people had witnessed racism in Canberra and that a disturbingly high number of children experience racism, comes as no surprise to her or, she is certain, any member of the local Aboriginal and Torres Strait Islander community, it is nevertheless deeply disturbing.

The Commissioner reports that children in Canberra 'experience racism everywhere they go'. The report highlights the prevalence of racism at schools, on buses and on the sporting field. Ms Griffiths-Cook also expresses concern that racism was not taken seriously by many adults and some organisations, including some schools and sports clubs.

She has recommended that ACT schools and sporting bodies be required to develop comprehensive and age-appropriate anti-racism policies and procedures so that school staff, coaches, referees and volunteers know how to identify racism and what steps they need to take when it occurs.

ACT Children and Young People Commissioner
Ms Jodie Griffiths-Cook

Photo source: <https://hrc.act.gov.au/public-advocate/public-advocate-children-young-people-commissioner/>



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'...insisted that all children at the school should be taught their own language, Yolngu Matha, alongside English.'

Yalmay Yunupingu Retires After 40 Years of Teaching

Widely regarded as one of the most dedicated and effective bilingual educators in Australia Ms Yalmay Yunupingu, a senior Yolngu leader has announced her retirement, after 40 years as a bilingual educator at the Yirrkala Bilingual School.

Ms Yunupingu, in reflecting on her long career as a teacher at the Yirrkala School said that she had dreamed upon completing her schooling of being a teacher librarian and had accepted a position in the local community library. It was while employed at the library that she first began to translate books, beginning with some from the Dr Seuss series.

She later began work at the Yirrkala school where her husband, the late Yothu Yindi lead singer and at the time an educator, Dr M Yunupingu was working.

Following her appointment to the school Ms Yunupingu began to advocate for the importance of bilingual learning and insisted that all children at the school should be taught their own language, Yolngu Matha, alongside English. Clearly a powerful and effective advocate Ms Yunupingu's campaign succeeded and generations of children from Yirrkala and Arnhem Land have through their language a connection with their culture and country that would but for her passion and dedication have been severely diminished.

Congratulations and thank you, Yalmay Yunupingu, on your dedication and service to your people.



Ms Yalmay Yunupingu (Photo: David Hancock)

Fact: According to the NT Education Department, there are nine remaining bilingual schools across the Northern Territory.

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PM Must Act to Fix Shameful Jails

Inaction: Dodson

The Sydney Morning Herald Digital Edition, 5 March 2023

'...immediately set up an Indigenous justice committee, a federal office to oversee state coronial inquests and ensure provision of Indigenous tailored health services in jails.'

Prime Minister Anthony Albanese's reconciliation envoy has called out his own government over inaction on Indigenous deaths in custody and issued an impassioned plea for urgent measures that should not be delayed by the looming referendum for the Voice to parliament. In a powerful intervention, Labor senator Pat Dodson called for immediate implementation of recommendations of the landmark 1991 royal commission into the issue and demanded criminal charges for private providers over preventable deaths in custody.

Since the 1991 Royal Commission into Aboriginal Deaths in Custody, on which Dodson served as a commissioner, more than 525 Indigenous Australians have died in police or prison custody.

Arguing that institutional racism pervades criminal justice systems around the nation, he said the federal government should immediately set up an Indigenous justice committee, a federal office to oversee state coronial inquests and ensure provision of Indigenous tailored health services in jails.

The number of Indigenous people dying in custody each year is much higher now than the period before the royal commission, with an average of 16.6 deaths per year since 1991 compared to 11 deaths per year between 1980 and 1989.

Dodson said the lack of action on the "national disgrace" of Indigenous deaths in custody was "absolutely" on the shoulders of the Albanese government, as was its failure to champion the implementation of royal commission recommendations now more than three decades old. "This government is not immune from the obligations to implement recommendations that we've committed to as a nation, that were commissioned by a past government," Dodson said.

"We are faced with ensuring that safety of people taken into custody is upheld. There's no licence to kill people here."

Dodson said he would confront Attorney-General Mark Dreyfus about the issue and warned against any effort to delay action by focusing solely on the Voice to Parliament, saying the government could "walk and chew gum".

"I'm tired of seeing lives being lost because of a lack of change. Leadership shown by the federal government in this space is what is required," Dodson, who is known as Australia's father of reconciliation, said. "You need national leadership in order to make the significant change that the royal commission expected. I'm sure [Dreyfus] and I will have some very robust discussions about this, but it is about putting this into practice."

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PM Must Act to Fix Shameful Jails

Inaction: Dodson (cont'd)

The senator said the Victorian government was “absolutely” responsible for the deaths in custody linked to its failure to fix bail laws.

The laws, introduced after the 2017 Bourke Street massacre, have led to a spike in the number of Indigenous women being placed into custody, including Veronica Nelson, who a coroner recently said died a preventable and painful death in Victoria’s largest women’s prison. “Victoria was slow and slack in implementing that recommendation, and there’s been deaths as a consequence of that one failure in not implementing that recommendation,” Dodson said.



Senator Patrick Dodson

On the weekend, Victorian Attorney-General Jaclyn Symes committed to changing several aspects of the state’s bail laws, conceding they had a disproportionate impact on vulnerable people including Indigenous women.

Dodson said the Albanese government’s reforms thus far, including modest funding for justice re-investment and for Indigenous families to have legal representation at coronial inquests, were a start but much more needed to be done quickly. “There’s been far too much politics between state and Commonwealth,” he said. “The royal commission was about a national disgrace that we were facing back 30 years ago, and we’ve compounded that because we’ve had knowledge of as to how to deal with and stop a lot of those deaths, and we’ve failed miserably.”

Dodson made his comments as part of an investigation by the Herald and 60 Minutes into Indigenous deaths and medical neglect in Australian prisons.

Prison healthcare whistle-blowers said systemic health services failures have fuelled the neglect of vulnerable prisoners, including Indigenous inmates, while four mothers of Indigenous prisoners who died or almost died in prison have also called for urgent reform. Dodson’s concerns echo those of Victorian coroner Simon McGregor’s ruling in late January cataloguing a series of prison healthcare and justice system failures that led to what he described as the preventable, inhumane and degrading death of Nelson.

Among 339 recommendations, the 1991 commission called for imprisonment as a last resort, provision of healthcare to people in custody to a standard equivalent to that available to the public, and provision of culturally appropriate health care to Aboriginal people in custody. Dodson said none of these core recommendations had been properly delivered. “The custodial medical system has got to be taken over by Aboriginal medical services to deliver proper treatment,” he said.

The National Justice Project’s chief lawyer, George Newhouse, who is representing several Indigenous families at coronial inquests, said Dodson and McGregor were accurate in describing the abject failure to adequately implement the 1991 recommendations. Newhouse said Western Australia was the worst of the states. McGregor has referred Correct-Care, the private health provider responsible for caring for Nelson when she died in custody in January 2020, to the Victorian Director of Public Prosecutions to face potential

'Dodson said CorrectCare should be held criminally accountable for its failure to provide adequate care, and claimed the privatisation of healthcare and custodial services was a failure that jeopardised Indigenous lives.'

PM Must Act to Fix Shameful Jails

Inaction: Dodson (cont'd)

criminal charges. Dodson described Nelson's death in custody as the "most shameful thing that you could ever witness". "The knowledge that this person was clearly ill and crying in pain, and the offhandedness with which her condition was treated is an absolute indictment on the system, and on all of those who thought they were carrying out their duty, but were totally negligent, in my view, and should be held criminally responsible for her death."

Dodson said CorrectCare should be held criminally accountable for its failure to provide adequate care, and claimed the privatisation of healthcare and custodial services was a failure that jeopardised Indigenous lives. CorrectCare said it extended its condolences to Nelson's family and was reviewing the coroner's findings.

Everyday Racism in Disguise

The December 2022 edition of the Koori Mail contained a report of a recent study headed up by Professor Ray Lovett at the Australian National University here in Canberra. The study focused on the differing experience and response which Aboriginal peoples have to everyday discrimination compared to non-Aboriginal people. Professor Lovett highlights, for example, that while most Australians don't think twice about, say, going to the shops, many Aboriginal peoples worry every time they go shopping about being trailed through the shops by security staff.



Professor Ray Lovett

<https://researchers.anu.edu.au/researchers/lovett-rw>

The Koori Mail also reported that the study identified other experiences such as receiving poor service, being accused of theft and unwarranted police attention, contribute significantly to the psychological distress experienced by many Aboriginal people.

The ANU study reveals that 30% of Indigenous adults experience very high levels of psychological distress compared to only 13% of non-Indigenous adults. Professor Lovett concluded that if everyday discrimination/racism was eliminated that it was possible that half of the gap between Indigenous and non-Indigenous people could be closed.

A staggering conclusion of the study, for which 10,000 Aboriginal and Torres Strait Islander adults were surveyed, was that approximately 74,000 Indigenous people in Australia are severely distressed, solely from racism.

Fact: 'The Racism. It Stops With Me' website contains a list of 'Key terms' that unpack some of the different ways that racism is expressed.

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Smoking Ban in AMC

Reflections from a detainee in the AMC

Recently, AMC has provided some fantastic insight into how NOT to implement a smoking ban in a prison. Some examples of this include:

1. Refusing to tell prisoners when the ban is occurring.

This uncertainty is adding hardship to an already stressful time and preventing prisoners from preparing and planning to stop smoking.

2. Limiting prisoners to one packet per week before a date for a ban is even announced.

The inevitable result is that prisoners will not have enough tobacco to last the week yet their addiction will be maintained. Already there is significant animosity towards staff who stand around smoking while entire yards are out of tobacco.

3. Succumbing to pressure from prison guards to remove health and well-being initiatives for prisoners.

This is a time where healthy and prosocial activities should be encouraged and expanded, not withdrawn. Due to a lack of employment and the separation of all units, AMC is a prison where the primary activity is to sit around smoking. With smoking removed, it's unlikely that prisoners will be content with just sitting around.

4. Providing weekly tours of groups of police around the prison, telling prisoners that this is preparation for riots.

Many prisoners are triggered by the sight of the police and even those who aren't are angered by the knowledge that the prison would rather incite unrest and then prepare for it than take steps to reduce the likelihood.

5. Implementing the ban on smoking with a thinly veiled health justification but still continuing to punish prisoners by withholding access to that which is vital for good health.

This includes the "privileges" of education, employment, sunlight, exercise, visits, phone calls, and nutritious food; all of which are important to good health. Doing this illustrates to prisoners that the ban is not a health initiative but merely another layer of punishment.

I can't say one way or another how the ban will go but I can say with complete sincerity that it appears as if ACTCS staff are doing all that they can to ensure that the incoming smoking ban is as difficult on prisoners as possible. How disappointingly predictable ACTCS...

'...the ban is not a health initiative but merely another layer of punishment.'

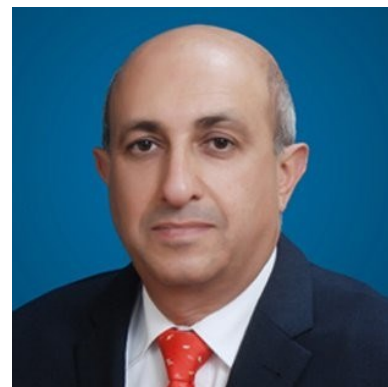
Fact: 'Banning smoking in prisons is a deliberate torment of people who have already lost everything. It is the bullying of people who are totally in government control, but it is seen as an easy political statement of being seen to be tough and increasing the punishment of imprisonment.'

(<https://justiceaction.org.au/smoking-in-prisons/>)

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Light Rail and Budgetary Impacts

On 30 March 2023, Dr Khalid Ahmed gave a presentation at The Economic Society (ACT) Meeting. The topic Dr Ahmed spoke about was 'Light Rail and Budgetary Impacts'. Below is some information from the presentation you may find interesting.



*Dr Khalid Ahmed
Adjunct Professor Institute of
Governance and Policy Analysis,
University of Canberra*

The choices and their consequences - Health system investment plan before Light Rail

- ◆ In 2010, the Government agreed to a Capital Asset Development Plan for health. The Plan was developed through consultation with clinicians and stakeholders including consumers' representatives over a period of two years.
- ◆ A master plan was developed for The Canberra Hospital which involved substantial rebuilds and upgrades to allow efficient implementation of new models of care and clinical pathways.
- ◆ Total cost of CADP was \$2.8 billion, of which \$1.3 billion for new buildings 1, 2, 3 and upgraded buildings 10 and 12 plus links and infrastructure works.
- ◆ First tranche of funding was provided in the 2011 Infrastructure Investment Plan.

Capital Asses Development Plan Stage 2 and 3 Capital Cost Summary Comparison - TCH Campus

			CADP Stage 2	CADP Stage 3 - Benchmarked (Jul '10)
		The Canberra Hospital Campus	Capital Costs (escalated)	Capital Costs (escalated)
1.00		Main Hospital		
1.01		Capital Region Cancer Centre *2 & *10	\$27,863,000	\$27,863,000
1.02		Fit-out to Levels 3 & 4 of last	\$0	\$3,780,000
1.03		Women's & Children's Hospital *1 & *10	\$97,370,000	\$97,370,000
1.04		New buildings 1, 2, 3 and upgraded buildings 10 & 12 plus links, infrastructure works, landscaping, etc *6	\$764,167,000	\$1,315,150,000
1.05		Research Precinct	\$29,740,000	Excluded
		Sub-totals	\$919,140,000	\$1,444,163,000
2.00		Mental Health - On Campus		
2.01		AYAMHIPU *1	\$13,990,000	\$25,710,000
2.02		AAMHIU *1 & *5 & *10	\$25,920,000	\$25,920,000
		Sub-totals	\$39,910,000	\$51,630,000
3.00		Other - Clinical		
3.01		Skills Development Centre *1 & *7	\$28,370,000	\$40,468,000
3.02		Interim WIC	\$2,157,000	\$2,157,000
3.03		Neurosurgery Operating theatre *10	\$12,937,000	\$12,937,000
3.04		SAPU	\$4,100,000	\$4,100,000
3.05		Enhanced Theatres *3	\$4,680,000	\$4,680,000
3.06		Interim MHAU *1	\$2,910,000	\$2,910,000
		Sub-totals	\$55,154,000	\$67,252,000

'A master plan was developed for The Canberra Hospital which involved substantial rebuilds and upgrades to allow efficient implementation of new models of care and clinical pathways.'

Fact: In the Emergency Department, relatively fewer Aboriginal and Torres Strait Islander people treated on time compared to other Australians.

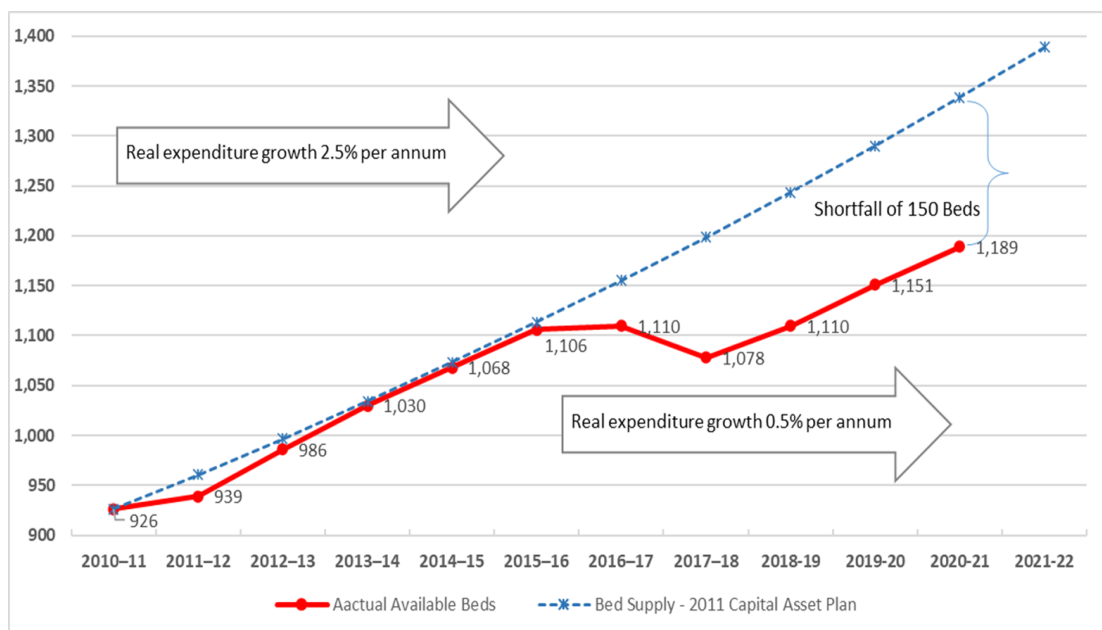
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Light Rail and Budgetary Impacts

(cont'd)

'If per person expenditure had been maintained at the 2015-16 level in real terms, public hospital services in the ACT would have received approximately \$175million in additional funding in 2018-19.'

Health system resourcing after Light Rail - Decrease in hospital beds



(Source: Australian Institute of Health and Welfare; Australian Hospital Statistics; CADP)

Health system resourcing after Light Rail - Cuts to recurrent funding for public hospitals in real terms

Real Recurrent Expenditure on Public Hospitals and Separations: Annual Average Change 2015-16 to 2018-19

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Change in Real Expenditure Per Person	1.4%	2.3%	2.8%	-3.5%	2.6%	3.1%	-3.6%	5.4%	1.2%
Change in Hospital Separations	0.4%	4.4%	6.6%	-0.8%	0.8%	3.4%	3.1%	6.0%	3.0%

(Source: Productivity Commission; Report on Government Services)

- ◆ Pre pandemic, hospital separations increased at 3.1% on average annually, while expenditure per person decreased at 3.6% per annum.
- ◆ If per person expenditure had been maintained at the 2015-16 level in real terms, public hospital services in the ACT would have received approximately \$175million in additional funding in 2018-19.

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‘For Elective surgery, 50th percentile wait times are 17% longer and 90th percentile wait times are 21% longer for Aboriginal and Torres Strait Islander people compared to other Australians.’

Light Rail and Budgetary Impacts

(cont'd)

The choices and their consequences - Deteriorating performance.....worst of all States and Territories

Emergency Department: Patients Treated on Time (%)

Category	2016-17		2018-19	
	ACT	Aust	ACT	Aust
2 - Emergency	77	77	74	75
3 - Urgent	50	66	32	63
4 - Semi-urgent	63	74	47	73
5 - Non-urgent	91	92	83	91
Total	62	73	46	71

Source: Productivity Commission; Report on Government Services.

The choices and their consequences - Increasing inequity in the system

- ◆ In the Emergency Department, relatively fewer Aboriginal and Torres Strait Islander people treated on time compared to other Australians.
- ◆ For Elective surgery, 50th percentile wait times are 17% longer and 90th percentile wait times are 21% longer for Aboriginal and Torres Strait Islander people compared to other Australians.

Emergency

Departments

Proportion of patients treated within nationally agreed benchmarks

Aboriginal and

Torres Strait Islanders

43%

Other

Australians

46%

Elective

Surgery

50th percentile wait times in public hospitals within nationally agreed benchmarks

Aboriginal and

Torres Strait Islanders

54

Other

Australians

46

90th percentile wait times in public hospitals within nationally agreed benchmarks

371

307

If you are not part of the solution you are part of the problem

COVID-19 and Influenza Update

The 2023 Flu Vaccine is now available at Winnunga for all Aboriginal and Torres Strait Islander peoples aged 6 months or older

Influenza

- It is time to get your flu vaccine again!
- Influenza is a very contagious infection and affects people of all ages. It can be mild, but it can also cause very serious illness in otherwise healthy people. It can require hospitalisation and cause death.
- Vaccination is a safe and effective way to protect you from serious disease caused by influenza.
- Every Aboriginal and Torres Strait Islander person aged 6 months or older is eligible for the flu vaccine.
- Children under the age of 5 should be vaccinated as they are at increased risk of serious illness if they catch influenza.

Please come in to Winnunga for your flu vaccination or call reception on (02) 6284 6222 to book in.

You can get your flu vaccine and a COVID booster at the same time.

2023 COVID-19 boosters are now recommended for all adults if it's been 6 months or longer since your last COVID-19 vaccination OR last COVID-19 infection. We have both Moderna and Pfizer bivalent vaccines available.

The Winnunga Respiratory Clinic has moved to Reception 2 in the main building. Please go to Reception 2 if you have symptoms or need a COVID-19 test.

COVID-19 Vaccinations

Everyone aged 5 years and older is eligible for COVID-19 vaccination. Two doses are required to start with (3 for people with severe immunocompromise), followed by boosters.

You are due for a booster if you are:

- Aged 18 years and over, and you completed the primary course 6 months or more ago

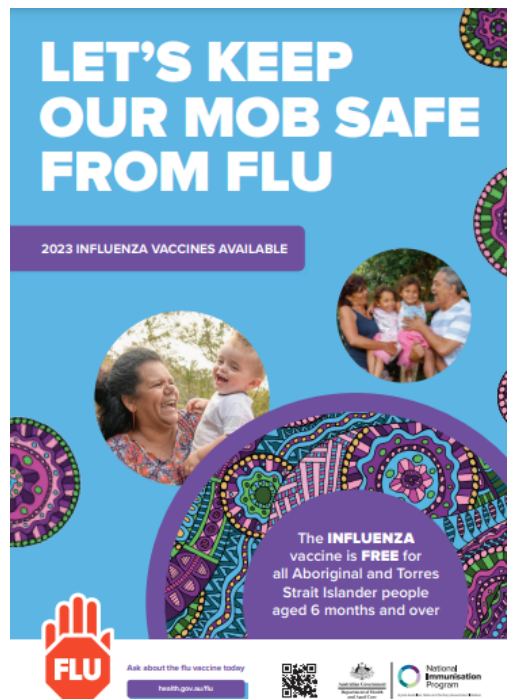
OR

- Aged 5-17 years, you completed the primary course 6 months or more ago AND you are severely immunocompromised or have a disability or complex health condition that increases the risk of severe COVID-19

If you have been infected with COVID-19 OR had a COVID-19 vaccination you should wait 6 months (whichever was later) before getting your next COVID vaccination.

Please come in to Winnunga for your vaccination or call reception on (02) 6284 6222 to book in.

If you are unsure about getting vaccinated, we encourage you to discuss this with one of our healthcare workers.



COVID-19 and Influenza Update (cont'd)

For the latest advice and updates from the Department of Health, visit: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines>

Winnunga Respiratory Clinic

The Respiratory Clinic has recently moved and is now located in the main Winnunga building at Reception 2.

Anyone who has a fever, cough, sore throat, runny nose, shortness of breath or loss of taste or smell should go directly to this entrance.

If you require testing for COVID-19 please also go directly to the Respiratory Clinic.

Temperature, symptom and exposure screening is in place for all clients presenting to the main Winnunga entrance and you will be redirected to the Respiratory Clinic if you have symptoms or have been exposed to COVID.



Reception 2 entrance

Rapid Antigen Tests

Winnunga can provide Aboriginal and/or Torres Strait Islander clients and families with rapid antigen tests if you are having difficulty accessing them.

If you have a positive RAT test at home please notify Winnunga nurses by calling 6284 6222. You may be eligible for antiviral treatments, which must be given in the first 5 days. This is particularly important for people who are immunocompromised, have chronic conditions or are not fully vaccinated.

Although it is no longer mandatory to report positive RATs to ACT Health, we encourage you to still report positive RAT results by completing the online reporting form: <https://www.covid19.act.gov.au/stay-safe-and-healthy/rapid-antigen-test-rat-positive-result-registration-form>



If you are not part of the solution you are part of the problem

COVID-19 Update (cont'd)

Please stay at home if you are sick or test positive to COVID-19

While isolation for people with COVID-19 is no longer mandatory, if you catch COVID you should stay at home and minimise your contact with others until your symptoms have gone and you are feeling much better.

If you test positive for COVID:

- Speak to your health care provider about your symptoms and check if you are eligible for antiviral medications
- Maintain separation from other people in your household
- If you need to leave your house wear a mask
- Avoid attending large gatherings or crowded indoor places
- Don't visit high risk settings (like hospitals, aged or disability care) or visit people who are at high risk for at least 7 days
- Follow ACT Health advice for people who test positive: <https://www.covid19.act.gov.au/stay-safe-and-healthy/information-for-people-who-test-positive-for-covid-19>

What to do if you are exposed to someone with COVID-19

- Closely monitor for COVID-19 symptoms
- If you become unwell, get tested and stay home
- Wear a mask indoors if you are not at home and on public transport
- Consider testing regularly for COVID-19 using a RAT
- Avoid visiting people at high risk of severe illness, anyone in hospital, or an aged or disability care facility
- Follow ACT Health advice for people exposed to COVID-19: <https://www.covid19.act.gov.au/stay-safe-and-healthy/exposed-to-covid19>

Attending Winnunga and telephone consultations

Please maintain social distancing while attending Winnunga. Please do not gather in groups while waiting for services. Please use the hand sanitiser provided before entering the clinic, while waiting in the clinic and on your way out. You will also be required to wear a surgical mask while visiting Winnunga.

If you cannot attend Winnunga in person our doctors can do telephone consultations. To organise a telephone consultation call Winnunga on 6284 6222.



Staff Profile



Name: Amber Tickle

Position: Public Health Medicine Registrar

Where are you from?

Sydney, but originally from London (Britain).

Who is your favourite singer/band?

I have a bit of an eclectic taste, with no favourites at present.



What is your favourite song?

Possibly a bit corny, but John Farnham's "You're the Voice".

What do you do on the weekends?

Try to entertain my large puppy dog, whilst exploring Canberra and its surrounds.

What is your favourite food?

Depends. But I rarely say no to Thai.

What do you like most about working at Winnunga?

Everyone is friendly and engaging.

My Favourite pet?

Dogs (in case my puppy reads this), but I also have a soft spot for cats...

What is your pet hate?

When individuals lack a basic level of courtesy and respect for others.

