



## Hon. Yvette D'Ath

## MEMBER FOR REDCLIFFE

Record of Proceedings, 25 March 2021

## MINISTERIAL STATEMENT

## Aboriginal and Torres Strait Islander People, Health System

**Hon. YM D'ATH** (Redcliffe—ALP) (Minister for Health and Ambulance Services) (9.53 am): Last week we recognised the national Closing the Gap Day while focusing on the challenges and opportunities that lay ahead. Last week, I also had the opportunity to hear the story of Arthur and Minnie Grogan. In 1956, Arthur and Minnie Grogan made an application to the government of the day to be considered exempt from the provisions of the Aboriginals Preservation and Protection Act 1939. The top of that form states 'Report on Application by Aboriginal or Half-Blood for Exemption from the Provisions of the Act'.

The application form asked what the names and breed of their parents were. It asked if they habitually associated with Aboriginals. It asked whether they drank, whether they were thrifty, whether they understood the value of money and whether they were intelligent enough to protect themselves in business dealings. It asked whether they lived in a civilised manner and whether they usually associated with Europeans.

Arthur and Minnie Grogan had been taken from country and placed in the Mona Mona mission. Denied contact with their parents and their culture, Arthur and Minnie had to disavow their association with other Aboriginal and Torres Strait Islander Australians to be released from the mission. I table their application for exemption.

Tabled paper: Form titled 'The Aboriginals Preservation and Protection Act of 1939' 397.

As Arthur's daughter and Minnie's niece, Haylene Grogan, said last week, 'The law was used to control Aboriginal and Torres Strait Islander Australians.' Haylene Grogan spoke those words as Queensland's first Chief Aboriginal and Torres Strait Islander Health Officer and as Deputy Director-General of Queensland Health, and she spoke those words at the launch of the First Nations health equity discussion paper, a document that has been co-designed by Queensland Health in partnership with the Queensland Aboriginal and Islander Health Council. This is an historic document, and I was proud to co-launch it last Wednesday with Matthew Cooke, the chairperson of QAIHC. It lays out powerful ideas to advance the Aboriginal and Torres Strait Islander health agenda and genuinely close the health gap. To my knowledge, it is the first time a discussion paper of this kind has been co-designed between a government agency and an Aboriginal and Torres Strait Islander community controlled health organisation.

The discussion paper is a prelude to the proclamation of the health equity regulation. The regulation will require hospital and health services to have at least one Aboriginal and Torres Strait Islander member on their respective boards and will require each of them to develop and implement a health equity strategy. I remember Matthew saying at the launch of this discussion paper that although the apology was important it was not a law. We are the first to legislate.

The regulation, once passed, will require the health equity strategy to be co-designed, co-owned and co-implemented in partnership with prescribed stakeholders to share decision-making and accountability to improve local health outcomes. This will be a truly landmark moment in Queensland and, indeed, Australian history. Historically, the law was used to control Aboriginal and Torres Strait Islander Australians. Under the Palaszczuk government, the law will codify the voice of our Aboriginal and Torres Strait Islander Australians in the health system.