

One Disease

Patron's Welcome

Chief Justice Robert French AC
Law Courts Building
Sydney, 11 December 2014

It is a sad truth, with which we are all familiar, that Aboriginal disadvantage is a tangled web of causative and mutually reinforcing circumstances which are intergenerational in their effects. The circumstances may variously be classified as social, economic and health-related. It is easy to say that nothing less than a holistic approach is required to deal with them. Such an approach requires consultation with and the involvement of communities, an understanding of how those communities work (or not, as the case may be), interagency and community consensus as to objectives, communication between agencies and co-ordination of their activities. Those general propositions are not rocket science, and have been accepted by many working in the field of indigenous disadvantage in Australia for many years. But they are much easier said than implemented.

Specific, targeted programs with a narrow focus which are not holistic but have contextual sensitivity may have flow-on results in other areas, and at least help to loosen the tangle of disadvantage. The One Disease organisation, whose present focus is the prevention and treatment of scabies in Aboriginal communities, is an example of that kind of program.

Before I was invited to become Patron of this organisation I knew very little about scabies apart from its rather unpleasant name. It is appropriate to the disease it designates. Its aetiology is connected with the infestation of human skin with eggs laid by a tiny mite which burrows into the epidermis. Immune responses give rise to intense itching, which can lead to bacterial infection and in turn serious chronic conditions.

Scabies has a global incidence. It affects more than 130,000,000 people at any time predominantly in developing countries and poorer communities in developed countries. It imposes major burdens on health care systems. According to estimates made in 2010, the direct effects of scabies infestation on the skin can be measured as giving rise, across its sufferers, to more than 1.5 million years lived with disability.

The disease has long been prevalent in Aboriginal communities affected by conditions of poverty, poor hygiene and overcrowding. It can circulate in such communities for extended periods of time. Its extended circulation sets up the conditions for high rates of streptococcal infection which can bring about the sequelae of renal disease, acute rheumatic fever and rheumatic heart disease. Those problems are acute amongst Aboriginal Australians in Northern Australia.

The treatment is not technically complex. It may involve applications of topical scabicides and/or oral medications. It requires the conditions which give rise to these diseases to be at least mitigated. The measures for dealing with those conditions, apart from ensuring adequate housing and reducing overcrowding, require adult education directed to hygiene and an understanding of the circumstances which give rise to the disease. Scabies is a significant strand in the tangled web of disadvantage among Aboriginal people in the northern parts of Australia.

One Disease is an organisation founded by Dr Sam Prince which has as its object the elimination of diseases from indigenous communities. Scabies is its current target. Its treatment strategy has been developed in collaboration with indigenous communities and local medical partners in East Arnhem over a three-year period. The program involves consultation with infected communities which wish to participate in the program and their involvement in, and ownership of, the treatment and management process. The organisation is involved in 21 communities in the Northern Territory. Its program has, at its heart, medical treatment and management, but also engagement in the wider issues of community education and improvement in living conditions that are necessary to deal with the underlying causes of scabies. There was, for example, an associated program called the "Spin Project" which provided repair and maintenance for washing machines in the communities involved in the program. More than 330 machines were repaired under this project.

Dr Prince, the founder of the organisation, has an interesting and inspiring personal history both as a medical professional and as an entrepreneur. He has demonstrated the drive and skills which are necessary to the success of One Disease. He is assisted by a high profile advisory board including three senior public health professionals, two members with significant backgrounds in banking and economic research and one Nobel Prize winning astronomer, to keep them aiming high.

I am delighted to have been invited to become Patron of this eminently practical and I hope, long-lived organisation. I wish it well and hope you will give it your support.