

## TMJ Editorial Blog No 13

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### Why Tasman Medical Journal does not support the Voice

This journal has as its main aim the publication of papers which support the health of all Australians, and to the extent that its publications apply elsewhere, worldwide. So stating a purely political point of view is controversial. But this one has a strong health aspect, as did the subjects of our previous intrusions (on the war in Ukraine<sup>1</sup> and COVID policies in Australia<sup>2</sup>). The matter here is a proposed addition to the Constitution, subject to a YES vote in a national referendum in late 2023. Since the health status of aboriginal Australians is undeniably poor compared with the community as a whole, the question of interest to this publication is whether the proposal is likely to improve the health of this underprivileged group.

The proposed amendment contains two changes. It purports to both recognise an aboriginal presence (for 40,000 to 60,000 years prior to the British arrival in January 1788), and will establish an aboriginal “Voice”. The addition of constitutional recognition is long overdue, in our view. Most commentators agree that such an acknowledgement should be placed within a new preamble, in keeping with its symbolic and historical significance. Perversely, however, it is to be contained in a new section 129, to be added to the present 128 sections. Thus in spite of its importance, one will have to wade through the Constitution to find it. In addition, it is astonishing to read that in the proposed amendment there is no unambiguous expression of aboriginal recognition in the active voice (grammatically speaking). Rather, it is given only by the creation of the Voice, in a single sentence: “*In recognition of Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia: (1) There shall be a body, to be called the Aboriginal and Torres Strait Islander Voice; etc*” Thus the intention to acknowledge is to be effected only via or by virtue of the creation of a “Voice”. A more direct text might state “*(1) This Constitution recognises Aboriginal and Torres Strait Islander peoples as the First Peoples of Australia; (2) In confirmation thereof there shall be a body, to be called the Aboriginal and Torres Strait Islander Voice*” etc. However, that remains inferior to recognition of first peoples within a preamble, and establishment of the Voice in its own section. The linkage of the two proposals is unnecessary, as neither needs the other, and the reasoning for this is unclear.

The case for supporting the Voice is contained in the YES/NO case pamphlet published by the government via the Australian Electoral Commission.<sup>3</sup> Important statement related to health are as follows:

1. **Voting YES is about: Better Results.** *Making practical progress in Indigenous health, education, employment and housing, so people have a better life.*

*Why we need it: There are big challenges facing Aboriginal and Torres Strait Islander people*

- i. *A life expectancy 8 years shorter than non-Indigenous Australians.*
- ii. *Worse rates of disease and infant mortality.*
- iii. *A suicide rate twice as high.*
- iv. *Fewer opportunities for education and training.*

*Clearly, the current approach isn't working. To close these gaps, find solutions and plan for the future we need to listen to advice from Aboriginal and Torres Strait Islander people about issues affecting their lives and communities.*

2. ***How the Voice will work:*** *The Voice is about advice. When governments listen to people about issues that affect them, they:*
  - i. *Make better decisions.*
  - ii. *Get better results.*
  - iii. *Deliver better value for money.*

*The Voice will give advice on key issues facing Aboriginal and Torres Strait Islander people, from better infant health to improving services in remote areas.*
3. ***[To] Ensure people have a better life.*** *The Voice is a vehicle to deliver real improvements for Aboriginal and Torres Strait Islander people in:*
  - i. *Life expectancy.*
  - ii. *Infant mortality and health.*
  - iii. *Education and employment*

The problem is that the claimed future health benefits from a Voice on the above epidemiological markers cannot be known in advance. As it is impossible to predict future events, they are little more than expressions of faith. Only one item of evidence is provided to support the claims, namely that in “...*South East Queensland, the local Aboriginal Medical Service and the community worked together to hugely increase the number of annual health checks, from 550 to over 20,000 over 10 years.*” This claim is unreferenced but we assume it is correct. However the reason for the improvement remains uncertain. It could be interpreted as suggesting that a Voice is not essential to obtain aboriginal healthcare improvements. Thus the case for the Voice relies on uncritical acceptance of open claims for the future that may turn out to be incorrect. For a body cemented in the Constitution this would be an appalling outcome.

A less skeptical attitude to the Voice might be reasonable if the government had described how it would work, what it would do and not do, and what it would cost. But no statements to date have described how the Voice will improve any index of social disadvantage or health. Indeed it has been government policy to not provide any detail until after the referendum! So one is entitled to be skeptical. The YES case blames continuing aboriginal disadvantage, in spite of massive expenditure, on lack of aboriginal input and local knowledge: “*For a long time, governments with good intentions have spent billions trying to deal with these issues. But they haven’t achieved lasting improvement because they haven’t listened to people on the ground. The current approach is broken and the Voice is our best chance to fix it*”. This passage contains a sentence with two true claims, a debatable second sentence, an uncertain third. The only publication<sup>4</sup> that details the proposed structure of the Voice describes a complex three-layered system of a Federal (Canberra-based) voice, regional voices, and local voices (local is undefined), but just how these “voices” are constituted (appointed or elected?), how many subsidiary voices there will be, how they will work and what they will cost are unknown. In addition, some States have created or will create State-based voices, increasing complexity.

Our view is that constitutional acknowledgement of prior residency in Australia of aboriginal peoples is a desirable step. A voice may be desirable but linking it to aboriginal recognition is artificial. Creating an indissoluble organ within the Constitution is fundamentally flawed. One advantage of creating a voice by regulation is that its areas of interest and *modus operandum* would be subject to Parliamentary scrutiny in advance. The claim of meaningful and consequential improvement in aboriginal health by the Voice is unproven, but the cost will be substantial. There remains open the wider question of how Australia is likely to achieve social and health advancement in the aboriginal population, in which this Journal will take an active interest.

#### References

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4. Langton M, Calma T. Indigenous voice co-design process: final report to the Australian Government. National Indigenous Australians Agency 12 July 2021.

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