

National Rural Health Alliance submission to Royal Commission into Natural National Disaster Arrangements

24 April 2020

The National Rural Health Alliance makes this submission as the peak body for rural and remote health in Australia, which represents 44 member bodies. Our comments go mostly to the health response to the 2019-20 bushfires.

It is essential that people are able to have their immediate health care needs met following a natural disaster. The communities hardest hit by the 2019-20 bushfires were rural, regional and remote areas which already have both poorer access to health care as well as generally poorer health outcomes on account of social, economic and environmental factors. And workforce challenges are a perennial problem in rural communities only made worse by times of natural disaster. So there needs to be a concerted effort from all levels of government to ensure that, following natural disaster, health care workers and health infrastructure are available in affected areas to deal with physical trauma as well as immediate mental health issues. In many ways this was handled well in the 2019-20 bushfire season, but it must be an important part of planning for future natural disasters.

In the short term as well, ensuring that people have access to essential services is vitally important. It is especially important to get telecommunications infrastructure back up and running as soon as possible, and to boost the capacity where need be, not just because this is a vital source of information about natural disasters for rural communities but also because health care is increasingly taking place remotely. The shift to telehealth brought on by COVID-19 will in many ways be here to stay after the pandemic has passed. We also want to highlight the need to ensure that people can access government services such as social security payments, including additional assistance if necessary. People in rural areas are often more economically disadvantaged to begin with, and we know that poverty often leads to poorer health outcomes.

But of course it is not all about the short term, and indeed the biggest question mark around the response to the 2019-20 bushfires is whether or not rural communities are being looked after in the long term. At the time of writing this submission it is hard to say. Workforce planning needs to take place to ensure that not only are health professionals brought into affected communities, but that they stay there for enough time to properly respond to the health issues caused by the bushfires. Mental health is a good example of this. We welcome the Australian Government's \$76 million mental health package for affected communities. But many mental health issues as a result of a traumatic event are not immediately apparent, so it is important that psychologists and counsellors are still there in six or 12 months to offer people appropriate care and treatment.

Any comments on natural disaster mitigation have to address climate change and the need to reduce carbon emissions. The National Rural Health Alliance joins many other submitters in highlighting the link between climate change and more extreme and frequent weather events. We also point out that rural communities are often hit hardest by climate change, because of higher exposure to extreme weather, the potential for climate change to exacerbate pre-existing health inequities, and being more affected by things like an increase in the pattern of vector-borne disease, air pollution, and water scarcity.