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Purpose and Scope

This Policy affirms the Urological Society of Australia and New Zealand's (USANZ) endorsement and adoption of the [Royal Australasian College of Surgeons \(RACS\) Indigenous Health Position Paper](#) which outlines RACS' ongoing obligations under Te Tiriti o Waitangi (The Treaty of Waitangi), the United Nations Declaration on the Rights of Indigenous People (UNDRIP) ⁱⁱ and the Close the Gap Statement of Intent ⁱⁱⁱ.

USANZ represents urological surgeons and also administers the Surgical Education & Training (SET) Program on behalf of RACS. While the majority of USANZ members are RACS Fellows or SET Trainees, USANZ membership also includes urological surgeons with vocational registration in Aotearoa New Zealand, researchers working in urology, researchers and others working in the field of urology.

This Policy is intended to support all USANZ members and staff in both Australia and Aotearoa New Zealand to understand the importance of Indigenous health and cultural safety and how this relates to their work.

RACS Indigenous Health & USANZ

With the permission of RACS, this USANZ Position Statement reproduces content contained in the RACS paper. Members and other stakeholders are encouraged to read the full RACS paper and become familiar with the work being undertaken by the RACS Indigenous Health Committee to better understand and appreciate the respective historical, legal and cultural contexts of the health of Aboriginal and Torres Strait Island and Māori people.

USANZ acknowledges its indebtedness to RACS, the RACS Indigenous Health Committee, RACS Māori Health Advisory Group, and the RACS Mina Advisory Group¹ for their work on Indigenous Health Issues to date. The Society is grateful for RACS' ongoing support as it develops its own strategies to support the broader RACS initiatives and the development of USANZ specific activities to address Indigenous urological issues.

USANZ Position Statement on Indigenous Health

The Urological Society of Australia and New Zealand (USANZ) recognises Aboriginal and Torres Strait Island people as the traditional landowners of Australia and Māori as the tangata whenua (people of the land) of Aotearoa New Zealand.

¹ "Mina means 'Knowledge' in the Gathang Nations people's language. The 'Mina Advisory Group' is a term to denote the English translation 'Aboriginal & Torres Strait Islander knowledge Advisory Group'".

Source: RACS Background document regarding Mina.

USANZ Position on Indigenous Health

USANZ recognises the unacceptable and preventable health and social inequities faced by the Aboriginal and Torres Strait Island people and Māori and that it has a role in addressing the disparities and inequities faced by Indigenous populations.

In supporting this position statement and affirming our intent to improve urological surgical health outcomes for Aboriginal, Torres Strait Islanders and Māori, USANZ:

1. Acknowledges Aboriginal and Torres Strait Island peoples as the First Peoples and recognises Aboriginal and Torres Strait Islander rights as Indigenous people under the United Nations Declaration on the Rights of Indigenous Peoples as adopted by the Australian Government in 2009.
2. Acknowledges Māori as Tangata Whenua and their unique rights under Te Tiriti o Waitangi and rights as Indigenous people under the United Nations Declaration on the Rights of Indigenous Peoples as adopted by the Aotearoa New Zealand Government in 2009^{iv}.
3. Recognises the distinct differences between Aboriginal and Torres Strait Island peoples and Māori and the cultural diversity among and within Aboriginal and Torres Strait Island communities.
4. Understands that Indigenous people view health holistically and health encompasses wider aspects like family, community, kinship networks and the connection to land, culture, traditions, waterways and its resources. Further information on Indigenous health models is included in Appendix 1 of the RACS Indigenous Health Position Paper.
5. Understands that even though Indigenous people view health holistically, there are unique differences in the way health is regarded between Māori and Aboriginal and Torres Strait Island peoples.
6. Acknowledges, supports, and is guided by Aboriginal, Torres Strait Islanders and Māori leadership in health.
7. Understands the value of health knowledge of Aboriginal, Torres Strait Islanders and Māori.
8. Recognises the importance of Indigenous sovereignty in order to overcome the legacy of colonisation processes and dispossession.
9. Recognises that the effects of colonisation, dispossession, marginalisation and experiences of institutional racism has had a profound and lasting effect on Indigenous people and their health and wellbeing across generations.
10. Recognises the legacy of colonisation processes and the resultant racism and privilege at curricular and institutional levels.
11. Acknowledges that Indigenous people continue to experience poorer health outcomes compared to non-indigenous people in Australia and Aotearoa New Zealand.
12. Acknowledges that poorer health outcomes are a result of the ongoing history of discrimination, economic and educational disadvantage and accessing appropriate health care in a culturally safe context.
13. Understands that poor health is not a choice for Indigenous people.
14. Continues to advocate for Indigenous rights and Indigenous health advances.

15. Continues to develop strategies that address Indigenous health issues through the USANZ Diversity & Inclusion Plan, and in support of the RACS Reconciliation Action Plan (RAP) and RACS Te Rautaki Māori (the Māori Health Strategy and Action Plan).
16. Allocates appropriate resources to achieve the activities set out in the USANZ Diversity & Inclusion Plan.
17. Acknowledges the importance of strengths-based discourse about Aboriginal, Torres Strait Islander and Māori health, and about social determinants of health, including for policymaking and advocacy.
18. Emphasises the importance of genuine partnerships with Aboriginal, Torres Strait Islander, Māori and their representatives to improve health outcomes and develop appropriate, sustainable and effective health systems and services.
19. Understands and supports the importance of Indigenous research to inform Indigenous health.
20. Understands the importance of data sovereignty and that data be collected appropriately and is safeguarded and protected as per Indigenous people's standards.
21. Understands the Indigenous status of USANZ staff and members

Related policies, documents and legislation

- [RACS Diversity & Inclusion Plan 2016](#) and [2019 Progress Report](#).
- USANZ Diversity & Inclusion Plan (in development)
- [RACS Innovate Reconciliation Action Plan 2020 - 2022](#)
- [Te Rautaki Māori RACS Māori Health Strategy and Action Plan 2020-2023](#)
- [Aotearoa NZ Section of the Urological Society of Australia and New Zealand Position Statement on Institutional Racism](#)

References

- i Hayward, J. Principles of the Treaty of Waitangi – ngā mātāpono o te tiriti, Te Ara - the Encyclopedia of New Zealand. 2012. Accessed from: <https://teara.govt.nz/en/principles-of-the-treaty-of-waitangi-nga-matapono-o-te-tiriti>.
- ii United Nations. United Nations Declaration on the Rights of Indigenous Peoples 2011. Accessed from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
- iii Australian Human Rights Commission. Close the Gap: Indigenous Health Equality Summit - Statement of Intent 2008. Accessed from: <https://humanrights.gov.au/our-work/close-gap-indigenous-health-equality-summit-statement-intent>
- iv New Zealand Parliament. Ministerial Statements — UN Declaration on the Rights of Indigenous Peoples— Government Support 2010. Accessed from: https://www.parliament.nz/en/pb/hansard-debates/rhr/document/49HansD_20100420_00000071/ministerial-statements-un-declaration-on-the-rights-of

Superseded documents

- None

Revision history

Version	Date approved	Notes	By
1.0	26.3.2022	Approved.	Board of Directors

Review date

This policy will be reviewed every 5 years. The next review will be in March 2027.

Contact

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