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Stop using surgical solutions for social problems: Funding needed to end Rheumatic Heart Disease

Australia is using surgical solutions for social problems in its response to increasing rates of rheumatic heart disease, 2018 Northern Territory Australian of the Year and the Territory's only paediatric cardiologist, Dr Bo Reményi, said today.

Speaking at the 15th National Rural Health Conference, which is hosting more than 1000 delegates in Hobart, Dr Reményi called for all major political parties to commit prior to the election to investment in immediate community-led on the ground action to prevent and eliminate RHD.

“RHD is the best marker for disadvantage between Indigenous and non-Indigenous Australians,” Dr Reményi said.

“Some of our communities have the highest rates in the world of this disease – young children are being subjected to painful treatment and even open heart surgery, and they are dying way too early.

“RHD is the greatest cause of cardiovascular inequality for Aboriginal and Torres Strait Islander people in this country. If we don't close the gap on RHD, we cannot Close The Gap between Indigenous and Non-Indigenous life and health outcomes.”

Dr Reményi called for an end to the current approach where she had to refer young children for open heart surgery and a shortened life filled with ongoing invasive treatment.

“We need to take action now to prevent, identify and manage RHD – we cannot wait for a vaccine or other solutions because while we wait thousands of people will become ill, and hundreds will die.

“I was not previously an advocate to focus on one disease, but RHD stands out – it is the best marker for disadvantage between communities, and if we can prevent RHD we can prevent a lot of other diseases.

“An investment in prevention, diagnosis and management of ARF and RHD will have many broader benefits. The social determinants of ARF and RHD are common with many other health problems in Aboriginal and Torres Strait Islander communities, including kidney, skin, eye, ear and respiratory diseases.

“The provision of more services to prevent and manage RHD, on the ground in communities, as well as on those social determinants such as overcrowded housing,

and hot and cold running water, will help prevent and manage all of these other illnesses.”

Vicki Wade, an Aboriginal health advocate, agrees with the call for improved services on the ground.

“Our mob want to see action and change now. We need our communities to take charge now to prevent this unacceptable disease. Change needs to come from our people, our choices, our voices,” she said.

Dr Reményi called on delegates at the conference to seek a public commitment from major political parties – prior to the Federal election – to substantial funding for immediate community-led solutions as part of a comprehensive strategy to end RHD.

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