

Associated Opticians Coy.
ESTABLISHED 1897



MR FIST THE OPTOMETRIST

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Australia Day 2009

The Secretary Of the Committee
House Standing Committee on Aboriginal Affairs
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re Enquiry into Remote Stores and Their Foods

In this presentation I wish to

1. Identify the ~~Sore~~ Food enigma and provide examples of the problems caused
2. Indicate the need for immediate action - too many food-caused diabetic blindness
3. The costs of treating outback Diabetic Secondary Diseases (such as blindness) far exceeds the possible costs for restricting the availability of sugar-based food

Note that in 2007 the Government of the day spent \$107 Million on Diabetic secondaries. To be compared with \$17½ million on preventing the diabetes itself.

Yours sincerely

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Submission No.	4
Date Received	

RECEIVED
23 JAN 2009

BY: ATSIA

NEW INQUIRY INTO COMMUNITY STORES IN REMOTE AREAS

- . In 2007 Federal Aboriginal Leaders registered 18 matters of concern (see 11st appendix)
- . Many of the matters are inter connected or flow on from basic problems (see Flow chart)
- . The matter of Diabetes caused by the presence of a store and by the foods supplied was correctly prioritised by the Federal Indigenous Leaders.
- . It is necessary to understand the Race Related Kijlojule Extraction Factor and to note Lt/Gen John Sanderson's report on aboriginals addiction to sugar.
- . THE ATTEMPTS to compell store managers to restrict the sales of high carbohydrate foods (e.g. pies, coke, cake, chips, lollies, ice cream) have been ineffectual: RIST, and it's cessation of funds last October; Outback Store Management only reaching 4 of W.A's 56 community stores.

A compulsory registration of community stores may be required before store managers will comply

Discussions with tribal councils and/or community Advisors who often can dictate to stores, is thus necessary.

Note that one tribe in W.A., and one in N.T. have shifted camp away from the local store and have begun to hunt again (bush-foods cannot cause diabetes). However other arrangements had to be made for education and health facilities.

Note from the Flow Chart that the chief contributors to lack of Employment seem to be

- A. Diabetes
- B. Lack of spectacles
- C. Reduced possibilities and work demands.

- A. Diabetes is caused by
 1. Race Related Kijlojule Extraction Factor (the Aboriginal Thrifty Gene)
 2. Lack of Exercise (hunting no longer required)
 3. Incorrect foods supplied by community stores
 4. Failure of RIST and of OUTBACK STORES MANAGEMENT projects.

Lt/Gen J. Sanderson's neglected report to W.A. Government 2008 included the statement that children became addicted to a sugar based diet, which addiction continues into teen-age and adult years.

There follows obesity Type 2 diabetes

- The lack of outback G.P.s, of Indigenous G.P.s, of Indigenous Diabetic Educators, of Optometrists, and of Indigenous Optometrists causes :-
1. 3 year delays in diagnosing and treating food-caused diabetes.
 2. Patient non-compliance
 3. Blindness
 4. Kidney failure
 5. Neuropathic amputations
 6. Heart attacks and premature death (the 17 year gap)

Store food diabetes is involved in

- . Preventing employment
- . A sence of Lack of Self Worth
 - Alcoholism
 - Substance abuse
 - child abuse
 - crime and increased jail rates.
 - Destruction of Homes,
 - Inattention to Rubbish & Faecal removal

During the Aboriginal Leaders Conference held in Perth May 2007 when the 18 matters of concern regarding Aboriginal Lack of Well-being were discussed, as a non-aboriginal onlooker

FEDERAL INDIGENOUS LEADERS CONFERENCE

May 16-20 2007

1. Interdependent prioritised Matters of Importance regarding Aboriginal Well-being. Discussing these with Aboriginal representatives requires 'yearning' (sit down, slow discussions and white obedience to Aboriginal directions). But no one Aboriginal can represent more than one mob'. Theoretically the 56 tribal groups each prefer their own rep
2. Community Store Foods cause obesity and exacerbate diabetes. The RISF project was ineffectual, only 4 of W.A.'s 56 tribal stores have complied. Many sell alcohol without a licence. Woodside sponsor the Hedland Indigenous Council to supply schools with healthy meals - away from eating store food. The Krute Bridge system takes too long to implement and has reached only 5 WA communities. Unemployment increases the problem.
3. Lack of EXERCISE is both caused by Diabetes, and causes Diabetes. Lack of Indigenous G.P.s causes a 4 year delay in diagnosing Diabetes. The Puggy Hunter and other scholarships providing for medical training is poorly utilised, although 20 Aboriginal GPs will graduate in the Eastern States in 2007.
4. The July 07 initiatives (white doctor visiting communities for 2 weeks each) was ineffectual - aboriginal people are suspicious of health workers for 6 weeks or more and mistrustful of visiting health-carers for 3 visits.
5. Incidence of Diabetes 18% of some tribes, up to a frightening 68% of Purnu people. Diabetes causes blindness, amputations, kidney failure, heart attack and premature death. Tony Abbott provided \$107 million per year treating diabetic secondaries, but only \$17 million for preventing diabetes itself. Perhaps the store problem should have been addressed first.
6. Lack of Indigenous Optometrists and Diabetic Educators. Puggy Hunter finance is available, but not utilised. AMS Retinal Cameras are helpful, but patient noncompliance is a problem. White Optometrist's lack remote area administration, cultural knowledge, diabetic skills and 4 wheel driving ability, even though training is available.
7. Patient non-compliance eg Retinopathic patients may refuse to go to coastal clinic for laser when ophthalmologists are available. Requires information translated into each local language. Port Hedland and Alice Springs can arrange, but lack finance. One community produces an effective video which is much sort. Indigenous Optometrists would receive more co-operation. RFDs is reluctant to do eye work in W.A., even though it does in NSW (insurance, unemployment, lack of opportunity; 6% have uncorrectable poor vision; 5% have wrong or no spectacles, Diabetic secondaries prevent employment.
8. Poor Housing increases health problems.
9. Substance Abuse and alcoholism increases premature death. Orfam's "Close the Gap" is addressing this.
10. An aboriginal alcohol ban may help. Womens action groups and night patrols help.
11. Child Abuse A continuing problem.
12. Stolen Generation while important to aborigines, at present these act as red herrings.
13. Land Rights
14. Education is too limited, so medical training is difficult.
15. Poor management of Personal Finance.
16. High Jail rates for Aboriginal people.
17. No Running water supply - causes increased Trachoma blindness.
18. Poor faecal and rubbish disposal - a health issue.
19. Smoking - Nicotinic Problems

G.W. FIST.

I noted:~

~ 2 -

- 1 Not enough representatives of each 'mob' were present, and no one leader could represent more than his own mob.
- 2 The conference prioritised "Store Foods Supplied" to the top of the list because this one factor influenced so many other Indigenous problems. (see flow diagram attachment indexed).

3 Race Related Kilojoule Extraction Factor (RRKEF) referred to as The "Thrifty Gene" by W.A. Endocrinologists.
 A significant number of Ethnic groups (Pacific Islanders & Aboriginal People) have over-efficient digestion/absorptions. e.g. If an English man eats a 100 calorie biscuit his digestion captures about 80 of those calories, while the Aboriginal digestion captures about 90.
 Hence they become overweight diabetics.
 The mere reliance on a store obviates the need for the exercise of hunting, which exercise suppresses diabetes. Note Lt/Gen Sanderson's report on store foods making children addicted to a Sugar based diet.

Hence Type 2 Diabetes can be claimed to have several influencing factors:

- . A genetic tendency to absorb high calories.
- . The actual calories/Kilojoules consumed.
- . Exercise.
- . Body Mass weight.
- . Insulin Resistance.

In the W.A. outback my colleagues and I often encounter children who, when asking for breakfast, are given \$10 by a parent and told to go to the store for a pie and chips and coke.

Lt/Gen J. Sanderson, when interviewed last October. told the WA Optometrists Assn that children thus become addicted to a sugar based diet, which addiction continues into teenage years and into adult years, causing Type 2 diabetes and preventing employment.

My East Kimberly 2008 survey by light aeroplane noted that a common adult breakfast is
 B/F 4 WheatBix, 2 toasts and jam
 Lunch 2 rounds of sandwiches
 Dinner Pie & chips, cake and Icecream and alcohol.

In the light of their "Thrifty Gene" this is too high on carbohydrates
 low on protein and vitamins.
 medium on cellulose

and the availability of the store obviATES The need to hunt and the exercise which would prevent diabetes

ORIGINAL LACK OF WELL-BEING FLOW CHART

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STATE OF EDUCATION

lack of management C.P.

3 year delay in diagnosis

sugar BURN
STORE FOODS

lack of
EXERCISE

DIABETES

Lack of INDIGENOUS DIABETIC EDUCATORS

PATIENT NON COMPLIANCE

ADDS
sugar
Alivators

nicotine

lack of
exercise

BLINDNESS

KIDNEY
FAILURE

HEART
FAILURE

PSYCHOPATHY
APPETITIONS

DEMENTURE

PREMATURE
DEATH

UNEMPLOYABILITY

poor judgment

poor
HOUSING

no running water

LACK OF SENCE OF WORTH

SUICIDES
CHILD ABUSE
PROPERTY
DAMAGE

ALCOHOLISM
SUBSTANCE ABUSE

CRIME

SALE

OTHER ISSUES

poor management of personal finances

lack of help from work mob

Stolen car

land rights

nicotine