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# Submission to the Senate Select Committee on PFAS

**September 2025**



**Aboriginal Medical Services  
Alliance Northern Territory**

*Policy & Research*

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## About AMSANT

The Aboriginal Medical Services Alliance NT (AMSANT) is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory (NT). AMSANT has been established for 30 years and has a major policy and advocacy role, both within the NT and at national levels.

Our 26 members are located across the NT from Darwin to the most remote areas. The ACCHSs sector is the largest provider of primary health care to Aboriginal people in the Northern Territory. ACCHSs deliver comprehensive primary health care in an integrated, holistic, culturally secure framework which combines a population health approach with primary health care service delivery; in addition, ACCHSs are also involved in diverse health research activities.

AMSANT aims to grow a strong Aboriginal community controlled comprehensive primary health care (CPHC) sector by supporting our members to deliver culturally safe, high quality CPHC that supports action on the social determinants of health; and representing our members' views and aspirations through advocacy, policy, planning and research.

AMSANT provides guidance and advocacy on a wide range of research, public health issues, education, workforce, continual quality improvement programs, social and emotional wellbeing, housing and other determinants of health that affect NT Aboriginal people. AMSANT has high level collaborations with the NT and Commonwealth Governments on these issues.

## Background and Context

The following submission has been prepared in partnership between AMSANT and Wurli Wurjlinjang Health Service, an ACCHS, regarding the impact that Per- and poly-fluoroalkyl substances (PFAS) contamination has had on the communities of the Katherine region in the NT.

AMSANT is aware that several submissions to the Select Committee have already detailed the technical and potential medical issues related to PFAS contamination. Our submission will therefore focus on the impact PFAS contamination has on the livelihoods, sustenance and health and wellbeing of those living within the Katherine region, with a focus on Aboriginal people and communities.

Aboriginal people, through their longstanding connection with land, waterways and country, have sustained traditional food practices for tens of thousands of years. This has included over 6,500 varieties of traditional food, which serve as critical food sources.<sup>(1)</sup> Their consumption is also seen as protective against chronic disease health outcomes.<sup>(2)</sup> Though there has been

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a move, particularly among younger Aboriginal people, to transition their diets to include store-bought items, bush foods remain a staple of Aboriginal communities, including in the Katherine region.(1, 3)

The contamination of land and waterways by PFAS has created a set of challenges that extend beyond the immediate health risks.

For Aboriginal communities in Katherine, the impacts are deeply interconnected with food security, chronic disease risk, cultural continuity, and economic pressures. Government responses to date have been largely technical in focus, but they have not sufficiently addressed the lived experience of Aboriginal people, who rely on traditional food sources for sustenance and cultural wellbeing.

### Food insecurity

Despite this knowledge, food insecurity is a concern among Aboriginal and Torres Strait Islander communities. Food security concerns are mentioned in up to 60% of frequent Katherine Hospital Emergency Department presentations.(4)

The availability of traditional foods, price and affordability of remote retail store items and availability of housing hardware to store, prepare and cook food impacts food security. These issues are influenced by wider social determinants of health, as outlined in the National Strategy for Food Security in Remote First Nations Communities and the Closing the Gap Report.(1, 5) By their disproportionate reliance on traditional bush foods in the affected areas around Tindal, Aboriginal communities are redirected to a greater consumption of cheaply available junk (calorie dense, high sugar, high salt and high fat) food, given the higher costs of a Healthy Food Basket in rural and remote areas.(6, 7) This is especially so when the average cost of Healthy Food Baskets from stores 2000-2023 has risen from \$450 to \$1034 in remote stores in the Big Rivers region of the NT and around Katherine, where a normal rate of inflation would result in an average cost of \$846.(8, 9)

Healthy Food Baskets are based on the Australian Dietary Guidelines and are composed of whole grains, lean protein, fruits, vegetables and dairy based on the five food groups with limited saturated fat, added salt and sugars.(10) The food security costs are even higher in very remote areas and exacerbate higher rates of chronic disease in these communities.(1)

### Food insecurity in Katherine

Communities around Katherine within the Daly and Tindal Rivers affected by PFAS traditionally attempt to rely on reliable sources of bush foods when access to Katherine food stores is unavailable or cost-prohibitive.

Aboriginal communities depend on a wide variety of crustaceans and fish species including barramundi, catfish, and black bream which inhabit the Katherine region.(11, 12) These may serve as an alternative to store-bought fish, which can be cost-prohibitive in a region where the median disposable weekly household income within an Aboriginal community was \$336-450 in 2016.(13)

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Furthermore, these communities experience the increased prevalence, burden and costs associated with chronic diseases such as chronic kidney disease, chronic obstructive pulmonary disease, asthma, stroke, diabetes, ischaemic heart disease, chronic liver disease, and rheumatic heart disease.(14) Additional impacts overlaid on individuals with these comorbidities include higher costs of household power due to prepaid PowerCard systems and an inadequate Remote Area Allowance, which has not been increased adequately since its introduction or kept up with inflation.(15, 16) The combination of these factors leads to limited purchasing power and lower-quality food choices, resulting in the exacerbation of chronic disease risk.(8)

Aboriginal communities such as those around Katherine increasingly rely on traditional food choices during times of food insecurity, and depend on the safe availability of bush foods from the local environment to offset these cost pressures.(11)

### PFAS contamination's impacts on food insecurity

Therefore, PFAS contamination of traditional food sources in these communities only exacerbates concerns of food security. PFAS has been a concern in the NT due to the contamination of natural waterways around Katherine. Past use of firefighting foams at the Royal Australian Air Force (RAAF) has been implicated in environmental exposure to PFAS.(17, 18)

Despite government-initiated clean-up efforts, there remains a concern of persistent environmental contamination with PFAS. As the Select Committee may already be aware, PFAS are a class of synthetic compounds that cannot be readily broken down, leading to their associated label of "forever chemicals".(19) This in addition to the potential human health risks mentioned by other submissions to the Select Committee has raised concerns among Aboriginal people in and around Katherine.

Research into this concern was conducted by the National Centre for Epidemiology and Population Health in collaboration with May Rosas of the Ngaigu-Mulu Aboriginal Corporation.(20) Consultations with Aboriginal community members in Katherine voiced concerns on the long-term impact of PFAS exposure. Many of these concerns emanated from community dependence on local water supplies and food crops irrigated by contaminated water.

The risk to Aboriginal communities also exists in potential fishing from the Katherine River between Donkey Camp Weir and Daly River, and Tindal Creek.(21) This was further confirmed by a Food Standards Australia and New Zealand report released in 2018 which detailed the appropriate tolerable daily intakes of 12 fish samples from the Daly River.(22) This report indicated PFOS (perfluorooctanesulfonic acid, a type of PFAS) was detected at levels higher than the level of reporting of 0.03 µg/kg in almost all samples of fish flesh and liver and was highest in mullet flesh and barramundi liver.(23) Overall, the report indicated liver and flesh consumption over time based on the small sample is unlikely to present a public health or safety concern. However, FSANZ recommended because of the uncertainty of health concerns

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about PFAS that people in the affected area limit their fish consumption to a few serves a week and even more so in children and pregnant women.

#### PFAS response

This concern led the NT Government to develop educational fact sheets on high-risk bush foods and fish to highlight community awareness of PFAS chemicals and recommend precautions on frequent consumption.(12, 21) NT Health advised that consumption be limited as a precaution among local Aboriginal people who consume aquatic species frequently and over a long period of time.

We understand following discussions with Defence and NT Health, that though Aboriginal community stakeholders were initially engaged on preventative health education, these consultations did not feed into the design and development of health promotion materials and signage to prevent excess consumption of at-risk bush foods (including fish and crustaceans) from the affected water systems. This has resulted in anecdotal reports of local and itinerant community members fishing and obtaining volumes of bush foods over-and-above that recommended by Territory fact sheets and guidelines. The attempt to reduce consumption of PFAS exposed food sources among Aboriginal and Torres Strait Islander communities around the Katherine River is a complicated request to make when these communities already experience a lack of fresh and healthy food options.

We do note Defence provided alternative water supplies, remediation works and treatment of the Katherine River and provided some community information events.(24) However, though water treatment facilities may remove PFAS from natural water systems, it remains uncertain whether the short and long term effects of any existing PFAS are within traditional bush foods. It is for this reason that community-led solutions supported by the NT Government and Defence around Katherine is important given the disproportionate burden PFAS contamination has on them.(12)

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## Summary of Recommendations

AMSANT and Wurli Wurjlinjang Health Service requests that the Committee review not just the direct impacts of PFAS, but the flow-on effects of PFAS contamination on food security and Aboriginal health outcomes in the Katherine region. We make the following recommendations:

### Recommendation 1

At a practical level, given the risks associated with the frequent consumption of, and dependence on crustaceans and wild-caught fish around Katherine among Aboriginal communities, we are advocating for practical support from the Government in the form of sponsored transportation to uncontaminated river systems for fishing.

### Recommendation 2

We are also advocating for subsidies or a price cap so that Aboriginal communities can obtain fresh fish uncontaminated with PFAS that is affordable and not cost-prohibitive.

### Recommendation 3

We strongly agree with the phasing out of PFAS production in Australia.

### Recommendation 4

Any remediation and long-term monitoring of the effects of PFAS should involve the consultation and leadership of local Aboriginal communities who are disproportionately more affected by the reduction of local traditional food sources.

### Recommendation 5

Further education and remediation efforts on the effects of PFAS on Katherine Aboriginal communities should be cognizant of traditional food disruptions and be sensitive to the downstream impacts that may not be easily recognised beyond what has already been publicised.

### Recommendation 6

Local ACCHSs (such as Wurli Wurjlinjang Health Service) should be consulted in the codesign of signs and other educational material around potential PFAS risks and exposure sites

## Conclusion

AMSANT and Wurli Wurjlinjang Health Service urge the Senate Select Committee on PFAS to ensure that Aboriginal perspectives are central to all future actions on PFAS contamination.

Solutions must extend beyond environmental remediation to include direct support for food security, culturally informed health promotion, and genuine Aboriginal community leadership in decision-making. Addressing PFAS in this way will not only mitigate health risks but also safeguard the cultural, social, and economic wellbeing of Aboriginal people in the Katherine region.

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