



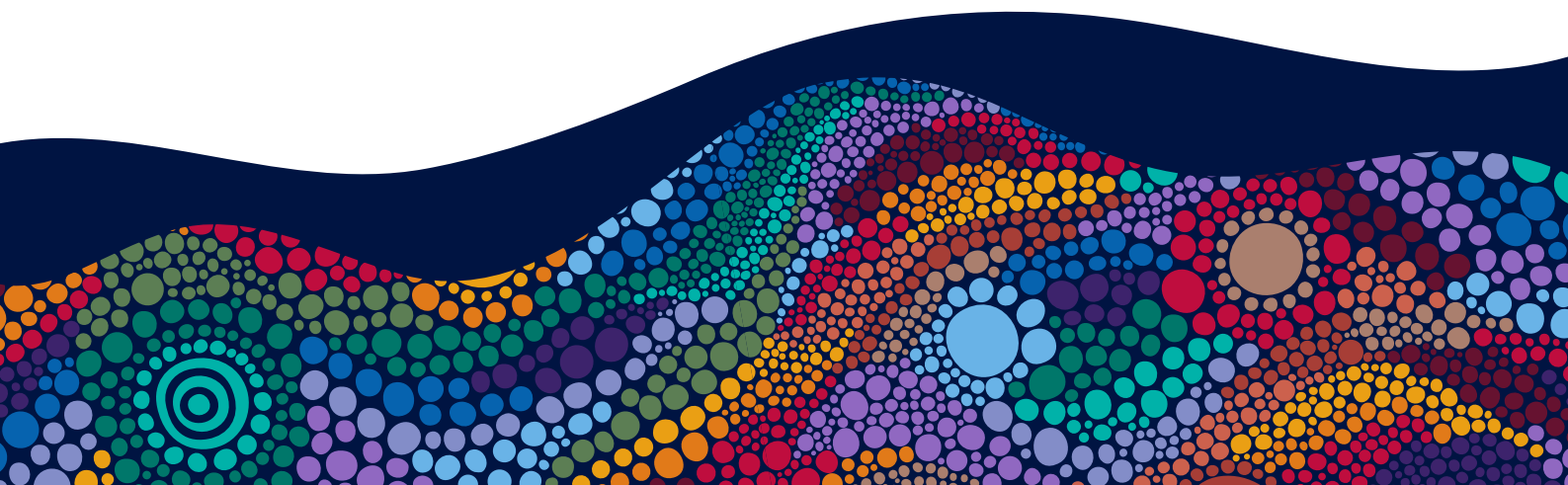
NACCHO

National Aboriginal Community
Controlled Health Organisation

Inquiry into the extent, regulation and management of PFAS

Select Committee on PFAS (per and polyfluoroalkyl substances)

October 2025



About NACCHO

NACCHO is the national peak body representing 148 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 148 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

- 1 any interventions to address the extent, regulation and management of PFAS align with the National Agreement and its four Priority Reform Areas.
- 2 in line with Priority Reform 1 of the National Agreement, the Government works in genuine partnership with Aboriginal and Torres Strait Islander community-controlled organisations to design, lead, and inform the response and management of PFAS contamination in communities.
- 3 communities impacted by PFAS contamination are provide dedicated and sustained funding to support community-led responses to address health, environmental, social, and cultural impacts.
- 4 coordinated government action on PFAS contamination incorporates measures to address health outcomes, site remediation, and food security while ensuring environmental justice and safe access to land and water.
- 5 in line with Priority Reform 4 of the National Agreement, the Government embed Aboriginal and Torres Strait Islander governance in environmental health research to support self-determination, community-led decisions, and culturally safe data practice.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to the inquiry into the extent, regulation and management of Per- and poly-fluoroalkyl substances (PFAS). NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

Introduction

NACCHO welcome the establishment of the Select Committee on PFAS and submit this contribution to underline the disproportionate and enduring impacts of PFAS contamination on Aboriginal and Torres Strait Islander communities. These communities are frequently situated near Defence bases, airports, and industrial sites which are key sources of PFAS pollution yet are often overlooked in environmental planning and response.

Traditional practices such as fishing, hunting, and gathering bush foods, which are central to cultural identity and wellbeing, significantly increase exposure risk due to their reliance on close interaction with the natural environment. This submission highlights the urgent need for adequately resourced, culturally informed, community-led responses to PFAS contamination that address both the immediate health risks and the broader legacy of environmental injustice.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations, must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

NACCHO recommends any interventions to address the extent, regulation and management of PFAS align with the National Agreement and its four Priority Reform Areas.

Indigenous communities’ disproportionate exposure to PFAS

The PFAS contamination crisis in Aboriginal and Torres Strait Islander communities, such as Wreck Bay and Katherine, is not only an environmental and health issue, but also a stark example of systemic exclusion. In Wreck Bay, firefighting foams used by the Department of Defence for decades have polluted land and water central to cultural practices, yet community members report being excluded from decision-making processes and denied timely health interventions like blood testing. This is a form of environmental racism - the disproportionate exposure of racialised communities to environmental hazards, often due to systemic neglect, lack of consultation, and unequal access to remediation and justice.

This systemic disregard reflects broader patterns of racism in Australia’s environmental and health systems. Aboriginal and Torres Strait Islander peoples face barriers to accessing culturally safe healthcare, and their concerns are often dismissed or deprioritised. The lack of transparency and accountability in PFAS management has led to deep mistrust and psychological distress in affected communities. Racism also manifests in the slow pace of government response, inadequate compensation, and failure to recognise the cultural significance of the land and water that has been contaminated.

Partnership with the community-controlled sector

Effectively addressing the impacts of PFAS contamination in Aboriginal and Torres Strait Islander communities requires a coordinated, cross-sectoral approach. Partnering with the Aboriginal Community Controlled Health Organisation (ACCHO) sector is essential to ensure responses are inclusive, culturally informed, and grounded in principles of equity, self-determination, and community leadership

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024
<https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

The ACCHO model of care

Rooted in self-determination, ACCHOs help overcome many of the barriers to access experienced by Aboriginal and Torres Strait Islander people. They were designed and established by Aboriginal and Torres Strait Islander people as a result of racism and lack of culturally appropriate healthcare. Today, ACCHOs are a pivotal element of the primary health care architecture within Australia.

ACCHOs are run by communities, for communities. The ACCHO model of care, outlined in NACCHO's Core Services and Outcomes Framework,² is recognised as the most effective health service delivery model to prevent, diagnose and manage health conditions for Aboriginal and Torres Strait Islander people and for Closing the Gap.^{3,4} ACCHOs achieve this through delivering a holistic model of care, connecting the physical, mental, social, emotional and spiritual dimensions of health and wellbeing to promote preventive and comprehensive care. The values of community, culture and connection to the land are prioritised, and the significance of traditional healing methods, cultural protocols and community-driven initiatives are recognised. ACCHOs integrate 'joined up services' to ensure that healthcare services are coordinated and work together to provide wrap-around support for individuals and communities.²

ACCHOs are best placed to respond to the social and cultural determinants of health.³ There is also a clear preference for Aboriginal and Torres Strait Islander peoples to access community-controlled services. Many will bypass mainstream services to access one where they are confident their cultural safety is guaranteed.⁴

ACCHOs core services include addressing structural barriers to better health. Food security is key in community health promotion and empowerment. This includes integrating vertical health promotion programs, such as food security and healthy eating to individuals and families, and mobilising action on the social determinants of health. It is also reflected in policy direction and partnerships, where ACCHOs form strategic networks and partnerships where needed to alleviate social, historical, economic and environmental determinants of health and wellbeing, such as food security, so programs and services have maximum impact. This includes partnering across government, non-governmental organisations, other ACCHOs/ACCOS, Affiliates, Primary Health Networks and other primary health care organisations, and non-health organisations that have influence in local health outcomes. In PFAS impacted areas like Wreck Bay, ACCHOs could lead community health assessments, support culturally safe screening and monitoring, and advocate for long-term health and environmental justice.

NACCHO recommends in line with Priority Reform 1 of the National Agreement, the Government works in genuine partnership with Aboriginal and Torres Strait Islander community-controlled organisations to design, lead, and inform the response and management of PFAS contamination in communities.

Health, environmental, social, and cultural impacts

The health consequences of PFAS contamination in Aboriginal and Torres Strait Islander communities are increasingly alarming, with growing evidence of serious and long-term effects. Current studies have shown that exposure to certain levels of PFAS may lead to increased risks of:⁵

- **Cancer:** Certain PFAS compounds, particularly PFOA, have been associated with an increased risk of several cancers, including kidney, testicular, and prostate cancer.

² NACCHO Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

³ Kathryn S Panaretto, Mark Wenitong, Selwyn Button and Ian T Ring, Aboriginal community controlled health services: leading the way in primary care, *Med J Aust* 2014; 200 (11): 649-652. | doi: 10.5694/mja13.00005.

⁴ Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, et al. Assessing Cost- Effectiveness in Prevention (ACE-Prevention): Final Report: University of Queensland, Brisbane and Deakin University, Melbourne 2010.

⁵ <https://www.completehomefiltration.com.au/pfas-contamination-australia-sites-map/>

- Liver damage: PFAS exposure can impair liver function, potentially leading to liver disease and elevated liver enzymes.
- Reproductive health issues: PFAS has been linked to reduced fertility, low birth weight, pregnancy complications such as hypertension, and adverse infant health outcomes.
- Immune system suppression: High levels of PFAS exposure may weaken immune responses, increasing vulnerability to infections and reducing the effectiveness of vaccines.
- Hormonal and endocrine disruption: PFAS can interfere with hormone regulation, particularly in pregnant women and children, contributing to developmental delays, metabolic disorders, and increased risk of obesity.

Beyond physical health, the psychological toll is significant. Residents in impacted communities report heightened stress, anxiety, and feelings of helplessness, compounded by a perceived lack of transparency and accountability from government and industry. The trauma of environmental harm especially when it affects land and water central to cultural identity has led to calls for culturally safe health interventions, long-term monitoring, and justice for affected communities.⁶

Environmentally, PFAS has polluted soil, groundwater, and sacred waterways, disrupting ecosystems and rendering previously pristine areas unusable. Socially, the contamination has caused stress, anxiety, and a sense of betrayal, as community members feel their concerns have been dismissed or undervalued by authorities.⁷ Culturally, the damage is deeply felt as traditional practices like fishing, gathering bush medicine, and teaching children on Country have been severely restricted, leading to a loss of cultural transmission and identity.⁸

Wreck Bay, near HMAS Creswell and the Jervis Bay Range Facility, has been impacted by PFAS contamination from Defence activities. Pollutants have spread into water, soil, and sacred sites, disrupting ecosystems and traditional practices. Fishing, hunting, and gathering bush foods and medicines are now unsafe, hindering cultural transmission. Community members report elevated illness, early deaths, and psychological distress, describing the area as a “cancer cluster.” In 2023, a \$22 million settlement addressed property and cultural losses but excluded personal injury claims. The community continues to seek culturally safe health responses, long-term monitoring, and greater accountability.⁹

NACCHO recommends communities impacted by PFAS contamination are provide dedicated and sustained funding to support community-led responses to address health, environmental, social, and cultural impacts.

Impacts on food and water systems

Food insecurity remains a persistent issue in many Aboriginal and Torres Strait Islander communities across Australia, reflecting deep-rooted social, economic, and historical inequalities. Limited access to affordable, nutritious food often exacerbated by geographic isolation, systemic disadvantage, cultural disconnections and environmental issues has led to disproportionately high rates of diet-related health problems. In 2023, 17% of Aboriginal and Torres Strait Islander reported experiencing severe food insecurity. This has been defined as situations where individuals in a household had to skip meals, reduce their food intake, or, in the most extreme cases, go an entire day without eating due to financial constraints.¹⁰ Food insecurity is linked to overall poorer health in adults and children. It contributes to being overweight, to obesity, higher gestational weight gain, as well as to weight loss. Food insecurity can affect stress levels, mental health and

⁶ <https://nit.com.au/22-01-2025/15851/wreck-bay-aboriginal-community-slams-commonwealth-for-evading-toxic-chemicals-responsibility>

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC7808650/>

⁸ [Chapter 6 - Social and cultural impacts: Wreck Bay case study – Parliament of Australia](#)

⁹ https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/PFAS_per_and_polyfluoroalkyl_substances/PFAS/Interim_report/Chapter_6_Social_and_cultural_impacts_Wreck_Bay_case_study

¹⁰ <https://nit.com.au/26-11-2024/15047/more-than-half-of-indigenous-households-in-remote-areas-experience-food-insecurity-new-data-reveals>

lead to feelings of shame. Childhood development and learning can also be adversely impacted by iron deficiency and anaemia.¹¹ Poor diet quality can also increase the risk of non-communicable diseases, such as type two diabetes and cardiovascular disease, which account for 80% of the mortality gap between Aboriginal and Torres Strait Islander people and other Australians.¹²

PFAS can enter the food chain through multiple environmental pathways, including contaminated water used for irrigation or livestock, bioaccumulation in fish, crustaceans, and bush foods, and contaminated soil affecting root vegetables and native plants. These risks are particularly concerning for Aboriginal and Torres Strait Islander communities, who often rely on bush tucker, native plants and animals for sustenance. PFAS contamination threatens traditional food sources such as finfish and crustaceans from polluted waterways, fruits and roots gathered from land near Defence sites, and hunted animals like kangaroos and goannas that may ingest PFAS through water or vegetation.¹³ This not only poses serious health risks but also disrupts cultural practices such as hunting, gathering, and ceremonial use of food, undermining community wellbeing and cultural continuity.

In addition to environmental exposure, PFAS are found in a wide range of consumer products, including non-stick cookware, water-resistant clothing, cosmetics, personal care items, and food packaging such as paper bags and moulded fibre containers. Exposure can occur through inhalation and ingestion of household dust, skin absorption from personal care products, and oral contact with contaminated packaging or utensils.¹⁴

While these exposures are widespread across the population, Aboriginal and Torres Strait Islander communities may face compounded risks due to limited access to safe alternatives, higher reliance on second-hand goods, and poor housing conditions that increase indoor contamination.¹⁵ These intersecting exposure pathways highlight the urgent need for targeted policy responses that address both environmental and consumer-based PFAS risks in Aboriginal and Torres Strait Islander communities.

The [National Strategy for Food Security in Remote Aboriginal and Torres Strait Islander Communities](#) 2025-2035 outlines a comprehensive framework to address the multifaceted challenges of food insecurity in remote Indigenous communities. The Strategy's pillars such as *Country and Culture*, *Health and Nutrition*, and *Housing Infrastructure and Environmental Health* are deeply intertwined with environmental safety.

Inaction on PFAS contamination undermines these pillars by restricting access to safe, culturally significant food sources and by exacerbating health disparities through exposure-linked illnesses. For communities already facing systemic barriers to accessing healthy and nutritious food, PFAS adds another layer of vulnerability, disrupting both subsistence and commercial food pathways.

NACCHO recommends coordinated government action on PFAS contamination incorporates measures to address health outcomes, site remediation, and food security while ensuring environmental justice and safe access to land and water.

¹¹ Udovich C, Perera K, Leahy C. Anaemia in school-aged children in an Australian Indigenous community. *Australian Journal of Rural Health*. 2016 Dec 14;25(5):285–9. <https://doi.org/10.1111/ajr.12338>.

¹² Australian Institute of Family Studies. Healthy lifestyle programs for physical activity and nutrition, January 2012, Melbourne: Australian Institute of Family Studies.

¹³ <https://www.womenshealthyenvironments.ca/blog1/addressing-toxic-racism-bill-c-226-and-indigenous-communities-disproportionate-exposure-to-forever-chemicals#:~:text=Given%20that%20the%20consumption%20of%20traditional%20foods%20has,to%20make%20trade-offs%20between%20their%20culture%20and%20health.>

¹⁴ <https://www.unsw.edu.au/newsroom/news/2023/03/trying-to-solve-the--forever-problem--of-pfas-pollution>

¹⁵ <https://www.unsw.edu.au/newsroom/news/2023/03/trying-to-solve-the--forever-problem--of-pfas-pollution>

The extent of data collection on PFAS contamination of water, soil and other natural resources

Across Australia, there is no nationally coordinated monitoring program for PFAS in drinking water or the environment. This has led to significant data gaps, particularly in remote and regional Aboriginal and Torres Strait Islander communities.

There is a critical lack of disaggregated, site-specific data on PFAS contamination in Aboriginal and Torres Strait Islander communities. Many communities are located near Defence bases, airports, and industrial sites, which are known PFAS hotspots. Monitoring is inconsistent and often excludes culturally significant sites.

The Australian PFAS Chemicals Map¹⁶ shows contamination hotspots, but it is not comprehensive and lacks consistent data for many Indigenous lands. National testing programs often exclude smaller water providers, which disproportionately affects remote Aboriginal and Torres Strait Islander communities.

Indigenous Data Sovereignty and Ethical Considerations

PFAS data collection must respect Indigenous Data Sovereignty, particularly in communities disproportionately affected by environmental contamination.

The Maïam nayri Wingara Indigenous Data Sovereignty Collective defines Indigenous data as information about or affecting Indigenous peoples including environmental data such as contamination of water, soil, and Country. This aligns directly with Priority Reform 4, which calls for:

- Shared access to data and information that is relevant, transparent, and useful for Aboriginal and Torres Strait Islander peoples.
- Strengthening the capability of Aboriginal and Torres Strait Islander organisations to collect, manage, and use data.
- Embedding Indigenous governance and decision-making in data systems and environmental monitoring.

The PFAS Health Study is a strong example of how these principles can be applied in practice. It incorporated principles of Indigenous Data Sovereignty by:

- Establishing a Community Reference Panel, ensuring local voices guided the research.
- Partnering with Aboriginal health services, such as Wurli-Wurlinjang in Katherine, to build trust and cultural safety.
- Ensuring informed consent and community feedback, respecting the right of communities to control how data about them is used.

This approach demonstrates how environmental health research can support self-determination, community-led decision-making, and culturally safe data practices.

NACCHO recommends in line with Priority Reform 4 of the National Agreement, the Government embed Aboriginal and Torres Strait Islander governance in environmental health research to support self-determination, community-led decisions, and culturally safe data practice.

¹⁶ <https://pfas.australianmap.net/>