

Submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs Inquiry into Racism, Hate and Violence Directed at Aboriginal and Torres Strait Islander Peoples

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Introduction

I am an Aboriginal and Torres Strait Islander Primary Health Care Practitioner with around 7 years of experience in community health across regional Victoria and New South Wales. I make this submission to share lived experiences of racism, discrimination, workplace bullying, and breaches of cultural and legal obligations within organisations identifying as Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal Community Controlled Organisation (ACCHO). These experiences reflect systemic racism that continues to harm Aboriginal and Torres Strait Islander practitioners, staff, and communities.

Experience at Albury Wodonga Aboriginal Health Service (AWAHS)

I was employed at AWAHS for around five years. During this period, I witnessed and personally experienced significant cultural, organisational, and governance failures that directly impacted Aboriginal staff wellbeing and community trust.

- **Lack of representation:** There were no Aboriginal or Torres Strait Islander people in management or executive positions despite AWAHS being a “community-controlled” organisation.
- **Culturally unsafe workplace:** Cultural knowledge, Indigenous clinical expertise, and Aboriginal ways of working were often dismissed by non-Indigenous management and clinical leadership.
- **Direct discrimination and verbal disrespect:** The CEO once told me to my face, “*You are replaceable.*” This comment captured the broader attitude of disregard towards Aboriginal staff contributions.
- **Hostility and belittlement from non-Indigenous nurses:** While completing my traineeship as an Aboriginal Health Practitioner, I was regularly criticised with comments such as:
 - “*How does your 18-month course compare to four or five years studying as a nurse?*”
 - “*You realise you’re not a nurse — you can’t do what nurses do.*”These repeated remarks diminished my confidence and disrespected the recognised clinical scope of Aboriginal Health Practitioners.
- **Discrimination relating to carer responsibilities:** As a single parent, I required occasional time off to meet my carer obligations. Because of this, I was **denied a pay rise that I was eligible for**, which constituted direct discrimination under workplace law. Twelve months

later, I was forced to **seek legal representation** before management would even engage in discussion about the matter.

- **Disrespect for cultural protocols:** Traditional practices — such as lowering the Aboriginal flag during Sorry Business — were applied inconsistently and selectively by management, depending on whom they deemed “worthy.” This deeply disrespected our culture and community grieving protocols.
- **Psychological injury and unsafe workplace culture:** In my last two years, I personally witnessed **over 15 staff members take WorkCover for psychological injury** caused by workplace stress, bullying, and discrimination. Many never returned — I was one of them.
- **Retaliation after raising concerns:** Following my discrimination case, management deliberately sabotaged my traineeship, breached contractual commitments, and refused to extend my employment in what appeared to be a clear act of reprisal.
- **Inequity and lack of support:** Aboriginal staff were not encouraged, valued, or supported, while non-Indigenous employees were routinely offered greater opportunities and recognition.
- **Loss of community control:** AWAHS increasingly operated like a mainstream clinic under non-Indigenous management, with little community or Elder involvement in governance.

These experiences show serious breaches of cultural safety, workplace fairness, and the foundational principles of Aboriginal community control.

Current Experience at Mungabareena Aboriginal Corporation (MAC)

Sadly, similar practices are occurring at Mungabareena Aboriginal Corporation (MAC), where I currently work:

- I was **promised a clinical role consistent with my qualification**, but that promise was withdrawn, leaving me in unsafe conditions and without pathways to maintain my skills.
 - I have faced **retaliation for fulfilling mandatory reporting obligations**, with no visible whistleblower protections.
 - **No Aboriginal or Torres Strait Islander people** hold senior or executive management roles, resulting in governance decisions that do not reflect cultural or community priorities.
 - **Elders and cultural protocols** are routinely disrespected or ignored.
 - The governance structures are culturally unsafe, creating emotional distress for Aboriginal staff attempting to maintain integrity and cultural obligations within the organisation.
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Legislative and Policy Context

The conduct and conditions described above likely contravene several key legislative and policy frameworks:

- **Fair Work Act 2009 (Cth):** Prohibits discrimination based on carer responsibilities, race, or other protected attributes; provides general protections for employees who exercise workplace rights or make complaints.
- **Occupational Health and Safety Act 2004 (Vic):** Requires duty holders to provide safe systems of work and protect employees from psychological harm.
- **Racial Discrimination Act 1975 (Cth):** Prohibits race- and culture-based discrimination in employment and service provision.
- **Equal Opportunity Act 2010 (Vic):** Protects employees from discrimination based on parental or carer responsibilities.
- **AHMAC National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework:** Emphasises culturally safe and supportive employment environments for Aboriginal practitioners.
- **NSQHS Standards – User Guide for Aboriginal and Torres Strait Islander Health:** Requires culturally safe governance, genuine community involvement, and ongoing workforce cultural safety training.
- **Public Interest Disclosure and whistleblower protection frameworks:** Require that employees raising genuine concerns be protected from retaliation.

The persistent failure to comply with these frameworks has caused significant harm to Aboriginal workers, perpetuating cycles of workplace trauma and disempowerment.

Impacts and Broader Concerns

Across both AWAS and MAC, I have seen the same themes emerge:

- **Psychological harm and burnout** among Aboriginal staff exposed to racism and cultural disrespect.
- **High staff turnover and WorkCover claims** leading to service disruption and instability.
- **Reduced trust** between local community members and their supposed community-controlled health services.
- **Erosion of Aboriginal self-determination**, with power concentrated in non-Indigenous leadership.
- **Replication of the colonial power imbalance** within spaces designed to promote healing and community control.

Recommendations

1. Introduce **independent cultural governance and safety audits** for all ACCOs funded by government.
2. Establish enforceable **minimum Indigenous leadership representation** across managerial and executive levels.

3. Implement strong **whistleblower protections** specific to Aboriginal staff reporting unsafe or discriminatory conduct.
4. Develop a **national compliance and accreditation framework** linking funding to demonstrable evidence of cultural safety and Aboriginal staff retention.
5. Enforce **consistent cultural protocol observance**, such as flag lowering during Sorry Business and recognition of Elders.
6. Fund **healing and professional supervision programs** for Aboriginal staff who have experienced workplace racism or trauma.

Closing Statement

I provide this submission in good faith, driven by a commitment to improving safety, integrity, and cultural respect within Aboriginal Community Controlled Organisations. The racism, disregard, and inequity I have experienced are systemic — not isolated incidents. Community control means cultural control, and that cannot exist without Aboriginal people leading and being respected within their own services.