

**Pat Anderson**

**Chairperson**

**Cooperative Research Centre for Aboriginal Health**

**Keynote Address**

to the

Annual Conference

of the

**Australian Health Insurance Association**

**Wednesday 11 November 2009**

Melbourne

Good morning brothers and sisters, ladies and gentlemen.

I acknowledge and pay respects to the traditional owners and custodians of the land on which we are meeting today.

Thank you for inviting me to talk to you today about the health of Australia's First Peoples.

When I received the letter from your CEO, Michael Armitage, kindly inviting me to address you today, I was both pleased and flattered.

However – let me be honest with you – I did wonder what I was going to say to you ... after all the words 'private health insurance' and 'Aboriginal health' are not often spoken in the same breath.

One reason, and I am sure you all know this, is the very low usage of private health insurance by Aboriginal people: in 2005, only 17% of Aboriginal people reported having private health insurance.

As these figures exclude remote Australia, where I am sure the rates would be lower still, the actual numbers of Aboriginal people with private health cover is very small compared to non-Aboriginal Australia.

So, our worlds don't overlap very much, I suspect.

However, in doing some further thinking about today's address I came across something that perhaps we do share, and I think it is very important.

Maybe we share a common holistic view of health and well being.

After all, I assume that you have no problem with the idea that a person's use of health or medical resources is not solely determined by the presence or absence of disease or disability.

You know that a whole range of other factors – for example, income level, education, a sense of happiness and achievement in life – are also significant determinants of how much and how often people will use health services.

This view is still not as common in the public consciousness as we might hope.

I think for many people, 'better health' (including for Aboriginal peoples) is still mainly about providing more health services or better hospitals.

But for me, while more and better services has to be part of the solution for better Aboriginal health, there are other issues that have to be addressed as well.

And I have been pleased to find that this view is shared by some of those in your sector.

Recently a friend sent me a link to the latest Australian Wellbeing Index.

As I understand it, this is a joint project between one of your member organisations (Australian Unity) and Deakin University's Australian Centre on Quality of Life.

It investigates how Australians feel about their life, and participants in the survey rate their satisfaction with various aspects of their lives to come up with some overall scores about their sense of well-being.

Three things struck me about this Wellbeing Index, and I'd like to talk through these issues with you today.

First, as I have just mentioned, the broad view of 'personal well-being' which is at the heart of the Index is strikingly similar to the holistic definition of 'health' that we Aboriginal people are familiar with.

In measuring personal well-being, the Wellbeing Index includes not just health in the narrow sense, but also an individual's personal relationships, feelings of safety, standard of living, sense of achievement in life, feeling of being part of a community, sense of security, and spirituality and religion.

Compare this to the definition of 'health' that we commonly use.

This is the definition put forward in the landmark 1989 *National Aboriginal Health Strategy*, which reflects an ancient, holistic view of health as [quote]:

*... not just the physical well-being of an individual but the social, emotional and cultural well-being of the whole community. This is a*

*whole of life view and it also includes the cyclical concept of life-death-life [unquote].*

In other words, 'health' for us is a very broad concept, including as it does issues like our relationships with others, self-esteem, being part of a community, spirituality, as well as physical health.

This is very important to us, but it is something that mainstream services and governments sometimes have difficulty with.

For example, at the moment we have a national commitment to 'closing the gap'.

This is focussed on 'closing the gap' in life expectancy between Aboriginal and other Australians.

Of course, when Aboriginal people continue to die 17 years younger than the average Australian, this is an important goal and I commend all Australian individuals and governments who have committed themselves to it.

But what the concept of well-being and our own 'holistic' definition of health tell us is that our national goals need to be focussed on more than just this physical aspect of health.

We need to 'close the gap' in well-being, not just in life-expectancy: because the gap between our social, emotional and cultural health and that of non-Aboriginal Australia is similarly huge.

This brings me to the second thing that struck me looking at the Wellbeing Index report.

This is that Australians, on the whole, rate their personal well being very highly.

In the latest survey of May this year, the survey participants rated their personal well being at 75.6 out of hundred – in other words, the report concludes, Australians, on average, feel 75.6% satisfied with their life.

I don't know how this compares to other nations, but I imagine this is a pretty good result.

I also don't know how many Aboriginal people are included in the Australian wellbeing index.

As each survey upon which the Index is based uses 2,000 people, I would imagine that at least some of those are Aboriginal people – though it is now well known that the kind of research and survey techniques that are appropriate for mainstream Australia often fail to pick up or under-represent Aboriginal people.

Anyway, the index does not report on Aboriginal people's well-being specifically, either because Aboriginal people are not identified in the survey, or because there are too few of them in the survey sample.

But, I ask myself, if we did use something like this methodology to measure Aboriginal people's well-being, what would we find?

How would our well-being compare to Australians' as a whole?

I am afraid to say I think we would bring that 75% score down considerably!

There are a number of areas in measuring well being where I would expect our people to assess themselves significantly below the Australian average.

The first is health – in the narrow sense of physical health.

Well, there's no question here, we all know the health of our people is everywhere worse than that of non-Aboriginal people, not just measured by the crude indicator of life expectancy but also by levels of illness and disability.

(We also know, by the way, contrary to the usual portrayal of 'Aboriginal health' as an issue that only affects remote communities, that the greatest burden of our ill health occurs in rural and urban areas.

This is because while those living in remote areas are on average sicker than those in rural or urban settings, they only make up about a quarter of the Aboriginal population.

This is an important point for all Australian governments to understand if they are serious about the 'closing the gap' campaign.)

Personal wellbeing is also linked to how safe people feel.

Here too, Aboriginal people are significantly disadvantaged compared to the rest of Australia.

Aboriginal people are much more likely to be the victims of violence than other Australians, with Aboriginal men twice as likely as non-Aboriginal men to report having been a victim of physical or threatened violence.

For our women, the situation is more serious: they are three times more likely to report being victims as non-Aboriginal women.

In both these cases, the official figures are likely to significantly under-report the problem.

'Standard of living' is another key component of well-being.

And once again, it is well established that Aboriginal people are significantly more likely to be poor than the rest of the country: the median household income for Aboriginal people is around \$360 per week, only just over half of what it is for non-Aboriginal people.

To take another key input into well-being, a feeling of achievement in life, again many people in our communities might question how well they are doing.

A sense achievement can't be simply reduced to having an education and a job.

However, these things are undoubtedly important.

Yet the education that Aboriginal children receive and the length of time they spend at school continues to lag behind the rest of Australia, and the unemployment rate for Aboriginal people is three times the rate for non-Aboriginal people.

Of course, it could be argued that there are some aspects of well-being where Aboriginal people are better off than non-Aboriginal people.

For example, personal relationships are obviously key to a sense of well-being, and if there is one thing that characterises our lives more than anything else, it is the complex, intense web of family and kin relationships into which we are born, and which are with us powerfully throughout our lives.

These personal relationships – particularly those within the extended family – have been the refuge and the strength of our peoples during periods of dispossession, discrimination and marginalisation.

However, it has been clear for many years now that the structures of relationship, authority and meaning which have sustained and nurtured us for tens of thousands of years, are under serious threat.

Family violence and the neglect and even abuse of children, usually fuelled by alcohol, are eating at the heart of our world.

The failure to look after and care for children, traditionally accorded the greatest care and respect, is a measure of how desperate the conditions for some of our communities have become.

So, if you put all this together, in my opinion if we did carry out an 'Aboriginal personal well being index' along the same kind of lines as the Australian one, I think these would document a much lower sense of well-being than enjoyed by most Australians.

This brings me to the third point I would like to make about the index.

This is how constant it has shown the Australian sense of wellbeing to be.

The Index goes back to the beginning of this century, and looking back to 2001, we see that Australians consistently score between 74 and 76 on the 100-point scale of personal well-being.

Terrorist attacks, global financial crises, changes in Government – these things seem to make the score go up and down a by a point or two, but really, people's personal sense of well-being remains not only high but remarkably stable.

And again, I wonder what we would see if we carried out a parallel exercise, concentrating on Aboriginal people.

I strongly suspect we might see a declining sense of personal well-being over the last decade or so.

For example, in the ten years from 1994 to 2004, the proportion of Aboriginal Australians who reported their health as only fair or poor increased (from 18% to 22%) and those who reported their health as good or excellent, decreased by the same amount.

These figures are for 'self-reported' health status.

Given our conception of health is about the broad conception of 'well-being' rather than just physical health, I believe these figures show that from the mid-1990s to the mid-2000s Aboriginal people suffered a declining sense of well-being.

What about since 2005?

Well, since then it has been a bit of a roller-coaster ride.

There have been some positives.

I think for many of us the election of the Rudd Government in November of 2007 was a hopeful sign, not because of any narrow party-political interest but because the relationship between the Howard Government and Aboriginal Australia had become marked by hostility and blame.

Many of us were hopeful that that period was over and that work could now begin on a new, more positive relationship between white and black Australia.

The new Prime Minister's delivery of an apology to Australia's Indigenous peoples in February of 2008 seemed to confirm these hopes.

If you had surveyed Aboriginal people after that event, I think you would have seen a big spike in their sense of well-being: we felt that the great historical wrong done to the Stolen Generations and their families had been acknowledged.

We felt included, respected, listened to, in a way that had not happened for many years.

These were the positives, but they were taking place against some disturbing background events.

Since early 2006, public attention had been growing on issues of violence, and particularly child sexual abuse, in the Aboriginal community.

This concern was welcome, and it was necessary.

However while the details were often shocking and real, there was little that was new – at least to us.

The issue of Indigenous family violence – and especially of the abuse and neglect of children – had been raised for many years at the highest levels by concerned Aboriginal people, communities and organisations.

For example, the Royal Commission Into Aboriginal Deaths in Custody, in its landmark report almost twenty years ago stated:

*The history of disruption, intervention and institutionalisation to which Aboriginal and Torres Strait Islander families and children have been subject has left many of those families confronting severe difficulties in securing the adequate care and control of their children ... it is apparent that many Aboriginal families are in crisis.*

In 1997 the Human Rights and Equal Opportunity Commission's *Bringing them home* report went further, highlighting the alarming numbers of notifications and substantiations of child abuse and neglect in our communities.

And in 2001, the National Aboriginal and Torres Strait Islander Health Council, formed to give advice at the highest level to Australian Governments, made 'the protection of children from abuse and violence (including sexual abuse)' the second of nine priority areas for action by governments.

So, our communities and organisations had been alerting government to these facts and calling for action on abuse and violence for years.

However, our calls for action largely fell on deaf ears.

Until suddenly during 2006, it seemed that every newspaper and every television news report contained a shocking story about the abuse or neglect of Aboriginal kids.

Of course, the serious health and social issues faced by Aboriginal communities need to be brought out into the open, need to be debated, and where there is abuse and violence, this should be exposed and the perpetrators need to be brought to justice.

The media can play an important role in this process.

But I believe that much of the reporting at this time and after, even if well-meaning, ended up reinforcing damaging mythologies about us, our lives and communities.

It further undermined the precarious sense of well-being in many of our families and communities.

Many Aboriginal families felt that the public debate made it look like they were all being accused of mistreating or neglecting their children.

Our men in particular found this a difficult and distressing time.

All too often the media merely picked up the old stereotype of 'the violent black man', amplified it, and played it back to the public at full volume.

I know good men, men who care for their communities, families, and children, who felt shamed walking down the street, who felt that people were looking at them thinking "there goes one of those paedophiles".

And while these issues had to be brought into the open, the way the debate was framed and conducted meant that some of the key determinants of personal wellbeing – a feeling of being part of a community, and a sense of future security – were being undermined.

Many Aboriginal people remembered their own direct experience of policies from an earlier time, policies which although presented as being ‘for our own good’ ended up doing immeasurable harm to our communities and families.

People were worried, there was a great deal of tension, people didn’t know where the public debate might go, what it might lead to.

It was a time of great stress and worry.

Much of the attention was focused on the Northern Territory, and in the middle of that year, the then Chief Minister of the Northern Territory, Clare Martin, announced the formation of the “Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse”.

I was asked to co-Chair the Inquiry, along with Rex Wild QC, the former Director of Public prosecutions in the Territory.

Rex and I spent the rest of 2006 and the beginning of 2007 holding meetings all over the Territory, with communities, with experts, with spokespeople and with Government.

I don’t intend to go into detail about the Inquiry here.

However, I should say that overwhelmingly we found that the Aboriginal people we spoke to had a genuine sense of huge concern about children's well-being.

They felt sad, distressed and shamed by what was happening in their communities – and by the way the public debate was being conducted – but they recognised the problems and wanted to be part of a solution.

In April 2007 we delivered our report – 'Little Children are Sacred' – to the NT Government.

For almost two months there was silence.

And then, citing a lack of action by the Territory Government, Prime Minister Howard and his Indigenous Affairs Minister Mal Brough stepped into the gap.

They announced an 'emergency intervention' into the Northern Territory, to protect Aboriginal children.

Although supposedly in response to the 'Little Children are Sacred' report, there was very little relationship between what we recommended and what the Intervention announced.

Some of the measures they announced – such as more police, and restrictions on alcohol and pornography – were relatively uncontroversial.

But there were many others which had no direct or evidence-based relationship to preventing child sexual abuse, such as:

- compulsory child health checks;
- the scrapping of the permit system that allows Aboriginal people to control access to their lands and communities;
- the abolition of the work-for-the-dole CDEP scheme; and
- the compulsory, blanket quarantining of welfare benefits for Aboriginal people.

Some of these measures required the unprecedented suspension of the *Racial Discrimination Act*.

And the very first, most important recommendation of 'Little Children are Sacred', which was that:

*[quote] It is critical that both governments commit to genuine consultation with Aboriginal people in designing initiatives for Aboriginal communities.[unquote]*

This recommendation was never even referred to.

Building a relationship of trust between the Aboriginal and non-Aboriginal worlds was jettisoned in favour of a 'quick fix' / 'get tough' rhetoric which ignored the evidence about what works to address these kinds of social problems.

‘The Intervention’ became one of the key issues in the highly charged atmosphere leading up to the 2007 Federal election, but there was little real critique of it at the time.

The Federal Opposition, although expressing reservations about some aspects, substantially supported the Government’s actions.

The NT Government went along with it, despite the fact that the Intervention represented a profound critique of its own lack of action, and a challenge to its sovereignty, symbolically if not in law.

And among Aboriginal leaders there was, as one would expect, a range of opinion.

A few supported the new policies, many opposed them, and some had reservations.

However, the subtleties and histories of the different positions were lost in the public debate, and soon we were simply classified into those ‘against’ versus those ‘for’ the Intervention, into those were ‘rights-based’ versus those who ‘wanted to address child abuse’ – as if these were opposing principles.

That division was mirrored across Australia, because the Intervention did not just affect those in the Territory.

The public debate, focusing on violence and abuse, affected all Aboriginal people even if the direct measures did not.

Many of our people outside the Territory anxiously looked over the border, thinking “are we next?”

Today, two years on, the actual real gains of the Intervention – if any – are yet to be demonstrated.

But in terms of personal well-being, that broad range of issues that I am arguing we should make part of an holistic approach to the health of Aboriginal peoples, the Intervention has been a disaster.

I believe that any holistic look at Aboriginal health, that takes account of the broad notion of well-being, would show decreased levels of well-being amongst Aboriginal people over the last two years.

The danger is that with all the talk of ‘closing the gap’, the real gap between white and black Australia is actually widening.

[PAUSE]

This is a picture of where I believe we stand at the moment.

So, what is needed?

How do we move forward?

Most importantly, we have to try and rebuild a relationship between black and white Australia, a relationship which has been badly damaged in recent times.

Central to this, we must adopt solutions that are based on our established human rights, both as citizens of Australia and as Indigenous peoples.

We cannot allow the debate to be conducted on the level of 'human rights' versus 'practical solutions' because a holistic view of health tells us that these things are intimately linked together.

Thinking holistically, an approach that violates people's rights, marginalises them, disempowers and discriminates against them, cannot in the long term deliver better health.

We need an approach based on human rights because ultimately an approach based on respect for our rights and our history is the only one that, practically speaking, will work.

You cannot address endemic social problems without the significant collaboration of the people affected.

You certainly cannot pretend that the state can intervene in a sensitive and difficult area such as the relationship between families and children without the community fundamentally accepting this approach and endorsing it.

I know that Aboriginal people are more than ready to support an intervention to create better, safer futures for their children.

But if this is at the expense of their rights, rights that historically have been hard won – people, even those with the most goodwill, won't cooperate.

We cannot try to return to the past, when it was taken for granted that Aboriginal and non-Aboriginal families should be treated differently.

We cannot give up and go back to the time when all Aboriginal families, merely because they were Aboriginal, could be told where to go, how to live, what to spend their money on, back to a time when the state and its institutions had a right to be present, as it were, at the kitchen table.

Instead, we have to build on the kind of solutions we know work.

We know that a person's social and economic position in society, their early life experiences, their exposure to stress, their educational attainment, their employment status, their exclusion from participation in society: all exert a powerful influence on their health throughout life.

Therefore, we have to make a determined effort to address all these holistic determinants of health if we expect long term changes in the health of Aboriginal communities and ultimately the health of the nation.

[PAUSE]

But of course it is not enough to wait until the 'holistic' determinants of health are fixed.

We also need to guarantee better access to appropriate health care.

Because much of the gap in health we see today can be traced to poor physical health in turn related to the poor availability of high quality, appropriate health care.

This where I come back to private health insurance, and perhaps your role.

In Australia, we have a mixed system of privately and publicly funded health care.

But the much greater health risks borne by Aboriginal people, plus our poverty compared to the rest of Australia, mean that we are not significant users of the private health system.

Of course, Aboriginal people are like most people – we are pretty pragmatic about our health.

If we could afford private health insurance and if it worked for us – we would use it.

But for the great majority of Aboriginal people, better access to health care means a robust and universally available publicly funded health system, one that guarantees free access to hospitals and primary health care.

As private health insurers, of course I expect that you advocate to Government and to the public for your needs, especially at the moment when the Federal Government's health reform process is coming to its head.

What I ask of you, though, is that in doing so you do not forget our needs – the needs of Australia's First Peoples.

And I would ask that you remember the importance of our holistic view of health.

Just as for the rest of Australia, our health is intimately linked with a sense of well-being, achievement, happiness, and safety.

I will leave you with one final thought.

If you accept the holistic way of looking at health and well-being, you will understand that much of what we call health in the broad sense comes down to good relationships between people.

You could take this one step further, and say that relationships between peoples as a whole – not just individuals – have an effect on our sense of well-being and health.

If this is true – and I believe it is – this means that the relationship between Aboriginal people and non-Aboriginal people is an important thing to consider when viewing the health of Australia.

If that relationship is marked by distrust, anger and blame, then we all lose; Aboriginal or non-Aboriginal, our sense of well-being is harmed.

But if we can move the relationship between black and white Australia towards one of mutual respect and acceptance, then I believe holistically speaking we will all gain, we will all live healthier lives.

Thank you.