

**Public Health Association of Australia
38th Annual Conference**

Douglas Gordon Oration

By

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Alice Springs

25 September 2007

Good morning ladies and gentlemen, brothers and sisters

I acknowledge and pay respects to the Arrernte people, traditional owners and custodians of the land on which Alice Springs is situated.

It is a pleasure and an honour to have been asked to present the Douglas Gordon Oration to the Public Health Association this year.

The Association's annual conference has consistently been an intelligent forum for debate, information and ideas in Aboriginal health for many years, a meeting place for researchers, activists, service providers and policy makers.

And the theme for this year's conference – *Reality Check: Inequalities & Health: Tackling the Differentials* – could not be more appropriate at this time, and in this place, here in the Northern Territory.

In speaking to you today, I want to provide my own 'reality check' on where we are today in the relationship between Aboriginal and non-Aboriginal Australia.

And I want to emphasise the importance of evidence – not just the scientific, but also the historical and social evidence – in making progress in that relationship.

These are themes with which I think Professor Douglas Gordon, in whose honour this oration is named, would feel a strong affinity.

As one of Australia's first and foremost epidemiologists and public health thinkers, he did much to develop the concepts of social medicine concerned with the health of populations.

And as Australia's first Professor of Social and Preventive Medicine at the University of Queensland, he stressed the need for precision and logical thinking in public health epidemiology.

More than ever at this moment we need those values, and we need what you – the public health community – continue to bring to the debate, namely:

- an understanding of the challenges faced by Aboriginal communities;
- a recognition of the long history of efforts to improve the health of those communities;
- a knowledge of the evidence of what works and what does not work; and finally,
- a willingness to ensure that that knowledge is embedded in the policy and practice of governments and the health system.

Today I want to outline some of my own thoughts and reflections on this moment in history. I want to ask 'how did we come to be here?', 'where have we come from?' and as an extension 'how can we move forward from here'?

Before starting, I want to thank the Office of Aboriginal and Torres Strait Islander Health of the Commonwealth Department of Health and Ageing with whom I have recently started work in Canberra.

I am grateful for their agreeing for me to attend and address you today.

Of course, nothing I say today can be taken to reflect their policies or position; rather I am speaking today as someone with a long history in the Aboriginal movement for health and social justice.

To begin, I want to take you back to my childhood, to when I grew up on Parap camp in Darwin in the late 1940s and 1950s.

My mother was one of the Stolen Generations, taken as a young girl by white men on horseback from her Alywarre family in the country north-east of here.

She was taken to Darwin, to the Kahlin compound, and then sent to work on a station near Darwin.

Later, she met my father, a Swedish sailor who had ended up in the Territory, and together they lived on Parap camp with many other Aboriginal (and non-Aboriginal) families.

In those times, families with children were eligible for child endowment payments, and parents were issued with a booklet with coupons inside it, the idea being that they would tear a coupon out every month, take it to the post office, where they would be given the child endowment money to which they were entitled.

This system applied, as far as I know, to all families with children.

The difference for my mother, and for all Aboriginal parents, was that the booklet with the coupons was held by the Superintendent of Native Welfare, and to get her entitlement, my mum had to go to him and ask for it.

She had to explain why she needed the money, and what she was going to use it for.

She would get the money given to her only if he was satisfied she was going to use the money properly.

This intrusion of the state into one's private life – and the need to explain oneself in order to receive an entitlement – was, of course, much resented, certainly by my parents, who waged a campaign to be able to keep the child endowment booklet themselves.

Eventually, they won that fight.

They kept the booklet, and from then on they could go and cash the child endowment coupons directly, as non-Aboriginal families did.

I suspect, unfortunately, that the authorities relented in this case because my father was a non-Aboriginal man.

But nevertheless, it was a victory.

Insignificant, perhaps.

And yes, it was only at the individual level, applying only to my family and not to other Aboriginal families – although I know my parents did talk to others on Parap camp to encourage them to take similar action.

But it was a win, a reclamation of some small measure of control over something basic in my mother's life, a life which had already been so fundamentally changed by an alien system.

Eventually, of course, those times passed, the times where it was taken for granted that Aboriginal and non-Aboriginal families should be treated differently, and that the state and its institutions had a right to be present, as it were, around the kitchen table.

But they did not pass naturally.

The system did not reform itself.

Those times passed because of the actions of Aboriginal people and their supporters, they passed because many people like my parents fought on an individual level, and because Aboriginal people banded together, became organised and conducted campaigns for their rights.

The campaign for our rights took place at various levels.

There was the Half Caste Association, active in the Territory since the 1930s, there were the trade unions, there was FCATSI (the Federal Council of Aboriginal and Torres Strait Islanders) and ultimately the campaigns leading to the citizenship referendum of 1967.

And, although Darwin in the 1950s and 1960s was an intensely local place of less than 10,000 people with no television, people were aware of the events and struggles elsewhere.

Some listened to the radio and passed on news to the rest of the community, news about people down south marching for citizenship rights, and even news from overseas, from the civil rights movement in the United States.

I, and many others of my generation, grew up knowing that we were part of a broader struggle for rights and equality, a struggle that stretched all the way from the individual actions of people like my parents over control of their child endowment booklet, to local associations and unions, to national and even international movements for civil and political rights.

So, why do I describe these years? What is their relevance today?

I think they are important because I think we must remember that the rights we have today were fought for by people like my parents, and all the other parents and families like them – all Aboriginal families have these kind of stories.

These rights were fought for by organisations of Aboriginal people and non-Aboriginal supporters of our rights.

Everyone agrees that we are at a moment of great historical significance for the relationship between Aboriginal and non-Aboriginal Australia.

The June announcement by the Prime Minister and the Federal Minister for Indigenous Affairs of an ‘emergency intervention’ into the Northern Territory could be seen as a long overdue recognition of the continuing disadvantage of Aboriginal communities.

On the other hand, there is a danger that the state may once again seek to exercise control over the lives of Aboriginal people, while at the same time paradoxically using a rhetoric of getting Aboriginal people ‘to take responsibility’ for themselves and their children.

When it comes to child abuse and neglect I – like the vast majority of both Aboriginal and non-Aboriginal citizens – can be quite clear: the state absolutely has a role to intervene to protect children.

But the current intervention in the Northern Territory must be a way forward.

It is not the fact of the intervention, but the kind of intervention that is contentious.

No intervention will work if it is an attempt to ‘turn the clock back’ to go back to a past when the non-Aboriginal state was a presence in every Aboriginal person’s daily life.

And for those who say ‘oh well, at least back then there was no child abuse’, I can only answer that the removal of Aboriginal children from their families was justified at the time as being ‘for the good of the child’.

Yet it ended up doing terrible harm to the very children it claimed it was trying to protect.

Child neglect – and all too often, child abuse – became embedded in the way the state exercised its power over Aboriginal families.

Today, I do not intend to go into a detailed examination of the Federal Government’s intervention.

However, I want to ask: given our history, given where we are now, how can we move forward?

I believe that progress crucially must involve three things.

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

Second, we must acknowledge and build upon the successes of the past, and not blindly assume that up to this point nothing has been done to better the health and social conditions of Aboriginal people, or that everything that has been tried has failed, and can be discarded.

Last, we need to build lasting and sustainable strategies to address the crises faced by many Aboriginal communities, strategies that will not necessarily deliver immediate headline-grabbing results but will bear fruit in years to come.

Before looking at these three conditions for success in tackling the undoubted problems on many Aboriginal communities and in some Aboriginal families, I would like to share my sense that many Aboriginal people do not have a problem with government intervening to deal with the social and welfare issues in Aboriginal communities.

On the contrary, many Aboriginal leaders, organisations and reports have been calling for urgent and sustained action to address the social and health conditions on Aboriginal communities for many years.

The issue that sparked the current intervention – the safety and welfare of children – has been documented and raised at the highest levels of Government as a concern for many years.

For example, sixteen years ago the Royal Commission Into Aboriginal Deaths in Custody, in its 1991 report 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. Although there are many positively culturally-based social controls operating, it is apparent that many Aboriginal families are in crisis.

That sense of families in crisis, and of child neglect and abuse being critical issues for the community and government to address heightened during the 1990s.

In particular, the 1997 Human Rights and Equal Opportunity Commission's *Bringing them home* report, based on a two-year national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families, highlighted alarming numbers of notifications and substantiations of child abuse and neglect on Aboriginal 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.

Accordingly, the National Strategic Framework for Aboriginal and Torres Strait Islander Health, prepared by the National Aboriginal and Torres Strait Islander Health Council in July 2003 for the

Australian Health Ministers' Conference, called on governments and communities to work together to address family violence and child abuse as a matter of urgency.

So, the issue that sparked the current intervention is not new: the Aboriginal community and governments across the nation have known about it for many years, and have been calling for action.

Well, now, finally the intervention is here.

And initially many in the Aboriginal community, although shocked by some of the proposals, such as compulsory sexual health checks for all Aboriginal children, were willing to 'wait and see' about the shape of the intervention as a whole.

Perhaps, they reasoned, something positive could be generated out the resources available and the attention being given – at long last – to some of these problems.

But that position has been hard to maintain as the 'emergency intervention' has unrolled.

It has been undermined by the perceived unwillingness to negotiate from the outset with local communities about their specific needs and concerns.

There is a perception that the evidence about what actually might work is being ignored.

And there is also wide concern in the Aboriginal community that many of the changes have no relevance to protecting children.

For many people, this intervention is damaging the relationship between the Aboriginal and non-Aboriginal people in this country.

That relationship – so precarious and difficult, so marked by distrust and an often violent history – is in danger of being fundamentally changed in a way we have not seen since the ending of the days of assimilation.

The present Government got one thing right: a national commitment is needed to tackle the crisis in all too many Aboriginal communities and families.

And I know that if that intervention is to work, they need to get other things right, and they need to do it now.

The first of these is the urgent need to adopt an approach based on a recognition of our human rights, as citizens of Australia and as Indigenous peoples.

The recently released Human Rights and Equal Opportunity Commissions' Social Justice Report for 2006 defined a commitment to 'best-practice' human rights as being consistent with international human rights standards and including:

- engagement and participation with Indigenous communities;
- capacity building and community development;
- the support for sound Indigenous governance; and
- the fostering and recognition of Indigenous leadership.

I endorse this approach, and particularly believe that it is critical that governments commit to genuine consultation in implementing initiatives for Aboriginal communities

In fact words to this effect formed the very first recommendation of the *Little children are sacred* report which I co-authored with Rex Wild for the Northern Territory Government.

Why do I put such an emphasis on an approach based on human rights?

Well, obviously on one level, human rights provide the common moral and legal underpinnings of government action – by basing policy development on human rights standards, governments ensure that the solutions they adopt will be open, fair and just.

But on another level a human rights approach is necessary 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 believe 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.

So, this is the first task: to move the debate beyond 'top-down, get-tough' rhetoric, to something based on our human rights.

This is in keeping with the decision of the United Nations General Assembly, just two weeks ago, to adopt the Declaration on the Rights of Indigenous Peoples.

It gained strong support at the General Assembly with 143 nations voting in favour and 11 abstaining; Australia was one of four nations to vote against.

Nevertheless, from a human rights perspective the Declaration reinforces the international foundation for our rights as Indigenous peoples.

The Declaration affirms that Indigenous people, as individuals, are entitled to all internationally recognised human rights, but it also acknowledges the importance of our *collective* rights before we can truly be considered free and equal.

The Secretary-General of the United Nations, Mr Ban Ki-moon, described the Declaration's adoption as:

... a historic moment when UN Member States and indigenous peoples have reconciled with their painful histories and are resolved to move forward together on the path of human rights, justice and development for all.

For me it is a very hopeful sign that the international community is setting standards on these issues.

Of particular relevance to us in Australia today, Article 22 says that:

States shall take measures, in conjunction with Indigenous peoples, to ensure that Indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

At the same time, Article 19 makes it clear the conditions under which such interventions are to occur, saying that:

States shall consult and cooperate in good faith with the Indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them.

I quote these in full because I think these articles – and the others in the Declaration – are of great importance to the debate in Australia at the moment.

Whether or not the Australian Government currently agrees with them, or feels it can sign off on the Declaration itself, these are now the international ‘best practice’ human rights standards for Indigenous peoples.

I believe we need to see the intervention in Aboriginal communities in Australia conducted on the basis of such international standards.

Moving now to the second precondition for success, the intervention must acknowledge and build on the successes of the past, and avoid policies and practices which have been shown to fail.

This requires some objective thinking and some freedom from ideological positions.

Sometimes it is hard to talk about 'successes' in Indigenous communities without people assuming that this is somehow 'letting the system off the hook'.

The media in particular I am afraid, constantly on the lookout for drama and conflict, seem to be quite resistant to reporting 'good news' or successes.

However, we simply must encourage the flexibility of thinking that says 'yes, many Aboriginal communities are in crisis' and 'yes, urgent action is required' with 'and here are some models that have been tried and that have worked'.

Let me give an example of what I mean.

Since the early 1990s, Aboriginal community-controlled health services argued that the international evidence shows that we can make significant gains in Aboriginal health status rapidly, through comprehensive, targeted and well resourced government action in partnership with Indigenous communities and organisations.

In particular, the Aboriginal medical services argued for a comprehensive primary health care approach founded not just on a

reactive acute care approach, but also on the prevention, early detection and management of disease.

Crucially, these were to be delivered by health services run with the maximum practical level of local community control.

It took time and work, but eventually these arguments were listened to: the Office of Aboriginal and Torres Strait Islander Health was set up in the Commonwealth Health Department, dedicated funding streams were established for Aboriginal primary health care services, and funding was substantially increased.

At the same time, significant work was being undertaken by the public health community, by researchers, by health services, by governments and policy makers into what approaches in particular were critical to the comprehensive primary health care model.

This led to better designed, evidence-based approaches to primary health care.

I believe that these two factors – better primary health care resourcing, and better designed primary health care interventions – came together in the Northern Territory from the mid-1990s onwards.

And they have led to some significant gains.

For example, compare the period 1996 to 2000 to the period 2001 to 2003 here in the Territory: between these two periods, Aboriginal women's life expectancy rose by almost 3 years, from 65 to 67.9 years.

Over the same period Aboriginal infant mortality fell by 36%.

There are also signs that the rates of chronic disease are also slowing.

These are significant changes.

To highlight them does not mean that the job is done and we can all slap each other on the back and go home.

Many areas have not improved – I would highlight men's health status in particular – and even these improvements still mean our health status falls well short of mainstream Australia.

But this is strong circumstantial evidence that well-resourced, evidence-based interventions work.

And this is the kind of thinking we need to employ in the current intervention if it is to have a long-term and positive effect on the health of our children and our communities.

We need to keep doing what we know works.

And, of course, what we need to avoid is repeating the policy and service delivery mistakes of the past.

Another example: let me remind you of the time when my mother was a young woman, a time marked by state intervention into Aboriginal people's private lives and the denial of our collective rights, supposedly for our own good.

Objectively, what was the result of these policies?

What was the resulting health status of Aboriginal communities?

Even putting to one side the trauma of the Stolen Generation and its continuing effects of the social and emotional health of Aboriginal people, the period of state control left Aboriginal communities with catastrophically appalling health standards.

For example, here in Central Australia in the 1960s, there were communities with an infant mortality rate of 25%: one in four Aboriginal children died before their fifth birthday.

However bad things are today – and we all know that in some places they are very bad indeed – no one can say we have not progressed since those days.

So, we cannot go back to failed policies and practices of the past.

We cannot write off everything that has gone before as a failure.

We cannot allow the debate to be conducted at that level.

Instead, we have to look at what we know works, and we have to avoid what doesn't work on the basis of the evidence and on the basis of history.

So this our second challenge: to ensure the recognition that there have been successes in the past, that we are already achieving positive change and that we need to build on what we know works.

The third condition for success is the need for long-term, sustainable solutions.

Thinking based merely on the electoral cycle and the media's constant hunger for the dramatic and the visual, can lead us to the world of the 'quick fix'.

I think if there was any 'quick fix' for the conditions on Aboriginal communities, someone would have found it and put it in place by now.

Roving teams of volunteers supported by the army, visiting Aboriginal communities for short periods to carry out child health checks may make good TV, but they do not necessarily make a long-term difference, despite the undoubted good intentions of those involved.

In most communities, local health services already know the common health problems that exist amongst kids – ear health, skin infections, gastro ... many of you here today would be experts yourselves in these areas.

And most of these kids being targeted by the child health teams will already have been screened before and their problems detected.

What has been lacking has been the resources to consistently treat the conditions discovered, and to address the environmental, social and health circumstances which give rise to them.

In other words to address the social determinants of health.

Last week I was pleased to see that the Commonwealth Government has announced an extra \$100 million over two years for more

doctors, nurses, allied health professionals and specialist services in the Northern Territory.

This is good news, and a sign that there is a movement towards long term sustainability, which means more resources on a permanent basis.

Once again, this money needs to be directed through established health services – whether Government or community-controlled – if we are going to see the benefits.

The last thing we need is still more organisational complexity in the area of Aboriginal health.

And crucially, of course, if we are talking about long-term and sustainable solutions: we need to get Aboriginal kids educated.

As has been detailed in numerous reports – and I would mention in particular the 1999 *Learning Lessons* report here in the Territory, lack of education excludes Aboriginal people from confidently and competently participating in either their own culture or mainstream culture.

Aboriginal people that we spoke to in the course of the preparation of the *Little children are sacred* report were clear about the benefits of education, and many were worried that some parents did not ensure their children attended school.

But we have to ask ourselves whether a punitive approach aimed at such parents is sufficient here.

Sure, parents have a responsibility for making their kids go to school, and I think that yes, the state has a role to ensure that this happens.

But we have to do more than just threatening parents with the withholding of welfare benefits if their children do not attend school, not least because the families we most need to impact on are the most dysfunctional and therefore the least likely to react to having their payments stopped.

We have to give parents a purpose for children to be at school, or as it was described to us, *a reason to get up in the morning*.

There are many elements to this, too many to go into today.

But out of many I would like to leave two with you.

First, we need to prepare Aboriginal children for learning and get them “ready” for school with high quality, learning-based preschool programs, that seek to involve parents and family in their children’s education at this early stage.

And second, we need education that is two-way, that takes account of local Aboriginal life, language and culture.

It needs to be relevant to them, and build upon what they know.

It was put to us clearly and movingly by two young teenagers in the course of the Inquiry, when they said:

We don’t retain information – we hear teaching, especially in English and feel that we don’t grasp what is being taught, and so it disappears. ... We want to learn English words but the

teachers cannot communicate with us to teach us. It is like we are aliens to each other.

Two-way schooling does not mean that education for Aboriginal children has to be ‘second-best’, a dumbed-down curriculum for people who are assumed to be marginal to Australian life, people who are assumed to be ‘failures’.

Education for Aboriginal children must be high-quality, and it must prepare them for participation in our global, inter-connected world.

This is critical for the regeneration of our communities.

So, let me reiterate the three conditions for successfully intervening to address the health and social problems of many Aboriginal communities.

First, we need an approach based on our human rights – as citizens and as Indigenous peoples.

Second, we need to recognise and build on our successes, and avoid policies and practices that have historically been shown to fail.

Last, we need to build sustainable programs in health and particularly, in the education of our children.

In conclusion, let me take you back to where I started this talk today.

When in the 1930s my mother was taken as a child from her natural family, the justification was: ‘for the good of the child’.

The state at the time called for children like my mother to be assimilated into the mainstream, to forget their Aboriginality, to be educated, to grow up white.

And yet, in the end, the system that intervened so drastically in her life, failed in all of its aims.

That state intervention – ‘to protect the child’ – never even taught her to read and write.

Today, the failure of the policies of those times remains a matter of national shame.

We cannot afford failures of that kind again.

We cannot turn the clock back.

Thank you.