



## ACCEPTABLE LOSS: WORDS THAT COME WITH A HEALTH WARNING



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**Aboriginal and Torres Strait Islander people are living through truly exciting times. Never before in the history of our nation has there been such a focus on bringing First Australians in from the cold of colonial marginalisation to be fully accepted members of the national family, and not since colonisation have First Australians had such opportunities to lead lives of their own choosing.**

**T**here are literally billions of dollars being poured into cohesive, bipartisan, evidence-based, long-term policies designed to close the gap that exists between Indigenous and non-Indigenous Australians. Infant mortality is falling and life expectancy is increasing. Aboriginal and Torres Strait Islander students are finishing Year 12 and entering the tertiary education sector and trade apprenticeships in record numbers. Across the country there is a growing number of our people working as politicians, doctors, nurses, executives, researchers, lawyers, academics and other professionals.

A new generation of Indigenous leaders is coming through at the national level, ready to build on the hard-won gains fought for by our illustrious forebears. It has been my great privilege to have worked for two of the organisations at

the heart of this generational change: first, as inaugural Co-Chair of the National Congress of Australia's First Peoples and now as Chief Executive of the Lowitja Institute, Australia's National Institute for Aboriginal and Torres Strait Islander Health Research. Together with other Indigenous organisations, we are working hard to ensure that Aboriginal and Torres Strait Islander people can lead full and productive lives free of the prejudice, poor education and ill health that has so blighted previous generations.

However, while there are now strong grounds for optimism that Australia is at long last moving in the right direction in terms of its dealings with this island continent's original inhabitants, the legacy of more than 220 years of colonisation is hard to overcome. Our health, for instance, is not just a matter of popping down to the doctor for a quick fix. Research shows that health and wellbeing correlates strongly with a number of social and environmental factors, such as housing, racism, parental education levels and inter-generational poverty. To achieve and sustain long-term improvements in Indigenous health, we need to shift the underlying factors—the social determinants of health—in a positive direction.

The Lowitja Institute and its predecessor organisations, the Cooperative Research Centre (CRC) for Aboriginal and Tropical Health and the CRC for Aboriginal Health (CRAH), have put substantial resources into quantifying the impact of these social determinants. Indeed, Social Determinants of Aboriginal Health was one of the five program areas within the CRAH and it supported research in such areas as the transport needs of Aboriginal people (*Aboriginal People Travelling Well*), the impact of racism on health (*Racism and Health: Setting the Research Agenda*), the effects of incarceration on health (*Evaluation of the Lotus Glen Correctional Centre*), and the Australian leg of a major international study into the benefits of community-based primary healthcare (*Revitalising Health for All—Teasdale Corti*). The program also contributed to the publication of the ground-breaking, widely read textbook, *Social Determinants of Indigenous Health* (Allen & Unwin 2007), which continues to have a significant influence on the development of Indigenous health policy (please go to [www.lowitja.org.au](http://www.lowitja.org.au) for more information on all of these projects).

The work in this area continues at the Lowitja Institute, particularly in Program 2 (Healthy Communities and Settings), where we are supporting research into the effects of social and physical environments on individual and community health. Two projects are already underway, one examining the potential of reducing racism through action at a local level and the other in creating healthy environments through the establishment of an Aboriginal Health Promotion Network. Many more projects are in the pipeline.

But now I would like to focus on another factor which I believe also has a profound influence on First Australians' self-esteem and sense of wellbeing: the use of language. In particular, I want to shine a light on the recent introduction of military language in discourses around the need for interventions in the affairs of Aboriginal and Torres Strait Islander peoples.

I believe that language constructs our relationships, our identities and our future together as peoples and as a nation in an immensely powerful way. In the Redfern Oration I delivered at the recent Annual Congress of the Royal Australasian College of Physicians, I talked about the way narrow and simplistic public discourses have come once again to dominate portrayals of Aboriginal and Torres Strait Islander peoples in the media. Despite the manifest advances taking place all over the country, as described earlier, the language being used reverts to identifying First Australians as problems rather than as equal and creative participants in national life. This is a backward step and has the potential to unravel much of the good work currently being done.

The first time I ever really noticed the use of specifically military language in health was in the framing of the Northern Territory Emergency Response (NTER), aka 'The Intervention', when the former Minister of Aboriginal Affairs, Mal Brough, led the charge to replace the language of practical reconciliation with the rhetoric of 'securing the ground' in response to the findings of the *Little Children Are Sacred* report.<sup>1</sup> In the very first media release announcing the measures, Mr Brough talked about the need 'to stabilise and protect communities in the crisis area'. All the language used was built around the twin concepts of 'crisis' and 'emergency', which brought with it the need to implement desperate

measures such as removing human rights protection for Aboriginal people in the Northern Territory.

The problem, of course, is that this was no sudden calamity: there had been countless reports and failures to act by governments prior to 2007. But by using military language and military strategy to resolve chronic social and health problems stemming from poorly designed and poorly executed policies implemented over many decades, it allowed the military concept of 'acceptable loss' to take root.

Acceptable loss refers to the negative outcomes that are considered tolerable when striving for a positive outcome from a particular strategy or tactic. In the case of the NTER, the strategy was to protect Aboriginal women and their children. Even though the *Little Children Are Sacred* report never identified Aboriginal men as the only or even the major perpetrators of sexual abuse, the inflammatory message that many Aboriginal men are paedophiles and sexual predators shifted perceptions about the causes of Indigenous squalor and successfully reframed the history of Indigenous disadvantage. So, in order to improve the lives and health of Aboriginal women and children, Aboriginal men became the acceptable loss. NTER language included scant acknowledgement of the positive roles Aboriginal men play in their communities, as fathers and husbands in particular, or the dangers inherent in their stigmatisation.

Indigenous society loses because the roles and responsibilities of men as fathers are absent in the policy, program and resourcing chain. This absence shakes the very foundations of our families and communities. It falsifies gender roles and responsibilities in our communities, and accomplishes the colonial mission that began in 1788.

Contrast the damage done by the use of military language with the healing engendered by the positive use of language: for instance, the institution of a 'Welcome to Country' at the start of public addresses, Kevin Rudd's moving Apology to the Stolen Generations, or the wonderful words delivered by former Prime Minister Paul Keating in his historic Redfern Speech, in which he asked his fellow Australians to imagine what it would be like to be dispossessed and unacknowledged as proud peoples. For it is the act of imagining, the ability to

put yourself in someone else's shoes, that is the necessary ingredient in our quest for national catharsis. Military language, by contrast, serves only to divide us and entrench a power dynamic that inhibits equality.

However, compared with previous eras, Aboriginal and Torres Strait Islander people now have a much greater capacity to push back in creative ways against narrow, negative discourse. Rather than being mere bystanders to a debate occurring over our heads, we are making our voices heard and asserting our rights to have the same opportunities and the same health as other Australians *without being made the same*. In particular, we now have two powerful initiatives occurring at the national level that are among the new vehicles for the proliferation of our ideas and aspirations. I am talking here about the National Congress of Australia's First Peoples and the Lowitja Institute, both of which have been born from among our modern intellectuals with ancestral connections to country.

The National Congress has been established after five years of consultation around the country to ensure that the way it operates is responsive to the needs of Indigenous Australians. Once again we have a national voice after several long years without one, and this time the voice is one that we designed ourselves. Gender equity, ethical standards and democratic processes are hardwired into Congress, as are cultural understandings that see membership built around the combined 200 nations of our people rather than the colonial divisions of State and Territory. Democratically elected delegates are about to meet for the first time to decide on Congress's priorities, and the conversations flowing from this collaborative endeavour will undoubtedly deliver perspectives and outcomes not possible within the current dominant discourses on Indigenous affairs.

The Lowitja Institute came into being in February 2010 with the express purpose of providing a permanent source of support and funding for research into Aboriginal and Torres Strait Islander health, as well as boosting the participation of Indigenous Australians in the health and health research workforce. We have an Aboriginal and Torres Strait Islander majority on our Board and strong, well-credentialed Indigenous leadership. As with Congress,

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the Institute has been structured as a company to allow for entrepreneurial thinking and action, and until June 2014 it hosts the Commonwealth-funded CRC for Aboriginal and Torres Strait Islander Health. Together with our highly experienced staff and researchers, we intend to break the shackles of short-term funding cycles that have so bedevilled Indigenous health research and deliver our proud tradition of research excellence far into the future.

It is this combination of increased institutional strength, community capacity and individual self-belief that, for the first time, gives us as First Australians the critical mass to rechannel the national conversation down more positive pathways. We must never forget that we—all of us—have it within our power to change history, and that there is no more powerful tool to effect that change than language itself.

#### **Kerry Arabena, with David Moodie**

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#### **Reference**

1. Wild R, Anderson P (2007). *Ampe Akelyernemane Meke Mekarle 'Little Children Are Sacred'*. Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. Accessed 26 May 2011 at: <[www.nt.gov.au/dcm/inquiry/saac/pdf/bipacs\\_final\\_report.pdf](http://www.nt.gov.au/dcm/inquiry/saac/pdf/bipacs_final_report.pdf)>.

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