

The Crisis of Vision in Aboriginal Affairs

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Thankyou Norman and Shane for your introductory remarks and thankyou to the Menzies School for the opportunity to speak with you today.

Welcome to Professor Kerin O'Dea and Professor John Matthews and other visitors.

Congratulations to all of you who have been instrumental in establishing this remarkable institution and maintaining it over its twenty year existence.

Before I start I would like to firstly acknowledge the Larrakia nation on whose country we are meeting today.

In common with other Aboriginal nations across the length of this country the Larrakia have fought courageously to defend their country and their customs.

More than 200 years since Britain claimed Australia as its own the Larrakia and other Aboriginal nations continue that fight.

The spear, woomera and waddi may have been replaced by an array of political and legal weapons but the purpose of our fight remains the same; to maintain our ownership of country, our languages, our culture and our independence as the first nations of Australia.

I make these points at the top of my talk this morning to reiterate that our fight for independence and survival continues unbroken until today.

I will expand on that point in a minute but before I do that I want to make couple of brief comments on the subject of medical research and its impact on Aboriginal people.

Research has not generally proved particularly valuable to Aboriginal people.

This is, I know, a confronting and perhaps too general a statement but I'm going to make it all the same because while we are rightly congratulating ourselves on 20 years of the Menzies School we also need to remember the more shameful episodes in Aboriginal health research.

The research relationship between Aboriginal people and academia historically has been one of an extreme imbalance in power.

You were the researchers and we the subjects; passive, disempowered and unknowing.

The research agenda was yours; the research results were yours and yours alone, and the impacts of your research sometimes brought devastating consequences to our people.

So when John Matthews approached me more than ten years ago about establishing the Cooperative Research Centre for Aboriginal Health I was, to put it mildly, not terribly enthusiastic.

At the time I must confess to being so antagonistic to the work of researchers in Aboriginal health that I could see no benefit to the idea.

It gives me great satisfaction to say, "I was wrong."

The collaboration between Menzies School and the CRC is enormously beneficial to us all and is slowly changing the political and professional relationships between non-Aboriginal researchers and the Aboriginal people they work with.

I realised only the other day that one of the outcomes of our new relationship will be to make the whole concept of research transfer redundant.

If the partnerships between researchers and Aboriginal peoples are real and effective this transfer of knowledge will be unnecessary

because Aboriginal people will be playing a decisive role in the design of research, in the actual research itself and in the evaluation of that research.

We will determine, in collaboration with our research partners, the research agenda and we will ensure that the research leads to practical changes and improvements in the delivery of health services to Aboriginal and Torres Strait islander communities across this country.

In partnership we will make certain that health research fulfils its potential to make a real difference to the health of our people.

Good research, like good infrastructure and Aboriginal control of our health services is crucial to our future wellbeing.

Our very survival depends on our success in this area; return of land, maintenance of culture and language, and economic independence will matter little if we continue to die in what is middle age for other Australians.

Conversely, we do not want to achieve improved health outcomes at the expense of our ownership of country or at the expense of our languages and culture.

Our health statistics might eventually match those of white Australia but at the cost of us becoming indistinguishable from white Australia?

So then, our health and our identity as distinct peoples within Australian society are inseparable.

I was asked to speak to you today on Future Challenges for Indigenous Health in the Current Political Environment.

The current political environment, when it comes to Aboriginal affairs, is characterised by the Howard Government's shift away from an Aboriginal representative voice, away from Aboriginal self-determination and, in our worst nightmare, back to the failed policies of 1950s and 60s mainstreaming, known more honestly as assimilation.

We can gain a glimpse of the enormous shift in policy brought about by this Government if we look at the issue of Shared Responsibility Agreements or SRAs.

These SRAs are the cornerstones of the Howard brave new world of reciprocity and mutual obligation.

However, in a worrying reflection on the government's Indigenous policy development the principle characteristic of the new arrangements is the shocking absence of detail.

Information about the new arrangements is extremely hard to come by.

And as I understand it, there remains enormous confusion within the Government's own circles on this matter. Talk to different senior bureaucrats and different Commonwealth ministers and the story varies.

In fact, so flexible have these new flexible arrangements become that they appear to be, like a blank page, everything to everybody.

And I'm sure that you can all imagine that if information is hard to come by for bureaucrats within the system and for people like myself, who are experienced political players, then just imagine the lack of information and resultant confusion in our communities.

This lack of information sadly exemplifies the approach of this and many other Governments; it is an approach grounded in paternalism and an aversion to heeding Aboriginal voices in a meaningful way.

“We know what’s best for Aboriginal people and we’ll implement our policies without the need for adequate dialogue or negotiation with Aboriginal people themselves,” seems to be the thinking of most Australian governments.

So this brave new world of mutual obligation, reciprocity, improved coordination and flexibility in Aboriginal affairs has been given birth with little or no information made available to those on whose behalf we are told the policies were developed.

The very development and implementation of this new world has occurred with little or no consideration to the voices and opinions of Aboriginal and Torres Strait Islander people themselves.

One of the impacts of such arrogance in policy development and implementation is the further marginalisation and disempowerment of Aboriginal people.

Marginalisation and disempowerment are among the many social determinants that impact severely on Aboriginal health.

Denied the opportunity to control our own business, to design and manage our own health services and programs and to meaningfully influence government policies, and facing an almost relentless barrage of negative media reports and day-to-day experiences of

racism that continually challenge and undermine our self-esteem and confidence it is little wonder that our health outcomes remain so appalling.

As Dr Ian Ring, comparing Australia's singular lack of success in lifting health outcomes for Aboriginal people with that of New Zealand and North America, has written in the Medical Journal of Australia:

I quote....

“It is arguable that colonial paternalism, an official policy of assimilation, and a lack of formal recognition through treaties have together acted to create and reinforce a sense of powerlessness in Australian indigenous people which is relatively less in other indigenous groups. It may well be that these intangible factors are adversely affecting indigenous health in Australia.”

In an opinion piece supporting a treaty between Indigenous and non-Indigenous in Thursday's Age newspaper, Sydney legal academic Sean Brennan writes that, ***“The World Health Organisation has found that social exclusion is a contributor to poor health, and that law reform can enhance inclusion. In Australia,***

Aboriginal health is a national crisis, with life expectancy 20 years lower than in the non-Aboriginal population.

Brennan goes on to argue:

“Given this, is it a coincidence that life expectancy is better in Canada, where treaty-making occurs and the constitution protects aboriginal rights? Or New Zealand, where the Treaty of Waitangi influences public policy? Or the United States, where the political independence of Native American nations has long been recognised?”

So, in my view, the actual processes and mechanisms that have created the so-called new approach, including shared responsibility agreements, are themselves undermining our strength and self-confidence and causing further damage to our ability to turn our collective health around.

But this is only the start of the problems with SRAs.

Aboriginal people acknowledge our responsibilities to address our own health problems. In fact the whole political movement to create Aboriginal Medical Services as Aboriginal-controlled organisations rests on the premise of acceptance of that responsibility.

We understand that our ill-health is a legacy of colonialism and decades of destructive government interventions but we also understand that ultimately we are the only ones able to solve that legacy and in health we are doing so through the development of self-managed Aboriginal Medical Services.

The final responsibility for improving our health must rest with ourselves but to meet that responsibility we need governments to provide adequate and equitable resources to primary health care in particular but also to improving the myriad social determinants that have such a destructive impact on our health.

Housing, employment, a decent education, environmental health infrastructure, access to health care and economic opportunities are all major determinants for health and are all services that Australians expect as a citizenship right.

It follows that these basic citizenship rights are part of Governments' responsibilities to their constituents; the Australian people.

However, when it comes to Aboriginal citizens, these basic citizenship rights are not always available and particularly in the case of remote Aboriginal communities are rarely accessible.

We are extremely concerned that the Commonwealth's mutual obligation/shared responsibility policy direction will see Aboriginal people forced to make concessions and commitments to governments in exchange for rights and services given unconditionally to other Australians

Aboriginal people should not negotiate SRAs for access to those services to which we are entitled to as citizens, such as health, education, employment and infrastructure.

These need to be provided by governments as a matter of course. To do otherwise would further reinforce Aboriginal people's status as second-class citizens not entitled to the same rights as other Australians.

Mutual obligation means just that: mutual.

It means a two-sided arrangement and yet across this country we see governments, commonwealth, state and territory, continually neglecting their responsibilities to provide our people with the same access to their rights as other Australians and denying our own voice.

As an illustration of the gap between rhetoric and reality I want to tell you about the Western Desert Nganampa Waltyjta Palyantjaku Tjutaku Aboriginal Corporation and that organisation's efforts to

improve the treatment of end-stage renal disease patients undergoing dialysis.

One of the most tragic stories of Aboriginal ill-health is the hundreds of people from remote communities and outstations across the country who are forced to leave their homes permanently to undergo dialysis in regional centres.

Many of these patients are senior members of our communities and holders of vast amounts of cultural knowledge and consequently their removal from communities is extremely disruptive not only for themselves and their families but for the whole community and threatens the survival of cultural practices so essential for the maintenance of our spiritual and emotional health.

Many people forced by renal disease into regional centres see the move and dialysis treatment as little better than a death sentence.

So people in the remote western desert community of Kintore decided to address this issue by proposing an option for home dialysis which would allow one or two patients at a time to return to Kintore from Alice Springs for a two or three week period.

Both the Territory and Commonwealth governments were less than enthusiastic at this initiative from the Western Desert people and it initially failed to attract any government funds.

Western desert people decided not to accept the government's funding knock-back as the end of their dream and established the Western Desert Dialysis Appeal.

Western Desert artists donated paintings to the appeal and in 2000 \$1.1 million were raised by auction to progress that dream.

The NT Government then purchased a machine for home dialysis which allows patients to travel back to Kintore for treatment for short periods.

The first of these patients returned to Kintore last September and there have been eight more since.

While I am pleased to report to you that the NT Government recently offered recurrent funding for two renal nurses to support patients, total Commonwealth contributions until this time have amounted to purchasing a sink for the Kintore Dialysis room.

The Cooperative Research Centre I head up has supported the Western Desert Dialysis project and assisted in an evaluation of its effectiveness.

That evaluation report, though not finalised, is indicating some real health and economic benefits from the project.

These include improved health promotion opportunities in educating Western Desert people on renal health and earlier presentations for treatment as people lose the terrible fear of dialysis.

A reduction in emergency evacuations of patients from Kintore after they have returned there from Alice Springs without medical authorisation has also seen economic benefits for the NT Government.

The predicament of the Western Desert dialysis project presents us with a test of the Commonwealth's sincerity to respond meaningfully to Aboriginal community-based health initiatives.

If the new Commonwealth arrangements are not able to ensure the long-term sustainability of such demonstrably valuable community-based initiatives then the new arrangements will have failed.

The Alice Springs Indigenous Coordination Centre is presently negotiating a Shared Responsibility Agreement with the Western Desert dialysis mob and we await the outcomes of these negotiations with interest.

We are also concerned that the outcomes being negotiated for inclusion in SRAs seem to be based more on government than community priorities.

This skewed determination of priorities presents a dangerous return to paternalism and, in the long run, threatens the survival of the effective community-controlled health services that I represent.

It undermines the intellectual capacity and independence of Aboriginal communities and organisations and sadly reflects our greatest fear; a move by governments to return to the days of mainstreaming and assimilation.

I note with trepidation recent calls by ex-Tasmanian Liberal Minister and more recently CEO of the Tiwi Local Government, John Cleary, for the abolition of community-controlled Aboriginal Medical Services and for a return to government-controlled clinics in our communities.

Mr Cleary's call, which received prominent media coverage, is contrary to the aspirations of our people and contrary to all the

evidence which supports Aboriginal control of our own health services and programs.

There is a real fear amongst Aboriginal people that in its desire to overturn the arrangements established by the Hawke/Keating Governments, the Howard Government will destroy the achievements of Aboriginal people over the past decades.

One of these successes has been the establishment of effective and well-managed Aboriginal community-controlled medical services.

In finishing I want to ensure that I am not leaving the impression that our concerns with SRAs are based on a rejection of greater accountability, or of improved coordination and governance or of greater flexibility.

Indeed all these ideas have been advocated by significant parts of the Aboriginal leadership and community for decades now.

We want partnerships with Governments, we want accountability and transparency and we want and need greater coordination and flexibility in the way government services are designed and delivered to our communities.

Ultimately we want and need and demand that our voices are heard, that we are treated with dignity and respect and that our status as the first peoples of Australia with a distinct relationship to this land and a distinct culture is recognised and respected.

The Menzies School and the community of health researchers across this country have a critical role in ensuring such recognition and respect.