

The Cranlana Programme

The 2016 Medicine & Society Oration

A QUESTION OF VALUE: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

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As I stand in this place tonight, I pay my deepest respect to the Kulin Nations, their ancestors and Elders.

I acknowledge Bunjil, the spirit of creation, who created the lore, the land, the mountains, the rivers, all living and natural things and the place we all have on the land of the Kulin Nations.

I acknowledge my Aboriginal and Torres Strait Islander brothers and sisters with us tonight.

I extend my embrace to colleagues in the room.

My name is Romlie Mokak, I am a Djugun man, a member of the Yawuru people.

Tonight I want to address the question of value in Aboriginal and Torres Strait Islander health. I want to advocate that in order to achieve significant, measurable, positive change in the health and wellbeing of Aboriginal and Torres Strait Islander peoples we need to expand the idea of value. Expand it from the quantum — so many dollars to achieve so many results— that does not seem to be working for us all that well — to a concept

- that values Aboriginal and Torres Strait Islander knowledges
- that places Aboriginal and Torres Strait Islander leadership, institutions and solutions at the centre of policymaking
- that resets the power balance between those making the decisions and those for whom the policy is intended.

But before I embark on what now seems to be a very ambitious topic to cover in some 30 minutes, let me share with you my experience of some recent events.

Two weeks ago I stood on the sacred ceremonial grounds of the Yolngu – the people of North East Arnhem Land.

I have been to the Garma Festival a number of times, but this time more than ever before held a great deal of poignancy for me.

Prior to going I had read Galarrwuy Yunupingu's beautiful essay in *The Monthly*. He movingly speaks to the story of his land, his culture and the very survival of Yolngu.

Yunupingu's offering traverses the ancient and the contemporary, the sacred and the secular, the philosophical and the pragmatic.

As he prepares himself for his next journey his worry is whether we — the Australian nation — have it within ourselves to respect the survival of his Yolngu people.

Against the backdrop of Gulkula, sacred ceremonial ground among the stringy bark forest, many discussions were centred around the brutality, the de-humanisation of young people in the Don Dale facility in Darwin.

More than 90 per cent of young people in detention in the Northern Territory are Aboriginal.¹

At Garma we struggled to grasp the inhumanity visited upon our young, the utter de-valuing of their inheritance and we shared Yunupingu's worry for the future.

How can it be that we hold so little value in our young? For Aboriginal and Torres Strait Islander peoples' futures?

Days later, with reference to the newly established royal commission into juvenile detention, Louise Taylor, a Kamilaroi woman and lawyer lamented in an interview on the ABC

We've had reviews, commissions, enquiries, reports, recommendations, and yet, here we are watching those images...

¹ Sharp, J. 2015, Does the NT Youth Justice deliver justice for vulnerable young offenders or their Victims?, North Australian Aboriginal Justice Agency, Darwin. Available at http://www.clant.org.au/images/images/the-bali-conference/2015/Sharp_ppt.pdf

Taylor's words — in the second half of 2016 — echo anthropologist W. E. H. (Bill) Stanner's 1968 Boyer Lecture, *The Great Australian Silence*, when he, reflected on the lack of change Aboriginal policy:

I quote:

[I] could return to work very much where I had left off without any acute sense of change in the Aboriginal life around me or in their relations with white Australia.²

In his lecture, Stanner noted the absence of Aboriginal peoples from the histories and commentaries he reviewed. He wrote:

... inattention on such a scale cannot possibly be explained by absent-mindedness. It is a structural matter, a view from a window which has been carefully placed to exclude a whole quadrant of the landscape.

What may well have begun as a simple forgetting of other possible views turned into habit and over time into something like a cult of forgetfulness practised on a national scale. We have been able for so long to disremember the Aborigines that we are now hard put to keep them in mind even when we most want to do so.³

We should all listen to Stanner's great Australian silence, and listen to — and I quote

the story of the things we were unconsciously resolved not to discuss with [Aboriginal people] or treat with them about...⁴

What price for that silence, for that inattention, that forgetting, that disremembering?

What national shame those images from Don Dale?

What damage to the civic life of our nation?

In his 1992 Redfern speech Paul Keating said we — as a nation — cannot say we have succeeded if — and I quote —

...we have not managed to extend opportunity and care, dignity and hope to the Indigenous people of Australia — the Aboriginal and Torres Strait Islander people.

² Stanner, W.E.H. 2010, *The Dreaming and Other Essays*, Black Ink Books, Melbourne, p. 291

³ Stanner 2010, op cit., p. 297

⁴ Stanner 2010, op cit., p. 298

This is a fundamental test of our social goals and our national will: our ability to say to ourselves and the rest of the world that Australia is a first rate social democracy, that we are what we should be – truly the land of the fair go and the better chance.

There is no more basic test of how seriously we mean these things.

It is a test of our self-knowledge.⁵

Our nation's will will be tested as we travel the road towards constitutional reform.

Dr Tim Soutphommasane, Racial Discrimination Commissioner, said at Congress Lowitja 2014

With the issue of constitutional recognition, we are talking about something fundamental to a liberal political society. The constitution is the formal document that captures, however imperfectly, something of our history, something of the spirit that brings our lives together ... it's time that Australia's First Peoples be recognised as such and that their place in our society be acknowledged and honoured ...⁶

We must dispel forever terra nullius, our nation's fiction.

Patrick Dodson, new Senator for Western Australia has said

... several attempts have been made to improve the relationship between Aboriginal and Torres Strait Islander peoples and the Australian nation state. Yet despite these efforts, we have not resolved the deep historical grievances that linger from the unjust manner of Australia's settlement.⁷

Those deep historical grievances, the structural inequalities, the racism and prejudice, the harms and injuries — and sometimes barbarity — meted out to our peoples.

To paraphrase Paul Keating —

⁵ Keating, P. 1992, Redfern Speech (Year for the World's Indigenous People) – Delivered in Redfern Park by Prime Minister Paul Keating, 10 December 1992. Transcript available at https://antar.org.au/sites/default/files/paul_keating_speech_transcript.pdf

⁶ Soutphommasane, T. 2014, Opening Address, Day 2 Thursday 20 March, Congress Lowitja 2014, The Lowitja Institute, Melbourne. Available at: <http://www.lowitja.org.au/congress-2014/program>

⁷ Davis, M. & Langton, M. 2016, *It's Our Country – Indigenous Arguments for Meaningful Constitutional Recognition and Reform*, Melbourne University Press, Melbourne, p. 180.

... the taking of traditional lands, the smashing of traditional ways of life, , the diseases, the alcohol, the murders, the stolen children, the discrimination and prejudice ...

And our failure to imagine these things being done to us.⁸

This is not just history, this is very much part of Aboriginal and Torres Strait Islander peoples' lived reality today:

- the incarcerating of our youth and the destruction of their futures
- On a daily basis:
 - in the classroom - the perversity of low expectations
 - on the bus – the haunting reality of knowing that you will be the last person sat next to
 - in the shop – the surveillance as you decide on your choice of shampoo
 - in the hospital – the assumption on presentation that you are either drunk or on drugs
 - in policymaking – the black public servant compartmentalised in Aboriginal and Torres Strait Islander areas.

Racism is a hot topic and will not be going away any time soon. We have gone past the point of denial and now need to tackle racism head on.

It was less than 10 years ago, in 2007, sections of the Racial Discrimination Act were suspended in order to allow the Northern Territory Emergency Response to go ahead.

That our country could enact such an intervention was condemned here and across the world. The re-traumatisation of our people was entirely predictable and preventable.

A study conducted in Victoria, the state that we are gathering tonight involving 755 Aboriginal Victorians found that 97 per cent of those surveyed had experienced racism in the previous 12 months; more than 70 per cent

⁸ Keating 1992, op cit.

experienced eight or more racist incidents. The results were consistent whether you lived in the city or rural areas.⁹

The vision of the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 acknowledges that racism is a reality in the health system for our people:

*The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.*¹⁰

This document was developed by the former Labor government. It was accepted in its entirety by the Coalition who last October launched their implementation plan. The Plan was developed in partnership with the Aboriginal and Torres Strait Islander health leadership of this country to which I will refer later.

Let us pause for a moment and reflect on the consequences for the civic life of our nation of not getting this right. A warning was sounded by Dr Soutphommasane when he said,

... we should be concerned about some of the aspects of the civic health of Australian society. If we are not careful, we may well risk undermining civility and racial tolerance, something that would open up many, many dangers not only for Aboriginal and Torres Strait Islander people but also for all Australians because the cost of racism is not only about how it diminishes those who are its victims but is about how it diminishes all of us and how it diminishes social cohesion and cultural harmony as a nation...

If it seems that we have travelled a long way from our topic, please let me reassure you that we haven't.

The experience of Aboriginal and Torres Strait Islander peoples includes the seasonal migration, the caravan to Canberra, the pilgrimage to Darwin, to

⁹ Ferdinand, A., Paradies, Y. & Kelaher, M. 2013, *Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities, Summary Report*, The Lowitja Institute, Melbourne, p. 2.

¹⁰ Australian Government 2013, *National Aboriginal And Torres Strait Islander Health Plan 2013–2023*, Commonwealth of Australia, Canberra, p. 7.

Brisbane, to Perth, when our leaders — year in year out, holding head high — try to convince governments of our value.

Noel Pearson points to our challenge — I quote —

I think non-Indigenous people get a wrong impression of the ability of Indigenous people to get government to work for them. Australians think we hold our own, when the truth is quite different.

They think because of prominent reporting of Indigenous issues that this somehow reflects the power of Indigenous participation. But this is not the truth.

They think that because of the large budgetary appropriations in the name of indigenous affairs that this reflects a system that is working for Indigenous Australians. But this is not the truth. The truth is there is a massive industry around the appropriations and it is predominately non-Indigenous.

We have to solve this democratic problem. It is the problem of the 3 per cent mouse and the 97 per cent elephant.¹¹

Power in the policy world sits with others, not with Aboriginal and Torres Strait Islander peoples. It resides outside of the domain of Aboriginal and Torres Strait Islander peoples.

We must redress the power imbalance.

The state uses a range of instruments on Aboriginal and Torres Strait Islander peoples— legislation, policy, guidelines, contracts, funding agreements.

I have seen these used to the utter detriment of our people.

Funding, for example.

We have too many examples of the heavy transactional costs on services simply in doing their business to improve the lives of our people.

The *Overburden Report* — published by the Lowitja Institute — analysed the complex contractual environment for the Aboriginal community controlled health sector. It found that highly fragmented funding from multiple sources

¹¹ Pearson, N. 2014, *A Rightful Place – Race, recognition and a more complete Commonwealth*, Issue 55, *Quarterly Essay*, Black Ink, Melbourne.

imposed a heavy burden of reporting and acquittal. In effect, *Overburden* concluded that the funding of the sector imposed barriers to care, impeded efficiency and diverted vital resources away from the ultimate goal of improving health outcomes for clients.¹²

The research found that equivalent mainstream metropolitan health providers do not generally face the same onerous level of reporting requirements – hence the name of this study, the *Overburden Project*.

In 1995 responsibilities for health transferred — rightly — from the former Aboriginal and Torres Strait Islander Commission to the Commonwealth Department of Health.

The reason for this was to locate the responsibility for our people’s health squarely with the agency responsible, the Federal Health Department.

One question reverberates in the mind of Aboriginal and Torres Strait Islander Australia.

Why is it that an Aboriginal or Torres Strait Islander person has never headed up the area of the Department responsible for Aboriginal and Torres Strait Islander health?

When we share this story with our colleagues in Aotearoa/New Zealand or Canada or the USA, they are speechless in disbelief.

We have had — and have — many capable individuals with the skills to do the job.

The cultural ceiling is firmly in place.

The absence of our people in the most senior roles is disastrous for policy development and implementation because — largely — our perspectives are not at the table.

We are outsiders to the intimate internal discussions about our very own health and wellbeing.

This results in policymaking distant from those who are most invested in ensuring that the instruments of state work for them.

¹² Dwyer, J., O’Donnell, K., Lavoie, J., Marlina, U. & Sullivan, P. 2011, *The Overburden Report: Contracting for Indigenous Health Serviced*, 2nd edn, The Lowitja Institute, Melbourne. Available at: <https://www.lowitja.org.au/lowitja-publishing/C026>, pp.53–55.

We need to understand how the differences between Indigenous worldviews and the dominant Eurocentric worldviews influence the development of policies and frameworks.

In a study published this year,¹³ Thorpe, Arabena and others analysed national, State and regional engagement policies and strategies in Aboriginal and Torres Strait Islander health and wellbeing.

They looked for best practice examples dating from 2003 and lessons learned.

Few policies met all of the criteria for effective engagement, defined as a process that — and here I quote Hunt —

*provides Indigenous people with the opportunity to actively participate in decision making from the earliest stage of defining the problem to be solved. Indigenous participation continues during the development of policies – and the programs and projects designed to implement them – and the evaluation of outcomes.*¹⁴

Thorpe, Arabena et al. conclude that cultural diversity, Aboriginal and Torres Strait Islander worldviews, self-determination and human rights must be the basis of policy formation. Partnership with, agency and control by Aboriginal and Torres Strait Islander peoples must replace the ubiquitous and tokenistic ‘consultation’.

While we know that Aboriginal and Torres Strait Islander participation in policymaking results in better decisions and outcomes, I argue that we should drive the policymaking process.

An extended observational study of reforms in the Northern Territory and Cape York Queensland concluded that effective regional system includes six essential elements:

- Regional community control
- Effective engagement with Aboriginal community controlled health sector

¹³ Thorpe, A., Arabena, K., Sullivan, P., Silburn, K. & Rowley, K. 2016, *Engaging First Peoples: A review of government engagement methods for developing health policy*, The Lowitja Institute, Melbourne

¹⁴ Hunt, J. 2013a, *Engaging with Indigenous Australia – Exploring the Conditions for Effective Relationships with Aboriginal and Torres Strait Islander Communities*, Australian Institute of Health and Welfare, Canberra.

- Pooled long term funding
- Community governance at regional level; stewardship by government
- Mutual accountability
- Funding levels to achieve equitable coverage for Aboriginal and Torres Strait Islander peoples, according to need.¹⁵

I question, however, whether these goals are getting any nearer.

From 1 July 2014, the Department of the Prime Minister and Cabinet was administering more than 150 programs across a range of portfolios under five Indigenous Advancement Strategy funding streams.

The 2014–15 federal budget reported a \$534.4 million saving to the Indigenous Affairs portfolio through rationalisation of Indigenous programs intended to eliminate duplication and waste.¹⁶

This resulted in an enormous degree of uncertainty for Aboriginal and Torres Strait Islander peoples.

To say it has been a challenge is a gross understatement.

At the community level, a number of organisations had to suspend effective programs and let employees go due to funding uncertainties. Many Aboriginal and Torres Strait Islander organisations, programs and individuals paid a very high price.

The Senate Finance and Public Administration References Committee reviewed the tendering process for the Indigenous Advancement Strategy, noting that the price paid by the Indigenous communities for implementing the unreasonable timetable was too high.

The committee recommended that –

- future tendering processes should enhance the capacity of organisations to meet community needs

¹⁵ Dwyer, J., Martini, A. et al. 2015, *The Road is Made by Walking: Towards a better primary health care system for Australia's First Peoples*, The Lowitja Institute, Melbourne.

¹⁶ Australian Government 2015, *Budget 2014–15, Part 2: Expenses Measures*, Australian Government, Canberra. Available at: http://budget.gov.au/2014-15/content/bp2/html/bp2_expense-20.htm

- selection criteria and funding guidelines should give weighting to the contribution and effectiveness of Aboriginal and Torres Strait Islander organisations to provide to their community beyond the service they are directly contracted to provide
- longer contracts be awarded to ensure stability.

The review reinforces Dodson’s point that Aboriginal and Torres Strait Islander peoples have little cause to trust governments and the democratic parliamentary process.¹⁷

To build trust, the process must involve decision making at the closest possible level to those affected by those decisions.

What needs to be done?

The answer to that question contains Aboriginal and Torres Strait Islander values, beliefs and knowledges because our wellbeing is located in those values, beliefs and knowledges.

Professor Helen Milroy, Australia’s first Aboriginal medical graduate and first psychiatrist — now Royal Commissioner on the Royal Commission into Institutional Responses to Child Sexual Abuse — has developed a multi-dimensional model of health and wellbeing called the Dance of Life.

By the way, Helen graduated almost a century after Indigenous medical graduates in Canada (1866), Aotearoa/New Zealand (1899), and the United States (1889).¹⁸

The vehicle for her model is a series of paintings, representing the biological or physical dimension, the psychological or emotional dimension, the social dimension, the spiritual dimension, and most importantly, the cultural dimension.

She locates education and training, policy, socio-political and international context needing to be encompassed in developing solutions.

Milroy says:

We can only exist if firmly grounded and supported by our community and spirituality, whilst always reflecting back on culture in order to hold

¹⁷ Davis & Langton 2016, op cit. p. 184.

¹⁸ Anderson, I.P.S. 2008, *The Knowledge Economy and Aboriginal Health Development*, Onemda VicHealth Koori Health Unit, The University of Melbourne, Melbourne, p. 3.

our heads up high to grow and reach forward to the experiences life has waiting for us.

The stories of our ancestors, our collective grief, as well as healing, begin from knowing where we have come from and where we are heading. From an Aboriginal perspective, carrying the past with you into the future is, and should be. We are nothing if not for those who have been before us and the children of the future will look back and reflect on us today.

When all the dimensions are in balance, with the universe, we can break free of our shackles and truly dance through life.¹⁹

The Ngangkari (traditional healers) of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands put it this way:

As ngangkari we really look at people's spiritual well-being — we look at how their spirit's going. If people are becoming dispirited or really exhausted, tired, unable to do things — we can recognise that in Anangu and work alongside doctors to help them.²⁰ (Mr Baker)

And so we tell you these things so you can understand something of our Law and our knowledge and of the work that we can do. We work as ngangkari in this way. This is our body of knowledge — it's the important things that we do to help people feel well within themselves and stay well ... Ngangkari have that role of finding a spiritual balance and well-being.²¹ (Mr Peter)

We know that our culture and long-held knowledges are protective of our health and wellbeing.

Non-Indigenous people must understand that what will work, and therefore, where the value lies is in the centrality of our culture; in policy

- that values Aboriginal and Torres Strait Islander knowledges
- that places Aboriginal and Torres Strait Islander leadership, institutions and solutions at the centre of policymaking

¹⁹ The Dance of Life (n.d.). Available at: <https://www.ranzcp.org/Publications/Indigenous-mental-health/Aboriginal-Torres-Strait-Islander-mental-health/The-Dance-of-Life.aspx>

²⁰ Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPYWAC) 2013, Traditional Healers of Central Australia: Ngangkari, Magabala Books Aboriginal Corporation, Broome, WA, p. 192.

²¹ NPYWAC 2013, op cit. p.245

- that resets the power balance between those making the decisions and those for whom the policy is intended.

In their paper, *Cultural Wounds Demand Cultural Medicines*, Chandler and Dunlop arrive at two key conclusions:

The sum total of malaise and ill–health suffered by ... Indigenous peoples is best understood, not as some simple aggregate or additive sum of the personal woes of separately damaged individuals, but as a culmination of ‘cultural wounds’ inflicted upon whole communities and whole ways of life. Yes, of course, the raw nerve endings of those in distress are naturally wired to pain centers in the private brains of single sufferers, but the various forms of wholesale damage communally inflicted on whole peoples is collective, rather than simply personal, and multiplicative, rather than simply additive.

... such shared cultural wounds require being addressed, not one individual sufferer at a time, but require instead being communally treated with ‘cultural medicines’ prescribed and acted upon by whole cultural communities.²²

In order to be able to prescribe and act upon the solutions that are needed to improve health and wellbeing outcomes, Aboriginal and Torres Strait Islander peoples — organisations, communities, individuals — must exercise agency, take control, and government at all levels must let go.

One of the first priorities must be to build on our existing strengths to represent the interests of Australia’s First Peoples and negotiate on our terms.

I mentioned earlier the development of the National Health Plan in partnership with the Aboriginal and Torres Strait Islander health leadership.

The National Health Leadership Forum (NHLF), an inter-organisational forum with a high resident level of expertise has been established to engage with government and drive change. The Forum represents the Aboriginal and Torres Strait Islander health leadership in this country and includes organisations such as

²² Chandler, M. J. & Dunlop, W. L. 2015, ‘Cultural Wounds Demand Cultural Medicines’, in M. Greenwood, C. Redding, & S. de Leeuw (eds), *Determinants of Indigenous peoples’ health in Canada*, Canada Scholars’ Press, Toronto, Canada, pp. 78–89.

- Australian Indigenous Doctors' Association
- Indigenous Dentists Association of Australia
- Australian Indigenous Psychologists Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Healing Foundation
- Indigenous Allied Health Australia
- National Aboriginal Community Controlled Health Organisation
- National Aboriginal and Torres Strait Islander Health Worker Association
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Association of Aboriginal and Torres Strait Islander Physiotherapists, Inc.
- The Lowitja Institute
- Torres Strait Regional Authority
- Professor Ted Wilkes, expert advisor on alcohol/drugs

Partnerships — not consultation as I referred to earlier — are required at all levels that allow for Aboriginal and Torres Strait Islander to take the senior partner role.

Processes must be established through which Aboriginal and Torres Strait Islander peoples can have a say in the matters that directly affect them.

As the Empowered Communities Design Document argues, governments must relinquish their role of 'fixers' and negotiate as enablers and facilitators — and I quote —

This requires a radical shift not just in responsibilities, but in behaviours and attitudes of the key partners. Indigenous reform leaders are expected to step up and assume the lead role in driving challenging reforms in their regions and collaborating across opt-in organisations.

Government partners, on the other hand, need to take a step back and participate in support of Indigenous leaders and their place-based

*development agendas. This does not mean that government takes a passive role. Government is an active partner. Its representatives come with valuable knowledge, experience and responsibilities that the other partners do not have.*²³

There are demonstrable successes in Aboriginal and Torres Strait Islander health.

The Aboriginal community controlled health services are a critically important part of the Australian health system, and a critical resource for Aboriginal and Torres Strait Islander peoples. The first was established in Redfern 45 years ago in 1971 and now count 150 in number.

These services provide primary health care and are initiated and operated by the local Aboriginal community through a locally elected Board. They deliver holistic, comprehensive, and culturally appropriate health care to the communities that control them.

They are a means of empowering communities through increased accessibility to health services; cultural continuity and the employment and participation in education and training by community members.²⁴

Another example of Aboriginal and Torres Strait Islander organisations delivering significant results for their people is the Institute of Urban Indigenous Health. The Institute leads the planning, development and delivery of comprehensive primary health care services to the Indigenous population of South East Queensland.

Since its establishment in 2009 its network has expanded to 18 multidisciplinary primary health clinics, delivering:

- 300 per cent increase in new patients
- 1000 per cent increase in health checks
- 360 per cent increase in GP Management Plans.²⁵

²³ Wunan Foundation 2015, op cit. p. 41

²⁴ Holland, C. 2014, Close the Gap progress and priorities report 2014, Close the Gap Campaign Steering Committee for Indigenous Health Equality, Sydney, p. 10.

²⁵ Institute for Urban Indigenous Health (n.d.) Clinical Service Delivery. Available at: <http://www.iuih.org.au/Services/Clinical-Service-Delivery>

We are also building a powerful Aboriginal and Torres Strait Islander health workforce, as a result of the emergence of the national peak workforce bodies.

In medicine, 2.5 per cent of commencements in 2011 were Aboriginal and Torres Strait Islander enrolments and this has largely been maintained.

A little more than three decades after Helen Milroy graduated, in 2016, there are some 200 Aboriginal and Torres Strait Islander doctors and some 310 enrolled medical students across Australia. This represents a 210% increase in enrolled students since 2006.²⁶

While workforce gaps remain, the growing number of Aboriginal and Torres Strait Islander health professionals — in nursing, allied health, medicine, Aboriginal and Torres Strait Islander health workers — is game changing.

The power of our people, our health professionals, our health services, our national organisations is yet to be fully realised.

It is often said that Aboriginal and Torres Strait Islander health leadership is the most organised of all sectors.

This has been built up over the decades – with the genesis in community control. Our connection to our communities and our collective action is our strength.

Our obligations go far beyond a point in time funding agreement with government. Our obligations run far and deep — to our ancestors and to our futures.

It requires Aboriginal and Torres Strait Islander peoples to be the architects of our destinies. It requires others to partner with us.

Real transformative change will only occur when we understand value in Aboriginal and Torres Strait Islander health as a construct that

- values Aboriginal and Torres Strait Islander knowledges
- places Aboriginal and Torres Strait Islander leadership, institutions and solutions at the centre of policymaking
- resets the power balance between those making the decisions and those for whom the policy is intended.

²⁶ *Australian Indigenous Doctors' Association 2016; Medical Deans Australia and New Zealand Inc. 2015*

I pay homage to the Patron of the Lowitja Institute Dr Lowitja O'Donoghue who, for all her entire life, fought to overcome injustice in this country and to call the benign acceptance of the status quo.

In closing, I would like to take us back to Gulkula and Dr Yunupingu's welcome to Garma — he said:

A song cycle tells a person's life. It relates the past to the present, and to the future. And as Yolngu we balance our lives through the song-cycles that are laid out on the ceremony grounds, the universities of our people, where we hone and perfect our knowledge...

I [...] remind you that Yolngu are very different to other Australians, although we are proudly Australian. We have our own law and way of life and with it the ownership of our land and everything in it. And it is because of this that we do not always fit in with everything you might believe in and we do not always agree with your thinking. Sometimes we disagree very strongly with non-Yolngu ways and ideas. But we try to balance our worlds and make a future that is rewarding for everyone.²⁷

Thank you

²⁷ Yunupingu, G. 2016, Chairman's Welcome, Garma 2016, 8 August 2016, Yothu Yindi Foundation. Available at: http://resources.emedia.com.s3.amazonaws.com/garma/2016_Garma_Program_Booklet_WEB_DPS7_reduced.pdf