

Address to the NACCHO Healthy Futures Summit

by

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Good evening brothers and sister, friends

I'd like to acknowledge the traditional owners of the land upon which we are meeting this evening.

As someone who worked within the community controlled health sector for many years, it is a privilege and a pleasure for me to be here, and to see so many old friends and comrades.

Tonight, I would like to share with you some brief reflections on where I see us standing at this point on the path towards health and justice for our peoples.

I'd like to talk about the success of the Aboriginal community controlled health sector, and the changing generations of leaders we have produced.

And I'd like to reflect on some of the challenges we might face going into the future.

Let me start though, with congratulations to all of those people, past and present, who are, or have been, a part of the Aboriginal community controlled health sector.

Whether we have been privileged enough to play leadership roles within Aboriginal Medical Services, or have worked as Aboriginal Health Workers, or nurses or doctors or receptionists, drivers, cleaners, community development workers ... we have all been part of an extraordinary success story.

Who could have foreseen, a little over forty years ago, how successful the collective efforts of the Aboriginal community to establish and then grow the sector would be?

Starting with the AMS in Redfern in 1971, by 1974 we had our first national peak body, the National Aboriginal and Islander Health Organisation or NAIHO.

And today we have 150 community controlled health services around the country, represented at the national level by NACCHO.

But it is not just about the numbers.

We have been part of a world-wide movement that has developed comprehensive approach to primary health care that goes far beyond the narrow, individual- and disease-focused medical model.

Over those forty years, we have grown and nurtured several generations of Aboriginal leaders.

It seems to me, in fact, that there have been loosely speaking three generation of Aboriginal leadership in the community controlled health sector.

The first generation are the oldies, like me.

We grew up in the 1950s and 1960s and were part of those early struggles to establish Aboriginal Medical Services, legal services, and land councils, and to fight for basic rights which had been routinely denied to our peoples since colonisation began in this country.

Us oldies are still around, but gradually shuffling off stage into retirement or semi-retirement, probably grumbling about how things aren't like they used to be!

Then there's the middle generation, who probably occupy centre stage these days – a generation who may have started their working lives in the newly established Aboriginal organisations, but now play a significant role in government and academia as well as in our sector.

For many of this middle-generation of leaders, the Aboriginal community-controlled health sector has always been there,.

They have grown to maturity with it, and have participated in its expansion and its success.

Last, there are the young ones, the emerging cohort of Aboriginal leaders, men and women in their 20s and 30s, waiting in the wings or gradually making their way onto the stage.

They are turning up at the conferences and giving papers, they are increasingly occupying senior positions in Aboriginal organisations or government or research organisations, and they playing a more and more important role in negotiating on behalf the Aboriginal community.

They are the ones who increasingly will take the struggle for health and social justice forward.

Of course, there are some differences between the older generations and the younger ones.

For a start, they are way better educated than we were.

A few months ago I was invited, as Chairperson of the Lowitja Institute, ago to talk at a conference about health research.

As I looked out at the audience of academics, researchers, PhDs and thinkers, I saw something I would not have seen even twenty years ago: I saw a lot of black faces.

Today we have twenty-five thousand Indigenous university graduates around the country¹, and we take it for granted.

But we need to remember too that the very first Aboriginal people to graduate from university only did so in the 1960s.

¹ Source: Reconciliation Australia (<http://www.reconciliation.org.au/home/latest/five-fast-facts--recognising-indigenous-achievement-in-higher-education>)

The increasing education and sophistication of the emerging generation of Aboriginal leaders is something to celebrate.

But I am aware – as many of you would be – that this experience of education brings some difficulties with it.

Bluntly speaking, there is a kind of lateral violence directed at young, educated Aboriginal people that says ‘you’re not a real blackfella’ merely because you are educated.

This is the kind of thinking that says, either explicitly or implicitly, that ‘you’re not a real blackfella’ unless you are living on a fringe camp, or living in poverty.

Of course, we’ve heard this from the mainstream before.

There has always been this need by mainstream Australia to see ‘real’ Aboriginal people as those who need to be ‘helped’.

By implication, any one of us who could stand up for ourselves and walk, talk and chew gum at the same time was some kind of imposter.

Not 'real', in other words.

We are familiar with that view from outside.

But it is much more damaging and hurtful when it comes from within the Aboriginal community.

'you talk different, you've been to university, you live in the city' therefore somehow *'you're not black'*.

'Coconut'.

'Half-caste'.

'Your family never identified'

We've all heard these words, words that deny one of our brothers and sisters their legitimacy as an Aboriginal person.

Well, I would say to anybody who hears this directed at themselves, particularly amongst those younger generations: you don't have to take that.

You can develop some answers to that, ways of putting those people back in their box.

And the best way to do this in my opinion is to reinvent the struggle for Aboriginal health, equality and justice on your own terms.

Many of your experiences and that of your generation are different to what we older generations faced.

As new leaders, you will redefine our struggle in a way that matches your own experience and knowledge and skills.

You don't have to have been in the sixties and on the barricades – literally or metaphorically – to be a genuine leader for your people.

You will see that not all of the methods, arguments and images of the past necessarily work today.

Some will – some won't – and increasingly, it will be your job to sort out what is essential for us to hang on to and what can be usefully left behind or changed.

I say this with some sense of urgency because I believe we are living in a time of change for all of us as Aboriginal Australians.

I'm not just talking about the election of a new Government in Canberra.

I have a sense that at some deeper level, mainstream Australia is hardening its collective heart against us.

Increasingly, and I think that this dates back in particular to the Northern Territory Intervention, Aboriginal culture is represented not as something positive, to be recognised and celebrated by the nation, but as something primitive, dark, dangerous – particularly to women and children.

Increasingly, we are told our poor health is our fault, the result of choices we make.

This has profound implications for the Aboriginal community controlled health sector and the emerging generation of leaders.

It foreshadows a renewed emphasis on a narrow, individually focused medical model, where better health for our peoples is simply to be gained through the application of a discrete number of technical 'interventions'.

Even as the total amount of Aboriginal health funding increases (largely because of the advocacy of this sector) individual AMSs find themselves increasingly busy running after short-term, disease-focussed funding in a never ending cycle.

This threatens to undermine genuine and vibrant community control, as services are forced to retreat to a much narrower view of their role that excludes advocacy and (let's face it) the beneficial effects of strategic trouble making.

There is a danger that the sector will be driven away from its its radical vision for better health and wellbeing for all of our peoples.

But we need to remind ourselves: pills and vaccinations can't cure poverty.

They can't get kids to school.

They can't politicise young people to stand up for their rights and take pride in their Aboriginality.

They can't combat racism.

So, as I see it, despite the successes, there are still some profound challenges to the community-controlled health sector and its emerging leaders as we head towards our half-century of existence.

Despite the seriousness of these challenges, I am optimistic about the future.

We have a number of huge advantages compared to where we were four decades ago.

More of our people are better educated than ever.

We are much more knowledgeable about the health sector and how government works.

And we have a new generation of strong and sophisticated health activists, so we can't be so easily blocked by so-called experts with their particular take on the evidence.

We know our stuff.

And what we don't know we can find out because we have got the Lowitja Institute.

I hope we could play an important role here.

As you all know, the Lowitja Institute itself grew out of the actions of the Aboriginal community controlled health sector.

Supporting the sector through high quality health research remains central to who we are and what we do.

So I would encourage you – peak bodies and individual services – to use the Lowitja Institute to gather the evidence to inform the sector on its journey.

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Brothers and sisters, the world changes, and the way we go forward on the journey to achieve real health and equality in this country will change too.

We are facing new challenges, and dare I say it, new threats.

We need to retain the radical vision that this sector has embodied since its beginning in the 1970s.

But we also need to be thoughtful and strategic about how we continue to make that vision real in a changing world.

We need to use the energy of the younger generation of leaders, we need to use the passion of the communities we serve.

Critically, knowledge is more important than ever so we also need to use knowledge and evidence to renew and expand the community-controlled model.

I hope that the Lowitja Institute, which was born out of this sector, can help in that task.

In the meantime, I know as you do that this sector has a proud history of adapting to change and coming out of it stronger

We know change and know how to adapt.

In that spirit, and continuing that successful journey that began in Redfern over forty years ago, I would urge you to help grow the new generation of leaders we need.

I would urge you to reject narrow characterisations of what it means to be an Aboriginal person.

And I congratulate the continuing dedication of this sector to achieving genuine and lasting health and wellbeing for all of our communities.