Dr Ross Ingram Memorial Essay Competition: award presentation

The 2005 Dr Ross Ingram Memorial Essay Prize was presented to Geoffrey Angeles (Indigenous Health Researcher, Menzies School of Health Research, Northern Territory) at the national AMA conference in Darwin in May. Outgoing AMA president Bill Glasson presented the award, with Martin Van Der Weyden and Ruth Armstrong present from the Journal to hand over the $5000 prize money on behalf of the Australasian Medical Publishing Company.

Geoffrey Angeles emerged from a strong field to win the competition with his essay “Fish traps — a significant part of our health and wellbeing”, which was published in the 16 May 2005 Indigenous health issue of the Journal.

In accepting his prize, Geoffrey thanked Dr Ross Ingram and his family, and the Journal, for providing him (and many others across the nation) with the inspiration to share their stories. He also thanked his own family and community in Darwin for their wisdom and support. We wish him all the best with his work, his writing and his fishing.

Entries for the 2006 Dr Ross Ingram Memorial Essay Competition close on 16 January 2006. The competition is open to any Aboriginal or Torres Strait Islander person who is working, researching or training in a health-related field. See the eMJA for details (http://www.mja.com.au/public/issues/180_10_170504/arm10277_fm.html).

Y career in Indigenous health was first ignited in my teenage years as part of an overall desire to “work among my own people”. At that point in my life, I never really felt “Aboriginal”, owing, in part, to my being of “mixed descent”, light-skinned and having been raised in a predominantly white neighbourhood in an urban area. My claim to Aboriginality somehow felt a little inauthentic in light of the public imaginings of Aboriginality that I had been exposed to growing up. My perception of the “real” Aboriginal people were those who possessed dark skin, occupied the remotest parts of our country, and had retained a “pure” and “uncontaminated” Aboriginal culture. Rather naively, I had imagined that I would graduate from university and work with those people, sharing my expert wisdom of health knowledge and, in return, finding a connection with my “true” self — my Aboriginality. Funnily enough, I did achieve my goal of finding myself and my sense of Aboriginality. It was just not in the place, and not in the form, that I had first anticipated several years earlier.

The chronicling of this journey is not meant to be a purely narcissistic endeavour. It revolvs around two plights — one personal and one professional — which together describe the disjuncture between the lived experience of being an Aboriginal person and the described experience of Aboriginality that is manifest within public health practices and hampers our ability, as health professionals, to have a meaningful and positive impact on Indigenous health.

It was upon undertaking a degree in Indigenous health that my romanticised ideas of a noble people quickly came crashing down. I soon learnt that Aboriginal communities were fraught with appalling levels of ill health, disease, despair and dysfunction, a situation that would invoke moral indignation from even the most casual and distant observer. Spurred on by the desire to “save my people”, I successfully obtained a rural health scholarship, which (I imagined) would see me stationed within a rural or remote Aboriginal community upon graduation from university. As it turned out, my placement was in a large rural community just 3 hours west of Brisbane. I was initially a little discouraged, as I didn’t view that placement as capable of providing me with the personal and professional prestige of having proven myself in a more “authentic” Aboriginal community in some far-flung region of the state. Nonetheless, I still found myself in a place with a sizeable Aboriginal population and a sense of community that I thought had eluded me in all my years growing up in Brisbane.

Upon starting there, I threw myself into the role of Aboriginal health worker, conducting hospital visits to clients, assisting the community medical centre, liaising with non-Indigenous health providers in a cultural brokerage role, and uncritically, week after week, churning out the employer-sanctioned Aboriginal and Torres Strait Islander cultural awareness program. As each workshop went by, I began to notice that there were increasing numbers of local Indigenous community members in attendance, who were interested not so much in teaching others about specific Aboriginal cultural practices and protocols as in learning, sharing and reflecting upon their own experiences as Aboriginal people. Ironically, the task of educating white health professionals about the local Aboriginal community was inadvertently replaced by an ever...