Aboriginal health: time to listen


I CLEARLY REMEMBER what a strong impression the first edition of Binan Goonj, Bridging cultures in Aboriginal health made on me at the outset of my career in Indigenous health research. This second edition retains much of the balanced and erudite style of the feted first edition. With Binan Goonj meaning “listening but not hearing”, cross-cultural communication is the raison d’être of this book.

The text begins with an excellent introduction to the historical and sociopolitical context of Aboriginal health (something notably absent from many other texts in this field). A conversational style blends with challenging questions, activities and case studies to make the book an ideal teaching aid. Poignant narratives of continuing Indigenous disadvantage and marginalisation are accessibly combined with sophisticated social, psychological and anthropological concepts; and an emphasis on cultural adaptability/vitality and Indigenous diversity transcends both anachronistic myths of Aboriginality and the “deficit model” that continues to trouble public health. The remedies presented in this book focus on comprehensive primary health care, community participation, holism, trust, cultural safety and empowerment.

Although recognising the social determinants of Indigenous health, the book would be better subtitled Bridging cultures in Aboriginal health care, as it is primarily aimed at non-Indigenous health care providers rather than professionals in other sectors that have an enormous influence on Indigenous health.

The text is also blemished by a smattering of avoidable inaccuracies and careless assertions that may mislead the unfamiliar, and irritate the advanced, reader. These include a definition of scientific racism that encompasses any scientific research undertaken about Indigenous people (p. 9), and the erroneous claim that Aboriginal life expectancy has not improved for generations (p. 65). Overall, this book eschews much of the tired rhetoric of the Aboriginal health arena for an unflinching account of the facts, fallacies and future directions of health for Indigenous Australians.

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LETTER

The importance of Hand Talk in communication rehabilitation among Aboriginal Australians in the Northern Territory

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TO THE EDITOR: The Ear, Nose and Throat Department at the Royal Darwin Hospital services an area of about 550 000 km in the Northern Territory. As part of our remit involves dealing with conditions affecting the organs of speech and hearing, a proportion of our patients have communication handicaps.

We have frequently encountered the use of “Hand Talk” among Indigenous patients with communication handicaps, and we feel this merits highlighting to your readership.

Hand Talk is an established sign language within and between Aboriginal groups in the Northern Territory. Although various groups have different signing systems, there are enough similarities between them to enable inter-group communication. Its existence is thought to date as far back as other spoken Aboriginal languages that have now been lost. Theories about its conception include a means of overcoming language barriers between different language groups, a silent form of communication during hunting expeditions, a means of conversation for women during long periods of mourning when speech is prohibited, and a means of communication for deaf or aphonics individuals.

While completely separate from established Western sign languages, Hand Talk is a sophisticated and intricate means of communication that allows complex interactions to take place and proficient individuals to integrate into their society.

In the course of our service delivery in Darwin and to outlying districts, we have been struck by both the frequency with which Hand Talk is used in an impromptu manner and the proficiency users exhibit in communicating with it.

The significance of this requires an appreciation of the difficulties of applying Western-type communication rehabilitation to Indigenous Australians in remote regions. For example, providing hearing aids, a basic and standard form of communication rehabilitation in urban areas of Australia, can face numerous obstacles in a remote setting. These include lack of a service provider and technical and maintenance support, poor compliance, and logistical problems (something as simple as running out of hearing aid batteries can be a major problem for those in remote areas).

While no data are available on the ubiquity of Hand Talk, it clearly represents a valuable part of Aboriginal culture with an important practical function in a situation where Western models of communication rehabilitation are difficult to apply. While attempts to improve conventional communication rehabilitation should continue, these should be combined with efforts to foster Hand Talk through education and facilitating its dissemination by existing users so it does not suffer the fate of other lost Indigenous languages.

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