

## LETTERS

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## Where do Queensland's Indigenous people live?

Alan E Dugdale

**TO THE EDITOR:** Recent media reports<sup>1</sup> of events in Aurukun, Palm Island and other Indigenous communities in Queensland may have left the impression that most Indigenous people in the state live short, violent lives in remote, dysfunctional communities. However, census data from the Australian Bureau of Statistics (ABS) contradict one aspect of this impression: in fact, few Indigenous people live in remote communities, with the majority widely spread through the general population (Box).

Over the past 10 years, the Indigenous population of Queensland has increased by 33.7% (Box). However, the number of people living in Aboriginal and Torres Strait Islander land council areas was almost stationary, dropping from 17855 in 1996 to 17739 in 2006, and the proportion of Indigenous people living in these areas decreased from 18.7% to 13.9% over the 10 years.

The other six out of seven Indigenous people lived in the general community (Box). Twenty-four per cent lived in Brisbane city; suburb-by-suburb analysis showed most lived in less affluent areas of Brisbane but, even in these, the percentage of Indigenous people was only 1%–8% in each area. There are no major ghettos.

In 2006, 32.4% of Indigenous people lived in south-east Queensland (classified as the “Brisbane Indigenous Region” by the ABS, Box); there is no land council area in this region. On North Stradbroke Island, a group of 366 Indigenous people living in the general community comprised 18% of the local population, but in all other locations the percentage of Indigenous people was well under 10%.

Indigenous Australians have also moved to other cities in Queensland. In 1996, 42 571 Indigenous people (44.6% of the state's Indigenous population) lived in a major city (Brisbane, the Gold Coast, Toowoomba, Rockhampton, Townsville or Cairns). By 2006,

### ABS census data on Queensland Indigenous people\*

	1996	2001	2006
<b>Queensland population</b>			
Total	3 368 850	3 655 139	4 046 880
Indigenous (% of total population)	95 518 (2.8%)	112 772 (3.1%)	127 684 (3.2%)
<b>Brisbane population</b>			
Total	1 468 617	1 605 650	1 782 973
Indigenous (% of total population)	21 462 (1.5%)	26 453 (1.6%)	30 769 (1.7%)
<b>Indigenous population (% of Queensland Indigenous population)</b>			
Brisbane	21 462 (22.5%)	26 453 (23.5%)	30 769 (24.1%)
Brisbane Indigenous Region <sup>†</sup>	na	36 323 (32.2%)	41 369 (32.4%)
Major Queensland cities <sup>‡</sup>	42 571 (44.6%)	52 385 (46.5%)	61 672 (48.3%)
ATSI land council areas <sup>§</sup>	17 855 (18.7%)	16 567 (14.7%)	17 739 (13.9%)

ABS = Australian Bureau of Statistics. na = not available. ATSI = Aboriginal and Torres Strait Islander.

\* Data are collated from numerous sections of the 1996, 2001 and 2006 ABS censuses.<sup>2</sup> † The Australian Indigenous Geographical Classification used by the ABS.<sup>3</sup> ‡ Includes Brisbane. § Population for ATSI land council areas is total population. ◆

61 672 Indigenous people lived in these cities. This is below the 67.1% for all Queenslanders, but is still nearly half (48.3%) of the Queensland Indigenous population.

In the 1996, 2001 and 2006 ABS censuses, an Indigenous person was defined as someone who had ticked one of three boxes on the ABS census form stating that he or she is Aboriginal, Torres Strait Islander or both. All censuses have problems with accuracy of the data submitted and missing returns;<sup>2</sup> however, as the results presented here were determined using the same methodology, show linear trends across the datasets, and identify only broad trends, I believe they are robust.

Much of the increase in the Indigenous population is probably due to the higher birth rate of Aboriginal and Torres Strait Islander people (26.4/1000 v 12.9/1000 in the overall Queensland population).<sup>4</sup> However, “migration” — people reclassifying themselves as Indigenous — may also contribute.

These census data show that, as with other Australians, there is a net movement of Aboriginal people from rural to urban areas. Anecdoto-

tally, many people move from Indigenous communities and other rural areas to relatives in “town”; some stay for only a short time, but others remain in the city. This move is sometimes to the rural or urban fringe, but more often is into a stable integrated family group. Most Indigenous people in Queensland are widely spread through the general population.

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1 Koch T. Born of grog violence to child tragedy. *The Australian* 2007; 15 Dec.

2 Australian Bureau of Statistics. Census data online [website]. <http://www.abs.gov.au/websitedbs/d3310114.nsf/home/Census%20data> (accessed Mar 2008).

3 Australian Bureau of Statistics. Indigenous Region (IREG) [glossary entry]. Canberra: ABS, 2006. <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/6F6A325C8CE47098CA25720A0077F46D?opendocument> (accessed Mar 2008).

4 Australian Bureau of Statistics. Demography, Queensland, 2001. Canberra: ABS, 2002. (ABS Cat. No. 3311.3.) <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3311.32001?OpenDocument> (accessed Mar 2008). □

## The Northern Territory Emergency Response: a chance to heal Australia's worst sore

Hamish R Graham

**TO THE EDITOR:** As a junior doctor working in Central Australia, who has spent the past year rediscovering my own Aboriginal heritage, I read the recent articles on the Northern Territory intervention<sup>1-4</sup> with interest. All authors agree that the current state of health in NT communities is shameful, and that the causes include a wide range of social determinants. However, beyond these similarities there is almost complete discordance between the article by Glasson (of the NT Emergency Response Taskforce)<sup>1</sup> and the other three articles by NT-based doctors (Tait,<sup>2</sup> Boffa et al,<sup>3</sup> and Brown and Brown<sup>4</sup>).

Glasson paints a demeaning and misleading picture of NT communities as exhibiting "a complete breakdown of normal mores". This fits snugly with the "white blindfold" view, described by Tait,<sup>2</sup> that will only further disempower marginalised Aboriginal people and communities. Glasson ignores the vast accumulated knowledge and successes attained by Aboriginal community-controlled health services (ACCHSs) and health workers, relegating their contribution to a half-sentence in his acknowledgements. Boffa and colleagues clearly outline the remarkable successes of ACCHSs and their repeatedly ignored calls for more resources.<sup>3</sup> Glasson leaves no room for real community participation, and justifies the government's heavy-handed approach as necessary for such a "crisis".<sup>1</sup> Brown and Brown describe convincingly the absolute necessity of Aboriginal rights and participation in any intervention conducted on their behalf, and the valiant long-term struggles by Aboriginal people to tackle the current situation.<sup>4</sup>

In response to the government's intervention, in June 2007, Mark Wenitong, President of the Australian Indigenous Doctors' Association, expressed concerns that remain relevant today: "As medical professionals, we question the notion that you can treat poverty, dispossession, marginalisation and despair (the root causes of substance misuse and sexual, physical and emotional abuse) with interventions that further contribute to poverty, dispossession, marginalisation and despair."<sup>5</sup>

Indeed, the *Ampe akelyernemane meke mekarle*: "little children are sacred" report was very clear about the necessary approach to addressing the issues it raised: "What is required is a determined, coordinated effort

to break the cycle and provide the necessary strength, power and appropriate support and services to local communities, so they can lead themselves out of the malaise: in a word, **empowerment!**"<sup>6</sup>

My experience working in NT Government hospitals and ACCHSs has revealed both the enormous challenges facing Aboriginal people in the NT, and their remarkable resilience and capacity to achieve against all odds. As health professionals and Australian citizens we must recognise these efforts and support interventions that are evidence-based, respectful, and conceived in partnership with Aboriginal communities and their ACCHSs. Without this, the most expensive intervention will only ever amount to a superficial facelift.

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- 1 Glasson WJH. The Northern Territory Emergency Response: a chance to heal Australia's worst sore. *Med J Aust* 2007; 187: 614-616.
- 2 Tait PW. Protecting little children's health — or not? *Med J Aust* 2007; 187: 619-620.
- 3 Boffa JD, Bell AI, Davies TE, et al. The Aboriginal Medical Services Alliance Northern Territory: engaging with the intervention to improve primary health care. *Med J Aust* 2007; 187: 617-618.
- 4 Brown A, Brown NJ. The Northern Territory intervention: voices from the centre of the fringe. *Med J Aust* 2007; 187: 621-623.
- 5 Australian Indigenous Doctors' Association. Indigenous doctors demand real and long term results in Aboriginal and Torres Strait Islander kids' health [media release]. Canberra: AIDA, 11 Jun 2007. <http://www.aida.org.au/news.asp?id=1> (accessed Apr 2008).
- 6 Wild R, Anderson P. *Ampe akelyernemane meke mekarle*: "little children are sacred". Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse. Darwin: Northern Territory Government, 2007: 13. [http://www.nt.gov.au/dcm/inquiryysaac/pdf/bipacs\\_final\\_report.pdf](http://www.nt.gov.au/dcm/inquiryysaac/pdf/bipacs_final_report.pdf) (accessed Dec 2007). □

William J H Glasson

**IN REPLY:** While I acknowledge the arguments many have put forward that the Northern Territory Emergency Response (NTER) has been too rapid and implemented without optimal community consultation — which some perceive to have disempowered Indigenous people — I stress the need to continue and indeed step-up momentum so that communities can regain control of their own futures as soon as possible.

The positive impact of the NTER measures in creating better health, social and economic outcomes for Indigenous Australians will only be realised with the total support and focused energy of those "on the ground", charged with delivering vital primary care and secondary intervention in NT communities. Without the continued engagement of these hardworking individuals who are able to establish the trust required to build bridges into these communities, the initiative is not sustainable. It is into the hands of those who live and work in Aboriginal communities that the NTER Taskforce and government agencies will pass the baton of change — we hope they will run with it.

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