

How can Australia do better for Indigenous health?

Peter W Tait

Respect, tolerance and trust in Aboriginal and Torres Strait Islander people are needed from government to improve the health and wellbeing of Indigenous Australians

Reflecting back over 30 years of working in Indigenous health, I think that it has been a time of change rather than improvement. This is not to say that some improvements have not occurred. No longer do I see children dying of gastroenteritis and pneumonia. Instead, young men are dying of heart disease, diabetes is prevalent, and so many young people are smoking. But even this is not totally bad news; the life-expectancy gap between Indigenous and non-Indigenous Australians narrowed from about 17 years for both males and females between 1996 and 2001¹ to 11.5 years for males and 9.7 years for females between 2005 and 2007.²

However, we are doing very badly at the level of social determinants — the foundations of how we arrange society, which determines the health and wellbeing of people. Despite commitments from individual bureaucrats and politicians over the years, in the main, both parliamentary parties seem to ignore the fundamental lesson — that social and individual health is founded on wellbeing, and wellbeing is grounded in the respect given to people, and the control afforded to them, in their daily lives.^{3,4}

Two cases illustrate this. In 2007, the Northern Territory Emergency Response (the “Intervention”) was perpetrated on Aboriginal people in the NT, and in doing this the *Racial Discrimination Act 1975* (Cwlth) was waived.⁵ Further, this approach bypassed the Aboriginal leadership, undermining their sense of control over their communities and destiny. It overtook and failed to acknowledge progress that was already being made by Aboriginal health services.⁶ The psychological and emotional effects of this are not negated by the later increase in consultation and improvements in health service funding that have occurred.

The second case is the public “law and order” response to current social disruption in Alice Springs by the dominant section of the town’s society,⁷ which both ignores the complexities of the situation and reinforces the stereotypes about Aboriginal people to the wider Australian society and to Aboriginal people themselves. In turn, this intolerance fuels more substance misuse and more violence, as the oppressed take out their negative emotions on each other and, where they can, the oppressors.⁸

I use this blunt language deliberately, to emphasise the nature of the conflicts and the social construction that are the foundational causes of the gap between Indigenous and non-Indigenous Australian health that we are attempting to close.

Until, as a nation, we can have the conversation at this level, to understand how the social and political situations of Aboriginal people drive their ill health, we are only tinkering at the clinical level. Clinical services, while essential, are not of themselves sufficient.

Dr Richard Denniss, executive director of the Australia Institute, speaking at the Fenner Conference 2010 at the Australian National University, asked the audience to list reasons why Indigenous health is not improving and why governments are not responding to climate change despite the evidence. After a series of expected answers, he responded by postulating that it is actually because governments don’t want to.

When you look at the NT Intervention, at gun control measures after the Port Arthur massacre, or at military operations in Iraq and Afghanistan, some of which were unpopular actions, one has to agree that when governments decide to act, they do so. The idea that they don’t act because they don’t want to then carries some weight.

However, inaction is not necessarily total. The National Aboriginal Health Strategy in the 1990s is an example. The original strategy required funding in the order of \$2.5 billion to implement, but only received around \$232 million over 5 years. It looked good. Then, when reviewed, people were amazed that it hadn’t worked.⁹

I contend that if governments are serious about “closing the gap”, adequate funding is one essential component. The other major component is working with Aboriginal leadership in the spirit of a true partnership. In three decades of working in Indigenous affairs, it is not a lack of willing Indigenous leadership that I have noticed. It is a lack of respect for and trust in that leadership by Australian governments. Respect, tolerance and trust in Aboriginal people has to be led from the top.

I am not saying that Indigenous leadership is more capable than non-Indigenous government leadership; but it is not less. I’m not saying that Indigenous people have no responsibility for their own situation, but responsibility is what Indigenous leadership has been demanding — along with the respect and resources to shoulder that responsibility. I’m not saying that Indigenous leadership has all the answers; but nor do Australian governments. But in broad terms, we do know what to do. There are mechanisms in place to face the challenge: for example, the National Congress of Australia’s First Peoples, established in 2010 to be a national representative body for Aboriginal and Torres Strait Islander interests.¹⁰

Paul Keating’s 1992 Redfern Speech opened the door;¹¹ Kevin Rudd’s 2008 Parliamentary Apology to the Stolen Generations¹² stepped through it. We need to pick up again so that in another two decades we are not reflecting on more change but no real progress.

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Disclaimer

The views represented in this article are not necessarily those of the Central Australian Aboriginal Congress.

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