Aboriginal health over two decades 1986 to 2005 – the highs and the lows

Charles Perkins Oration
The University of Sydney
October 2006
• Who are we and how do we view ourselves – winning the psychological battles in Aboriginal affairs
• The gains are small and incremental in Aboriginal health
• Our place in time and history
• What is changing and what is staying the same – a scan of the Aboriginal horizon – we all see different things from different views
• Changing systems and making systems work for Aboriginal Australia
• Powerful partnerships – Australia’s oldest university and Aboriginal health
• What can we expect from this century – some of the issues with impending resolution – Noongar and broader native title issues.
Winning the psychological battles in Aboriginal affairs

- I grew up having heard of Daisy Bates, and the notion of being a part of a fragile dying race who’s pillow was being smoothed

- I didn’t grow up thinking I was part of a resurgent surviving race of people who numbered perhaps 1 million prior to 1788, 93,000 in 1901 and who in 2006 might number almost half a million.
Aboriginal population pre 1788

• Professor Richard Madden, ‘If you are not counted you don’t count’

• Many estimates based on post 1788 observations of a population already reduced by introduced diseases and ‘other factors’

• 1930 Radcliffe-Brown estimated a minimum figure of 300,000

• 1980 L.R. Smith estimated absolute minimum figure of 315,000

• Others estimate over 1 million

• Recent archeological finds suggests a population of 750,000 could have been sustained.

• YEAR BOOK AUSTRALIA 2002
### Aboriginal Population estimates 1901-2006

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>1901(a) no.</th>
<th>1991(b) %</th>
<th>1996(c) no.</th>
<th>2001(d) %</th>
<th>2006(d) no.</th>
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<tbody>
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<td>6.1</td>
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<td>Australia(e)</td>
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<td>282,979</td>
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<td>386,049</td>
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The gains are small and incremental in Aboriginal health

- One off figures always grim

- Trends showing improvements in Aboriginal health over time give us some cause for optimism

- Health inequalities persist and increase because health improvements among non-Aboriginal Australians are greater than those for Aboriginal Australians.
Indigenous life expectancy

• In the period 1996–2001, the life expectancy at birth for Indigenous Australians was estimated to be 59.4 years for males and 64.8 years for females, compared with 76.6 years for all males and 82.0 years for all females for the period 1998–2000;

• a difference of approximately 17 years for both males and females.
# Indigenous death rates 1999-2003

## Age-Specific Death Rates (a), by Sex and Indigenous Status — 1999–2003

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Indigenous Rate (b)</th>
<th>Non-Indigenous Rate (b)</th>
<th>Rate Ratio (c)</th>
<th>Indigenous Rate (b)</th>
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<td>5</td>
<td>3.0</td>
<td>12</td>
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<tr>
<td>1–4</td>
<td>66</td>
<td>31</td>
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<td>103</td>
<td>31</td>
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(a) Data for Queensland, South Australia, Western Australia and the Northern Territory combined. Deaths are based on year of occurrence of death for 1999–2002 and year of registration of death for 2003.

(b) Per 100,000 population.

(c) Rate for Indigenous Australians divided by the rate for non-Indigenous Australians.

(d) Per 1,000 live births.

Source: AIHW, National Mortality Database

INDIGENOUS CRUDE DEATH RATES(a), WA, SA and NT—1991-2002

(a) Deaths are based on year of occurrence of death and state of usual residence.
(b) Deaths per 100,000 population.
Source: AIHW, National Mortality Database
Aboriginal Infant mortality


<table>
<thead>
<tr>
<th>Year</th>
<th>Western Australia(c)</th>
<th>South Australia</th>
<th>Northern Territory</th>
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<td>20.8</td>
<td>16.9</td>
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<tr>
<td>2002</td>
<td>15.5</td>
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Social determinants of health – Michael Marmot

• ‘Changing the marginal position in society of Aboriginal and Torres Strait Islander people will need an approach that takes in the whole of life…if the problem lent itself to easy solutions it would have been solved…

• ‘On the other hand…the health of indigenous people in New Zealand, the USA and Canada has also been poor compared to the majority society…But their disadvantage is now less than that of Aboriginal and Torres Strait Islanders…’

• ‘The solution to Aboriginal health will require broad social action that goes well beyond the health sector…’
Changing systems and making systems work for Aboriginal Australia

- 1967 referendum and related events – 1960s
- Aboriginal Medical Services – 1970s
- Australian medical schools and the training of Aboriginal doctors - 1980s *
- Involvement of the Commonwealth Department of Health and Ageing in Aboriginal Health - 1990s
- National Health and Medical Research Council - early 2000 *
Training of Aboriginal people in medicine

• Over 80 Aboriginal people will have graduated as doctors since 1990 – a larger cohort of Aboriginal people currently studying medicine.

• More than half of these graduates are from NSW medical schools.

• The first Aboriginal specialists in surgery, medicine, psychiatry, general practice, epidemiology and other fields of public health.
How did this system change

• Training en masse of Aboriginal doctors began at the University of Newcastle in 1985

• Questions of medical students being taught about Aboriginal health – asked why aren’t we training Aboriginal doctors

• The importance of a single academic who led the development of the program, against the stream of conventional wisdom and thought
The National Health and Medical Research Council

• How did this system change?

• The importance of an Aboriginal man from Lumeah in south west Sydney

• How did the NHMRC develop a stronger commitment to funding and supporting research to improve Aboriginal health?
Health is life – Report on the inquiry into Indigenous Health

- House of Representatives Standing Committee on Family and Community Affairs
- May 2000 Canberra
- Final recommendation addressed the National Health and Medical Research Council.
Health is life – Report on the inquiry into Indigenous Health

• Recommendation 35 – for 5 years that the Commonwealth ensure the National Health and Medical Research Council allocate at least five per cent of total annual research funding for Indigenous health research.

• This research should be directly related to the health problems experienced by the Indigenous community and be aimed at either developing strategies to address those problems directly or to provide evidence which will support government programs and policies to address the problems. Such research must also be developed and conducted in conjunction with the Indigenous community.
Other countries

• United States – National Institutes for Health: Bill Clinton and Jesse Jackson led the establishment of the Centre for Minority health

• Canada – one of 12 institutes for health is the Institute for Aboriginal peoples health

• New Zealand – similar focus on Aboriginal health through the Health Research Council

• No Australian parallel until recently
144th Session NHMRC Council

- Sydney, October 2002
- Council agreed to the adoption of Indigenous health as a strategic priority
- Increase representation of Aboriginal people within NHMRC committee structure
- Move towards commitment of at least 5% of the MREA budget to Aboriginal and Torres Strait Islander research
National Health and Medical Research Council

Annual NHMRC funding for People Support & Research Support

- Aboriginal Health & Medical Research
- All Health & Medical Research
Proportional allocation of all NHMRC funding to Aboriginal Health

- 2003: 0.0%
- 2004: 1.0%
- 2005: 2.0%
- 2006: 5.0%
Coalition for Research to Improve Aboriginal Health (CRIAH)

*Major partners* – The Sax Institute and the Aboriginal Health and Medical Research Council

- Broker partnerships between researchers and Aboriginal communities
- Promote high quality research with the potential to improve Aboriginal health
- Build capacity in Aboriginal health research
University of Sydney – NHMRC Aboriginal health research funds

- 2004 - $0
- 2005 – $2,100,000
- 2006 – $3,811,028
- 2007 – $5,686,750
- Total - $11,597,778
NHMRC projects


Capacity Building in Aboriginal Health – training of 9 researchers in Aboriginal health, six of whom are Aboriginal.

Health Services research to improve chronic disease management

Reducing the impact of smoking in pregnancy on Aboriginal infants
What can we expect from this century – some of the issues with impending resolution – Noongar and broader native title issues...
SMH October– Paul Keating and the naming of Barangaroo

• "I regard these completely unassociated Aboriginal names as a form of Aboriginal kitsch. If the NSW Government is having pangs of colonial conscience, it can support the Perth Aborigines against the West Australian Government in the Noongar appeal. That would be useful rather than trivial."
Noongar native title claims coverage

• The applicants claim the right to occupation, use and enjoyment of the lands and waters in accordance with and subject to their traditional laws and customs (or current laws and customs as they have adapted and changed from those traditional laws and customs)

• The applicants acknowledge that these rights may co-exist with other statutory or common law rights in relation to some lands and waters…
In a ruling handed down yesterday, Federal Court judge Murray Wilcox found the Noongar had proven native title existed over the Perth area by continuing to observe traditional ties to land despite white settlement in 1829.
The Financial Review 21 Sept 2006 – WA may have to count its losses (Marcus Priest)

• Captain James Stirling wrote in 1837 ‘that with 2000 white settlers and 22 000 natives, if the Aborigines were to combine against the settlers it would be useless to maintain our conquest with our present numbers’.

• This week a Federal Court judge ruled that Perth’s Noongar people were the descendants of the group that nearly 170 years earlier had been seen to be such a threat to first settlers.

• Justice Wilcox ruled that native title could continue to exist in an area of more than 6000 square kilometres covering Perth and its surrounds – the first determination that native title could continue to exist in a metropolitan area.
• At the heart of the issue is whether Aboriginal people can maintain a traditional connection to land in an urban setting.

• The theory behind the splitting of the issues of connection and extinguishment was to reduce the scope of any litigation and allow the claim to be settled by negotiation should there be a positive finding of connection.
• Defence witnesses argued there was no such thing as a united Noongar society and also pointed to the limited use of Noongar language today and that major corroborees and ceremonial rituals were no longer practised.

• Justice Wilcox remarked the government case sought to impose on the Noongar community a degree of conformity in their beliefs that did not apply to the non-Aboriginal community…some Christians pray standing, some seated and some kneeling…these differences do not destroy people’s essential unity as Christians.

• Justice Wilcox was assisted by the wealth of early writings left by the first white explorers of the south west of WA and the statements of Noongar elders.
• Wilcox concluded –

• Undoubtedly there have been changes in land rules. It would have been impossible for it to be otherwise given the devastating effect on the Noongar of dispossession from their land and other social changes.

• However I have concluded that the contemporary Noongar community acknowledges and observes laws and customs relating to land which are a recognisable adaptation to their situation of the laws and customs existing at the date of settlement.
The Australian 23 Sept 2006 – A might moral victory (Noel Pearson)

• ‘Justice Wilcox of the Federal court has dropped a bombshell right in the centre of Perth, a city which governs the most booming natural resources economy in the world. Australians have never experienced as much wealth as exists today and the China boom means the WA government presides over unprecedented mountains of revenue’.

• ‘The arguments about the law and politics of native title have been near exhausted.

• It is not a legal bombshell because it does not extend the law on native title already decided by the High Court of Australia.

• The bombshell in Noongar is moral and psychological…
A might moral victory (cont.)

- The effect of the Wilcox ruling is that Noongar are entitled to whatever crown lands are around Perth.

- Not much will be left after 177 years – the Noongar will recover only the remnants of their original estates.

- But whatever is left will be viewed as valuable land in a booming real estate capital city, but also to the Noongar will be the value of their cultural hearth.

- The Noongar can expect to be entitled to substantial compensation for the loss of their native title as a result of land dealings following the Racial Discrimination Act of 1975. A payment of compensation was provided for in the Native Title Act.

- The compensation bill for commonwealth and state governments since the 1993 Native Title Act has been zero with Noongar the first group to receive compensation for loss of Native title.
A might moral victory (cont.)

- The ruling will affect the capacity of local and state governments to deal with crown lands they have assumed do not have surviving native title.

- These lands must now be assumed to have an owner – the Noongar.

- Noongar people united multiple overlapping claims into a single Noongar claim to secure negotiated outcomes for Noongar people.

- The Federal court has ruled on the fact of a traditional connection to the claimed lands in favour of the Noongar. He has not ruled on the second question of in which lands does native title survive – the answer to this question will be expensive and complex and can only be resolved through negotiation.
Land and health issues

- Restores the integrity of traditional connection to land and cultural and spiritual practice
- Has economic benefits
- Should be a broader component of reconciliation and in Canadian models
- Begins to address issues outlined by Marmot and others in relation to the broader social action required in a human rights approach to achieving equity in health for Aboriginal people.
Conclusion

If you can’t help yourself you can’t help anybody else. We can’t all come up together. We need leaders to give the people encouragement, role models, some advice from their own people…

Otherwise they’re taking it from some other people, like you…and why should you be leading Aborigines?