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*A Study of the Relationship Between
Aboriginal Living Conditions
and Health.*

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Abstract

"In a real sense, all life is interrelated. All persons are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly affects all indirectly. I can never be what I ought to be until you are what you ought to be, and you can never be what you ought to be until I am what I ought to be. This is the interrelated structure of reality."

Martin Luther King

The impact of poor housing on the health of Aboriginal people in particular and the relationship between health and housing in general is the subject of this paper. It is predominantly a review of literature that investigates these issues, providing results from research that implicate various aspects of the living environment to physical and mental health, documenting historic and prehistoric evidence of Aboriginal housing and lifestyles, and contrasting these with the post invasion situation, and noting specific reference to Aboriginal housing and its impact on health. A background narrative provides a personal account of work in Aboriginal communities in NSW over the duration of several health-housing projects.

The paper relates some of the changes in the housing and lifestyles of Aboriginal people in Australia since the arrival of European settlers. It also describes the changes in Aboriginal health status. The greed for land and resources and the racist and ethnocentric attitudes of the new arrivals is attributed with ensuring these changes were predominantly detrimental for Aboriginal people. Government policies informing housing and associated infrastructure provision often reflected and supported these attitudes. Poor quality, inappropriate or insufficient housing is considered to have largely been characteristic of the housing provision to Aboriginal people.

The complexity of the issues precludes the advancement of any clear and general solution to address the current Aboriginal housing and health situation. However, an argument for community consultation, participation and empowerment, a consideration of the multi-causal factors in disease and the need to integrate service delivery mechanisms

to enable a multi-disciplinary approach is advanced together with a consideration for the past and an appreciation for our shared human responsibility to uphold the rights of all people, including the right to a safe and healthy living environment.

1. Introduction

The experience of working in the field in Aboriginal housing gave me an insight into the lives of Aboriginal people in the far west of NSW and of the hardship that many of these people face day to day dealing with poor living conditions. It also led me to contemplate the reasons for and meaning of this situation, as well as the implications for the Aboriginal (see footnote) residents, their communities (see footnote) and Australian society in general. As a result, I developed several questions to bring focus and direction to my inquiry.

- What had been the housing and lifestyles of Aboriginal people before European contact?
- How did colonisation affect these lifestyles?
- What had caused the current situation that I saw?
- What is the relationship between housing and lifestyle and health and what does this imply for Aboriginal health? and
- What has been, or can be, done to alleviate the situation?

There are many published personal life stories, incorporating descriptions of Aboriginal living conditions, recounted or written by Aboriginal people and others from all parts of the country. There are also published reports of studies specifically investigating Aboriginal lifestyles and housing and records outlining and evaluating relevant government policy. There has been considerable research investigating the relationship between housing conditions and specific physical and psychological conditions and, over the years, there has been reference made to the unsatisfactory housing of Aboriginal people and concerns expressed for the health consequences of these.

Therefore, my paper will describe and explore some of this available literature as well as provide a narrative of my own experiences as a background to this literature review. It will attempt to ascertain and describe some of the housing and living conditions of Aboriginal people throughout Australia both now and in the past in both NSW and other states, including my own observations and experiences. It will describe historical events, including government policies, and examine their contribution to those conditions. It will also investigate the relationship between health and housing - how living conditions impact on people's

health and well being - and the implications of this for Indigenous Australians. The intention is to draw together some of the disparate parts and provide a brief overview of the situation. Perhaps this will help clarify the mistakes of the past and make a small contribution to positive change in Aboriginal health. Also, some recommendations are made to optimise future work in the field, including the need for community consultation and participation, a consideration of multi-causal factors in disease, the integration of service delivery and an appreciation of the basic human rights of all people.

Footnote

The use of the word "Aboriginal" is used interchangeably with "Indigenous" in the text and both refer to the Aboriginal and Torres Strait Islander peoples of Australia although no specific mention is made of conditions in the Torres Strait Islands

The use of the word "community" in the text is used in a broad sense to refer to the many different ways that Aboriginal people lived and live together socially, physically and culturally.

2. Process and Methodology

"The process and product of the literature review provide a significant opportunity for learning about substantive and methodological interests and the continually changing world of information"

Bruce 1994, p.153

"Narrative is a form of "meaning making". It is a complex form which expresses itself by drawing together descriptions of states of affairs . . . This drawing together creates a higher order of meaning that discloses relationships among the states of affairs."

Polkinghorne 1988, p.36

The process of choosing a research topic and method suitable to my area of interest was the starting point for this thesis. My intention was to investigate an aspect of Aboriginal housing relating to my field work. However, I needed to refine my area of research. Blaxter, Hughes and Tight (1996) suggest that the choice of topic is a critical decision in the research process and offer twelve issues to consider in making this choice. The issues that were particularly relevant to my choice were my motivation for undertaking the work, the required size of the thesis, the time factor, the access to relevant materials and the methodology. My initial inclination was to undertake a project evaluation using unstructured interviews. The motivation for this choice was a particular interest in people and their perceptions of reality as well as a preference for this methodology - a recommendation of Blaxter et al. (1996) for making an appropriate decision. I developed a number of questions to provide a focus for this study and intended to include an historical background to place the findings into a broader context. However, constraints of time and size and problems of access to subjects and relevant materials led me to reconsider the direction of the project. This decision had been also encouraged by my supervisor. I decided to make the focus of my research project a literature review enabling me to work with a manageable project within the course requirements.

The literature review serves a number of useful purposes. It enables an increased knowledge and understanding of an area of interest, in my case of Aboriginal housing and health, it identifies prior research in this area as well as possible gaps in the research and it uncovers issues relevant to a topic (Bruce 1994; Glesne, Corrine & Peshkin 1992). Glesne, Corrine & Peshkin (1992) encourage a seeking of sources for the literature review "from all possible disciplines" (p.18). The importance of a multi-disciplinary approach is often stressed in the health related fields. Memmott (1991), referring specifically to research in the area of health and the environment, states the importance of both a synthesis of the "work of all scientific disciplines" and the "tracing through the history of . . . relations and their transformations" (p.6). O'Donaghu (1998) also refers to the need for a broad view to develop an understanding of Indigenous housing problems. Kemeny (1992) mentions the impact housing has on our lives as people and researchers, suggesting that it "comprises such a major aspect of the organisation of daily existence that it very naturally acts as a focus for the study of a large number of social issues" (p.9).

In the preparation of the literature review, Blaxter et al. (1996) recommend choosing key words and subject headings relevant to the topic to access the reference material. The use of these may help to identify and clarify specific issues that could be discussed in the literature review. Also, Bruce (1994) cites Bailey's proposal to create a "three way partnership between the student, the supervisor and a librarian" to improve the skills of searching for appropriate material necessary for a literature review (p.145). It is also recommended by Zaporozhcz, in Bruce (1994), to "identify representative literature" rather than to "be comprehensive" (p.149). Bruce (1994) suggests including works that provide contrast to enable an evaluation of relative merits.

A system to co-ordinate the collected material is required, either as a card system (Arnaudet & Barrett 1984) or on computer and the development of section headings can further refine this process (Creswell 1994). These can be reassessed and amended as the work progresses (Bruce 1994). The intention of the literature review is to describe and summarise the collected reference material and present it in a cohesive form (Bruce 1994).

The preparation for my review began with the work of compiling an annotated bibliography for the subject "Honours Workshop A". This bibliography comprised a selection of approximately twenty written references together with an outline to summarise their content. Each annotated reference was supported by a selection of quotes. I selected the written material for the bibliography by undertaking searches both from hard copy sources and on the internet. I began these searches by referring to online library catalogues. I discovered my topic traversed many fields including architecture, medicine, social science, politics, health science, history, anthropology and environmental science.

For the searches I obtained hard copy material and made my selection from what was available by firstly perusing the table of contents and the index. I then browsed the body of the text to briefly evaluate its usefulness and quality. The date of publication was also pertinent; I was not always looking for current literature, as primary sources of historical significance and earlier writings would be useful. I also used the internet to obtain further material. This came from specific electronic databases including Medline and Current Contents as well as general searches online. Journal articles and other available references were listed on these sites. Infrequently a full article was included, more commonly publication details, sometimes with an abstract, were provided so these then needed to be accessed in hard copy. For both types of searches, I often conferred with the librarian. I also attended a library workshop on Current Contents.

Initially it was uncertain whether there would be enough material to provide a basis for my work. However, as more information emerged I became concerned that I would be unable to adequately cover the subject. The choice of material was based on a decision, supported by research literature, to provide a representative selection and I used developing chapter headings to categorise my material to ensure I had enough information for each of these.

When writing the annotations for the bibliography, chapter headings had begun to emerge. They were further developed in consultation with my supervisor and adjusted over time. The annotations enabled a deeper understanding of the contents of the references and encouraged my ability to summarise clearly and succinctly. This was useful preparation for the full review and the development of the chapters. I

also worked on developing a title for the thesis. This had been a recommendation of the honours program co-ordinator and the research literature (Creswell 1994) as another way to bring focus to the research process. This title changed a number of times as the work progressed and on feedback from a supervisor. I used a notebook to list references, write summaries and catalogue details and store source lists from the internet, later transferring them to the computer.

My intention with this literature review was to integrate the selected material and provide an overview of my subject, Aboriginal Health and Housing. Another purpose for the literature review was to develop questions and possibilities for the further investigation of my subject of interest.

The other component of the research, used as a background to the literature review, was a narrative of experiences in the field.

Polkinghorne (1988) says "narrative meaning is one of the processes of the mental realm, and functions to organise elements of awareness into meaningful episodes" (p.1). My experiences had fuelled a passion for the subject and provided the impetus for the project.

These experiences are incorporated into, and impact on, my work. Kemeny (1992) suggests that emotional involvement is a "vital ingredient" (p.xviii) in housing research as shelter is "basic and fundamental" to lifestyle (p.81). He considers scientific investigation a complex interplay between a socially constructed emotional involvement and a detached observation (Kemeny 1992). The use of personal experience as a research methodology is discussed and validated by Clandinin and Connelly (1994). They believe that "autobiographical writing (when) shaped into an autobiography or memoir" is a "research text" (p.421). They make a fine distinction between a person living a life and relating its stories and a narrative researcher collecting, telling and writing narratives of experience (Clandinin and Connelly 1994, p.416).

The intention of the use of a narrative was to involve readers more directly and intimately with the subject and to invite them to share in my experiences. This method is based on an interpretative paradigm, using qualitative methodology (Glesne et al. 1992; Smith in Creswell 1994; De Vaus 1995). The interpretive paradigm sees reality as a

creation of social interaction and internal experience (De Vaus 1995) with an "empathetic understanding of human behaviour" (De Vaus 1995, p.34). Qualitative methodology is attributed with seven central principles by De Vaus (1995) - openness, communication, process focused, reflexivity, explication and flexibility. When writing the narrative, I referred to my background and worldview and described sensory phenomena, feelings and challenges that I experienced during the field work - methods described in Michrina and Richards to (1996) create a meaningful and vivid account. I also used journal notes written in the field and recounted stories in conversation to recall my experiences.

Some ethical considerations arise in the use of narrative, most particularly the issue of anonymity (Clandinin and Connelly 1994). I have taken care not to directly identify individuals, either staff or community members, or communities by name when referring to specific situations. I have also considered my own reputation in relating personal experience.

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3. Background

"Experience is not what happens to you, but what you make of what happens to you."

Aldous Huxley

"If you have not lived through something it is not true."

Kabir

My personal interest in this topic - the relationship between living conditions and health - started as I undertook the study of Aboriginal Housing and Health at Yooroang Garang: School of Indigenous Health Studies, University of Sydney in 1999. This comprised a unit focusing on the practical skills of assessing the condition of the home environment for health and safety and carrying out the necessary repairs. Its immediacy was appealing and the underlying theory, based on work personally devised and conducted by the lecturer, gave it substance and credibility. My interest led me to pursue this area of study and provided the opportunity to undertake practical work in the field. Initially this was as a student on placement which then developed into work on several projects as a paid employee.

Over the last year I participated in five environmental health and housing projects in Aboriginal communities. These took place in and around the towns of Bellbrook, near Kempsey in north-east NSW, and Brewarrina, Weilmoringle, Enngonia and Dareton, located within the Murdi Paaki ATSIC region, in the far west of NSW. All but one were managed by regional Area Health Services under licence from Healthabitat. Healthabitat, the creator and owner of the project process - Housing for Health, is a partnership of three professionals - an architect, an anthropologist/environmental health worker and a doctor. They developed a survey process to assess and fix housing with the intention of "improving the health of Aboriginal people through environmental change" (Pholeros, Rainow, Torzillo 1993, page i). Study with the architect, Paul Pholeros, was my introduction to the field of health and housing and it was this study that directly led to the field trips.

Previous to these studies in Aboriginal health I had participated in welfare and community work, including work with local Aboriginal

community members and had developed a strong ethic of social justice. However, this had taken time to develop. I had had no contact with Aboriginal people during my childhood and received little education about Aboriginal issues. I grew up in a comfortable middle class environment with little opportunity for cultural exchange. It was only through the experience of foreign travel that a desire was awakened to learn about the Aboriginal people, and their culture, of my own country. My travels had been mainly throughout Asia and, more recently, were related to my practice of Buddhist meditation. This practice, as well as my upbringing, has significantly influenced my worldview. Sharon Salzburg (1997) says, "There are so many ways of perceiving and interpreting and feeling about the very same event, depending on all the conditioning we bring to that moment" (p.127). Crotty (1998) also states that it is all the "many voices" of our culture "that is heard in what we say." (p.64). I came into this work with my beliefs and conditionings. My observations, the selection of material and its presentation are coloured by these. Clandinin and Connelly (1994), consider that the study of personal experience involves a simultaneous focus on the inner experience of the person, the external experience, their past and their vision of the future.

During the field trips I worked with Aboriginal people from the local community being surveyed - employees on the project and other residents - people from external agencies, both Indigenous and non-Indigenous, contracted architects and tradespeople. The projects brought this diverse group of people together in an intense working environment for short periods of time, sometimes only a matter of a few days. Most of the projects occurred in small isolated rural communities which further intensified the situation. This often resulted in people sharing thoughts and emotions with relative strangers, something that they may not have "normally" done.

There was considerable variation in the houses that I entered during the survey work. All of the five communities I visited displayed this variation. Some houses were new and seemingly in perfect condition but I was confronted by the poor housing conditions of some people. I was also confronted with my reactions to these situations and found it interesting to hear the impressions of others in response to this. The first community I visited was undergoing a second survey to assess the efficacy of a completed upgrade. The housing project consists two

surveys with upgrade work occurring in the period between these. The first survey includes a short training for participants and other team members. The teams, comprising a mix of community and visiting members, survey the participating houses using an itemised checklist to ascertain their condition and do small repairs whenever possible. The information obtained from this survey is used in several ways. It is used to generate trade worklists to enable plumbing and electrical work to begin during the survey period. I understood this to have several purposes - to rectify any problems of an urgent nature (eg. exposed wires, blocked drains), to immediately begin repairs and, consequently, to demonstrate to the community that this project was concerned with effecting positive practical change in their living conditions, not with recording problems of which they were already largely aware.

This was the focus of the work and it was this very immediate practical component that was one of its appeals to me. I saw at first hand how residents positively responded to this. (I heard stories of visitors who came, noted things down and left without having any noticeable effect.) To remedy the inconvenience of a fault in the home environment, however small, was always well received. The nuisance value of these problems was revealed during conversations with residents; the replacement of a blown light globe with a new, longlife bulb enabled an elderly woman to relate her difficulty with kitchen lighting. I felt that this opportunity to talk was another level of support offered by the project that went beyond the physical repair work.

My personal experience was that these "yarns" with residents were a crucial part of the work. This took a little more time but allowed valuable information about the condition of the house, that may not have been picked up solely with the survey forms, to be revealed. For example, seasonal or weather variations could impact on survey items; did the roof leak in heavy rain, were their pest problems at other times of the year? Residents could expand on or clarify survey results to enable a more accurate profile of the community and ensure problems could be addressed. They also provided connections between people which helped to generate confidence in the project work. This sharing of stories and problems enriched and sustained the work.

However, my observation was that this was not always experienced or appreciated by the workers. As my role would sometimes include

preparing a progress report I had the opportunity to observe and compare the way the different teams functioned over a project period. The team was significantly affected by their team leaders; it was their attitude and approach that strongly influenced the team's operation. M. Scott Peck says that "power - the capacity to influence others - is almost by definition the most potent factor in organisational behaviour" (Peck 1993, p.?). The people who were in this leadership role responded uniquely to the project work and to the experience in the community, as did the team members. Crotty (1993) says, "Historical and cross-cultural comparisons should make us very aware that . . . there have been and there are very divergent interpretations of the same phenomena" (p.64).

Some team leaders were meticulous in communicating with residents - listening to their concerns, explaining the purpose of the project and informing them of the work that had already been done or was to come. Another team leader would be more concerned with the task at hand - getting the survey sheets filled quickly and efficiently and get out seemed to be their priority - sometimes sacrificing communication.

I saw the importance of obtaining accurate information but also considered communication to be of importance. People usually wanted to talk. They often talked not just about the immediate problems that existed in their houses but would relate stories from their past and also the difficulties that had been or still were being experienced by the community - including shoddy workmanship in house building, difficulties of accessing services, work problems, lack of facilities for kids, illnesses, racism, conflict with police. These interactions consolidated my belief in the importance of seeing things in the broader context and a reminder to be sensitive to the connections between different aspects of life. This work was about "fixing" things, I had heard this stressed repeatedly, at school and in the field. My perception was that it was also about building community.

The project brought people within the community together to learn and apply skills to improve their living conditions and encouraged a spirit of group cooperation. Turner (1988) discusses a number of housing and environmental projects in developing countries that " . . . show widely different ways in which environmental improvements serve as vehicles for social . . . development" (p.8). I saw many examples of this during projects - people working together to screw a door back on, discussing

the best way to fit a new towel rail on a bathroom wall, helping each other fill out the survey sheets or sharing equipment. It was also good to see people's confidence grow; I felt the project was giving the participants an opportunity to acknowledge and take pleasure and pride in their abilities. As well as enhancing relationships within the community, the project supported the development of relationships between Aboriginal community members and the visiting team members. It provided an opportunity for cultural exchange and understanding.

However, the stated aim of the project was to fix houses and this community aspect of the work was not directly acknowledged. This work exposed the practical problems that people experienced with their home environment. Some houses were in such a state of disrepair that many problems were immediately apparent - walls were cracked, mouldy or full of holes, windows were broken and taped up with newspaper, doors were missing or falling off their hinges, tiles were missing or badly cracked, exposing sharp and dangerous edges, floor boards were missing or floor coverings were stained and ripped. The list could go on. Other times houses initially looked in reasonable condition but on working through the check list faults were revealed - electrical wiring was faulty, hot water systems did not work, drains were blocked or ran out beneath the house to create smelly pools of water. Only a very few houses were problem free - even newly built houses had problems. I also saw makeshift houses composed of salvaged iron and fibro sheeting. These were not usually surveyed at all. I had mixed feelings about these structures. I felt that the physical living conditions would have been very difficult for the residents, especially in extremes of weather, and yet there was sometimes a lot of creativity and ingenuity in their construction that broke free of the repetition and blandness of many mass produced houses.

The survey was concerned with particular aspects of the house that had implications for the health and safety of the residents. There was not a focus on the tidiness or cleanliness of the houses - the "housekeeping" - although, as in any community, there was variation in the way people chose to live. I observed and responded to what I saw. Some houses were immaculately clean, gardens neat and vegies growing. In one house, although small and in need of major foundation repairs, I was invited to admire a new paint job. Sometimes houses were poorly cared

for and it was confronting to see and work in these. I felt concern for the impact this could have on the physical health of residents, particularly if there were vulnerable young children or elderly people, as well as on people's mental states.

I considered the reasons that may have contributed to this - was it a reflection of internalised oppression, was it depression or some other illness or was it a different cultural approach to the house environment and its care? Sometimes this became clear when talking to a resident or other local person. One unkempt house was solely occupied by a bedridden elderly man reliant on the occasional help of neighbours. Another house was occupied by a disabled man and his son, who worked and cared for his father. Sometimes there was no clear answer. This was a sensitive issue and only fleetingly discussed. Project workers had differing responses to these situations. Sometimes people expressed indignation at poor conditions, attributing these to careless residents. Some expressed dismay and concern at the difficulties faced by the residents. I did hear stories from community members of vandalism to property from within the community but these were not a common occurrence. There were unoccupied houses in several the communities that had been badly vandalised. A house could be vacated for different reasons - a death had occurred in the house or it was structurally unsafe due to termite damage or poor workmanship.

Prior to my own experience, I had heard that unscrupulous tradespeople had taken advantage of Aboriginal communities during house construction; short cuts were taken to cut costs, compromising the integrity of houses. In the field I heard that local government did not take any responsibility for Land Council houses and did not require an independent building inspection. I also saw evidence of this myself in some of the houses I visited. The drains in several houses in one community had not been connected and waste water collected under them, creating smelly, muddy pools that encouraged mosquito breeding. In other instances, drain outlets were of small diameter preventing good flow of waste water, toilets had not been securely set into the floor and badly laid foundations caused walls and ceilings to part company. The house quality and design varied considerably. I saw new mud brick houses, spacious and solid, designed and built in consultation with the prospective residents using community made bricks and landscaped with native plants propagated by the local Community Development and

Employment Projects (CDEP) with the support of professional technicians. At the other extreme, I saw old fibro houses that appeared to use a standard design with little or no awareness of local conditions or cultural considerations.

The location of the community houses often made access to services difficult. Rural services are limited at best. However, much of the Aboriginal housing was located outside of or on the edge of towns. People from these communities related the difficulty of getting kids to activities or going to the shops. If there was a local store, prices were usually higher and the range and quality of foods was limited. In one community, one hour from the next large town, the local store largely provided take away food, sweets and chips. I saw very little fresh food displayed and wondered if people had regular access to it.

I sometimes felt frustrated or helpless seeing and hearing the problems faced by people and not being able to do anything to help. Before the project is given the go ahead it is (or should have been) made clear to the community what the project is able to address and what are its limitations. I appreciate the importance and necessity of this but it is difficult to leave problems behind at the end of a survey week knowing that there will be many things that will not be improved. I always left a community with mixed feelings. I felt a sense of satisfaction, a renewed enthusiasm and appreciation for the work, a sense of privilege for sharing in the lives of the community members and some degree of frustration and sadness and anger at the problems still facing these people.

My experience on these housing projects provided me with some insight into the lives of Aboriginal people in NSW and my study has provided some understanding of the links between housing and health. It would, therefore, be easy to conclude that some of the living conditions I encountered would impact negatively on the physical and psychological wellbeing of residents. This could be difficult to prove as many variables would have to be considered. However, Byrne, Harrison, Keithley and McCarthy (1986) say that "It is a serious mistake to get drawn into pseudo-scientific arguments about whether there is a causal association between bad health and poor housing . . . bad housing wears down self-esteem . . . it undermines physical health . . . we don't need to prove (it) medically . . . it is enough that it makes us feel rotten." (p.43-

4). Pholeros, Rainow and Torzillo (1993) consider that there *is* enough "evidence from a range of countries over a long period of time" to justify expenditure on housing in Aboriginal communities to bring about improvements in health (p.104).

These housing projects are very intrusive and I acknowledge the generosity of the Aboriginal people in inviting me onto their communities, opening their homes and sharing their stories.

4. History

“ . . . Historians do not work with isolated fragments of past actions which they then construct into a story. Rather, for the most part, they work with materials that are already in story form . . . The historian, having the advantage of hindsight, may tell a story about what has happened that will be different from the various stories told by past actors. The historian does not narrate past facts but retells past stories from current perspectives.”

Polkinghorne 1998, p.6

Pre-historic and traditional lifestyles and shelter

“No English words are good enough to give a sense of the links between an Aboriginal group and its homeland. Our “home”, warm and suggestive though it be, does not match the Aboriginal word that may mean “camp”, “hearth”, “country”, “everlasting home”, “totem place”, “life centre”, “spirit centre” and much else all in one. Our word “land” is too sparse and meagre.”

Stanner in Franklin and White (1997, p.7)

“The land is home to the Aborigine. The associations and feelings summed up in the English word “home” loosely but fairly connote an Aborigine’s attitude to the range of territory he calls “my country” . . . the sense of place and direction within it is created not by four walls but by focal points representing camp sites occupied in turn throughout the year.”

Stockton, E (1996, p.81)

There is a vast amount of literature describing pre- and post-contact lifestyles of Aboriginal people. I have included a selection of material to provide a brief overview of Aboriginal lifestyle and habitation in this and the following section. These two sections will discuss the changes that have occurred in housing and lifestyles with European contact.



Kutikina limestone cave in the Franklin valley, southwest Tasmania. The discovery of Pleistocene occupation in 1981 helped prevent the construction of the Franklin hydroelectric dam which would have drowned the valley. On the left there is two metres of archaeological deposit, while a channel has eroded the area on the right. The cave was abandoned about 14,000 years ago when the rainforest encroached. (D. J. Mulvaney)



The Ngarrabullgan rockshelter on top of Mount Mulligan contains stratified deposits, showing occupation took place by 37,000 years BP until about 900 years BP. Local traditions claim the area is sacred, which may explain its abandonment. (Bruno David)

Before the invasion and colonisation of Aboriginal lands, it is widely acknowledged that Aboriginal people lived a semi-nomadic, hunter-gatherer lifestyle (Ross 1987; Franklin & White 1997; Elkin 1981; Flannery 1997). Mulvaney and Kamminga (1999) describe regional variations in this lifestyle and attribute this to specific local conditions; generally coastal areas, where food and water were in more plentiful supply, supported a larger more sedentary population whereas arid areas had more widely distributed and mobile populations. This variation impacted on shelter and life-styles. Both Elkin (1981) and Flannery (1997) believe this lifestyle and the lack of agriculture was primarily an economic choice, becoming inextricably linked to social and spiritual life. Whereas Elkin (1981) describes hunting-gathering as a "parasitical" lifestyle, albeit a forced one, that could be converted to a settled agricultural lifestyle with education and religion (p.51-2), Flannery (1997) describes it as a considered choice based on the effect of an unpredictable and variable climatic phenomenon, the "El Nino Southern Oscillation", "a fine tune adaptation to a unique set of environmental problems, rather than a sign of "primitiveness" " (p.282). However, Lawlor (1991) suggests the choice of the nomadic hunter-gatherer lifestyle was more strongly influenced by a spiritual relationship to and responsibility for the land, a relationship that had been the foundation of Aboriginal people's lives for tens of thousands of years, positively impacting on people's well-being and conducive to good health. He suggests that traditionally divisions between work and recreation were meaningless, and spirituality infused all aspects of life. Despite these different perspectives, the influence of spirituality on lifestyle is also acknowledged by the other two authors (Flannery 1997; Elkin 1981).

Joe Roe (1999), a Karajarri/Yawurru man from the Broome/Bidyadanga area confirms the importance of spirituality and its connection to the land. He explains that, for Aboriginal people, their essence or inner spirit - called in Roe's language Ngarlu - resides in the "stomach" region and contains both the spirit within - Bilurr - and the spirit from country - Rai. (1999). These all interact with the various aspects of life and need to be in balance to ensure good health. The land, their "country", is an inextricable, and therefore crucial, part of the whole person in Aboriginal culture and is integral to their wellbeing. The quote by Stanner, in Franklin and White (1997), introducing this section strongly conveys this holistic relationship and union with the land, a home in the

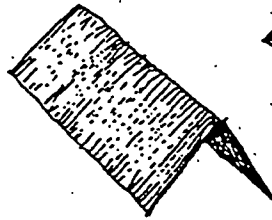
broadest sense. Berndt & Berndt (1992), Bell (1993) and Franklin & White (1997) also report that respect for and veneration of the land was (and is) integral to Aboriginal spiritual beliefs; that it was important for people to have access to the land, to move around it to perform rituals and care for sacred sites. Berndt et al. (1992) describe the complex kinship system that governed people's lives and ensured the continuation of these ritual practices and maintained social harmony. Elkin (1981) says the country recognised its people and revealed its "secrets" or Dreamings" to them (p.43). It could be surmised that this important relationship to the land, its spiritual significance, its connection to health and wellbeing, was bound up with all aspects of Aboriginal lifestyle including the use of shelter and nomadism.

A life on the move would have discouraged the application of too much time and energy in building. Flannery says "Investment in shelter construction is constrained by such a lifestyle, for there is no point in building large and complex structures" (p.282). Elkin (1981) also attributes the nomadic lifestyle of Aboriginal people for the lack of "huts" (p.51). However, Aboriginal people *did* make use of natural shelter and constructed dwelling places. Sanders (1993) says that these were intended for "living around, as much as in" (p.213). Archaeological research has provided evidence of Aboriginal use of dwelling and shelter prior to European occupation of Australia. Also, historical records provide the observations of European explorers, settlers and anthropologists from different time periods and places, in word and picture, of traditional styles of shelter.

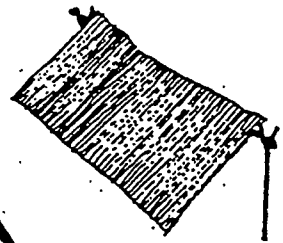
Mulvaney and Kamminga (1999) describe pre-historic "lithic scatters" (stone artefacts) which are said to provide evidence of open air camp sites (p.19). They state that this is the most prevalent type of prehistoric site that has been discovered and the only indication of habitation in locations with no natural shelter (Mulvaney and Kamminga 1999). Evidence of any constructed temporary shelter around these camp sites is not mentioned and presumably, if any had existed, would have been destroyed by "the normal process of erosion and decay" (Mulvaney and Kamminga 1999, p.18). Camp sites are said to have been of different types indicated by the artefacts and other discarded items found in their vicinity. It appears that people established large regular "base camps" near water, returning to these regularly for long periods of time (Mulvaney and Kamminga 1999, p.19).



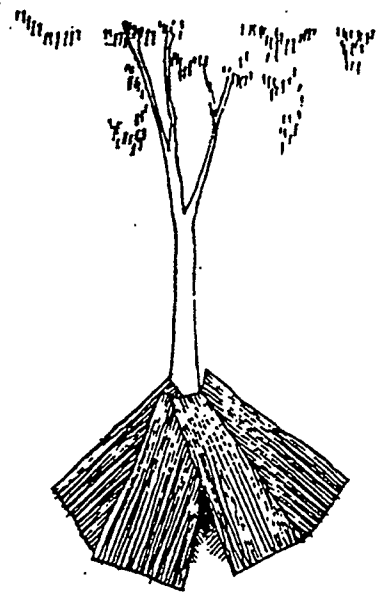
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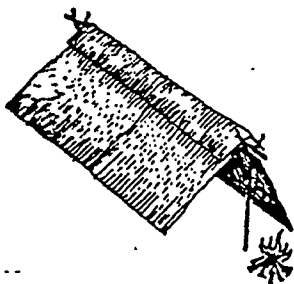
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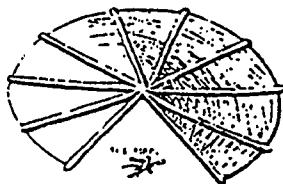
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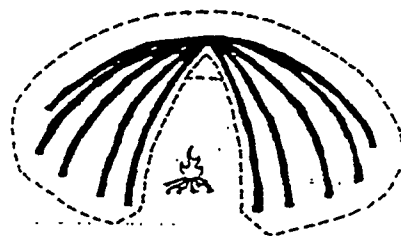


(vi)



Plan of roof of a native's hut.

(vii)



(viii)

Figure 8. Traditional Shelters of the Darling River.

- (i) Windbreak of foliage, a continental type (illustration from author's collection).
- (ii) Folded plate type of shelter made from a single piece of bark (adapted from Allen 1968:fig.42).
- (iii) Lean-to type with bark sheeting (adapted from Allen 1968:fig.42).
- (iv) Gable shelter with ridge pole and ridge capping (adapted from Allen 1968:fig.42).
- (v) Conical or pyramid type using a central tree (adapted from Allen 1968:fig.42).
- (vi) Conical or pyramid type using a light pole structure (after Mathews 1899:84).
- (vii) Roof plan of a shelter recorded by Mitchell (1838, V.I:260).
- (viii) Interpretation of Mitchell's roof plan by the author, as an elliptical-based dome type with cladding of either grass, foliage or bark.

Shell middens, or mounds of discarded shells, located along the coast or by inland water sources have been found throughout Australia; most are dated at under 6,000 years old but some are said to be over 8,000 years (Mulvaney et al 1999, pp.19-22). Meehan in Mulvaney et al. (1999) proposed these middens were either continuously occupied "base camps" or "dinnertime camps" visited only in passing (p.22). Middens were said to have provided "dry camping during the wet and a breeze to minimise insects" (Mulvaney et al 1999, p.21). It is said that earth mounds were also used as camping sites in areas of poor drainage (Mulvaney et al 1999).

Pre-historic evidence also indicates the use of caves and rock shelters for shelter by Aboriginal people throughout Australia (Mulvaney et al 1999). Stockton (1996) also provides evidence of the use of rock shelters over 14,000 years ago as habitable space in the Blue Mountains of NSW. Mulvaney et al. (1999) say that caves were not used as permanent dwellings and were usually only occupied at their entrances, with desert dwellers only using caves as storm shelters.

Constructed dwellings were also utilised, although when this practice began is not clear. Elkin (1981) records that huts were rare and that Aboriginal people preferred to sleep and "indeed, almost live outside" (p.50). However he briefly depicts the usual shelter as a "wurley of saplings or branches" or a lean-to and describes a number of traditional structures that he observed, occupied to discourage mosquitoes - beehive shaped huts made from saplings and mud in north-east South Australia, grass and sapling huts in north-west Western Australia and raised platforms for sleep in north Queensland (Elkin 1981, p.50).

Jimmy Barker, an Aboriginal man descendant of the Murawari tribe, described the construction of a dwelling in Mundiwa in north-west NSW early in the 1900's with methods used for hundreds of years,

"The people made sheds from the bark of the red box-tree. The rough outer part was removed until the red colour was showing, then the bark was heated to make it more pliable. These sheets would then be greased with goanna fat and several sheets would be piled on the ground with a weight on top of them. When dried and flat they were ready for use.

The huts, which were low, had been made this way for centuries. Sticks were placed over the roof and tied down with vines and sinews."

In Mathews 1988, p.6

Helen Ross (1987) describes three types of shelter in the East Kimberley region of Western Australia (WA), used depending on seasonal variations. A more permanent shelter comprised a "shady bough shed" whilst in the dry, cool season a "windbreak of branches and spinifex grass" would be made and in the wet, a "dome shaped branch and spinifex shelter" (p.59). Also, The National Housing Strategy (1991) notes that "substantial shelters" were constructed in the south of Australia as protection from winter weather conditions (p.1). This is supported by McGrath (1995) who mentions the "relatively permanent villages with stone housing" in western Victoria (p.10). Lowe and Pike (1994) describe the shelters of people living in the Great Sandy Desert, WA, still said to be widely used up to the 1950's. They included natural windbreaks - kurrkuminti (a bowl shaped hollow in the top of a sand ridge) and julu (a clump of shrubs on the top of a sand ridge) - shelters in caves and sandhills during rain as well as constructed windbreaks and bough shelters.

A report by Sir Thomas Mitchell in 1848, during an expedition into the interior of Australia, described a group of huts he encountered in the north of NSW as circular or semi-circular in shape with a conical roof, covered with reeds, grass or branches, and positioned for shade (Gill 1998, p.92). He also made reference to lifestyle, noting, "the interior of each looked clean, and to us passing in the rain, gave some idea, not only of shelter, but even of comfort and happiness" (p.92). Memmott (1991) also said that traditional camps were well cared for reporting that, ". . . in their native state the camps were clean and uncluttered. Even the sanitation was attended to, with a hole made to bury excreta . . . Whenever water was available they were ardent bathers" (p.40).

Mitchell noted the positioning of the huts in relation to each other - some being set apart and others grouped together (Gill 1998). Ross (1987) explains that a number of factors influence the positioning of houses including the location of tribal lands, site conditions and social and economic considerations. She also notes that camp layout changed constantly to accommodate changes in camp population dynamics (Ross 1987). The number of people in a camp varied in size according to

things like climate, water and food supplies and family and community relationships (Gill 1998). Mulvaney et al. (1999) explains that the "residential group" or "band", could vary from 10 to 50 people and the land they lived and ranged on could vary from 15 to 25,000 square kilometres (p.76).

So over time, and in consideration of the variation in climatic conditions, building materials and local cultural beliefs and practices, dwelling and life- styles differed. However, the uniform feature of a traditional Aboriginal lifestyle was its nomadism. Even when conditions *were* supportive of sedentary habits, religious responsibilities, social demands or the availability of special food or materials, provided the impetus for movement. It is said that these repeated moves helped to maintain a healthy living environment (Ross 1987; Lawlor 1991). Franklin and White (1997) say that at the time of Cook's landing it is "now generally accepted that the average Aborigine enjoyed better health than the average Englishman" but this soon changed - the health of Aboriginal people rapidly deteriorated after colonisation (p.1).

History of Displacement. Post Invasion Lifestyles & Living Conditions

" . . . in many ways the European architectural tradition, and the social order it expresses is the direct opposite of the Aboriginal approach. People cannot shed their cultural conditioning at will, nor should they have to."

Ross 1987, pp.68 - 9

There have been a number of estimates of the Aboriginal population of Australia prior to European occupation. Flannery (1994) believes that in 1688, at the time of William Dampier's arrival on the north-west coast, there would have been more than 300,000 Aboriginal people in Australia (p.313). Franklin and White (1997) provide estimates of pre-European population numbers that range from 300,000 to one million. It is believed that Aboriginal culture developed over many thousands, probably at least 50,000, of years ago (Franklin and White 1997). However, in 1993 with the total population of Australia at 18 million



Aborigines at Coranderrk, Victoria, c. 1879, wearing possum-skin cloaks. The cloaks are worn here with the fur on the inside for protection against rain and the skins are scored in a cross-hatched pattern to aid flexibility. Although these cloaks were ubiquitous over southeastern Australia, few have survived. (Photo Fred Kruger. F. B. Smith collection)

only around 265,000 people identified as Aboriginal and they owned only about 13% of the country - "much of it the least fertile ground" (Flannery 1994, p.313). Most Indigenous people were dispossessed and displaced from their land, their home. Woollard, in Healy (1998) attributes, "much of the poverty and disease in Aboriginal communities" to the dispossession of people from their lands (p.7).

At the time of invasion Aboriginal dwellings, lifestyle and living environments were considerably different to the those customary in Europe (Sanders 1993). Paris (1993) explores the concepts of "home" and "house", attributing the ideas and understandings of these concepts to a person's experiences and conditioning (p.5). He suggests that the home is usually seen as place of security that provides both a sense of place, a "state of being", *and* a physical presence whereas a house is "purely" the physical object (Paris 1993, p.7). He recognises that variables such as culture, gender and professional training impact on perceptions and interpretations of what constitutes a house or home, and that these change over time (Paris 1993). However, he suggests that people generally consider their particular lifestyle as an unchangeable norm (Paris 1993) and it is said by Marcus (1995) that we make unconscious judgements about other people according to their living environment.

It is widely reported that Aboriginal people were commonly seen as primitive peoples, culturally, socially and economically inferior to Europeans (Bourke 1998; Reid & Trompf 1997; Davis 1979; Berndt & Berndt 1987). Reid and Trompf (1997) report that many Europeans thought Aboriginal people were "little more than vermin" (p. xiv). Johnson, in Davis (1979), discusses the theories of Freud and the psychologist, Janov, referring to societal neurosis, in relation to the European's belief in the superiority of their own race and culture (p.59). Johnson suggests that the oppression of Aboriginal people by white society was based on fear and intolerance of difference, resulting in control by violence and assimilation (Davis 1979). Both Wright and Elkin, in Reece (1974), also suggest that these racist views had their roots in fear and that it was Aboriginal familiarity and ease with the land, new and harsh for the white colonisers, underlying this fear and racism.

Whether this is so, Aboriginal people did suffer greatly with the arrival of, and their treatment by, Europeans. They lost their autonomy, were removed from their land with no compensation as it was arbitrarily divided for farming and pastoral use (Burden 1998). Also, their access to land was cut off by fencing and private ownership. While the Europeans viewed land as an "economic asset", this was an unknown concept in Aboriginal society (Lawlor 1991; Franklin & White 1991).

There are also many reports of the widespread mistreatment of Aboriginal people at the hands of Europeans, and of the devastating effect of introduced disease (Reid 1982; Thomson 1991; Siggers & Gray 1991; Waterford 1982; Reynolds 1999). Horton says that those Aboriginal people directly confronted by the invading colonisers "always suffered immediate interference with their economy and lifestyle" (1999, [http://www.abs.gov.au /websites/D31101...fbla6569d8ca25671a000069fd?OpenDocument](http://www.abs.gov.au/websites/D31101...fbla6569d8ca25671a000069fd?OpenDocument)). Berndt & Berndt (1987) says it was the more fertile and southern lands where Aboriginal people were "rapidly dispossessed" and had to chose between relying on handouts or working in menial jobs for which they had little or no training or inclination (p.4). McGrath (1995) says "Australia's colonisation made Aboriginals foreigners in their own land, intruders in their own dwellings (p.4).

With the occupation of their lands, Aboriginal people were forced to live in or more commonly on the fringes of European towns, on stations or on church or government missions. The living conditions and amenities of most Aboriginal people were of a very poor standard; a situation which continues to the present time for many communities (Franklin and White 1997; Reid & Trompf 1997; Memmott 1988 & 1991). This forced removal continued to occur over many years. In an interview with Jackson (1996), Frank Sebastian, an Aboriginal man from Broome describes the removal of people in his community in the early 1960's,

"They push us back until people get a reserve at One Mile, they push us back because they want this for a hotel or for an office or something. One Mile (town reserve) used to be a drover's camp. It was full of bullshit and ticks - an old drover's camp . . . They want to push us up the creek" (p.8)

However, Collmann (1988) says fringe dwellers did have some advantages over other dispossessed Aboriginal people. They had access to town facilities and employment and had some choice in lifestyle and control over "the social forces acting against them" (p.74); there was reduced control by white bureaucracy and more freedom in the construction and positioning of housing - "an important way of controlling the social forces acting upon them" (p.84). Memmott (1988) supports this proposition, noting the lack of government regulations and controls on fringe settlement occupants provided them the freedom to design, build, and locate dwellings.

Many descriptions of these camp shelters - "humpies", "wiltjas" - have been recorded, people making use of available natural and discarded man-made materials in their construction. Davis (1979) said that fringe dwellers would live near rubbish tips for "scavenging purposes" (p.59). Ross (1987) describes a number of camp dwellings in the Hall's Creek area, WA, in the 1980's including tents with canvas roofs and iron walls, iron shacks and bough sheds. Donald (1996) also describes similar structures in his study of Wagga Wagga, NSW, noting building materials included steel roof sheeting, newspaper, flattened tins and hessian bags" (p.25). Stewart (1999) says that in the Warmun community, in far north WA, people were "living in crude humpies fashioned from any available materials, or from the backs of cars" up to 1980 (p. xii). In the 1970's in Mt. Kelly, Northern Territory (NT), Collman (1988) says the camp humpies were made of corrugated iron, wood and canvas and that "**unlike most fringe camps (my emphasis) . . . had running water from three cold taps and two cold showers**" (p.10). That the conditions experienced by camp dwellers was usually very poor with limited or no access to clean drinking water and little or no ablution facilities is supported and also described by others (Loveday & Lea 1985; Memmott 1991). It seems that some Aboriginal people had chosen to live in these fringe camps to retain some semblance of independence and freedom. Others being forced to choose this lifestyle after being evicted from stations (Stewart 1999) or government housing (Collmann 1988), being forced from their traditional lands (Donald 1996) or by escaping from government settlements (Collman 1988).

Aboriginal people moved to settlements which were administered either directly by government authorities or by the churches, from the 1800's and well into the 1900's. Often people were moved by force or coercion



12. Wet weather huts made from scrap iron at Birrundudu 1944-45.

(Mathews 1977; Donald 1996). Others moved to settlements when their physical survival was at stake (Collmann 1988) and some moved out of choice (Brock 1993) to receive regular meals and security. Loos, in Jopson (1999), is reported saying that missions were "cheap, church run "half-way houses" " that were set up on land with minimal economic potential and that people were moved there when they "no longer served an economic purpose for non- Aborigines outside the missions" (p.12). O'Donaghue (1998) and Brock (1993) liken these settlements to ghettos, where people were oppressed and separated from the white community. However, Brock (1993) says these institutions both "nurtured and oppressed" Aboriginal people by imposing a "paternalistic/dictatorial" regime *but*, at the same time, providing food and shelter and a place to build and consolidate a "community identity" (pp.1-3). Other writers consider these institutions contributed largely to a dependency mentality depriving people of their freedom and ability to make life choices (Gavranic 1978; Memmott 1991; Morice 1976; Saggars & Gray 1991). Collmann (1988) says "everyone in the settlements depended entirely on the Welfare Branch . . . They were not legally allowed to move according to their own wishes . . . (and) . . . If the authorities so wished they could either confine wards to the reserves or move them about from one reserve to another" (p.85). Also, traditional practices were forbidden on many missions, including the performance of religious ceremonies (Willis 1988). However, there were some missionaries who incorporated traditional Aboriginal ritual into the Christian sacrament; they challenged the hypocrisy of colonisers espousing Christianity while mistreating Aboriginal people (Willis 1988). Although Christian missions could mean well, it is said that their inability to comprehend the Aboriginal world view and their desire to convert people to Christianity caused great disruption to Aboriginal spirituality and tradition (Willis 1988).

The physical conditions on these settlements are generally reported as poor. Brock (1993) describes huts at Poonindee, South Australia (SA), in 1853 with dirt floors so badly worn that people either slept over large puddles or had to sleep outside (p.35). Brock also reports that houses at the Nepabunna Mission, SA, in the 1950's were made from flattened kerosene tins with six people to a three room dwelling, basic washing facilities and inadequate water supplies. Keating (1995) describes Mission houses in West NSW in the 1960's as "no more than shacks built of corrugated iron and sheets of broken fibro" lacking glass or screens in

the windows and only a communal water supply (p.23). In 1936 the Western Australian newspaper, in Maushart (1993), described the Moore River settlement as a "typical (my emphasis) native camp . . . (with) . . . a group of unsavoury huts in various stages of disrepair . . . primitive sanitary arrangements . . . (and) . . . no possible avenue of employment" (p.234). It also reported inadequate bedding, crowded conditions and children enclosed in dormitories to stop them escaping (Maushart 1993). Aboriginal adults were often regarded as unamenable to change so children, particularly those of mixed Aboriginal and white parentage, were separated from their families to be civilised (Berndt & Berndt 1992; Edwards 1998). Myers, in Memmott (1991), notes the importance of kinship and social relationships for Aboriginal people and suggests it was the breakdown of these relationships rather than lack of material possessions that constituted poverty for them.

The National Housing Strategy (1991) reports that people from different areas and tribal groups were indiscriminately put together in government missions creating "social tensions" (p.2). Memmott (1991) says that given a choice people would rather tolerate poor living conditions than live near "unacceptable neighbours" or in an unsuitable location (p.93). However, Lowe and Pike (1994) report that even people in the most remote desert areas of the north-west were eventually influenced by white culture and, particularly the young people, were enticed by stories of plentiful food and "enthraling station life" to move from their families and traditional lands to cattle stations, to be followed later by older community members (p.127).

Aboriginal people living and working on pastoral stations, however, fared no better than others. Berndt & Berndt (1987) said "station people in particular looked at Aboriginal employees as their own personal property" (p.40). Governments relied on station owners to enforce regulations concerning Aboriginal welfare which, in remote areas, were often ignored (Berndt & Berndt 1987; Collmann 1988). Conditions on the cattle stations, said to have changed little from earlier generations, were investigated by Berndt and Berndt in the mid 1940's.

Berndt and Berndt (1987) reported on the Aboriginal living conditions they found on the stations in Western Australia, Northern Territory and South Australia. They talk of inadequate drinking water, people sometimes having to share troughs with cattle and horses. They say

water for washing was also insufficient and toilet facilities were non-existent (Berndt and Berndt 1987). Camps sites had no shade available and huts "suffered from acute shortage of material" (Berndt and Berndt 1987, p.80). Food was also reported to be inadequate with people being "genuinely hungry for the greater part of the time" (Berndt and Berndt 1987 p.83). In 1966 the Aboriginal workers at Wave Hill station went on strike due to their "exploitation and unbearable living conditions (Newbury 1999, p.31). Vincent Lingiari, Gurindji elder and strike leader said,

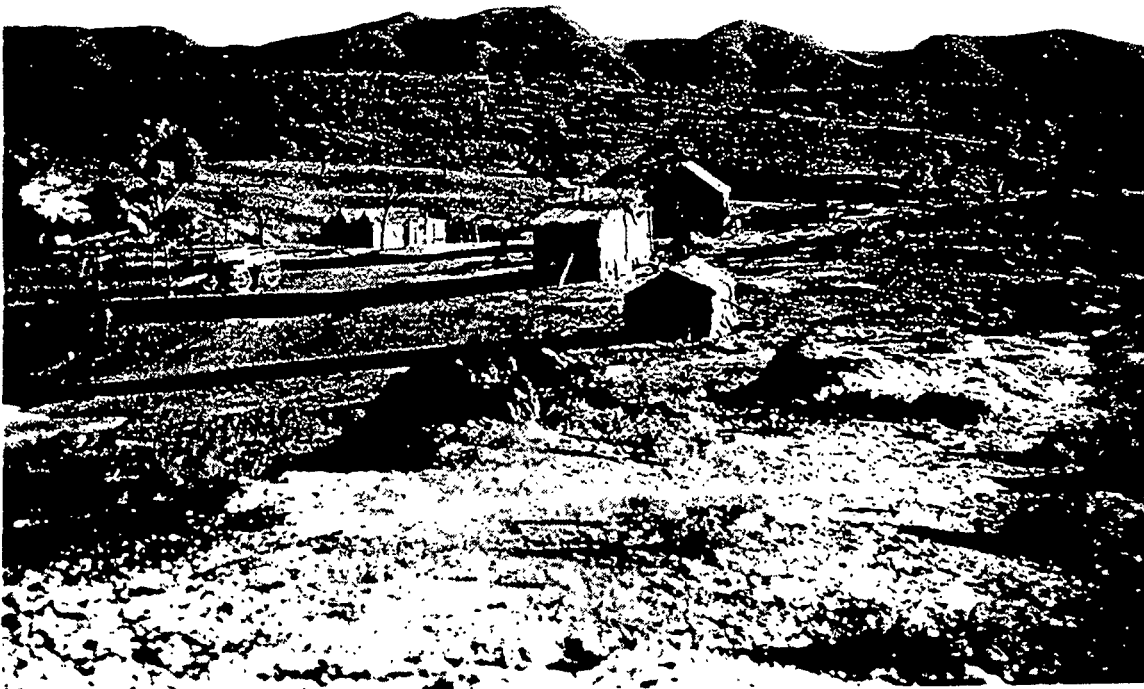
"The issue on which we are protesting is neither purely economic nor political but moral . . . on August 22, 1966, the Gurindji tribe decided to cease to live like dogs . . ."

(Newbury 1999, p. 31)

As part of an attempt to encourage the adoption of white cultural practices, programs were initiated to place Aboriginal people in Western style housing (Donald 1996). The intention was to phase out reserves and move Aboriginal people into towns (Jackson 1996; Donald 1996). This often meant people were separated and distanced from their communities and extended families. Heppell (1979) and Ross (1987) discuss the stress that would accompany this change in location and living environment, suggesting that, rather than assisting people to adjust to a new culture, it would contribute to a sense of dis-empowerment and maladaptation.

One housing scheme involving a three stage "transitional" process, had people moving through three levels of housing to train, or indoctrinate, them into the white lifestyle. It is said that these houses were "grossly inadequate . . . bearing little resemblance to the conventional houses their occupants were supposed to progress towards" (Ross 1987, p.70). Jackson (1996) describes transitional houses in Broome, WA, in the 1960's as "poor quality, corrugated iron (with) . . . cooking and dining in the same bedroom" (p.11). Heppell (1979) also reports the inadequacies of transitional housing describing the lack of private facilities, the overcrowding, the climatic unsuitability and the lack of adequate funds and support for adjustment.

A primary feature apparently differentiating pre and post invasion shelter is its permanency, of structure and location. Most Aboriginal



Nepabunna Mission.

(Courtesy of Mountford-Sheard Collection, State Library of South Australia.)

people lost the freedom and right to access and travel throughout their lands utilising either natural shelters or constructing shelters from natural materials. As well as the enforced sedentary lifestyle Aboriginal people suffered from the physical inadequacies of housing and housing sites, the cultural inappropriateness of imposed housing policies, programs, building styles and housing distributions and the dispersal of populations (Sanders 1993; Ross 1987; Memmott 1991; Donald 1996; Heppell 1979). Ross (1987) says that many Aboriginal people are now living in "a kind of limbo, where their traditional types of dwelling no longer suit their physical needs, but the alternatives conflict with many of their social needs" (p.69).

The Australian Bureau of Statistic's (ABS, 1997) National Aboriginal and Torres Strait Islander (ATSI) Survey of 1994 highlights the more current housing situation for Australia's Indigenous people. The 1994 survey found that across the country the average rate of Indigenous home ownership was 25% compared with 70% for the total population (ABS, p.23). It also indicated that, although on average a large proportion (77%) of Indigenous households were satisfied with the condition of their housing, there were areas where this satisfaction was considerably lower - most often in the remote areas of W. A, Queensland and the Northern Territory. The reasons given for this dissatisfaction included poor bathing facilities, not enough bedrooms and living space and the need for house maintenance (ABS 1996). Generally remote areas were reported to have more crowding problems, displaying both the largest person to household ratios and the highest average number of persons per bedroom (ABS 1996). They also suffered more problems with dusty conditions as only a small proportion of houses were located on sealed roads (ABS 1996). The survey briefly refers to the health implications of these conditions (ABS 1996) which will be discussed further in following sections of this paper.

Government Policy and Legislation

"Aboriginal families are being asked to pay in advance for anticipated improvements in their own conditions. Yet these conditions are the direct result not of any fault of their own but of two centuries of direct official discrimination and neglect."

Human Rights Australia 1988, p.16

"In my view, public policy . . . needs to incorporate a social view of human connectedness, and of community."

O'Donaghu 1998, p.26

The British occupation of Australia was based on a European convention of "unilateral possession on the basis of first discovery and effective occupation" (McGrath 1995, p.12) resulting in the land defined in law as *terra nullius*. From that time the lives and lifestyles of Aboriginal people were dictated by government policies "intertwined" with racial theories of white superiority and economic conditions (McGrath 1995, p.15). Since invasion, changes in housing of Aboriginal people was usually a result of changes in government policy. Before the referendum of 1967, the states legislated independently in regards Aboriginal affairs and, although policies reflected conditions and issues specific to each the states, there was a general theme of repression and control. Protection policies of the late nineteenth and early twentieth centuries, reflecting beliefs of Aboriginal inferiority and extinction, resulted in the establishment of the missions and reserves. These policies were amended according to public opinion and economic concerns and caused havoc in the lives of Aboriginal people. They were moved on and off reserves or settlements, seemingly at whim (Donald 1996); they suffered constant "insecurity of tenure" - "not one, but many dispossessions" (McGrath 1995, p. 23). Goodall (1995) suggests that as a response to the 1890 depression, as well as Federation and "White Australia" sentiments, further controls were imposed on Aboriginal people (p.76). Reynolds and May (1995) report that in Queensland, by 1962, around 10,000 Aboriginal people lived on settlements and missions and over 17,000 lived on country reserves or on Torres Strait Islands.

In the 1940's and 50's government policies began to incorporate the belief that Aboriginal people should be assimilated into the general population (McGrath 1995). Sanders (1993) says that housing was "one of the main instruments through which assimilation was to be achieved" (p.215). More Aboriginal people were moved into towns often under pressure; the separation of families and the racist attitudes of white neighbours placed considerable stress on Aboriginal residents (Goodall 1995; Donald 1996 ; Broome 1995). In Victoria the Welfare Board provided " . . . prefabricated concrete houses with internal doors and with slot machine electric meters to teach Aboriginal people to live in European houses" - another transitional approach (Broome 1995, p.152). Private rental housing was difficult to obtain due to racist attitudes, private ownership made virtually impossible due to poor wages and many states prohibited Aboriginal people from buying land (McGrath 1995). In the 1950's and 1960's, when Aboriginal people moved to the cities for work, education and political reasons they often lived in "overcrowded slums" and condemned housing (Goodall 1995; Broome 1995).

In 1967, a Federal referendum repealed section 127 of the Constitution which stated

"In Reckoning the numbers of the people of the Commonwealth, or of a State or other part of the Commonwealth, aboriginal natives shall not be counted."

and gave the Federal government power to legislate for Aboriginals by removing section 51 paragraph xxvi -

"The Parliament shall, subject to this Constitution, have power to make laws for peace, order and good government of the Commonwealth with respect to: xxvi) The people of any race, other than the aboriginal race in any State, for whom it is deemed necessary to make special laws."

(Gill 1998, p.61)

The referendum thus empowered the Federal Government to implement national Aboriginal policy and provide funds for Aboriginal housing (Sanders 1993; Gill 1998). The Federal Office of Aboriginal Affairs was established in 1968, becoming the Department of Aboriginal Affairs in 1975 (Gill 1998). In NSW, WA and Victoria the Welfare Board was disbanded, Housing Commissions became responsible for housing Aboriginal people funded by the Federal Government through the states.



Plate 40 Rough conditions are preferable to living too close to the Reserve (Number Three Island, temporary dry season dwelling, 1980)

This was said to increase pressure on Aboriginal people to move to urban areas and to conform to European lifestyles (Goodall 1995). In the late 1960's and into the 1970's Four Federal housing programs were initiated. These were the State Grants program, a grants program to Aboriginal community housing organisations, the Aboriginal Hostels program and a low interest loan scheme (Sanders 1993). (In 1981-2 the responsibility for the Federal Housing Grants passed to the Aboriginal Development Commission (ADC)).

Between 1972 and 1975, the Federal Whitlam Labour government's policy of self-determination, a move away from the "authoritarianism" and "directiveness" of earlier policies was instrumental in implementing or supporting these programs (Nathan and Japanangka 1983, p.18). However, Coombs (1978) notes that an "anxiety for speed" by the Whitlam government enabled the funding and establishment of many Aboriginal community housing co-operatives without the necessary professional support (p.239). So, together with little cultural awareness or sensitivity, this resulted in "gross waste, incompetence and abuse of trust" of Aboriginal people and communities (Coombs 1978, p.239). (The inability of some Local Indigenous Housing Organisations (LIHO's) to operate effectively and efficiently continues to be of concern and the Aboriginal and Torres Strait Islander Commission (ATSIC) are currently implementing strategies to support "community housing management at both regional and community levels" (ATSIC 1998, Attachment B p.1)).

Coombs (1978) also suggests there were problems with a newly established Aboriginal run National Aboriginal Consultative Committee (NACC) that was said to neither serve the interests of their people nor have any real power with government. Although, he does acknowledge that there was a considerable improvement in housing for many Aboriginal people in urban and town areas. However, Newbury (1999) says that, despite some resultant improvements for Aboriginal people, the power and influence of mining and pastoral interests undermined government promises for land rights and a treaty agreement. Nathan and Japanangka (1983) suggest that self-determination "differ(ed) little from assimilation" in its implementation, becoming "a rhetoric to cover economic calculations" (p.156-7).

Donald (1996) outlines the changes in policy and management of Aboriginal housing in the state of NSW after 1970. He notes the

formation of the Aboriginal Lands Trust in 1973 and their struggle to manage old, poorly maintained Housing Commission stock with minimal funding through local Aboriginal Housing Associations (AHA's). He contrasts this poorly funded Aboriginal managed organisation with the Housing Commission which received the majority of Aboriginal housing funding whilst often implementing culturally insensitive policies. He also notes the replacement of the Lands Trust in 1983 by Local Aboriginal Land Councils which were supported by regional and state Land Councils and these together with the renamed Department of Housing continued to provide and manage housing to Aboriginal people with a growing proportion of Aboriginal housing funds allocated to the Land Councils (Donald 1996).

In the Northern Territory, in the 1970's, the enactment of the *Aboriginal Lands Right Act* enabling Aboriginal claims to land, the formation of the Northern and Central Aboriginal Land Councils and the homeland movement all contributed to the return of Aboriginal people to traditional lands. Read (1995) says that by 1987 there were 5500 Aboriginal people living in 328 Homeland areas. The community development and empowerment aspects of this movement, and the concomitant psycho-social benefits, are noted by Gavranic (1978), Nathan and Japanangka (1983) and Morice (1976). However the Department of Aboriginal Affairs was reluctant to provide financial support for these homelands, considering shelters to be temporary and European type facilities not necessary, with resultant poor physical conditions (Nathan and Japanangka 1983). South Australia in the 1960's and 1970's had also introduced legislation allowing the allocation of land to Aboriginal people and the establishment of Reserve Councils, giving Aboriginal people some control over their lands and affairs for the first time since the early 1800's (Brock 1995).

In 1990, the Aboriginal and Torres Strait Islander Commission (ATSIC) was established to represent Aboriginal people at regional, state and federal level. At present it provides low deposit, low interest rate home loans - up to 500 a year. It operates the Community Housing and Infrastructure Program (CHIP) to build and maintain housing and provide related infrastructure to augment state housing schemes. It funds Indigenous Housing Organisations directly or through regional and state housing bodies. It funds some housing projects, assessed as "very high need" in regards to health, through the National Aboriginal Health

Strategy (NAHS) and the Health Infrastructure Priority projects (HIIP), both part of the larger CHIP program, and it helps to administer land rights legislation (ATSIC 2000a, <http://www.atsic.gov.au>). ATSIC (2000b) reports the improvements achieved from these programs from the findings of the Community Housing and Infrastructure Needs Survey (CHINS) include increased "access to higher level sewerage systems" and connection to an electricity supply (p.30). However the funds made available for housing "don't allow ATSIC to attack the backlog of housing needs while also serving the growth in demand" (ATSIC 2000b, p.30).

In 1992 the High Court overturned the concept of *terra nullius* in resulting in the Native Title Act of 1993 which recognises Aboriginal people's prior occupation of and rights to land. The National Native Title Tribunal was established to enable Aboriginal people to lay claim to title of their traditional lands (Newbury 1999). Newbury (1999) says that this Act is only relevant to a small percentage; for most Aboriginal people their "Native Title has been extinguished without negotiation or compensation" (p.48), a belief supported by Foley who calls it "the most extensive act of dispossession since 1788" (2000, <Http://husky.arts.unimelb.edu.au/iaas99/Gary%20Foley/>). In 1994 the Keating Government introduced the Aboriginal Land Fund, administered by the Indigenous Land Corporation, to enable the purchase and management of lands for and by Aboriginal people (Newbury 1999).

However, despite improvements in government approaches to support Aboriginal self-determination and self-management many Aboriginal people still live in inadequate and unhealthy housing or are homeless. In 1999, Jopson (1999) reported that most Aboriginal people in the Gulf country (far-north Queensland) had housing that was "largely substandard", and many people "break under the strain" (p.12). The Community Organisations Report on Housing in WA notes that Aboriginal people are still facing racism in terms of access to safe and healthy housing (Whelligan and Ballard 2000). It also reports that the most recent bilateral Commonwealth State Housing Agreement (CSHA) agreement between the Federal and WA state governments has removed previous reference to housing in equity and human rights terms, reducing it to to a "limited safety net" welfare issue (p.12). Kemeny (1992) says that a change in terminology is used by governments to reduce "public expectations of housing standards" and facilitate reduced spending on housing (p.31). Lawler (2000) criticises

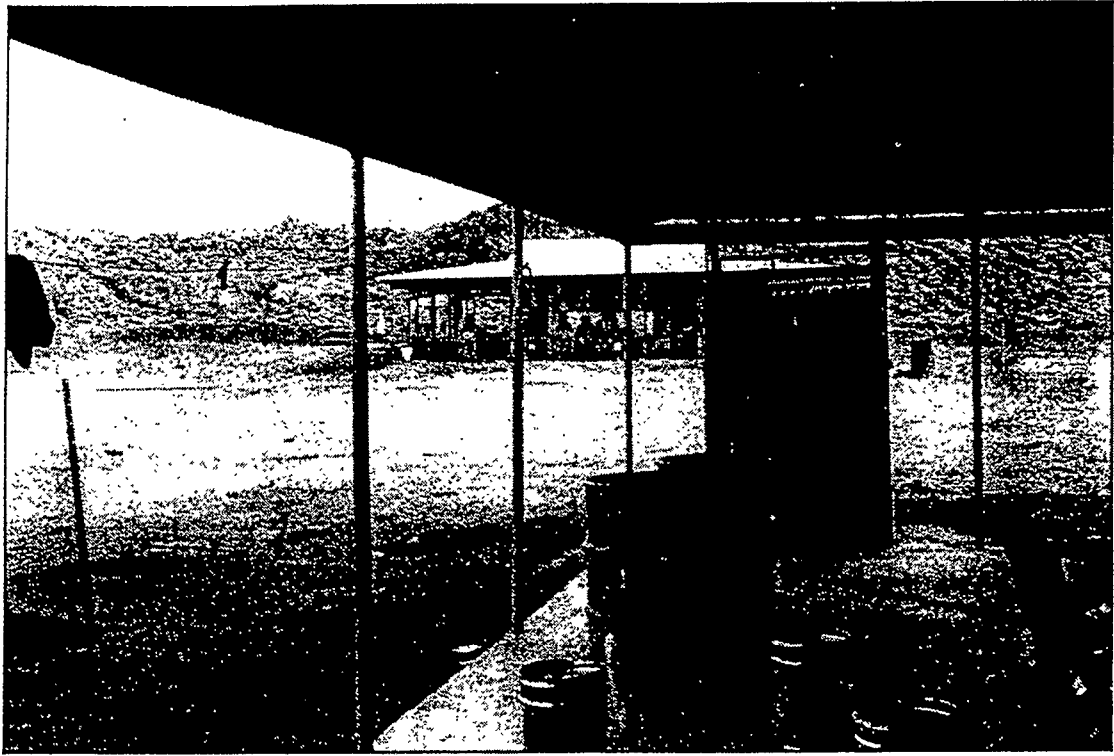


Plate 44 Uncovered pit toilet near water storage and food preparation area (Redhill, early wet season, 1980)

current housing policies for, and attributes their failure to address Aboriginal housing issues to, their focus on quantitative measures - "the amount of funding provided and the number of houses built" - rather than considering "humanitarian and social issues" such as community consultation and involvement which would enable and empower people to "develop their own housing solutions" (p.23-4). Turner (1988) also stresses the importance of involving people and suggests that their specific needs . . . "are far more likely to be served through community based programs than through commercial developments or through government initiatives in which people have no significant part" (p.14). However he does stress that this does not absolve governments of their responsibility to provide support.

It is difficult to present a brief comprehensive historical overview of Aboriginal housing and lifestyle due to the extensive time frame, physical area and regional variations involved. However, many significant changes did occur in the lives of Australia's Aboriginals after colonisation. Before contact, nomadic hunter-gathering lifestyles and the significance of land was universal and it is said that Aboriginal people maintained a healthy living environment and enjoyed good health. Post-contact there has been a consistent theme of maltreatment, stories of dispossession, institutionalisation, neglect and discrimination common. Lifestyle and shelter generally changed for the worse. The quality and type of shelter and the demoralising treatment impacted negatively on well-being. The official stance of governments also impacted adversely on Aboriginal people. A long history of repression and discrimination began with "terra nullius", denying Aboriginal occupation and ownership of land, and was followed by legislation and policies that further disempowered Aboriginal people. Although the intention may have at times been to support, protect or improve conditions, the approach taken was paternalistic and patronising. Only recently have Aboriginal people been represented in government by their own people and had their claims to land recognised, although there is some question as to any widespread benefit of these initiatives at "grass roots" level.

5. Aboriginal Health And Housing

*"Remember the hate
the mortality rate
the tumbledown shacks and the rain
the children you bury
the pain that you hide
the despair and denial out-back
you're down and you're beaten
a glimmer of hope
like a sigh on the wind passes by
you cannot explain
but
you're **their** problem again
by your stubborn refusal to die . . . "*

"Same Old Problem" - Kevin Gilbert
in Newbury 1999, p.45

"When you take away someone's land you take away part of their insides"

Galarrwuy Yunupingu in McGrath,1995, p.xxviii

"Much of the poverty and disease in Aboriginal communities is a result of the dispossession of their lands"

Woollard in Healy,1998, p. 7

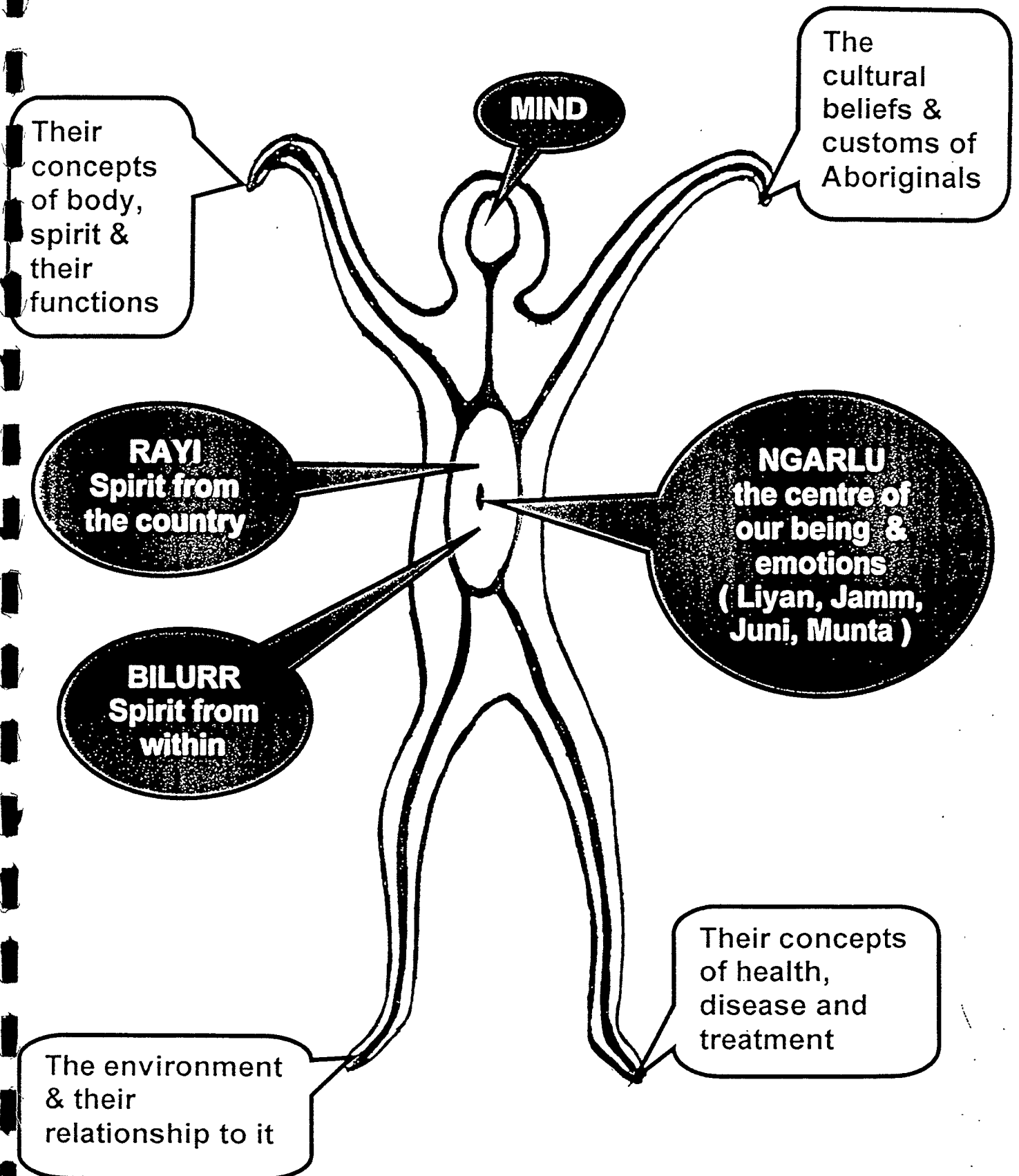
Since invasion and up to the present time, the health of Aboriginal Australians has suffered. Specific concerns have been, and continue to be, voiced in relation to the impact of poor living conditions and inadequate housing on Aboriginal health. Government and non-government organisations have initiated and conducted many projects to address this situation with varying results. However, the dispossession and discrimination experienced by Aboriginal people has caused disadvantage in other areas of life, including education and employment, also impacting on health and creating a complex of problems. Polgar and Thomas (1995) refer to these as multiple causal factors.

Aboriginal lands began to be appropriated by white settlers soon after invasion which continued until most Indigenous people were dispossessed and displaced from their land (The National Housing Strategy 1991). As a consequence, Aboriginal people could no longer freely hunt and collect food and visit their sacred sites, intensive farming practices destroyed the habitat of native plants and animals that were an integral part of the Aboriginal diet and water reserves were depleted (Saggers & Gray 1991; Franklin & White 1991; Mullvaney & Kamminga 1999). Aboriginal people often became reliant on inadequate and poor quality food supplies provided at stations and missions and became habituated to sugar, salt, fat and refined foods. Mullvaney & Kamminga (1999) say that "With the spread of pastoralism, the traditional food resources available . . . were diminished or otherwise alienated. These factors, and the concomitant social dislocation and psychological impact, exacerbated the (destruction of Aboriginal societies)" (p.67). The poverty and disease in Aboriginal communities has been largely attributed to the dispossession of people from their lands and the concomitant change in lifestyle.

Aboriginal people were unfamiliar with sedentary European living styles and unprepared for the impact this change was to have on their health. They also did not have access to the resources and support necessary to alleviate the situation (Franklin and White 1991). As well as losing their traditional lands and associated way of life, Aboriginal people suffered from the racist attitudes of the white population. The allocation of resources to improve their health conditions often was (and continues to be) met with opposition, often based on the belief that Aboriginal people were less evolved and would die out (Franklin & White 1991; Reser 1991; Rowley 1970).

European settlers also brought a large number of previously unknown infectious diseases; they included smallpox, influenza, leprosy, tuberculosis, chicken pox, measles, syphilis and gonorrhoea. Aboriginal people had no immunity to these diseases which spread rapidly, sometimes totally obliterating whole communities (Saggers & Gray 1991). Poor and crowded living conditions exacerbated the transmission of disease and little or no action was taken to support Aboriginal people until there was a threat to the health of the white community (Saggers & Gray 1991). There has since been a reduction in the incidence of these diseases but some remain a problem. STD's, respiratory, gastro-

Ngarlu Assessment Model



intestinal, skin and eye disease are widespread (Reid 1982; Thomson 1991).

Also, the patterns of pre-existing disease changed, with an increase in their incidence and severity due to the change in population density (Saggers & Gray 1991). Diseases that were of little long-term consequence in dispersed, small groups became recurrent and chronic in the concentrated populations of the reserves and fringe settlements, lowering resistance to other infections (Waterford 1982). This reduced resistance led to, and for some still results in, a cycle of ill health that is passed from generation to generation (Reid 1982; Thomson 1991; Torzillo 1993). Aboriginal people became trapped by the problems of poor diet and living conditions, lack of health services and white oppression. Chronic illness had an ongoing effect - children's growth and development was hindered, education and work suffered (impacting on employment opportunities), mental states affected, and Aboriginal people were seen, and stereotyped, as lazy, disinterested or unintelligent (Waterford 1982).

Lifestyle diseases followed the infectious diseases. They have largely been the consequence of the change from semi-nomadic to sedentary living, and changes in diet. The reduction in physical activity and the increased intake of processed foods high in salt, sugar and fats led to the problem of obesity (Thomson 1991). This in combination with the poor diet and lack of exercise contributes to a high incidence of diabetes in Aboriginal communities, as well as high blood pressure and heart disease (Waterford 1982; Franklin & White 1991). There has also been links made between childhood malnutrition, growth failure and infectious diseases to the development of cardiovascular disease and diabetes in later life (Torzillo 1993).

Current statistics reveal the divide that has developed between the health of the Aboriginal and non-Aboriginal populations. Compared to the non-Indigenous population, Aboriginal people have a 15-18 times greater chance of dying from infectious disease. Life expectancy is 15-20 years lower in the NT, SA and WA and infant mortality is 3 times higher. For every age group the Aboriginal death rate is higher than for other Australians, and serious mental illness is experienced at a higher rate (Healy 1998, p.5).

The loss of culture and the marginalisation of Aboriginal people in white culture have been major contributing factors in Aboriginal mental illness (Thomson 1991). Dispossession from their land, poor employment opportunities and reliance on welfare handouts have had a demoralising effect as well (Franklin & White 1991). The massacres, the sexual abuse, the breakdown of families and the removal of children has over a long period of time deeply traumatised many Aboriginal people (Saggers & Gray 1991). The stress inherent in these situations has furthered the "secondary lifestyle" (Reid 1982) problems that also impact on their wellbeing, for example the misuse of alcohol and other drugs is creating huge problems in Aboriginal communities throughout the country. Depression, suicide, family violence and accidental death are also "high prevalence disorders" (Reser 1991, p.243). The House of Representatives Standing Committee on Aboriginal Affairs attribute a group dependency, depression and immobilisation in Aboriginal communities to the stress of living with insecurity and impermanency of home tenure, without the right of independent decision making (Reser 1991).

Specific reference to the relationship between health and housing in Aboriginal communities appears throughout general accounts of Aboriginal life since colonisation and in reports that specifically describe housing related health issues. Dowling and Ward (1976), in what Memmott (1991) calls a "seminal paper" (p.151) document the impact of poor housing on the health of Aboriginal people throughout NSW. They stress the psycho-social impact of poor housing as well as the physical housing conditions. They suggest that the history of dispossession and oppression result in feelings of "worthlessness, hopelessness, apathy, frustration and hostility" exacerbated by poor housing conditions including overcrowding, polluted drinking water, inadequate food storage and poor sewerage facilities, and they relate these conditions to specific health disorders (pp.1-4). They also criticise government housing programs of the time as discriminatory and culturally insensitive, failing to understand or empower Aboriginal people but, rather, separating and weakening families and communities.

In 1976, an article entitled Housing and Health in an Aboriginal Community in Bourke, NSW, Max Kamien, a doctor working in this community, describes the range of housing available to Aboriginal people in the 1970's including transitional, HFA (Homes for Aborigines),

Housing Commission, privately owned, privately rented and reserve housing and suggests that for all this housing most people "must be regarded as being homeless" because of their poor living conditions (Kamien 1976, p.193). He describes physical, psychological and social health hazards of the housing including "gross" overcrowding and lack of adequate sanitation, suggesting, like Dowling and Ward, that the worst aspect of these conditions was psycho-social, "the social disrespect both from (the residents) themselves and from the population at large" (Kamien 1976, p.192). He also notes that such conditions were "common" in other NSW Aboriginal communities citing the work of McKay (1968), Beasley (date not included), Long (1970) and Rowley (1970) (See footnote). In 1975, Dr John McCarthy suggested that the solution to Aboriginal health problems should focus on "securing adequate employment and housing" (Memmott 1991, p.151).

Reynolds and May (1995) suggest that Aboriginal people "lived for a long time with chronic anxiety" (p.178) due to constant disruption to their lifestyle and institutional life on missions, government settlements or communities leaving them "insecure and unsure of their identity" (p.200). Professor Elkin (1981) early last century had identified the effect of the breakdown of culture and institutionalised or sedentary lifestyles on Aboriginal people saying,

"Without this chart (of sacramental relationship with timeless unseen reality, with spirit of each and every thing on the land) a man is "lost" spiritually and psychologically, even in his own country. This, of course, is a phenomenon of the breakdown of Aboriginal culture, of ritual and belief, which inevitably follows the intrusion of pastoral, mission and

Footnote

McKay I: Housing for Aborigines in New South Wales, *Architecture in Australia* 1968, 57 (3), pp.486-494.

Beasley P (no date): *The Aboriginal Household in Sydney*. In Taft R, Dawson J & Beasley P (Eds.): *Attitudes and Social Conditions*. Canberra: Australian National University Press, pp. 161-163.

Long J (1970): *Aboriginal Settlements: A Survey of Institutional Communities in Eastern Australia*. Canberra: Australian National University press, pp.64-78.

Rowley, C (1971): *Outcasts in White Australia*. Canberra: Australian National University Press, pp. 305-344.



Belinda Cashman with her two-year-old son, Tremayne. An ATSI housing loan enabled Belinda to purchase her house in Penrith - "a dream come true", she says.

government stations into the Aborigines' countries. The consequent spiritual lucunae and loss of psychological adaptation set a problem for them and for us." (p.44)

Jimmy Barker, a NSW Aboriginal, refers to the difficulty Aboriginal people had in adjusting to living in and maintaining European style housing. He describes the unkempt state of the settlement and houses of Brewarrina and attributes their poor condition to the isolation and segregation experienced by people, problems of adjustment and "laziness" as well as a lack of awareness of the cause of disease (Mathews 1977, p.184). Memmott (1991) considers that the hopelessness and despair experienced by Aboriginal people would be reflected in a disrepair of their living environment. Ross (1987), referring to the Halls Creek area, WA, in 1980, also notes the difficulty of living in and adjusting to European style house requiring "regular upkeep" while maintaining Aboriginal social life which put "people in the position of having to miss out on social activities in order to maintain the house, or to experience poor hygiene conditions as housework falls behind" (p.68).

The physical conditions on reserves and settlements were said to contribute to physical health problems. Broome (1995) reports the high rates of mortality on (and off) reserves in Victoria in the late nineteenth and early twentieth centuries, notably as result of respiratory diseases, attributing these, and the still high rates existing in the 1960's, to "poor housing and hygiene and a meagre standard of living" (p.141). On Nepabunna Mission in South Australia the high level of eye disease and dysentery was said to be the result of the lack of sanitation, exacerbated by the remoteness and lack of local medical facilities (Brock 1993). Nathan and Japanangka (1983) report the physical and mental health problems experienced by the Pintupi people of the Northern Territory living on settlements, including depression, malnutrition, pneumonia, chest and gastro infections contrasting this situation with early contact reports of the good health of these people.

Reference is also made to the conditions on fringe camps in relation to health. Smith (1996) says of the fringe settlement at Katoomba, NSW, "Sickness, particularly respiratory illness, is a regular theme of the missionaries' reports and one wonders how dampness, and primitive

living conditions of the Aborigines contributed to . . . deaths" (p.127). Collman (1988) also notes the negative impact of camp life on the health of Aboriginal people.

Berndt and Berndt (1987) also report from their research that Aboriginal people living away from European settlements experienced better health than those who spent "an appreciable part or all their lives on such settlements (p.267)." Gill (1998) reports similar findings at Weilmoringle in north-west NSW, saying "there are several reasons why health was better here in the 1970's. The people living in the camp at Weilmoringle have always been able to move around the bush and gather native food" (p.83). A recent comparative study of the health of Aboriginal people in central Australia between homeland and centralised communities found that the homelands people had better health in regard to mortality, hospitalisation rates, hypertension, diabetes and injury (McDermott, O'Dea, Rowley, Knight and Burgess 1998).

In 1993 at the ATSIC, Indigenous Australian Shelter Conference, Dr Paul Torzillo reported that, in relation to rural and remote Aboriginal communities based on thirty years of research of Third World conditions, it is the living environment and improving health hardware" that is necessary for the maintenance of health (Torzillo, 1993). This belief is at the foundation of the Housing for Health work and the nine healthy living practices as described by Pholeros et al (1993). This work began in the mid 1980's in conjunction with the Nganampa Health Council who had identified a connection between the high levels of ill-health, particularly in children, and problems in the living environment (Torzillo 1993). Although not fully conclusive, the rate of eye infection, associated with face washing, and skin disease, associated with bathing and washing clothes and bedding, were found to be reduced after the survey period (Pholeros et al. 1993). Torzillo (1993) also considers that ongoing maintenance of the health hardware by the community is integral to continued health benefits. Since this initial project, Housing for Health projects have been conducted in other Aboriginal communities throughout Australia.

In 1997, an article appearing in the British Medical Journal ("Aboriginal housing: abandon hope all ye who enter") attributed the "squalid" housing conditions and related health problems of many outback

Aboriginal communities to the negligence of federal and state governments, suggesting that this was a breach of basic human rights (Chapman 1997, p.399). This belief is echoed in the evaluation of the National Aboriginal Health Strategy (NAHS) (1994). This report considers that the provision of basic housing and associated infrastructure is essential for both the "improvement of health" and "the attainment of social justice" (p.1) and found that health statistics for ATSI people "demand national large scale affirmative action programs in environmental health" (p.4). Also, The National Indigenous Housing Guide stresses the importance of community and family consultation to ascertain relevant localised health and housing needs, although it does consider that similar work across the board, based on experience in many Aboriginal communities throughout Australia and a resultant development of prioritised healthy living practices, will successfully contribute to the alleviation of poor health (Healthabitat 1999).

The colonisation of Australia by European society and the conflict which developed between the two cultures has resulted in massive health problems for Aboriginal people. There are many factors which have been implicated in the current health problems - the loss of land and traditional lifestyles, the history of oppression perpetrated by individuals and institutions and the lack, or inappropriateness, of housing and living environments. Reid acknowledges the complexity of the situation saying "the current patterns of Aboriginal morbidity and mortality are the product of historical, social, structural, economic and political forces" (1982, p.xii).

6. Health and Housing

“ . . . Healthy housing is not just concerned with the sanitary and hygienic design of the shelter but the whole spectrum of physical health, mental health and social well-being within the dwelling and in the residential environment.”

Ranson 1991, p.2

Health as a Western concept had for a long time focused on the scientific medical model placing emphasis on sickness and its treatment (HALT 1991). Now, the World Health Organisation (WHO) promotes an holistic view of health, relating to the overall wellbeing of people within their society, not dissimilar to the way traditionally Aboriginal people perceive health - as a sense of wellbeing, incorporating physical, psychological and spiritual dimensions (Reser 1991; Roe 1999; Roe 2000). Good housing has been acknowledged as one of the many factors that contribute towards people's health and well being. The Declaration of Alma Ata, a legacy of the 1978 International Conference on Primary Health Care, states that primary health care, “ involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the co-ordinated efforts of all those sectors” WHO, 1999 Section VII(4).

After the Industrial Revolution, in the 1800's, came a growing awareness in Western scientific thought of the effects of housing on health when large numbers of people migrated to cities, creating slum areas with appalling living conditions (Byrne, Harrison, Keithley & McCarthy 1986; Ineichen 1993, Saul 1997). The detrimental effect of these living conditions to health was noted and, initially, in the first half of the nineteenth century, scientists believed that diseases were transmitted by the inhalation of noxious gases, the smells that resulted from a lack of fresh water, drainage, ventilation or rubbish removal - a miasma theory of disease (Byrne et al. 1986; Ineichen (1993). This was replaced later in the nineteenth century, with the advent of microbiology, by the germ theory of disease; disease being caused by “infection by contact or by transmission through air or water borne

germs" (Ineichen 1993, p.10). Macintyre, Ellaway, Der, Ford and Hunt (1998) reflect that during this period there was more public health focus on the relationship between housing conditions, social position and health than exists at the present time.

Stemming from this theory and after considerable research many physical disease conditions have been linked to specific aspects of the living environment. Water has been found to play a major role in transmitting disease in the living environment. The lack of a clean, adequate water supply for drinking, cooking, bathing and washing and of effective waste water removal have all been implicated. An unhygienic water supply for human consumption can carry the risk of exposure to diseases including typhoid, cholera, hepatitis, dysentery, diarrhoea and cholera (Hardoy, Cairncross, and Satterthwaite 1990; Memmott 1991, p.153; Ineichen 1993; D'Souza 1997; Tenssay & Mengistu 1997). Tenssay and Mengistu (1997) found that water coming from an unprotected source containing infective bacteria, including *E.coli* and *Enterobacter* sp., contributed to diarrhoeal diseases in young children in Ethiopia.

Insufficient water for washing and bathing has been related to diarrhoeal diseases, skin diseases, acute respiratory infections, eye infections, scabies, renal disease, rheumatic fever and rheumatic heart disease, as well as lice and flea infestation (Ineichen 1993; Pholeros et al. 1993; Hardoy et al. 1990; Memmott 1991). However, a recent study by Miller in New Zealand found that hand washing could actually increase disease transmission and stressed the importance of adequate drying with clean towels to prevent infection (Whelan 2000). The inability to adequately remove sewage (black water), can lead to faecal-oral diseases such as hepatitis and gastroenteric infections, as well as intestinal worm infestation; while inadequate removal of waste washing water (grey water) can result in gastroenteric infections as well as provide a breeding ground for mosquitoes which carry malaria and other diseases (Ineichen 1993; Pholeros et al. 1993; Cairncross and Ouano 1990; Memmott 1991). Sinnatamby (1990) notes that the impact on health of inadequate sewerage facilities can be further complicated by the lack of available water and poor personal hygiene practices, as well as the "secondary" issues of lack of privacy and difficulty of access to facilities at night (pp.129-30).

Defects in other aspects of the living environment have also been implicated directly in the transmission of some of these same, and other, diseases, with multiple defects exacerbating and complicating diseases and their management. Overcrowding can, together with lack of washing facilities, contribute to the spread of certain respiratory illnesses which are contracted by "secretion swapping", infection either by aerosol droplets, large droplets or touching and sharing infected objects (Pholeros et al.; Hardoy et al.) and can also exacerbate diarrhoeal diseases. Rosenberg, Kendall, Blanchard, Marel, Wakelin and Fast (1997) found that crowding, an inadequate water supply and poor sewerage disposal were significantly associated with the incidence of shigellosis (*Shigella dysenteriae*) on Canadian Indian reserves. Kamien (1976) notes the combination of poor housing and overcrowding was primarily responsible for high levels of respiratory disease in Aboriginal children in the Northern Territory.

Poor ventilation has been found responsible, exacerbated by structural damage or unsuitable furnishing materials and carpets, for dampness and/or microbial contamination of indoor air which have been implicated in the increased incidence of respiratory diseases (Ineichen 1993; Hardoy et al 1990). Yang, Chiu, Chiu and Kao (1997) concluded that home dampness, including general dampness, the presence of mould and mildew and water leakage from cracks and leaks in buildings, is both a significant predictor and risk factor for respiratory symptoms including cough, wheezing, pneumonia, bronchitis and asthma. Johanning, Landsbergis, Gareis, Yang and Olmstead (1999) also reported a connection between dampness and fungal contamination and respiratory illnesses, as well as disorders of the skin, mucous membranes and central nervous system.

There are other specific aspects of the living environment that have been identified as causing or contributing to physical ill health and injury. Structural faults and the absence of screens and food storage areas increase the risk of infestation by pests, which act as vectors for diseases, such as malaria and chagas disease or carry infectious diseases such as gastroenteric and skin diseases; domestic animals are also responsible for disease transmission (Pholeros et al. 1993; Ineichen 1993; Schofield, Briceno-Leon, Kolstrup, Webb and White 1990). Structural faults are also responsible for domestic accidents and injury and the siting of housing can impact on health, either by being located in

an area with conditions conducive to disease transmission (eg. poorly drained land, proximity to garbage collection sites) or being removed from emergency and health care services (Hardoy et al 1990). Goldstein (1990) notes that these problems of access, which restrict access to health services and delay attendance by emergency vehicles, further complicate the higher accident and illness rate common to poor housing.

Housing defects, as well, can hinder disease recovery by weakening a person's resistance. Pholeros et al (1993) notes that house temperature can influence infection resistance and dusty conditions can exacerbate non-specific irritation to skin and mucous membranes. Also, a lack of facilities for food preparation and cooking can be the cause of malnutrition, poor general health and low infection resistance (Ineichen 1993; Immink and Payongayong 1999).

To manage housing related physical illness and accident, Pholeros et al. (1993) identify and prioritise nine strategies, "healthy living practices", - washing people, washing clothes, removal of waste water, reducing the effects of crowding, pest control, nutrition improvement, dust control, temperature control and physical hazard control (pp.7-10). Hardoy et al. (1990) also provide a list of actions or strategies, identifying roles for individual households through to national governments, to address housing related health risks including both physical conditions and mental stress, specifically from insecurity of tenure (pp.266-8). Fiedler (1998) reports on a checklist used to assess "building-related illness" factors based on epidemiological studies, which includes psychological as well as physical factors (pp.656-60).

Ineichen (1993) suggests that the effect of housing on psychological wellbeing is a recent and increasing concern. Although the relationship between housing and emotional and mental health may be considered more difficult to substantiate, it would not be difficult to imagine that living in squalid conditions could result in unhealthy mental states. There has been some studies conducted on specific aspects of housing in relation to psychological health and on the emotional relationship with house and home. Hyndman (1990), Blackman et al (1989) and Sluka (1989) found that depression, bad nerves, insomnia, alcoholism, dependence on tranquillisers and other mental health problems

developed as a consequence "a cocktail of problems" including damp and mould, poor structure, sewerage problems, pest problems as well as unemployment, violence and poverty (in Ineichen 1993, pp 39 & 47-8). Also, privacy has been found to impact on emotional and mental wellbeing. Lack of privacy, the inability to control who enters one's space, creates feelings of powerlessness and over-exposure while too much can create feelings of isolation and loneliness, often an issue particular to women and the elderly (Ineichen 1993; Kamien 1976). Swindle and Moos (1992) suggest that psychological problems related to the home environment may be alleviated if "other important domains", such work or school, in a person's life provide compensatory satisfaction (p.5).

Crowding has also been related to mental health, although there is some research disputing any direct association between crowding and stress. Freedman (1975) found that it was the number of people, rather than the amount of space per person, that had more influence on stress levels and that other factors, such as poverty and educational levels, were also associated with an increase in stress (p.57). Ineichen (1993) and Memmott (1991) also suggest that other factors influence the effect of crowding on stress including the population type, the amount of time spent in the home, perceptions of space and house design (p.46).

Other research has explored the relationship between poverty, housing and mental health. Birtchnell et al in Ineichen (1993) found some support for a relationship between poor housing and depression. Stronks, Van de Mheen and Mackenbach (1998) also found a link between low income and health through relative deprivation, involving both physical health and psychological or behavioural factors. Insecurity of tenure and moving home have also been associated with mental health problems. Marcus (1995) suggests our "feelings of identity and self-esteem are intertwined with our dwelling environment" and equates the loss of this environment to the loss of a loved person (p. 225, 244). Ineichen (1993) reports that many studies have found mental health suffers when moving house, particularly if it is an enforced move. This experience of "*feeling* or actually *being* out of control" is said to signify stress (Isaacs 1999, p.4). Chronic stress, characterised by long term adrenalin overstimulation, can be caused by unresolved trauma and emotional states including guilt, anger and grief; these may relate to experiences long past (Isaacs 1999; Marcus 1995,).

Rosenman (1994) also reports that the response to stress may take either of two pathways - a sympathoadrenal aggressive response when a person has control over their environment or a defeat response characterised by frustration, withdrawal and immobilisation related to a release of cortisol.

There is convincing evidence connecting mental and emotional states and physical health. Isaacs (1999) says, "It is known that psychological and social factors as well as emotional states can influence the development and course of infectious and malignant disease" (p.13) and links many health conditions to stress including an increased susceptibility to toxins and other environmental factors, recurrent infection, depression and an increase in insulin levels. Wheatley (1994) says that stress "can produce devastatingly adverse effects, which in turn may constitute a threat to health" and states that stress can initiate, maintain and aggravate physical and mental illness, including cardiovascular diseases, skin diseases, anxiety and depression (p.1-22). Heath (1999) specifically notes the negative impact of housing related stress on health as a result of lowered immune function.

The relationship between health and housing is obviously multi-faceted and complex. Cairncross, Hardoy and Satterthwaite (1990) emphasise the importance of a broad view of this relationship incorporating the "house, the services and facilities it contains, and its surrounds" (p.17). Walsh, Craik and Price (1992) note that any aspect of a person's functioning cannot be comprehended in isolation from the "totality in which it operates" (p.245). This complex interaction of multiple causal factors makes it difficult to establish a cause - effect relationship in epidemiological studies (Polgar and Thomas 1995; Sinnatamby 1990). It is said that this interaction can be further complicated by a transactional and "reciprocal feedback" process between multiple causes and outcomes (Swindle and Moos 1992, p.3). It is also necessary to consider differences in health risks according to specific situations and conditions. Population demographics, environmental conditions, housing type and location will determine the predominant local health issues (Cairncross, Hardoy and Satterthwaite 1990), although research does indicate that children generally are the most vulnerable to housing related illness (Cairncross, Hardoy and Satterthwaite 1990; Pholeros et al 1993).

The relationship between people's physical and psychological health and their housing and living conditions has been, and continues to be, recognised and studied. Specific aspects of the living environment and certain physical disease conditions have been shown to have a cause-effect relationship. The disease of living in an environment with poor conditions, inadequate to one's needs or of inappropriate design over which one has no little or no control has been found to impact on mental states. The multiplicity of causal factors impacting on specific physical or psychological conditions and the interaction between mental and physical health create a complexity of issues.

7. Discussion and Recommendations

"Housing has potentially a crucial part to play in cultural repair, reclamation of territory, reduction of poverty and protection of health, as well as in the provision of residential amenity. However, the wrong strategies may actually exacerbate the problems already facing Aboriginal and Torres Strait Islander people."

Australia National Housing Strategy 1991

The questions proposed at the introduction of this paper provided the focus for this study of Aboriginal housing and health. The pre and post invasion lifestyles and housing of Aboriginal Australians, the impact of this change on Aboriginal health in particular and the relationship between the living environment and health in general were investigated. The possibilities for positive change are considered in this section. The study, a literature review, is not comprehensive but attempts, as recommended by Bruce (1994) and Glesne, Corrine & Peshkin (1992) and elucidated in the methodology, to provide a greater understanding of the chosen subject and identify prior research and relevant issues. Also, a concurrence with Kemeny's (1992) belief that housing research impacts personally on the researcher encouraged the inclusion of a background narrative, a research methodology supported by Clandinnin and Connelly (1994).

The narrative provided a personal account of, and insight into, the lives and living conditions presently experienced by several Aboriginal communities. It also provided some support for the literature. Observations included in the narrative reflected situations reported in the literature: reference in the narrative to old houses of standard design and poor quality, inappropriate for cultural and local needs, was also made by Broome (1995) and Goodall (1995). The poor conditions observed in these old houses also reflected reports, including those of Donald (1996) and ATSIIC (1998), that noted funding shortfalls and the difficulty experienced by Aboriginal community housing organisations to effectively or efficiently manage old housing stock while keeping pace with the growing need for further housing, as well as Coomb's (1978) reference to the exploitation of inexperienced communities. Other accounts in the narrative found connections in the literature including problems of access (O'Donaghue 1998; Brock 1993), difficulties in house

care (Ross 1987; Memmott 1991; Mathews 1977) and the benefits and dis-advantages of life on fringe camps (Collman 1988).

The narrative also outlined the process of a project to improve Aboriginal health through the upgrade of housing. Benefits relating directly to physical health were not observable or assessable during the project period. Pholeros, Rainow and Torzillo (1993), the project designers, consider that evidence exists to link the home environment to physical disease conditions and their nine healthy living practices are based on studies that support this belief. Although, Byrne, Harrison, Keithley and McCarthy (1986) also consider poor housing does impact negatively on health they suggest it is neither necessary nor possible to provide evidence of this. However, the narrative did report direct benefits related to positive social and emotional wellbeing for both individuals and communities - an observation that requires substantiation. Also, the relationship between physical, psychological and social wellbeing acknowledged by the health research (Isaacs 1999; Wheatley 1994; Heath 1999) suggests the potential for some indirect physical health benefits from the project through increased mental and emotional health.

The significance of psycho-social factors in relation to environmental health in Aboriginal communities is supported by the observations of Dowling and Ward (1976), Kamien (1976) and other writers (Ross 1987; Elkin 1981; Memmott 1991; Barker in Mathews 1977). Awareness of these factors could enhance the practical benefits of physical improvements to the living environment. In addition, Turner (1988), Lawler (2000) and Pholeros et al. (1993) all consider that community participation is an essential component of housing work. This approach enables the development of individual skills and self-confidence and fosters a sense of group cohesion and community ownership, promoting sustainability and psycho-social wellbeing. This approach is in contrast to authoritarian and paternalistic approaches that fostered a dependency mentality in Aboriginal communities, as referred to by Gavranic (1978), Memmott (1991), Morice (1976) and Saggars and Gray (1991). However a community development approach in name only, reflecting a paternalistic mentality, can just as effectively create hierarchical divisions with negative consequences for individual initiative, community development and long term sustainability.

A considerable contrast was depicted between the independent and healthy lifestyles and living environments of Aboriginal people pre-colonisation and the post colonisation oppression and deterioration of living environments and health. The central role of the land in supporting the spiritual, physical and mental health Aboriginal people was noted (Stanner in Franklin and White 1997; Stockton 1996; Bell 1993; Elkin 1981; Flannery 1997; Lawlor 1991; Roe 1999; Roe 2000) and Franklin and White (1991) reported that at the time of colonisation the health of Aboriginal people was superior to that of most Europeans. The connection to land, the nomadic, hunter-gatherer lifestyle (Ross 1987; Franklin & White 1997), a spiritually rich culture (Lawlor 1991), strong family relationships (Berndt and Berndt 1992), care of the living environment (Memmott 1991; Gill 1998) and a diet of fresh bush food (Saggers and Gray 1991; Franklin and White 1991) which were said to be characteristic of the life of Aboriginal people before colonisation all would have contributed to this state of good health. The literature also provided descriptions and illustrations of natural and constructed traditional shelters before and after European contact and explained the importance of camp layout and population dynamics (Mulvaney and Kamminga 1999; Stockton 1996; Lowe and Pike 1991; McGrath 1995; Ross 1987; Mathews 1988; Elkin 1981; Gill 1998; Ross 1987). Although considerable variation in shelter and lifestyle was described before colonisation and dispossession, inherent in all was the freedom to determine a style and manner of living based on local conditions and long held tradition. Such freedom accords a confidence and dignity that would also have contributed to individual and societal wellbeing.

Changes after colonisation were predominantly detrimental for Aboriginal people. The literature described the great disruption of an established way of life in balance with the environment, noting the loss of land, breakdown of culture, the impact of introduced diseases, paucity of food and water and separation of families as well as an incompatibility between Aboriginal culture and European housing and the poor living conditions (Saggers and Gray 1991; Franklin and White 1999; Mulvaney and Kamminga 1999; Davis 1979; Ross 1987; Memmott 1991, Berndt and Berndt 1987 and others). Despite scientific evidence confirming a relationship between housing conditions and physical health since the 1800's (Ineichen 1993), Aboriginal people did not benefit from this knowledge. Descriptions of inadequate or non-existent

facilities, cramped conditions, poor construction and cultural inappropriateness were prevalent and these factors were said to contribute to a high incidence of infectious diseases, lifestyle diseases and mental illness.

The early research confirmed a relationship between poor living conditions and disease and this has been extensively substantiated. Pholeros et al.'s (1993) assertion that specific disease conditions are related to specific aspects of the living environment is supported by the research findings with many physical and mental illnesses attributed to defects in individual environmental components. However, the representative selection of findings provided in this study highlighted the complexity of causal relationships and it was stressed that there are many interacting factors that can make it difficult or unrealistic to consider these in isolation (Cairncross, Hardoy and Satterthwaite 1990; Walsh, Craik and Price 1992; Polgar and Thomas 1995; Sinnatamby 1990; Swindle and Moos 1992), reflecting Byrne et al.'s (1986) belief. It would seem that an understanding of the individual elements in the totality of a situation would allow for their specific management but they should be considered in a broader context, with an awareness of other possible interacting factors.

The research findings implicate the crowded, inferior living conditions reported as characteristic of post-invasion Aboriginal people in their high incidence of poor physical and mental health; people experiencing an ongoing barrage of disease resulting in chronic ill-health. This pattern continued down the generations and impacted on other areas of life, including family and community relationships, employment and education (Berndt and Berndt 1987; Dowling and Ward 1976; Kamien 1976; Broome 1995). The effect of ill-health on these other aspects of life and the interconnection between all of these necessitates an holistic approach to health care incorporating integrated service delivery.

It was also found in the literature, either stated or implied, that the post colonial situation was founded on racist and ethnocentric attitudes. In Marcus (1995) and Paris (1993) the central role of housing types, conditions and lifestyles when making judgements of others was noted. An attitude of white superiority and an ignorance of Aboriginal culture and nomadic, hunter-gatherer lifestyles condemned Aboriginal people to harsh judgements and many injustices.

Three sources in this review, provided contrasting theories to explain the Aboriginal lifestyle - Flannery proposed the influence of climatic factors (1997), Lawlor (1991) attributes it to spiritual considerations, whilst Elkin (1981) suggests it was an ignorance of agricultural practice, a theory proposed earlier last century reflecting beliefs of European superiority. Reports of early settlement noted discrimination made manifest in blatant acts of violence, oppression and dispossession, with poor quality, culturally inappropriate and institutionalised living environments (or no alternative living place) being substituted for ancestral homelands. A brief coverage of the role of government indicated their legislation and policies were responsible for or exacerbated these injustices; terra nullius denied Aboriginal ownership of land, people were constantly subjected to change and consequent insecurity, racist attitudes were supported in policy and promises withdrawn (McGrath 1995; Newbury 1999; Nathan et al. 1983). The constant changes in legislation and the insularity of government departments also meant an ineffective, inadequate and wasteful use of resources.

It was found that racism continues to impact on Aboriginal people's lives today but in more subtle ways - by hindering the ability to secure private rental housing or access home loans (Donald 1996), by being confronted by discriminatory practices of public housing bodies (Whelligan and Ballard 2000), by being subject to housing policies that focus on numbers rather than addressing people's right to safe, healthy housing (Lawler 2000), by being negatively stereotyped and by the imposition of an expectation of conformity to European housing styles and cultural practices. There *have* been improvements in housing provision and associated services to Aboriginal people throughout Australia. Culturally appropriate and good quality housing has been constructed. Aboriginal health and legal services have been established. The return of lands and the establishment of Indigenous housing organisations have allowed self-management by some Aboriginal people and communities. Training programs provide skills for communities to build and maintain housing and related infrastructure. The efficacy of these programs to improve the day to day lives of Aboriginal people, particularly those in remote areas, has been questioned. Foley (2000) and Newbury (1999) believe The Native Title Act has permanently denied most Aboriginal people's right to claim land. Recent statistics reveal the divide that still exists between Indigenous and non-

Indigenous Australians (ABS 1997). Many Aboriginal people continue to live in Third World conditions while others still experience the emotional impact of colonisation and dispossession.

It is unrealistic to expect there can be short term solutions to the complex problems that have developed over more than two hundred years of colonisation in Indigenous health and housing. However, several themes have emerged from the literature that provide possible approaches and directions for future work and suggest some possibilities for further evaluative study. It is important to have some awareness of the continuum of life stories and historical events that have constructed, and continue to construct, Aboriginal people's present reality and that will determine the future. Community development principles incorporated into housing and health work could enable Aboriginal people to direct their own future and make a contribution to the advancement of holistic good health as referred to by the WHO (1999) in its declaration at Alma Ata and as practised by Aboriginal people prior to invasion and colonisation. An understanding of the complexity of disease and the interaction of multi-causal factors needs to be appreciated to provide appropriate services, while the integration of service delivery will also enhance project outcomes, both contributing to good health in the fullest sense. Finally, a commitment to human rights principles and an awareness of our shared humanity, yet with a respect for cultural difference, should be at the foundation of all our work.

8. Conclusion

Over two hundred years ago Aboriginal Australians suffered the imposition of a foreign culture exceedingly different from what had been their custom for at least the previous 40,000 years. Neither the original people nor the new arrivals had an understanding of each other's beliefs and way of life. The Indigenous people had an holistic relationship to country and lived a semi-nomadic hunter-gatherer lifestyle. The new arrivals were accustomed to a sedentary lifestyle based on agriculture - the land was a commodity to develop and exploit for material gain; they appropriated the land and its resources with little or no recompense to the Indigenous owners. These differences were also expressed in the use of dwelling places.

The rich culture of the Indigenous peoples was thrown into upheaval when the lifestyle that had developed over millennia was derogated and destroyed. Indigenous people had little or no access to their familiar dwelling places, natural shelters and traditional building materials. Communities and family groups were broken apart, dispersed and intermingled with unfamiliar or hostile groups. Over time people were pushed to the fringes of European settlements, herded into institutional settings and housed in unfamiliar, culturally inappropriate and sub-standard dwellings. It is only in most recent times that governments have considered the rights of Aboriginal people, including the right to adequate housing, although its provision has more often been piecemeal, lacking cultural sensitivity, driven by political expediency and limited by economic constraints. All this has had a detrimental effect on the wellbeing of Aboriginal people.

The present situation in Aboriginal housing and living environments has to be considered in the context of the past and with an appreciation for the future consequences to the health and wellbeing of Aboriginal Australians and the maturation of the Australian nation. With an awareness of this inter-relationship between the past, the present and the future and the complex interaction of disease causal factors, together with a commitment to human rights, including the right of all people to have safe and healthy housing, environmental housing work may be one vehicle for personal and community empowerment for Aboriginal people and the consequent enhancement of other areas of life.

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