Chapter One

The coming of the white people: a broken trust

...the past is never fully gone. It is absorbed into the present and the future. The present plight, in terms of health, employment, education, living conditions and self-esteem, of so many Aborigines must be acknowledged as largely flowing from what happened in the past [...] the new diseases, the alcohol and the new pressures of living were all introduced.

Sir William Deane, Governor-General, Inaugural Lingiari Lecture, 1996.(Lingiari and Deane 1996:p20)

Introduction

This chapter will examine the history of the past two hundred plus years for indicators from which determinants of the poor health Aboriginal peoples experience today will be summarised. It will take the reader on a journey through time. Although the selection of events is a subjective one, it will allow the reader to consider the nature of the impacts of invasion on Aboriginal peoples.

There are three core facts that constitute the common experience of Australia’s First Peoples.

- They were invaded.
- They were dispersed from their land.
- They endured indescribable suffering in the wake of introduced disease.

A discussion of these three factors opens this chapter in the context of the arrival of the First Fleet in 1788. It must be remembered that the arrival of Europeans resulted in similar consequences throughout the entire country.

In the first place, however, it is imperative for Settler or Migrant Australians to begin to understand the enduring relationship between Land and Aboriginal peoples, the interrelatedness of the people themselves, and in turn, the importance of these relationships to wellness relationships that will be further discussed later in this work.
Some understanding these relationships and the pressures that have been put upon them may be found in the following summary of the views of Kaytej women from the Western Desert. For these women, wellness is a state…

…which entails the maintenance of harmonic relations between people and place. Women, as the ritual nurturers of relationships, seek to maintain and to restore harmony, happiness and thus health. Disruption of this complex of values and relationships may come in different forms. Over the past fifty years, it has been the shift from a hunter-gatherer mode of subsistence to a sedentary life style which has posed the greatest threat to social harmony and which has intensified interpersonal and sexual tensions. Some of these tensions are manifest in women’s love rituals, some within the domain of health.

Aboriginal medical practice and classification of disease are sensitive to mood and situation: conflict between members of a community or transgressions of the Law are considered injurious to smooth social and religious relations. Because a healthy individual or community is one in harmony with others and with the world of the jukurrpa [Dreaming], Aboriginal health practitioners seek to maintain an existing state of good health or to re-establish harmony and thus to restore good health. Underpinning the indigenous concept of good health is an equilibrium model of society backed by the dogma of dreaming which Aborigines vehemently assert exists at the level of lived reality.(Bell 1983:p146)

We belong to the land

Silas Roberts, first Chairman of the Northern Land Council, wrote some years ago:

Aboriginals have a special connection with everything that is natural. Aboriginals see themselves as part of nature. We see all things natural as part of us. All the things on Earth we see as part human. This is told through the ideas of dreaming. By dreaming we mean the belief that long ago, these creatures started human society. These creatures, these great creatures are just as much alive today as they were in the beginning. They are everlasting and will never die. They are always part of the land and nature as we are. Our connection to all things natural is spiritual.(Rose and Australian Heritage Commission. 1996:p26)¹

A colleague was told by Roberts in 1974 that ‘when deprived of their Land, Aboriginal people are like Christians without souls, wandering aimlessly, people without a purpose’. (Kerr and Roberts 1974)

Writing of the Walmadjari, Gugadja and Ngadi groups now living at Balgo in Western Australia, Palmer records that each individual has …

… a spirituality which is derived through spiritual impregnation at the time of his physical conception within his mother’s womb. A person has an abiding spiritual affiliation with the site and country associated with his spiritual conception and can also claim rights of ownership to this country. (Palmer 1983:pp517-30)

This interrelatedness and fundamental spiritual connection was not understood by the first European invaders and by relatively few outsiders since. What has been especially absent is an understanding of Aboriginal peoples’ rights to land to which they belong and the obligation upon individuals to fulfil them.

In his 1973 commission to inquire into the granting of land rights in the Northern Territory and adjacent reserves in Western and South Australia, Justice Woodward wrote of the ‘owner/manager’ relationships evident within land-owning groups in central and northern Australia:

Further, some Aboriginal concepts related to land-owning have no parallel in European law. The most important and widespread of the rights in land that lie outside European arrangements is the managerial interest of a nephew in the country of his maternal uncle. Everywhere the religious rites owned by a clan were the ‘title deeds’ to the land and would only be celebrated by clan members. Such rites however, could not be held without the assistance of the managers whose essential task it was to prepare the ritual paraphernalia, decorate the celebrants and conduct the rite. The agreement of managers had to be secured for the exploitation of specialised local resources such as ochre and flint deposits and for visits by the clan owners to their sacred sites. (Woodward 1973:p12)

The owner/manager protocol is upheld today in many parts of Australia. It is significant in marriage and betrothal relationships and it has been noted within ritual and the resolution of conflict and the assertion of intellectual property rights in the arts industry. (Palmer 1983)

During the 1970s, recordings of the owner/manager relationship in terms of women’s relationship to land were recorded. One of the first explanations given by Warlpiri women to Diane Bell in 1976 concerned the performance of a ceremony:

I asked why some women wore one design and some another. Explanation revolved around the roles of kirda and kurdu, words which I had heard during the performance. I was told that the kirda were the women who followed the dreaming from the father and grandfather: they had to dance for the country and wear the designs for the dreamings and places in the country. On the other hand, the kurdu were the women who called the dreaming ‘mother’: they had to sing, paint the kirda, and ensure that the Law was correctly followed. (Bell 1983:p20)

In the 1980 Willowra land claim made by Warlpiri people under the Aboriginal Land Rights Act (Northern Territory) 1976, the Aboriginal Land Commissioner recognised a manager’s

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2 In Warlpiri, kirda is one of the Warlpiri terms for father and kurdu the term for woman’s child.
(kurdungurlu/kurtungulu) claim as ‘differentiated’ from the traditional owner’s (kirda) thereby acknowledging the co-operative sharing nature of rights to country.

Diane Bell emphasises the political nature of this sharing:

Women trace their relationship to the ancestral heroes and thus to the land, in a number of ways. Through mother, father, place of birth, conception and residence flow qualitatively different rights and responsibilities. In the comprehensive nature of the web of relationships linking land and people these rights and responsibilities are united with those of the men. To understand this extremely flexible system, it is necessary to look to the politics of kinship and to the way in which relationships are based on land. Like the Warlpiri men of Meggitt’s study [1962], women also define country (and relationships) in a way best suited to their purpose. This is possible because the land tenure system is one of interlocking, overlapping groups recruited according to diverse criteria.

Evidence for this fluidity and for the nature of the checks and balances is, I believe, apparent in the survival of knowledge in areas where massacres occurred and entire patrilines were killed. Giving evidence in the Willowra land claim, one witness recalled the 1928 massacres: “I saw my father, grandfather, all his brothers killed”, he said. This must have amounted to the near extinction of the patriline but the knowledge survived because there were others closely related in both the father’s and the mother’s line who could rekindle and rebuild the knowledge. The land survived and so did people who could care for it. One of the old men of the desert, a Japaljarri, once told me that although there had been a fire and the sacred trees had been burnt, the new ones were coming up just like the new kirda for that country.(Bell 1983:p51)

Speaking generally, the first white invaders chose to ignore the existence of a vibrant and enduring Aboriginal civilisation. Very few people, even today, have learned the protocols and diplomatic procedures considered by Aboriginal people to be simply good manners. Deborah Bird Rose, a non-Aboriginal writer who has spent many years with Aboriginal women in central and southern Australia, has learned this.

Relationships between countries are sustained by a system of reciprocity and respect which Fred Myers an anthropologist who has worked extensively with the Pintupi people of the western desert, defines as ‘always ask’. “Knowledge is local, and strangers know little or nothing; it is in their interest to ask. Beyond the obvious self-interest of finding water and food, and keeping clear of dangerous places, there are further considerations. Ownership of country and knowledge is manifested through rights to be asked. While Aboriginal people rarely say ‘no’, provided that the request is in keeping with what is appropriate for a given place or use, they insist upon their right to be asked, and hence upon their right to say either

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‘yes’ or ‘no’. There is, in fact, a highly developed protocol for encountering places and people where or among whom one is counted a stranger or a newcomer.” (Rose and Australian Heritage Commission. 1996:pp44-5)

Rose continues:

The situatedness of country depends upon boundaries, by which I mean an organised geography of difference. Aboriginal boundaries, however, while they promote and rely on difference, mark difference primarily in order to overcome it. Boundaries are permeable, flexible, rarely monolithic. Nancy William’s work with the Yolngu people has led her to the insightful expression: “a boundary is to cross”.

She explains:

For Yolngu … boundaries on land mark discontinuities: changes in ownership. However, for Yolngu, boundaries do not exist primarily for the purpose of excluding non-owners. Rather, Yolngu use boundaries to express various categories of rights, both to users and to owners.(Williams N 1982)

Later Rose refer to the common habits of the invaders, where they “just came up blind, bumping into everything” or those who just simply “don’t ask” have the potential to damage the country, and damage to country hurts people. It hurts them emotionally and spiritually, and may hurt them physically.(Rose and Australian Heritage Commission. 1996:pp46-7)

In 1963, the Queensland government allowed the American company King Ranch Incorporated to clear scrub and raze rocks that bore rock art. It was a site from which the local Djirbal people’s spirits emerged, and to which they returned when they died. Paddy Biran sang about it [verse two out of three reproduced]:

Ahh…

my father’s father’s country I had to sing about it

mist which lies across the country

the place becoming cleared

a bulldozer nosing into Guymay-nginxbi

dynamite which exploded

Ahh … mist which lies over country.(Biran 1983)

Jimmy Mannngaiyarri, a very old Malngin man whose home country is around Limbunya station in the Northern Territory, reflects on what could have been:

Why he never say: Oh, come on mate, you and me live together. You and me living together, mates together … Mate together. Live together. One mangari [food; literally non-meat foods]. One table. Cartem
up wood together. No more fighting one another … You and me can work for the country all the same then. I might want to go this way down to Sydney, longa your country where you been born, well two fellow be fifty [sharing equally] on country. You can go this way down to England, you can go over there, and back from there, well you’ll be fifty.

But you never do that. You decided to clean the people out [eradicate them] from their own country. Ngumpin [Aborigines] never been go and kill you there longa England. He never made a big war longa you there, finish you there. NO! You did the wrong thing, finishing up ngumpin. Like that now, no good that game. Well, you made it very hard. (Rose 1992:p194; Rose and Australian Heritage Commission. 1996:pp45-6)

Connection to land and the vast interrelated social order survives despite great upheaval as Diane Bell relates … possible disjunction between people’s belief in the immutability of the dreamtime and the way it is upheld by living descendants was stated nicely for me by one woman. I was discussing with her what I took to be a breakdown in the marriage code amongst girls living in a town camp. Young girls were marrying younger and to men of their own choosing. “Does this mean”, I asked, “that the Law is breaking down?” “No”, said the woman, “people just get lazy. The Law is still there.” Of course in time the Law becomes, within limits, what people do, but there is the notion that it is there as the framework.

The notion that there is a framework is apparent in the way in which women dream about the country in which they are living and hunting. While out in country for which a woman has rights or wishes to assert rights, she may have a dream or see something of significance she believes to be associated with the travels of her ancestors through this country. Dreaming activity on a particular tract of land is assumed and it is for living descendants to learn of and to transmit this knowledge. This is done in the context of ritual and visits to country, when direct teaching is possible, but it is also done by finding the evidence of dreaming activity and thus being able to reassert and reaffirm the knowledge of the activity in the area. (Bell 1983:p92)

Aboriginal people continue to worry for country even after years of separation. The work of many urban Aboriginal visual artists and writers bears testimony to the strong feelings Aboriginal people who have been separated from their country retain for land. (Joan G Winter and Fiona Marshall and Gurangland Council 2002) This connection is not always measurable by non-Aboriginal yardsticks, as evidenced by the recently upheld decision in the Yorta Yorta case that the ‘tide of history’ has washed away their native title rights. What must be emphasised is that Aboriginal cultures are dynamic. Aboriginal cultures change and adapt to circumstances, just as they always have, according to age-old philosophical frameworks.

4 Members of the Yorta Yorta Aboriginal Community v Victoria & o’rs [2002] HCA 58 (12 December 2002) (‘Yorta Yorta’)
By way of example, the Yolnu people of Arnhem Land interpret their world according to what Deborah Bird Rose calls ‘logic of country’, and that their understandings of country are holistic systems although, characteristically, they are not closed. She describes the “dual organisation of the Yolngu peoples of Arnhem Land” where everything “is either Dua or Yiritja [moiety], and everything Dua exists in relationship to everything Yiritja, and vice versa”. (Rose and Australian Heritage Commission. 1996:40)

Yolngu people are, she holds

capable of accommodating a great deal of in-put, as long as that which is new is socialised into the system. (Rose and Australian Heritage Commission. 1996:p40)

To illustrate this, Rose quotes the early anthropologist, Lloyd Warner (Rose and Australian Heritage Commission. 1996:p41):

The white man is Yiritja, therefore all of his culture is Yiritja… The white man is Yiritja because the Malay trader before him was Yiritja. (McMillan 2001:pp24-5)

According to Mandawuy Yunupingu, contemporary oral tradition refers to relationships established with the earlier Bayini visitors, where again they were accommodated into Yolngu clan structure. (McMillan 2001)

Rose summarises:

Virtually everything can be accommodated, from tin cans to Toyotas, but everything must be accommodated according to the logic of country. This logic is that each country is its own centre, holds its own law, and is subservient to no other country. (Rose and Australian Heritage Commission. 1996:p41)

Invasion

It is popularly believed that the modern world come into existence between 1300 and 1600 in Europe, in the period known widely as the Renaissance. The Renaissance connected the medieval and early modern periods. In 1493, the Pope divided the world between Spain and Portugal. It is speculated that the Portuguese mapped Australia’s southeast coast as early as 1522. (Grassby and Hill 1988:p10; Wallis H 1989:pp48-50)

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5 See also Warner L (1969 [1937]). A black civilisation: A social study of an Australian tribe. Glocester, Mass, Peter Smith.:p30-1

6 Trade between Malay (Macassan) peoples and the peoples of the northern Australian coast is thought to have begun 500-700 years ago. To the Macassans, Australia was called Marege (Ma-regg-ay) and her people, Orang Marege. Prior to the Macassan traders who came to harvest the trepang so valued in trade with the Chinese (who believed in its aphrodisiac power), visits were made by another golden-skinned people, the Bayini (Baijini). Yolngu recorded their interaction with the Macassan’s in the Badu Song Cycle, a corpus of some hundreds of songs which constitute the great yiritja moiety trilogy dealing with Baijini, Macassan and Badu (Torres Strait) contact and ideas.
There is also evidence to suggest that the north coast of Australia, meanwhile, had become known to Chinese, Indians, Arabs and Moors prior to the first Portuguese explorations of the 1600’s. According to McMillan,(McMillan 2001:p27) it was around the 1820’s that Europeans learned that northern Australia was known to the Chinese as Lam-hai.

In 1588, England defeated Spain. It was at this point, writes Fesl quoting the historian Haugen, by attaining mastery of the seas, England became a nation of Empire.(Fesl 1993:p27) She then joined other nations in encircling and suppressing racial and linguistic minorities wherever they had the power to do so.(Fesl 1993:p27)

By the time the English began their occupation in 1788, the people of Melville Island were already experiencing raids by Portuguese who kidnapped young male Tiwi for slaves. The Macassan’s came to know Melville Island as Palau Amba or Slave Island.(McMillan 2001:p28) These raids continued until the early 1800’s.(Windsor E 1853:p210; Spindler G and Spindler L 1975:pp97-8)

In 1606, a Dutch ship under Captain Jansz visited the coastline of Western Cape York Peninsula. Upon landing at the Batavia River in order to make observations, one crewmember was ‘mortally speared’(Schilder 1989), probably by a member of the Tjungundji.(Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994,Vol 1: xiii) Of the several other visitors, the Dutch explorer Abel Janszoon Tasman further charted the coastline of the Top End in 1644.(McMillan 2001:p27)

William Dampier, the first English visitor, arrived on the west coast of Australia in 1688. In his view the people seemed to have no tools other than wooden ‘swords and lances … fish weirs and wells’. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994, Vol 1:p254) He remarked that the local Djawi and Bardi were ‘the miserablest People in the World’. (Mulvaney 1989:pp18-21) He visited nearby Roebuck Bay ten years later, his opinion of ‘much the same blinking creatures’ reinforced during this second trip.(Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994, Vol 1:xiii-xiv)

Dampier’s negative opinion was significant in England’s decision to treat Australia as terra nullius when she invaded the east coast of the continent a century later.(Mulvaney 1989:pp18-21; Dodson 1993:pp3-4)
Then along comes the story of Lieutenant Cook, who claimed, in 1770, the possession of the entire East Coast of New South Wales\(^7\).\(^{(Reynolds 1986:p52; Reynolds 1992)}\) Despite his orders however, no effort was made to obtain the “consent of the natives”.

It was on this journey that Sir Joseph Banks formed the opinion that apart from a small population on the coast, the remainder of the continent was uninhabited, a view which led to the presumption of *terra nullius*\(^8\). Banks also told the 1785 Commons Select Committee on Transportation of Felons that he felt there was little possibility of obtaining anything from the people there …

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\text{…either by cession or purchase as there was nothing we could offer them they would take except provisions …} \quad \text{(Reynolds 1986:p53)}
\]

Banks felt, based on his experiences at the Endeavour River, that the Aboriginal people would ‘speedily abandon the country to the new comers’.\(^{(Reynolds 1986:p53)}\) Ultimately, the English invasion, already foretold in Cook’s re-discovery and re-naming of the east coast, materialised in by the landing of Governor Arthur Phillip and the First Fleet in Sydney in 1788 and was actually consummated on 7 February 1788 when New South Wales was formally annexed\(^{(Reynolds 1989:p183; Reynolds 1996:p9)}\).

Before departing England, Phillip was given instructions as quoted by Reynolds:\(^{(Reynolds 1989:p183; Reynolds 1996:p9)}\)

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\text{You are to endeavour by every possible means to open intercourse with the natives, and to conciliate their affections, enjoining all our subjects to live in amity and kindness with them. And if any of our subjects shall wantonly destroy them, or give them any unnecessary interruption in the exercise of their several occupations, it is our will and pleasure that you do cause such offenders to be brought to punishment according to the degree of the offence.} \quad \text{(Anonymous 1889:p485)}
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Unusual for the time, no instruction was made to Phillip by the English authorities to ‘solicit the consent of the natives’, an omission that would have largely been influenced by the incorrect opinion of Banks.\(^{(Reynolds 1999:p131)}\)

The English invaders quickly found the land around Port Jackson, Broken Bay and the Hawkesbury River to be quite thickly populated by Aboriginal peoples. In a despatch, dated 18 July 1788, Phillip estimated

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\(^8\) Australia was presumed to be wasteland and unoccupied. It was held that no tenure of any sort existed, that the land belonged to no-one and the country was not controlled by any form of government or sovereign recognised by European authorities. For more information, see reference Reynolds, H. (1996). *Aboriginal Sovereignty: Three nations, one Australia?* Sydney, Allen & Unwin.
1,500 Aboriginal people lived within a ten-mile radius of the settlement. (Cited in Department of School Education. 1991) According to Reynolds, the premise of *terra nullius* – this piece of thinking that allowed the invaders to commit two centuries of human rights abuse, had to be adjusted.

The indigenous people were there all right, the new story ran, but they were too primitive to be regarded as the actual owners and sovereigns. (Reynolds 1996:x)

With that formal annexure on 7 February 1788 England claimed sovereignty and therefore, beneficial ownership overall of eastern Australia as far as the 135th longitude. Further claims were made in 1824 (Central Australia), 1829 (Western Australia), and 1879 (the Torres Strait). (Reynolds 1999)

Since that day in 1788, formal power to govern and make laws has been held firmly by firstly imperial and then colonial governments and institutions. Latter day attempts to achieve Aboriginal self-determination have been contained by this formal power system and thus accountable to a set of alien standards. Evidence of this can be found in two centuries of official manipulation of Aboriginal identity. Current arguments for constitutional change that recognises Aboriginal sovereignty are seen as divisive and as posing a threat to the cohesion of the Australian nation-state. On the other hand, the great number of communities and divergent aspirations must be factored into any reading of an ‘Aboriginal’ response. The notion of an evolving ‘Pan-Aboriginal Australia’, for example, must be seen in the context of the need for a united front to achieve political and social gains. Economically, Aboriginal peoples remain shackled to the checks and balances of public sector bureaucrats enforcing systematic barriers that continue to stymie Aboriginal economic participation in modern Australia. This is a condition stemming from white racism which has and continues to thwart Aboriginal attempts at capitalist enterprise (Goodall 1996; Chakrabarty 2001), an attitude described as ‘terra nullius of the mind’. (Pearson 1998)

As well as denying First Australians rights concomitant with their sovereignty, the current federal government presumes to ignore the fact that the blood that stains the deeds of settlers and explorers, the incarceration of Aboriginal men and women on reserves and the removal of children all fall into the definition of genocide. (Human Rights and Equal Opportunity Commission 1997) It has been a shock to many Australians to find that a state of active warfare existed between Aboriginal nations and the colonists for over 150 years, a fact that even our most learned institutions attempted to cover up.

In 1819, the Crown’s legal advice was that New South Wales had not been ‘acquired by conquest or cession’ but had been taken possession of ‘as desert and uninhabited and subsequently colonised from this country’ (Law Officers [of the British Government] 15 February 1819:p67; Reynolds 1996:p67)

A similar opinion was formed three years later when the Colonial Office’s legal adviser observed that the colony was acquired
neither by conquest nor cession, but by the mere occupation of a desert or inhabited land. (Frost 1992: Chapter 11)\(^9\)

In the 1889 Privy Council decision which upheld the concept of *terra nullius* (McNeil 1989:p121; Reynolds 1992:P3) the view of Lord Watson was that

there is a great difference between the case of a Colony acquired by conquest or cession, in which there is an established system of law, and that of a Colony which consisted of a tract of territory practically unoccupied, without settled inhabitants or settled law, at the time when it was peacefully annexed to the British dominions. The Colony of New South Wales belongs to the latter class.\(^10\)

This view was upheld again almost a century later in Coe v Commonwealth(1979) when Gibbs CJ said (Reynolds 1996:p95)\(^11\) it was

fundamental to our legal system that the Australian colonies became British possessions by settlement and not by conquest.

Reynolds writes that the Privy Council’s opinion remained binding authority in the decision by Mr Justice Blackburn in 1971 that the *Yirrkala* people had

no rights to their land unless they could produce evidence of a Crown grant. He observed that there had never been any recognition of native title in Australian courts. (Reynolds 1999:p131)

The Privy Council’s 1889 decision was not overturned until the *Mabo* decision of 1992\(^12\) when it was recognised that, with the Crown’s acquisition of sovereignty over the *Merriam* people’s land in 1879, native title continued to exist. As Reynolds’s notes, *Mabo No 2*:

… overthrew the doctrine of *terra nullius* in relation to property but reaffirmed it in the matter of sovereignty. Property law could be revised, but the question of sovereignty was too important to the whole legal system to be questioned. Justice Brennan explained that any challenge to extinguish legal doctrine would ‘fracture the skeleton of principle which gives the body of our law its shape and internal consistency’. While the legal system of Australia ‘can be modified to bring it into conformity with contemporary notions of justice and human rights … it cannot be destroyed’. (1992)

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\(^12\) (1992). Mabo and others v Queensland (No 2). Canberra, High Court of Australia. 107 ALR 1: 175 CLR 1 FC 92/104.
Disruption or Dispossession?

We’re not dispossessed people. We still walk this land. We still are the owners of this land.

Auntie Jean Carter, Community Elder. (Women's Reconciliation Network 1998)

French explorer, Nicholas Baudin, made the following protest to Governor King in 1802:

To my way of thinking, I have never been able to conceive that there was any justice or even fairness on the part of Europeans, in seizing, in the name of their governments, a land seen for the first time, when it is inhabited by men who have not always deserved the title of savages or cannibals that has been freely given them, whereas they were still only children of nature and just as little civilized as your Scotch Highlanders or our Breton peasants, etc., who, if they do not eat their fellow-men, are nevertheless just as objectionable. From this it appears to me that it would be infinitely more glorious for your nation, as for mine, to mould for society the inhabitants of its own country over whom it has rights, rather than wishing to occupy itself with the improvement of those who are very far removed from it by beginning with seizing the soil which belongs to them and which saw their births. (Baudin 28 December 1802) cited in (Horner 1988:p41)

In Aboriginal thinking, the behaviour of the English was shameful. They ignored the protocols of ‘always ask’ and reciprocity, introducing huge stresses such as fear and the privation of means to life and restriction of movement. As well as being driven from their country, families and social units were disrupted by the incredible numbers of deaths by disease or misadventure. Aboriginal thinking values the group over the individual (Folds 2001) and the group is indissolubly linked to the land.

On the other hand, the English brought with them, hundreds of people who needed food, shelter and other resources. Their leadership was imbued with notions of superiority and there was heavy-handed administration of diplomacy. It was a not a social system, but an anarchy being introduced by Europeans who re-discovered and ‘cleaned up’ the country in order to pursue their own economic ends and assert their own social values.

Not long after settlement in 1788, the English command found they had little control over interactions between their own and the Aboriginal peoples of Sydney who sought to protect their land, their families, their food resources and their social relations. The English asserted their right to occupy the country, ultimately, by the use of force. Within a few short months tensions built up to the point where blood was drawn on both sides. (Kohen 1993) David Collins, Judge Advocate on the First Fleet, would write:

While they entertained the idea of our having dispossessed them of their residences, they must always consider us as enemies, and upon this principle they made a point of attacking white people whenever opportunity and safety concurred. (Collins 1798 and 1802, Vol 1:p122)
There are very few sources available in the Aboriginal first person to shed light on their initial response to
the first wave of invasion. David Collins notes that the elders played an important role in the decision
making, the elders making the first approach to the new arrivals. (Kohen J 1993:p36) Mahroot was an
*Eora* man born on the Cook’s River prior to the instant of contact. The following is an excerpt of his
evidence to a NSW Legislative Council Select Committee conducted in 1845 (Butler, Cameron et al.
1995, Appendix 3)\(^{13}\)

> Used the black fellows at Botany to fight with the white fellows?

> They used to formerly.

> What did they fight them for?

> They thought they was the devil when they saw them landed first, they did not know what to make of them.

> When they saw them going up the masts they thought they was opossums.

> You threw your spears at the white fellows because you were afraid of them?

> Yes.

*Eora* patience wore thin at the abuse of their food and water resources by those who had occupied
country. Stanner writes about the deterioration of relations during the winter of 1788. (Stanner 1977) For
the invaders, fresh provisions grew scarce; the fish catch fell off; the removal of timber over large areas
drove off the game and made scarce the preferred source of meat, kangaroo. The strain on food supplies
provoked the Aboriginal people, and they must have been made nervous by the constant physical
disturbance. Governor Phillip mentions that it was some Aboriginal people from around Rose Hill who,
in 1790, came to Sydney to protest against the number of settlers “in their former territories”. (Stanner
1977:p19) It was not long before tensions exploded with horrifying repercussions when, in that same
year, Pemulwuy, a *Bediagal* warrior\(^{14}\), speared the governor’s gamekeeper, M’Entire, through the ribs;
M’Entire was detested by Bennelong, and, it was suspected, had ‘shot or injured’ members of the
*Eora*. (Tench 1788 and 1793) In a significant move away from his earlier efforts at conciliation, (Stanner
1977) Phillip, while ordering that there be no action by vigilantes, felt compelled to despatch the first
punitive expedition, (Tench 1788 and 1793:p207)

> … to make a signal example of that tribe […] The natives will be made severe examples of whenever any

man is wounded by them: but this will be done in a manner which may satisfy them, that it is a punishment

\(^{13}\) For more information see NSW Legislative Council Votes and Proceedings (8 September 1845). Report from the select
committee in the condition of the Aborigines: Evidence of Mahroot, alias the Boatswain. Sydney, NSW Legislative Council.

\(^{14}\) According to Tench, Phillip looked upon the Bid-ee-gål, whose territory included the north arm of Botany Bay (the Cook’s
River), as being the principal aggressors against the colonists, 17 of whom had been killed or wounded by December, 1790.
For more information, see reference Tench, W. (1788 and 1793). Sydney's first four years: a reprint of a narrative of the
expedition to Botany Bay and a complete account of the settlement at Port Jackson. Fitzhardinge LF. 1961 Melbourne.
inflicted on them for their own bad conduct, and of which they cannot be made sensible if they are not treated with kindness while they continue peaceable and quiet.

Perhaps, as an indication of his own power amongst his people, Pemulwuy was not betrayed. In fact, the punitive party that was joined on the second day by Colebee and which included a reluctant and protesting William Dawes, failed in its dreadful mission.

Dawes had already established cordial relations with Eora and made detailed records of the Sydney languages. Amongst his records is the following dialogue (Smith 2001:p110-1) citing (Dawes 1790:paragraph 30 line 7) with Patyegarang, a Cameragalleon from the north shore of the harbour who was his main language informant:

I told her that a whiteman had been wounded some days ago in coming from Kadi to Warang (Sydney Cove) & asked her why the black men did it.

Ansr. Gulara                     (Because they are) angry.
D. Minyin gulara eora?            Why are the b.m. angry?
P. Inyam ngalwi w.m.               Because the white men are settled here.
P. Tyerun kamarigal                The kamarigals are afraid.
D. Minyin tyerun k-gal            Why are the k- afraid?

Although the English in Sydney had before them evidence of Aboriginal social order, most obviously, ‘kinship, reciprocity and vengeance’(Smith 2001:pviii) as well as information about trade relations and traces of agricultural practice, they still chose not to officially acknowledge the existence of an Aboriginal polity. Instead, the Governor sent a dispatch to London in August 1789, requesting 400 troops to quieten the Aboriginal resistance. (Reynolds 1986; Reynolds 1996:p36)

Resistance by the Cadigal and other neighbouring Eora groups was concentrated between the period May-June 1788 until November-December 1790. (King 1990) After sustained hostility from both sides, Cadigal and other Eora, led by Woolarawarre Bennelong, eventually ‘came in’ peacefully to Sydney Town in October 1790. (Smith 2001:preface)

15 Woman from Camera, also spelt Camera. For men the term is Cameragal, alternatively spelt Cameraigal or. as in the case of Dawes manuscripts, Kamerigal

16 Gatlay man, Dennis Foley writes, ‘From the Gai-mariagal perspective Eora is people, we are Eora’. Eora is the name used by the clans of the Tuhbowgule (Sydney Harbour) basin to describe themselves ‘when we referred to our mob or sister tribe peoples, and did not use their clan name. Yet the Darug, the outsiders, are Koori, we are not Koori. ‘Ora’ refers to a specific place, therefore when you say Yiora or Eora you are referring to ‘this place’, in other words the land of the coastal Sydney basin. For more information see reference Foley, D. (2001). Repossession of our Spirit. Canberra, Aboriginal History Inc.
It would not be until over 160 years later, that the first wave of ‘last contact’ people, the *Pintupi*, would begin to ‘come in’ to the Haasts Bluff ration station in the Western Desert, not only to catch up with family, ‘following *walytja*’, but also intrigued by stories of water running from taps, white flour, ‘*pulawa*’ and other exotic foods. In his writing of the *Pintupi*, Ralph Folds relates the following quote:

> They came in because they were hungry. They didn’t know they could not go back. (Folds 2001:p13)

In Sydney too, relationships with the English invaders were built upon acquiring provisions, the sale of fish in return for flour, tobacco and sometimes clothing as Eora hunting grounds were depleted and reliance on the English grew. The English diet was inadequate and weakened many *Eora* before disease took a firm hold. Itchy skin became commonplace amongst the Aboriginal people as introduced foodstuffs, such as “potatoes, pumpkin, melons, bread made from weevil flour, tea, coffee, dried dhal and rancid salt beef and pork from Bengal” became the dominant food. (Smith 2001:p112)

In the case of the *Pintupi*, the change of environment and diet, notably the bullock fat, salt and sugar, would also be fatal. Within months of arriving at the Papunya settlement in the 1960’s, the *Pintupi* were malnourished and dying. In the words of Pinta Pinta Tjapanangka:

> In the bush we weren’t in poor health, no. We weren’t always sick as we went. I only became sick when I sat with the white man’. (Folds 2001:p22)

Pinta Pinta told Folds that in the desert, the *Pintupi* did not need medicine, only good meat. White men’s flour took away their strength.

> …Physical wellbeing was integral to their way of life, and was largely sustained by the food they ate. *Pintupi* did not have to endlessly medicate themselves to pick and choose between various foods to maintain health. That changed dramatically at Papunya. Staple *Pintupi* foods such as *rumiya* (goanna), *mału* (kangaroo), *wayuta* (possum) and *takanypa* (pig-footed bandicoot), together with desert seeds, fruit and vegetable, were abruptly replaced by low-quality, fatty, tinned, overcooked institutional vegetables and white flour. (Folds 2001:pp23-4)

One significant factor Aboriginal groups have had to overcome since invasion is the amplification of their own inter-group tensions. From the outset, the unsettled relations amongst the different clan groups that were pre-existing or came about as they sought, and still seek, to reorient themselves in the new conditions have been taken advantage of by the settler society, seen today in wedge politics which have beset Aboriginal peoples themselves and their relationship with Migrant Australia.

Dennis Foley recounts that such was the long-standing suspicion between his own *Gai-mariagal* people and the *Darug* that,
…in the twelve-year war of 1790 to 1802 between our people and the British. We would use Darug spears in fighting the British to shed blame on the Darug in the hope that they join us in the fight against the Redcoats. At the battle of Parramatta the Darug did not support us and most if not all of our able-bodied men perished either that day or soon after. My uncles went to their graves with an ancient hate of the Darug passed on to them by our old ones. (Foley 2001:p7)

Again in Sydney Town, not all Eora were ready to adopt the ways and ideologies of the whitemen, and according to Mahroot, (Percival, Sully et al. 2000) nor were they willing to stand aside for the English. There is evidence of physical resistance continuing for a number of decades beyond 1790. (Stanner 1977; Willey 1979; Grassby and Hill 1988) The ideological resistance continues and is paralleled in the twentieth century by Pintupi and others who have only taken advantage of western culture in ways that preserve their own cultural values. (Folds 2001:p176-181)

In 1965, T.G.H. Strehlow (Strehlow 1965:p134-5) protested the claim that Aboriginal society was ‘without governmental authority’, a claim that had underpinned the assertion of terra nullius. Strehlow held that prior to the disruption caused by European contact, there had been men of substantial authority with powers of leadership based upon their religious standing that carried through into the day-to-day life of the Aboriginal peoples. These men would reinforce their position by their readiness and ability to deal with offenders. Strehlow (Strehlow 1970:pp110-1) maintains that the ceremonial chief not only performed religious roles, which had a vital function economically in the maintaining of food and other resources, but also gained his powers from the “fact that he was an elder, a leader of a land-owning local group” (Rose 1987:p258)

While not arguing with Strehlow, Rose contends Strehlow’s observations of the Aranda were of a post-contact missionary-influenced culture where physical land relationships were already disrupted although preserved within the ‘memory culture’ of religious ceremonies. (Rose 1987:p138)

From the very outset, Aboriginal people were afforded virtually no citizenship rights in the new colony. Many years would pass before political rights were finally allowed, for example the right to vote in parliamentary elections. It was not until 1962 that all adult Aboriginal people were enfranchised.

It was decades before Aboriginal peoples experienced civil rights which had been set in place in England by the eighteenth century, including the rule of law, the abolition of servile labours, the right to individual economic freedom. (Parkin A and Power A. 1985:pp297-307) In fact their civil rights were deliberately quashed during the eras of mandatory detention on reserves where, as well as enduring a litany of physical restrictions, there were prohibitions put on the use of original languages which denied thousands of Aboriginal people their cultural inheritance.
It was also a long time before Aboriginal people acquired any social rights such as the provision of social services, education, housing and other forms of welfare. (Parkin A and Power A. 1985:pp297-307) In 1966, the last discriminatory measures were removed from the social security system. It was not until after the 1967 referendum that Aboriginal people were counted in the national census and where allowed to vote in elections of public officials. (Reynolds 1999)

What has evolved from this blindness to basic human rights was, and still is, a persistent systematic racism. Australians remain inculcated in the radical nationalism that evolved pre-federation in which non-Europeans, Asians, Pacific Islanders and Aborigines might disrupt the life of the settlers and manage to dilute the purity of the white blood line. (Reynolds 1999)

This prevailing attitude, shaped by the collisions between differing social orders (Bell 1983) and values (Folds 2001) had its precursors in eighteenth century notions that so called ‘primitive’ cultures represented human beings in the state of nature, with the conclusion that aboriginal groups were merely children within the civilised world. Following this, nineteenth century scholarship shifted slightly and attempted to establish a series of stepping-stones that humans had transcendence in order to achieve so called ‘civilisation’. (Murphy 1986) Within this paradigm, the ‘natives’ of New South Wales were placed by the men and women of letters beyond even other hunter-gatherers and assigned an exclusive bottom rung despite early reports of Aboriginal ingenuity and ‘good sense’.(Tench 1961:p282) This superior attitude of the majority culture has shaped policy toward Aboriginal people to the present day.

Reynolds gives this impression of the Aboriginal people he encountered on his first visit to North Queensland. In his view, they had an

> inherited sense of forced subordination […] The terrible past of violence and dispossession still haunted the living. It could be seen shaping social reactions, determining means of address. It could be briefly glimpsed in fleeting expressions of face or eye. Many families had their own private stories of how white men had killed, raped and brutalised their kin in their grandfather’s and great-grandfather’s time. They were stories of fear and terror. And with each retelling fear was recalled, and passed on, to be constantly refreshed by smaller, less significant, more recent acts of oppression – personal abuse, threats, official authoritarianism or insensitivity. Such epithets as ‘boong’, ‘coon’ and ’nigger’ wounded because they had been hardened and sharpened by history. Incidents or exchanges which may have seemed insignificant to white people were often far more insulting and hurtful to indigenous people because they echoed down long corridors of subordination, humiliation and embarrassment. (Reynolds 2001:pp37-8)

Aboriginal people are resilient, however, and just as they have suffered; so they have been innovative in their intermeshing with the invading culture. Despite the holocaust of the first invasion, descendents of the original Sydney tribes survive and assert their sovereignty. (Foley 2001)
Disease

Beyond the skills of the Aboriginal medicine man or koradjji, there was a vast knowledge of general first aid known throughout the Aboriginal community. When the First Fleet landed at Warrane, Sydney Cove, the Eora and others had a ready pharmacopoeia for their ills. Aboriginal knowledge of antiscorbutics was used to treat outbreaks of scurvy and dysentery, the leaves of certain plants and trees taken as salad. (Watt 1989)

Dennis Considen carried out trials of the medicinal plants collected by Surgeon General White:

Spinach, parsley, samphire, seafennel, leaves of the cabbage tree and the native sarsparilla (Smilax glycyphylla) were used as antiscorbutics, but the most effective proved to be the native currant, Leptomeria acida. The resin of the grass tree, Xanthorrhoea, like balsam of Tolu, was useful in chest complaints, kino from the red gum tree, Eucalyptus resinifera, provided an astringent for dysentery and oil from the peppermint tree, Eucalyptus piperita, was useful in colic. (Watt 1989: p138)

However, there were some healing practices, whose benefits were not apparent to the English, as evidenced in an event which appears in Hunter’s journal where Bennelong treated his wife Barangaroo for “a pain in the belly”:

He was heard to express great sorrow, “and after blowing on his hand, he warmed it, and then applied it to the part affected; beginning at the same time a song […] a piece of flannel being warmed and applied by a bye-stander, rendering the warming his hand unnecessary […] He continued his song, always keeping his mouth very near to the part affected, and frequently stopping to blow on it, making a noise after blowing in imitation of the barking of a dog.” However, when the governor heard about what was going on, he sent a doctor. Some tincture of rhubarb was administered with a good result. (Brodsky 1973: p43)

As indicated above, the First Fleet carried with it the exotic diseases of malaria, dysentery, scurvy, mumps and typhus fever. In 1789, a smallpox type disease decimated the Eora. (Collins 1798; Butlin 1985; Organ 1990; Campbell 2002)

The origin and nature of the outbreak is much debated with early theorists blaming the First Fleet for importing the disease. Campbell argues that outbreaks of smallpox travelled south from contact along northern Australia that had contact with Macassan traders. Smallpox had invaded the Indonesian archipelago in the late 1700’s, probably affecting South Sulawesi in the 1780’s. From there the trepang traders probably bore it to Australia’s northern coastline. Then ‘from centres of infection in the interior in the 1780’s, [it] moved towards the coastal range [and through] unpredictable chance contacts with

17 Also spelt Warang.
travellers and neighbours could have caused infection to spread until smallpox reached the coast at Sydney in April 1789’. (Campbell 2002) It was soon obvious that *gal-gal-la*\(^{18}\), the smallpox plague, was not confined to Port Jackson. During the third month of the outbreak, a visit north to Broken Bay is recorded by Lt Governor Collins and others who report smallpox amongst the *Eora*’s northern neighbours, the *Kuringgai*. (Kohen 1993; Campbell 2002). Tench records its presence amongst the *Buruburongal* along *Dyirabun*, the Hawkesbury River, near Richmond Hill. (Tench 1789) Lt Bradley on a survey of Botany Bay in September reports seeing skeletons. (Campbell 2002)

Philip wrote to Lord Sydney on the 13\(^{th}\) of February 1790, stating:

> It is not possible to determine the number of natives who were carried off by this fatal order. It must be great; and judging from the information of the native now living with us, and who had recovered from the disorder before he was taken, one-half of those who inhabit this part of the country died; and as the native always retired from where the disorder appeared, and which some must have carried with them, it must have been spread to a considerable distance, as well inland as along the coast. We have seen the traces of it wherever we have been. (Governor Phillip writing to Lord Sydney 1790:p308) quoted in (Poad, West et al. 1990:p127)

The epidemic lasted a year in the Sydney district. Campbell writes,

> In the circumstances, the impact of what may have been the first epidemic of acute and lethal infectious disease in previously isolated Australian hunter-gatherers was especially severe, because of shock, flight and fear, as well as the virus itself. (Campbell 2002:p98)

Bennelong himself estimated that ‘half of those in the Sydney district had died’. (Campbell 2002:p101)

Later writers confirm that the plague spread quickly, leaving 20% to 75% of those Aboriginal peoples infected, dead (Butlin 1983) and, Campbell contends, women were more adversely affected than the men. Campbell supports the view that the outbreak spread southwards. (Campbell 2002)

One report states:

> In the year 1789, the aboriginal [sic] tribes of New South Wales were visited with the smallpox …It was this epidemic of which the natives of South Australia speak: they say that it came down the Murray from the country far to the eastward, and almost depopulated the banks of the river for more than a thousand miles. (Kohen 1993:p18)

Campbell’s view is in contrast to the following theories of Cumpston, Butlin and others, outlined below.

\(^{18}\) The *Eora* used this word for smallpox. For more information see Collins, D. (1798). *An account of the English colony in New South Wales*. B. Fletcher. Sydney, State Library of New South Wales. **Volume 1**.
Dr Cumpston, the Commonwealth Director of Quarantine in 1914, after reviewing the records of Tidswell, stated that the epidemic of 1789 continued to 1845 and spread over the whole continent, killing one-half of the Aborigines in the southern part of Australia. Cumpston felt that it could not ‘be dismissed lightly’ that the smallpox may have somehow escaped from variolous matter carried in bottles by the First Fleet surgeons (Cumpston 1914; Reynolds 2001), most especially since it was from this same technique that smallpox became such a fatal agent against the native Americans in the Seven Years War less than 30 years previously. (Butlin 1983)

According to Butlin, there were “four possible causes of infection: transmission by some authority, deliberately or accidentally by convicts, or unwittingly by Aborigines”. (Butlin 1983) quoted by (Reynolds 2001:p40) The convict explanation seems most probable to Butlin as they were most likely to have held a grudge at this time, assuming they had stolen from stores or somehow procured the variolous matter kept for inoculation, the practice of inoculation being commonplace at this time.

Obviously one can only speculate about these matters. At the very least, it can perhaps reasonably be said that the whites had control of a virus known to be extremely potent and failed in the responsibility. It is possible and quite likely that they deliberately opened Pandora’s Box. (Reynolds 2001:p41)

Moodie acknowledges the argument that the disease may have been a particularly virulent form of chicken pox, since there appears at the time of settlement to be an absence of recorded smallpox among members of the First Fleet, and apparent non-infection of settlers during the first epidemic, when many of them were presumed to have been non-immune. (Moodie 1973) It has been surmised that the epidemic must have been

a terrifying experience for the Aborigines who probably had no previous experience of such a virulent, fatal epidemic disease. (Cumpston 1914)

Kohen writes that indeed a small proportion of those infected did recover, however, literally thousands of people died, and as a result there were major social upheavals, with members of related clans forming together to create new social units …

… these groups were subsequently referred to by such titles as the “Botany Bay Tribe”, the “Kissing Point Tribe”, and the “Broken Bay Tribe”. (Kohen 1993:p16)

After smallpox, tuberculosis was also to have a devastating affect on the Sydney tribes. Known to have been present in the First, Second and Third Fleets, it was, by 1800, well established in the Aboriginal community. Collins reports Colbee’s wife dying of consumption. (Campbell 2002)

Although their identity cannot be accurately determined, European people attributed to themselves outbreaks of venereal disease to which Aboriginal peoples had little or no resistance, particularly in the
coastal regions where sealers and whalers ‘cohabited’ with Aboriginal women. (Campbell 2002:pp17-8) It took very little time for venereal disease to take a hold, with long lasting and sometimes fatal consequences. (Butlin 1985; Campbell 2002:pp227-8)

Campbell writes that whereas Aboriginal populations may have had some resistance to syphilis conferred by indigenous treponomal infection, this would not have been the case for the sterile inducing disease of gonorrhoea. (Campbell 2002)

Another observer states:

…about the year 1791, there was not one of the natives, man woman or child, that came near us, but was covered with it. It raged violently among them. (Butler, Cameron et al. 1995:p80)

Two diseases were endemic to the colony until remedial action was taken during the administration of Governor Hunter (1795-1800). The first, dysentery is directly attributable to the establishment of the colony along the shores of the Tank Stream and the resulting pollution of the colony’s main fresh water supply. There was also a high incidence of it at Parramatta. The second, was an acute conjunctivitis which ‘was particularly troublesome in the autumn of 1794 and 1796. (Watt 1989) In 1795, measles spread amongst the Sydney Tribes, particularly affecting the Gai-mariagal who lived on Sydney Harbour’s north shore. (Willmot 1987)

Measles, writes Moodie (Moodie 1973) is not infrequently accompanied by the serious complications of bronchopneumonia and middle ear infection, particularly in malnourished populations and where ‘virgin soil’ epidemics affect all age groups. Surveys of infections in the Northern Territory published in 1969 show that

measles has caused great morbidity and not insignificant mortality on missions, settlements and pastoral properties. (Langsford and Vawser 1969)

Commenting on the progress of the colony’s health, Watt draws directly from the journal of Collins: (Watt 1989:p149)

As epidemics were brought under control, trauma and other alcohol-related conditions increased in the colony following Grose’s policy of establishing a currency in rum. Surgeons participated in social initiatives and exercised an influential role as magistrates, while hospitals became centres of refuge and skilled attention for convicts and Aboriginals alike.19

19 Collins, I, 227, 349, 490. Convicts were sent to hospital to recover from the wounds caused by severe punishments and offending Aborigines received kindness and medical care.
By 1797, sexually transmitted infections had been carried by coal and timber-getters up the coast and into the Hunter River Valley. (Burnum 1988) STDs and other diseases were also spread by whalers and sealers who travelled down the southern coast and onto Van Diemen’s Land, with Aboriginal women directly affected. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)

Van Diemen’s Land supported an estimated 5000 to 7000 Palawa (Tasmanian Aboriginal people) around the time of contact. There were numerous expeditions to the island between 1772 and 1802, comprising of …

…escaped convicts, sealers and kangaroo hunters, all beyond the control of the authorities, engaged in often violent contact with the Aborigines, but the most important impact of the Europeans’ presence was undoubtedly produced by the introduction of exotic diseases, which may have begun to reduce the indigenous population even before the establishment of permanent European settlements. (Reynolds 1994:p4)

We can do no more than speculate the devastating repercussions of these plagues, the destruction of kin based groups, the undermining of the confidence in traditional healers and their systems; the shattering of faith in what is known and its replacement by fear of the unknown. It is not hard to imagine some of the emotions prevailing in the following scene when Arabanoo went to look for his kinfolk during the smallpox epidemic in 1789. (Reynolds 2001:p36)

He looked anxiously around him in the different caves we visited: not a vestige on the sand was to be found of human foot; the excavations in the rocks were filled with putrid bodies of those who had fallen victims to the disorder; not a living person was any where to be met with. It seemed as if; flying from the contagion, they had left the dead to bury the dead. He lifted up his hands and eyes in silent agony for some time; at last he exclaimed, ‘All dead! All dead!’ and then hung his head in mournful silence which he preserved during the remainder of our excursion. (Reynolds 2001)

Collins later learned that the few Aborigines who had survived had moved away and gone north in an attempt to avoid the terrible illness that had befallen their kin. (Collins 1798 and 1802:p496; Smith 1992)

Not only did diseases travel before the invaders but also terrifying stories of their animals and their guns. It was no less than a war of terror.

The pattern is set.

The following is a brief outline of events as they unfolded in NSW. The table at the end of the section illustrates the pace of change across the area now known as NSW, and provides a thumbnail sketch of the atrocities that took place.

Dislocation from their country and kin was already taking its toll on the coping ability of the Eora with reports that there were fringe-dwelling mendicants throughout the settlement by the time Phillip departed...
in 1792. (Mulvaney 1989) In his evidence given in 1845, Mahroot declared that alcohol had had a huge influence over his people bringing a rapid decline in their numbers, not only through early death, but affecting considerably the number of children born. When queried about whether his people ever availed themselves of care at the hospital, Mahroot related contemporary anxieties in the instance of a woman who was presently very ill. He could not bring her into the poor house as her brother and the family were afraid to let her out of their sight and that the people there might kill her. (Butler, Cameron et al. 1995, appendix 3)

By 1794, the Darug peoples’ yam beds along Dyirabun, were virtually destroyed replaced by maize, wheat and vegetables. The Aboriginal people retaliated by stealing the maize. Connor writes that ‘the mostly convict population committed crimes of every kind against the Darug’, a number of whose children were kidnapped to work as unpaid labour. (Connor 2002) By September, six Darug had been killed and in October settlers tortured a young boy ‘by pulling him through a fire, throwing him in the Hawkesbury and then shooting him dead as he tried to escape. In 1795, Parramatta magistrate, Richard Atkins, wrote: ‘It would be impossible to describe the scenes of villainy & infamy that passes at the Hawkesbury’. (Connor 2002:p36) Not unexpectedly the Darug fought back and, in the first half of 1795, five settlers had been killed. The deterioration in relations culminated in June in Battle of the Hawkesbury, (Reynolds 1986:p5) where sixty soldiers of the NSW Corps were sent from Parramatta with instructions from Acting Governor Paterson,

...to destroy as many as they could meet with of the wood tribe [Be-dia-gal]; and, in the hope of striking terror to erect gibbets [gallows] in different places, whereon the bodies of all they might kill were to be hung. (Reynolds 1996:p38) see also (Grassby and Hill 1988; Millis 1994; Connor 2002).

Another witness continues;

Strife continued along the river for another twenty years before the back of the resistance was broken. (Millis 1994:pp45-47)

One of the primary sources of conflict in the colony was due to the shortage of eligible European women which led to many settlers acquiring Aboriginal women, frequently against their will, resulting in attacks on the farms where the women were being held. (Bowd 1979)

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20 Daruk means yam eaters
21 Now known as the Hawkesbury River
In 1797 there is the first of numerous recorded attacks by the Darug using fire to destroy the invaders’ farmhouses and crops. (Connor 2002) During that year, the Bediaga\textsuperscript{22} warrior Pemulwuy allegedly captured supplies and ammunition from the Toongabbie settlements. Pemulwuy also challenged ‘a party of soldiers and settlers to a fight in the dusty streets of Parramatta’. He received several musket wounds at the time but survived.(Connor 2002)

In the same year, another outbreak of what may have been smallpox was fatal to the Gai-mariagal north of Sydney. It also affected other groups along the Hawkesbury as well as the Wangal in Sydney’s inner west. Bennelong was a Wangal. The more western Darug groups were infected in 1798.(Willmot 1987:pp222-6)

Five settlers were convicted of the brutal slaying of two Darug youth in 1799 after a spate of tit-for-tat killings. The court was unable to decide on the sentence, and the murderers went unpunished.(Connor 2002) Also in 1799, Bediagal and others continued to destroy the invaders’ maize crops and camps.(Willmot 1987:p229) They targeted areas around Toongabbie, Parramatta and Castle Hill. Reynolds writes that Governor King reported to England that “in the fighting, the Aborigines suffered disproportionately”.(Reynolds 1986:p37)

Nonetheless, spurred on by the killing of some government sheep, King ordered that settlers in the Parramatta, Georges River and Prospect Hill areas should fire upon any Aboriginal person approaching the their habitations. George Caley, government botanist, wrote to England,

\begin{quote}
This sort of war lasted for about 12 months, at which time an order arrived from England respecting their behalf, and then the scene was reversed, for instead of shooting or killing them orders were given for no-one to molest them unless they were committing some depredation.\textsuperscript{23}

The cause of this war began about some sheep which the stock-keepers said the natives had speared. Accordingly war was declared without much deliberation, and the natives finding that we were bent on hostility it was not long before they revenged themselves by killing one of the stock-keepers […] Whether the natives were guilty of what was laid to their charge I shall not say; but there has been proof of the stock-keepers losing part of their flock and laying the charge to the natives, when at the same time they were innocent.(Kohen 1993:p64)
\end{quote}

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\textsuperscript{22} Alternative spellings include bid-ee-’gal and Bidjigal. These are the people from the northern arms of Botany Bay and the Cooks River.

\textsuperscript{23}King: ‘yet the settler is not to suffer his property to be invaded, or his existence endangered by them, in preserving which he is to use effectual, but at the same time the most humane, means of resisting such attacks’. For more information, see reference Mulvaney, D. J. (1989).\textit{Encounters in place, outsiders and Aboriginal Australians 1606-1985.} St Lucia, University of Queensland Press.
There was further conflict in 1804 (Anonymous 1804) and by the time the maize harvest was due, reprisals took place against Darug for the theft of some guns and the burning of a hut near Richmond Hill. (Crowles 1980) Connor notes of the role of the New South Wales Corps killing two of the “the most violent and ferocious” Darug warriors in 1804. (Connor 2002)

Judge Advocate Atkins stated at this time, that Aborigines could not be used as witnesses or prosecuted, as it would be a mockery of British law and gave permission for the settlers, ‘to pursue and inflict such punishment as they may merit’ without the formality of a trial. (Hughes 1987)

By 1805, the colony had 12,702 acres under cultivation and was self-sufficient in basic European foodstuffs. This result was achieved by cultivating a combination of maize and wheat in rotation. Unfortunately, this system served to accelerate the land grab and was inherently

…wasteful of land because it greatly taxed the soil while few resources were allocated to restoring fertility. Instead land that was exhausted was allowed to go out of production and cultivation was shifted to fresh land. (Jones and Raby 1989)

In fact by 1814, the colony had suffered numerous crop failures and drought. Both the Aboriginal and European populations were facing starvation. (Kohen 1993) Measles and colds had also taken their toll amongst the Eora who, initially, had no natural resistance. Needing new food and land sources, the colonists moved northward up the Hunter Valley, westwards toward the mountains and southwards to the fertile fields of the Illawarra region.

The annual ‘Friendly Feast’ at Parramatta was instituted in December 1814 by Governor Macquarie, as a gesture toward conciliation with the Sydney tribes. Eora and other Kooris would travel great distances to attend and would receive what was to become an annual distribution of one blanket each to Aboriginal people in settled areas across the country. (Willey 1979:pp98, 206-9; Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994Volume 2:847)

Originally intended as a gesture of good will, this practice took on special significance in terms of health when garments made from animal skins became more difficult to acquire due to a drastic reduction in and exhaustion of traditional hunting grounds. This blanket ration became a symbol of generosity by the people who distributed them, namely the police, magistrates, settlers and others. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994Volume 2:847)

These blankets became the sole recompense the Sydney tribes received for their dispossession. (Millis 1994:p48) They would, however, become wet and fly blown and, it is suggested, may have been one of the ways by which smallpox was spread. (Harris 1990; Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)
Probably as a consequence of disease and warfare, after 1805 there was relative quiet along the Hawkesbury until 1808 when Pemulwuy’s son, Tedbury, ‘led a number of raids’. The next phase of the frontier war began in 1814 against the Gandangarra, Darawal and Darug further to the south along the occupied Nepean.(Connor 2002:p46) On 9 January 1816 Duncan Mackenzie wrote to England enclosing a cranium of an Aboriginal person amongst other items.(Mackenzie 1816)

Numerous skirmishes between settlers and Aboriginal people are reported in 1816, notably around Appin. Connor draws from letters written by Governor Macquarie:

> Along the frontier, settlers fled their farms, and [Governor] Macquarie felt he was “compelled” to send “a Strong Detachment of Troops” against the Darug, Darawal and Gandangara to “Strike them with Terror against Committing Similar Acts of Violence in future”. This expedition would be one of the most elaborate operations ever carried out by the British Army on the Australian frontier.(Connor 2002:p49)

Hostilities came to a head with the ordering of a 23-day military campaign with detachments sent to the vicinity of present day Richmond, Bringelly, Camden and Appin, and which became known as the ‘Carnanbigal War’ and is named after a ‘chief’ from the southern Blue Mountains region who died on 17 April in a dawn raid of a sleeping camp by British troops.(Millis 1994:p47) According to official records fourteen Aboriginal people died in this encounter, numerous fleeing to their deaths from the cliffs above the creek. To strike terror amongst surviving tribes, the now deceased Kanabygal and Durelle where hung up on the McGee’s Hill (near Broughton’s farm).(Organ and University of Wollongong. Aboriginal Education Unit. 1990; Connor 2002:pp49-51)

At this time, one proclamation by the Governor ‘To the Black Natives’, outlined that ‘armed’ Aboriginal people were not to approach within a mile of any farm or settlement, and that no group greater than six could loiter near a farm. It further empowered settlers to take up arms and fire upon any Aboriginal people not obeying this written order. The Aboriginal resistance ceased after a few months, since ‘…the intended audience was illiterate, the proclamation was a virtual license for settlers to kill.’(Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994) Until recently, history has been virtually silent on this period, in the view of some ‘it was little short of a pogrom’. (Ellis 1973; Organ 1990; Kohen 1993; Millis 1994)

The war of 1816 broke the back of sustained resistance in the Sydney basin. Sporadic violence would break out due to white outrages along the Hawkesbury but in physical terms, the ‘Sydney Tribes’ were beyond retaliation and to the northwest, the Buruburongal were disappearing from around Richmond.(Brook and Kohen 1991; Kohen J 1993:p66)
In 1817, Macquarie would write that ‘all Hostility on both Sides has long since Ceased’. (Smith 1992:p86; Connor 2002:p52) In the 1839 blanket distribution records for the Sydney region, there were only 103 Aboriginal men, women and children in the whole Windsor district, from Putty and Colo through Richmond and Kurrajong to South Creek. Six years later, there were only 65. (Millis 1994:p48)
Separation

Beyond the more obvious pressures of the theft of land, denudation of traditional food resources and the use of aggressive force together with relentless disease, Aboriginal society was to face more subtle pressure in the form of early attempts at assimilation. In January 1815, Governor Macquarie funded the establishment of the Native Institution at Parramatta. Intended to ‘civilise’ the Eora and Koori, it began with an enrolment of five children, with no more enrolled until the arrival of two youngsters captured during the 1816 punitive expeditions. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994) This early example of forcible removal was the beginning of genocidal administrative policies which remained entrenched until well into the twentieth century:

The process of the removal of children from their parents, in order to fill the Native Institution, was a major contributing factor to the lack of support for the Institution by the local Aborigines. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994 Volume 2: 765)

The rules and regulations of the Institution, as cited in Brook and Kohen,

That no Child after having been admitted in the Institution, shall be permitted to leave it, or be taken away by any Person whatever, (whatever Parents or other relatives) until such time as the Boys shall have attained the age of sixteen years, and the Girls fourteen years, at which ages they shall be respectively discharged. (Brook and Kohen 1991: p62)

This account by Reverend Walter Lawry written a few years later (29 October 1818), gives an indication of the Koori response to the scheme:

While in this district [Portland Head] I availed myself of an opportunity of speaking to a tribe of native blacks. They were preparing for war with another tribe, making swords of timber, and woomeras (a sort of club), and spears in great number for the combat; discovering this as I rode through the woods, I put my horse up at a settler’s house, and walked towards them. As I approached, the women and children ran away; but the King, with several men, came to meet me. I enquired why the children were carried off; they replied that many of them had been taken away by men in black clothes, and put to school at Parramatta, and they feared I was come on that errand. After assuring them to the contrary, the King dispatched messengers after the absentees, who presently mustered them on the spot where I was conversing with their Chief. (quoted in Colwell 1904)

Response of the Sydney tribes

24 Yellowmonday, chief of the Richmond mob
Aboriginal people would have had no previous experience with the kind of behaviour the English had towards each other, for instance, the floggings of convicts bound helplessly to the gallows disgusted Arabanoo and his country men. The disdain with which *Eora* regarded the invaders is recorded on numerous occasions. (Connor 2002) Two immediate impacts of the plagues of illnesses that resulted in drastic changes to the population were the breakdown of kinship structures and reduced fertility in women. As well there was the unrelenting, illogical and sacrilegious abuse of the land. Again, Stanner can be quoted:

> The European’s inability to understand why they were shunned or attacked was obviously, though only in part, an expression of their total ignorance of Aboriginal life. They had no idea, it seems, that they were crowding at every place on to a confined estate whose every feature and object entailed proprietary rights and religious significances. Nor did they suspect for some time that they were upsetting a delicate balance between population and food supplies [...] the first colonists had no comprehension that Sydney Cove had vital importance for a whole band, which was necessarily driven to depend on other places for food and water, to the embarrassment of other groups. But the settlement itself was a sufficient cause for the Aborigines to keep at a distance. In February, one convict was publicly hanged; twelve were given a total of 1,172 lashes; the numbers of sick increased; and from such spectacle they would have turned away with loathing or fear. There must also have been repellent external evidence of the tension, hatred, brawling and drunkenness that, in spite of ferocious discipline, were turning Sydney Cove into what Clark later described as a ‘whore’s camp’ – ‘I would call it by the name of Sodom’, he said, ‘for there is more sin committed in it than in any other part of the world’ [...] a place in which ten convicts, including one woman, had tried to flee by 23 February can have had little attraction for those outside it. There is little mystery in the Aborigines’ apparent aversion. (Stanner 1977)

Evidence given by Mahroot confirms that the prevailing currency of rum provoked considerable exploitation of Aboriginal women for sexual favours. (Butler, Cameron et al. 1995) There was also the colonists’ ‘rage for curiosity’, the theft of or unequal exchange of goods for artefacts such as canoes and spears that would have increasingly irritated Aboriginal people to the point that they gradually withdrew from settled areas.

Watkin Tench, a ‘candid and liberal mind’, was one of those who puzzled over the fact that social intercourse with the Aboriginal people was ‘neither frequent nor cordial’. He had at first suspected it to be due to their fear, jealousy or hatred. Then, as he wrote:

> I confess that, in common with many others, I was inclined to attribute this conduct to a spirit of malignant levity. But a farther acquaintance with them, founded on several instances of their humanity and generosity [...] has entirely reversed my opinion; and led me to conclude, that the unprovoked outrages committed upon them, by unprincipled individuals among us, caused the evils we had experienced. (Tench 1788 and 1793:p135)
Early recordists had little chance of interpreting how the impact of invasion affected Aboriginal peoples’ own social relations. For this reason, and somewhat cautiously, an example of what happened in the twentieth century is offered to provide insight.

Stanner wrote of the Daly River region in the 1930s, that, after two generations of contact between Aboriginal communities and Europeans, was a ‘barbarous frontier’ with near-anarchy existing amongst Aboriginal groups. He reported groups coming into settlements voluntarily and it is suggested that this was because of the large numbers who became the victims of shootings, illness and disease, substance abuse as well as ‘internecine strife’. (Stanner 1960)

Stanner further states that the last-mentioned was a symptom of the breakdown of traditional social organisation, without which the culture became without meaning. (Stanner 1960)

Describing conditions in Sydney in 1845, Mahroot told the Select Committee that the white fellows’ nets had reduced the numbers of fish available and that the number of ‘opossum’ had declined so that they took a lot longer to procure. He was also adamant the alcohol had had a great deal to do with the decline in numbers of children. At the time of interview there were only four of his people, three women and himself, remaining at the Botany camp that numbered about 50 men, women and children from various groups. (Butler, Cameron et al. 1995)

It may be concluded that in the space of two generations, the ‘Sydney Tribes’ had experienced a shattering of their clan, family and personal identities. At the core of this was the theft of land. What remained of their culture was preserved and remained hidden from the view of non-Aboriginal people until very recently; the recent work by Foley is one example. (Foley 2001)

The health effects of the disruption of the hunter-gatherer life style have been summarised in Saggers & Gray. (Saggers and Gray 1991) In short, the health effects of the change to a sedentary, malnourished and eventually institutionalised lifestyle have been long ranging, with implications to the present day. Modern day conditions such as diabetes and renal disease have a direct relationship to quality of nutrition. The flour of the Europeans, although easy to procure, was less nutritionally satisfactory than flour obtained from native seeds. Folds notes that the adding of salt to meat had, in some societies, previously been taboo. (Folds 2001) During the height of the violence, the actual physical struggle to obtain beef and mutton would be at the considerable cost of Aboriginal lives. There was increasing need to obtain European foodstuffs as local resources were denuded. Dawes records this in his conversations with Patyegarang. (Dawes 1790) Although Aboriginal people actively traded money and goods, there is also evidence of Aboriginal people resorting to begging for food in the towns and using guerrilla tactics to remove food from the settler community. (Reynolds 1982) The sight of under-nourished people gathered
around townships lead to the implementation of ration depots. An individual ration would consist of flour, sugar and tea, with occasional meat. (Saggers and Gray 1991) Poor nutrition would also factor in the development of intervention policies such as protection and segregation.

The lie of \textit{terra nullius} and Imperial expansion

It was not long before the rapid opening up of country for grazing and farming was taking place some distance beyond the official boundaries of settlement. In this process settler regimes:

Abused their trustee \textit{ubierrnae fidei} relationships with indigenous peoples by ‘legal’ and military strategies to eliminate them, to segregate them, and later to try to assimilate them into the mainstream settler polity.

Principally, the settler state seems to have treated as paramount the creation of a ‘free market’ in the land of indigenous peoples. (Havemann 2001)

The use of force against Aboriginal peoples raised considerable concern in England. It was only through considerable support from humanitarians in both London and New South Wales that Governor Gipps was able to carry out the execution of the perpetrators of the Myall Creek massacre. (Reynolds 1999)

The fiction in England’s claim of \textit{terra nullius} was evident to early commentators. (Reynolds 1986; Reynolds 1998) According to Reynolds, in 1839 the clergyman, John Dunmore Lang wrote:

… The whole race is divided into tribes, more or less numerous, according to circumstances, and designated from the localities they inhabit; for although universally a wandering race, with respect to places of habitation, their wanderings are circumscribed by certain well-defined limits, beyond which they seldom pass, except for purposes of war or of festivity. In short, every tribe has its own district, the boundaries of which are well known to the natives generally […] (Reynolds 1989:pp73-4)

Reynolds further states:

Having found that Australia was not an empty land many colonists expected the Aborigines to eventually ‘die out’. The doctrine of \textit{terra nullius} might not accurately account for the past but it could point the way to the future. The catastrophic fall in the Aboriginal population, because of disease, deprivation and violence suggested that indigenous demographic decline would resolve the vexed question of prior ownership once and for all. (Reynolds 1996:xii)

Of all indigenous people in British possessions the Australian Aboriginal peoples are the last to have their native title rights to the land recognised in the common law. (Pearson 1998)

For example, in 1823 in the USA, Chief Justice Marshall recognised that the First Nations’ right of possession was intact and that the inherent rights of First Nation peoples, although diminished, were retained; ie: aboriginal peoples are …
… in no instance entirely disregarded; but were admitted to be the rightful occupants of the soil, with a legal
as well as a just claim to retain possession of it, and to use it according to their own discretion; but their
rights to complete sovereignty, as independent nations, were necessarily diminished, and their power to
dispose of the soil at their own will [...] was denied by the original fundamental principle that discovery gave
exclusive title to those who made it. (Reynolds 1986:p134)25

Again, in Aotearoa [New Zealand], the Treaty of Waitangi was signed in 1840 and was affirmed in the
common law in 1847. (Reynolds 1986:p135) The Treaty was signed following the cutting down of a
British flagpole by Hone Heke. The Māori signed for kawanatanga, ‘law and order’. (Flanagan 1862; Fox
1992; Havemann 2001)

By comparison, in Australia the crown claimed an absolute and unburdened sovereignty. This was
demonstrated in 1835 when Governor Bourke upheld the doctrine of the Crown’s ‘right of pre-emption’
when he acted to nullify the Batman treaty. In the settlement of Port Phillip as in Australia generally, the
Crown’s right of pre-emption meant that Aboriginal title was ignored altogether. Aboriginal peoples’

land

was simply taken with the Crown awarding title to settlers by way of pastoral leases or grants in freehold. In
New Zealand, however, pre-emption was asserted to give the Crown a monopoly and prevent settlers from
purchasing Māori land. This usage of pre-emption, asserted in the Treaty of Waitangi, was resented by
settlers for impeding what they called ‘free trade’ in Māori lands. (Sorrenson 2001)

25 Johnson v M’Intosh, 21 U.S. (8 Wheat) 543 (1823)
Colonial attitudes in NSW

The cycle, begun in Sydney, of violent land theft, starvation and disease, followed by removal and separation, was to be repeated in a multitude of forms around the colony of New South Wales and throughout the continent lasting well into the twentieth century underpinned by ethnocentric British attitude which are the foundation of institutional racism today.

British colonies were ultimately administered by the Colonial Office in London which had the power to select and despatch governors to the various colonies and set the tone for their administration, if not in fact, at least in intent. Where as Enlightenment thinking characterised the 1787 orders to Governor Phillip to live in ‘amity and kindness’ with the inhabitants of New South Wales; Governor Macquarie pursues actively pursues a policy of ‘moral uplift’ ie, to act like the British:

> It seems only to require the fostering Hand of Time, gentle Means and Conciliatory Manners to bring these poor Un-enlightened People into an important Degree of Civilization, and to Instil into their Minds, as they Gradually open to Reason and Reflection, A Sense of the Duties they owe […] Society in General (to Which they Will then become United).(Mulvaney 1989:p43)quoting (Governor Macquarie 1825:p224)

Mulvaney, in writing of the Governors, holds that this ‘ethnocentric assimilationist theory’ was possibly the ‘Australian climax of Enlightenment thinking based upon Natural Reason’. In fact, popular opinion would be more that of soon-to-be senior Judge Barron Field, that Aborigines were incapable of civilisation, because they lacked the faculties of ‘reflection, judgement or foresight’. (Mulvaney 1989)

Sir John Hindmarsh, the first Governor of South Australia, was very direct about the intention of the government to Christianise and civilise when he addressed the resident Kaurna soon after arriving in South Australia.(Reynolds 2001:p158) ‘Black Men’, declared Hindmarsh

> we wish to make you happy. But you cannot be happy unless you imitate the white men. Build huts, wear clothes, work and be useful. Above all things you cannot be happy unless you love God who made heaven and earth and men and all things. Love white men. Love other tribes of black men. Learn to speak English.(Reynolds 2001) quoting the unpublished (Walsh PB 1966:p19)

Mulvaney continues that evangelical sentiments are evident in the rationalistic humanitarianism shown in orders to Governor Darling, who was to

> promote Religion and Education among the Native Inhabitants […] by all lawful means prevent and restrain all violence and injustice [and] take such measures […] with the advice of [the] Archdeacon, to be necessary for their conversion to the Christian Faith and for their advancement in Civilisation.(cited by Mulvaney 1989:p43).
Despite these sentiments, little was done in practical terms to uphold the rights of Australia’s First Peoples, in practice the whole continent of Australia, was declared to be Crown Land and, as mentioned above, the traditional rights of the Aboriginal people to their land were ignored.(Rose 1987; Reynolds 1996)

At Port Phillip, (now present day Melbourne) a treaty was drafted between John Batman and the members of the Wuywurung, Thagawurung and Bunwurung peoples in 1835. In this instance, Batman exchanged goods and blankets for 250,000 ha of land, recognised today as land belonging to the Yarra and Geelong peoples, an area which extended from Geelong Harbour to the head of Port Phillip Bay. Officially, this treaty was never recognised by Governor Bourke as it was deemed to be unconstitutional; (Mulvaney 1989) upholding the view that a treaty cannot be drawn up by a private citizen, nor in the case of a political treaty, be created without prior declaration of war. Further, a treaty cannot be ratified with peoples who are not considered members of a sovereign state.(Reynolds 1992)

It was Governor King, however, while actually confronting the forcible dispossession, which was to characterise frontier relations for another 150 or so years also gave it authority:

I do hereby strictly forbid any of His Majesty’s subjects […] from using any act of injustice or wanton cruelty to the natives, on pain of being dealt with in the same manner as if such act of injustice […] should be committed against […] any of His Majesty’s subjects; but at the same time that His Majesty forbids any act of injustice […] yet the settler is not to suffer his property to be invaded, or his existence endangered by them, in preserving which he is to use effectual, but at the same time the most humane, means of resisting such attacks.(cited by Mulvaney 1989:p44)

Mulvaney comments that this open authority of the Governors to act as accuser, judge and executioner was given added sanction in 1824 when Governor Brisbane declared martial law in the Bathurst region.
The Great Land Grab

Beyond Sydney, the Gandangara lands to the south-west and the Wiradjuri homelands to the west of the Blue Mountains were invaded in 1813.(Dexter 1988)

Other expeditions were carried out northwards through the Hunter Valley and southwards through Darawal country to the fertile fields of the Illawarra region.(Elder 1988; Organ 1990; Millis 1994) The familiar patterns of the Hawkesbury conquests were repeated. Kooris were driven away from their rivers and watering points, forbidden to cross the newly cultivated fields, and fired upon whenever they transgressed.(Millis 1994) It was not long before

… the expansion of settlement and the treatment of the Aborigines were beyond the control of the government.(Dexter 1988:p217)

In 1816 in Van Diemen’s Land where invasion had taken place a decade before, Governor Davey, declared that punishment for a crime was equal amongst all people, black or white, illustrating this point in a now famous signboard held in the Allport Library and Museum of Fine Arts, Hobart. Since the incident at Risdon Cove in 1804 where an unknown number of Moomairremener were fired on, violent encounters were sporadic. This would change with the expansion of grazing grounds and occupations, thereby escalating tensions and conflict.(Connor 2002:p35)

The Gunditjmara of south-western Victoria were invaded during the 1820’s by sealing and whaling crews, again bringing with them the fatal diseases. It would take until 1834 before there was any long-term settlement.

On 20 September 1824, at Port Essington in Iwaidja country on the Coburg Peninsula, east of present-day Darwin, Captain Bremer completed the annexation of Central Australia by hoisting the English colours

…under a salute and feu de joie from the guard on shore…(Lockwood 1969:pp5-6)

He buried a copy of the possession notice and several British coins on the spot, now named Point Record. In so doing, he extended the boundary of New South Wales from the 135th meridian to the 129th.(Lockwood 1969) On 26 September he took possession of Tiwi country, Bathurst and Melville Islands and established Fort Dundas at King’s Cove on the latter. The Tiwi would keep this outpost ‘under virtual siege for its entire existence’. (Connor 2002)

During the 1820s, events came to a head in the northward and westward expansion of New South Wales. William Henry Suttor saw the ongoing tragedy unfold. He realised that, among the settlers, some desired peace, but there were others – the soldiers and prisoners – who raped, looted, and regarded the Kooris as
a sort of dangerous wild animal whose speedy extermination was the best possible thing that could happen.(Salisbury and Gresser 1971:p7)

Up until the end of 1821, the western settlements around Bathurst had been strictly controlled. This all changed with the arrival of Governor Brisbane at the end of 1821. Large tracts of land were granted to settlers with convicts to work them. The settlers destroyed Wiradjuri hunting grounds and desecrated sacred burial grounds, and, in 1822, Wiradjuri began an organised retaliation.(Elder 1988; Grassby and Hill 1988; Connor 2002) Attacks continued through 1823 and it was around this time that the British resorted to chemical warfare in the form of poisoned damper and arsenic-laced waterholes.(Salisbury and Gresser 1971; Grassby and Hill 1988)

On 14 August 1824, martial law was proclaimed by Governor Brisbane in order to quell the Wiradjuri uprising.(Salisbury and Gresser 1971; Gilbert and Treaty '88. 1988) The Wiradjuri put up a strong resistance with an enormous human cost.(Grassby and Hill 1988; Connor 2002) Vast numbers of atrocities were recorded by Reverend Lancelot Threlkeld(Willey 1979:p214) typified by this quote from settlers attitudes in some quarters:

Shoot them all and manure the ground with them!(Quoted by Millis 1994:p54)

The bloody ‘war of extermination’ continued until September when the Wiradjuri leader, Windradyne (also known as Saturday), and his countrymen, eventually laid down spears in an effort to stop the murders. This is significant… No spears meant no hunting… Nor any food… and the total dependence on handouts from the victors. In December 1824, martial law was lifted and Windradyne voluntarily arrived in Parramatta to attend the annual feast at the Governor’s invitation.(Elder 1988; Grassby and Hill 1988)

In 1824, the Gooris in Moreton Bay (in the future state of Queensland) successfully resisted the establishment of a penal colony.(Harris 1990) The colony was officially established on the Brisbane River a year later. The founder, Captain Logan was considered a tyrant and was eventually assassinated, probably by the local Yuggera people.(Rosser 1990)

It was commonplace, from as early as the 1820s, for the invaders to believe that the Aboriginal peoples were going to die out. One correspondent, a Gentleman, to the Methodist Missionary Society declared:(Reynolds 2001:pp140-1)

Wherever we trace the steps of white population, we discover the introduction of evil, the diminution of members, the marks of disease, the pressure of want, the physical and moral ruin of this people. If we

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enquire where are the tribes that once inhabited the places where Sydney, Parramatta, Windsor and other Towns now flourish. What will be the answer? Their existence is but a name. Assemble them and You will find a few miserable creatures, scarcely human in appearance, rise to bear witness that these spots were once peopled by Aborigines […]

Things were not about to change. He continued:

… the ruin of the Aborigines is inevitable, unless some expedient be devised to stay those evils. Tribe and Tribe must successively endure the same measure of sufferings until the total annihilation of the Natives of New Holland winds up the sad Catastrophe.

The gentleman continued,

What will future generations think of our Christianity, of our landed Philanthropy, when our posterity read in the early page of Australian history the misery and ruin which marked our adoption of this land – when they find recorded that our proprietorship to the soil has been purchased at such a costly sacrifice of human happiness and life.

Despite evidence of the continuing resistance to the European invasion, the British never got around to actually declaring war.(Connor 2002:p58) For example, to the north in Awabakal, Wonnarua and Kamilaroi country along the Hunter River reprisals intensified from around 1825, the same year the New South Wales Mounted Police was established. Van Diemen’s Land would form a detachment of Mounted Police soon afterwards.(Connor 2002:p62)

It was in 1826 that the Hunter Valley Mounted Police under Lt Lowe conducted a ‘campaign of terror’ against the Wonnarua on the upper Hunter.(Connor 2002:p64) Connor writes that the subsequent ordered by Governor Darling was on the basis that Lowe had committed what would now be called a ‘war crime’ i.e.: shooting a prisoner known as Jackey Jackey; and that this is …

… the closest the British government ever came to accepting the reality that the Aborigines were not misbehaving British subjects, but were sovereign peoples defending their land in war.(Connor 2002:p65)

Both Governor Darling and Governor Arthur in Tasmania had been told by Earl Bathurst …

… understand it to be your duty, when such disturbances cannot be prevented or allayed by less vigorous measures, to oppose force by force, and to repel such Aggressions in the same manner, as if they proceeded from subjects of an accredited State. (quoted by Reynolds 1994:p92)

Governor Arthur, who right from the start of his commission had sought to maintain relations with the Palawa, reluctantly declared martial law in 1828, expecting this was the only way to effect security.(Reynolds 1994) At the same time, George Augustus Robinson led the Palawa to the purported sanctuary of Bass Strait. After numerous false starts, the Palawa were eventually incarcerated on
Flinders Island at Wybalenna. Here, the moist climate and inadequate diet, together with the close living in quarters brought about waves of chest ailments, colds, pneumonia and tuberculosis, amongst other diseases. As well, the Palawa women fell prey to the predations of unscrupulous guardians. When Wybalenna was finally abandoned, only 46 people were alive. (Mulvaney 1989)

The Swan River colony had been established in Wajuk country in 1829. (Connor 2002) Meanwhile, Nyoongah country around the Swan River in Western Australia, was being divided and sold off from 1829. The site of Perth itself was known as Boorloo and lies on land called Mooroo. Friction began immediately with the earliest disturbances over food resources; clashes increased by 1831. By 1832, the Aboriginal resistance had gained momentum. Yagan, the leader of the Mooroo clans was assassinated in 1833. By then, great numbers of Nyoongah were falling ill with the diseases of the invaders. The guerrilla warfare continued and a Mounted Police Corps was deployed to safeguard settlers. (Grassby and Hill 1988; Green 1995; Connor 2002)

In 1833 the West Australian academic, R M Lyon wrote a letter warning of the dire consequences of an ‘exterminating war’. Lyon was a vigorous campaigner for what would now be called Aboriginal rights and he observed, on the words of Reynolds (Reynolds 1996: p171) that …

… his fellow colonists were, ‘determined to disregard every other principle of justice’, and had resolved ‘to consider the king’s proclamation a sufficient title to their lands’.

Lyon also advocated the negotiation of a treaty. (Reynolds 1998: pp70-84)

The Pinjarra massacre of scores of Nyoongah men, women and children from around the Swan and Murray Rivers occurred in 1834. (Mulvaney 1989: pp168-171) Governor Stirling, according to Mulvaney, was to report that it

became an urgent Necessity, that a check should be put upon the Career, of that particular Tribe. (Mulvaney 1989: p169)

In 1835, Governor Stirling wrote to the Colonial Office that the Aboriginal race must ‘gradually disappear as the Country is occupied’. Neither the ‘humane intentions of His Majesty nor the most anxious and judicious Measures of the Local Government’ could prevent the ultimate ‘Extinction of that Race’. (Reynolds 2001: p142)

In Tasmania in 1830, the so called ‘Black Line’ upwards of 2750 settlers and soldiers spread across the breadth of Van Diemen’s Land. The settlers walked the length of the island in an attempt to force remaining Palawa onto the Tasman Peninsula. A bounty of £2 was offered for the live capture of any Aboriginal child and £5 for each live Aboriginal adult. (Elder 1988: p41). Two were killed and two were
caught, a man and boy named Ronekeennareener and Tremebonerp. (Reynolds 1994: pp117-9; Connor 2002: p97)

Kooris throughout what is now called Victoria tenaciously repelled the white invaders. (Millis 1994: p261)

In 1837, 1838 and 1842 various corps of mounted Aboriginal police were recruited to patrol frontier regions in the unsettled Port Phillip District. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)

In 1838, in the land of the Yeerun-Illam-Bullukclan, at Broken River near Benalla, Victoria, 18 white people travelling overland in the ‘Faithful’ party were attacked, probably by the Taungurong, or Goulburn River people. The inference being that the overlanders had abused privileges with the Koori women. At least three of the party died and four others went missing. (Janson and Macintyre 1990; Millis 1994; Connor 2002) Reprisals followed and, in Connors view ‘may have exacted some revenge’. Soon afterwoods Port Phillip settlers petitioned Governor Gipps to ‘levy war against the blacks’. (Connor 2002: p118)

According to *The Australian* newspaper on the 8th of June, 1838:

> the tribes from Port Phillip to the Hume have organised a regular system of plunder and outrage, and threaten to annihilate every white man in that portion of the colony. (Anonymous 1838)

Mounted Police barracks were established on the Murray, Ovens and Goulburn rivers. (Connor 2002: p119)

Also in 1838, on 17 January, in Hanover Bay, WA, Grey hoisted the British flag and reiterated formal possession of the far North West of the continent. (Battye 1915) The area had already come under the charter of Western Australia in the earlier commission of Governor Stirling to the Swan River Colony.

**Enlightened thinking**

Meanwhile in London, concerned citizens – numbering amongst them advocates of the Anti-Slavery movement – were pressuring the Colonial Office to recognise the pre-existing rights held by the Kaurna people in the planned colony of South Australia. Reynolds describes that English humanitarian concerns focussed on land tenure. (Reynolds 1986, chapter 5) The 1835 to 1837 Select Committee on Aboriginal Tribes27 became a platform for the humanitarians’ interest the chairman making the point that the…..

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27 Chesterman & Galligan write that the Select Committee was, ‘set up to investigate the appalling conditions of indigenous inhabitants under British dominion’. It settled on the term ‘aboriginal’ for indigenous inhabitants but this generally had not extended to legal and administrative practice. In Australia, the word ‘aboriginal’ was used largely to describe race; ie, original
…native inhabitants of any land have an incontrovertible right to their own soil. (Chesterman and Galligan 1997:pp87-8; Human Rights and Equal Opportunity Commission 1997:p251)

Another of the Committee’s concerns was the preservation of Aboriginal peoples’ civil rights. The Committee also put forward that Aboriginal people would benefit from the propagation of Christian ideals. Aboriginal children, writes Haebich, were to be the primary focus of such reforms. (Haebich 2000:p69)

Indigenous children were swept up in these tragic processes as their communities were dispossessed of their lands along the moving frontiers. They were killed and injured in violent confrontations. They died from the effects of introduced diseases and malnutrition. They were orphaned and left to survive on the fringes of colonial society. They were snatched from their parents’ arms during raids and confrontations. Survivors were often forced in menial servitude with uncaring employers. This continued on through the nineteenth century, sanctioned in various ways by colonial authorities and eventually taken over by them. Children were also integral to the ‘remedial process’ of civilising and Christianising. In recommending the establishment of systems of protectorship for aborigines in the colonies, the 1837 report to the House of Commons pointed to the central place of indigenous children:

“The education of the young will of course be among the foremost of the areas of the missionaries; and the protectors should render every assistance in their power in advancing this all important part of any general scheme of improvement.”

By 1840, however, prominent South Australian colonists had eroded support of instructions from the Colonial Office to recognise the Aboriginal people rights to live on their Land, to hunt and to receive 15% of all land sales and 1% of the gross domestic product. All this was to be put aside for the “benefit and education of Aborigines”. (Reynolds 1986:pp144-9; Reynolds 1989:p83; Reynolds 1992, chapters 5-6)

The experience of invasion would, therefore, end in much the same way for the local Kaurna of Adelaide as it had for the traditional owners of the earlier settlements. Of some note, however, was that in the 1841 House of Commons Select Committee on South Australia, a resolution was passed protecting the principal of reserves, as reported in (Reynolds 1996:p148):

That it is expedient, that Her Majesty should be authorised to reserve, and set apart within the said Province, for the use of the Aboriginal Inhabitants thereof, any lands which it may be found necessary so to reserve and set apart for the occupation and subsistence of such Aboriginal Inhabitants.

inhabitant or descendant thereof; whereas, ‘native’ referred to place of birth. Hence ‘aboriginal native’ meant ‘descendent of the original race of a particular region who was also born in that place’. For more information see reference Chesterman, J. and B. Galligan (1997). Citizens without rights: Aborigines and Australian citizenship. Cambridge, Cambridge University Press.
Similarly, the *Australian Waste Lands Acts* passed in the British Parliament the following year and applying to all the colonies,

allowed for the reservation or disposal of land ‘for the use and benefit of the aboriginal inhabitants of the Country’. (Reynolds 1996:p148)

The clash between the expanding pastoral industry and the humanitarians came to a head during the 1840’s with the establishment of the Port Phillip Protectorate. Here, Reynolds refers to Earl Grey, Secretary of State for the Colonies, who offered a radical solution to the conflicting claims of squatters and Aborigines (Reynolds 1996:p151):

I think it essential that it should be generally understood that leases granted for this purpose [pastoral occupation] give the grantees only an exclusive right of pasturage for their cattle, and of cultivating such land as they may require within the large limits thus assigned to them but that these leases are not intended to deprive the natives of their former right to hunt over these districts, or to wander over them in search of subsistence in the manner to which they have been accustomed, from the spontaneous produce of the soil, except over land actually cultivated or fenced in for that purpose.

Aboriginal resilience is evident in the following statement by the Assistant Protector of Aborigines at Port Phillip, James Dredge, who reported in 1845:

Their present position now claims our attention, and here let it be observed that no change has taken place in the constitution of their national character, their civil relations one to another remain undisturbed; although they have been taken under British power, and are declared subjects of the British Crown, it is entirely without their knowledge and concurrence. (Dredge 1845)

Pastoral leases issued during the second half of the nineteenth century embodied Earl Grey’s proposal; however, in practice, these provisions were ignored. Not long after Earl Grey’s dispatch the colonies began preparing for self-government and, after 1856, land policy and Aboriginal affairs became colonial rather than imperial concerns everywhere except Western Australia. (Reynolds 1986:p155)

Henry Reynolds, John Pilger and other commentators have described the second half of the nineteenth century as the time where concerted efforts were made to bury the true story of land theft and frontier violence in New South Wales. This violence was shrouded in myths and stories of the Aborigines as a race ‘fading away’, which together with the new prominence of evolutionary theory, provided a convenient excuse for individual settlers not to accept any moral responsibility for the decline in the number and circumstances of Aboriginal peoples. One commentator, Captain J L Stokes, RN, is quoted by Reynolds as protesting:
…“I must deny […] that it is in obedience of some all-powerful law, the inevitable operation of which exempts us from blame.” The depopulation of countries colonised by the British was, he believed, a “national crime”. (Reynolds 2001:p144)

Henry Reynolds writes: (Reynolds 2001:p147)

Popular discourse about struggle and survival of the fittest made it much easier to tolerate the brutal conflict that continued on the remote frontiers of white settlement. Nature itself was “absolutely and wisely pitiless”, the Age declared in 1881. Personal violence could be construed as action taken in harmony with the laws of nature, each man’s cause that of the white race. Frontiersmen came to consider that it was a duty they owed to themselves and their colour “to shoot down every black fellow” that come within range of their rifle. Others felt that the violence was unacceptable because it was unnecessary: the fate of the Aborigines was sealed anyway. In 1867 the editor of the Rockhampton Bulletin wrote powerfully against “a ruthless and indiscriminate extermination of the doomed race”:

“Theyir extinction is only a question of time, and no unnecessary cruelty should be used to effect a result which the operation of natural causes will certainly accomplish."

Joe Bungaree of Gunnedah in 1887 summarises the events of the preceding 50 years from an Aboriginal perspective:

... plenty white man coming all about and bring plenty cattle. Tribe get small. White men take our young lubras – young warriors go away for lubras down Nammoy 28 river long way never come back no more... 
Me, I getting old now, some day I finish. Then no more King, no more Nammoy River tribe. All gone, finish... (O'Rourke 1997:p200)

The Colonial Office in London was fully aware of the culture of violence. Lord Glenelg issued the following statement to Governor Bourke in 1837(Connor 2002:p113):

To regard them as aliens with whom a war can exist, and against whom [Her Majesty’s] Troops may exercise belligerent right, is to deny that protection to which they derive the highest possible claim from the Sovereignty which has been assumed over the whole of their Ancient Possession. (Glenelg 26 July 1837)

Glenelg’s statement is yet more evidence of the colonial office’s ambivalence toward Aboriginal Land rights. In that same year Bourke had outlawed the forced detention of Koori women by European men in an attempt to prevent incidences of force, violence and rape. (Broome 1982:p56)

The 1838 Myall Creek Massacre of at least 28 Kamilaroi at Dangar’s station in northwest NSW was the first massacre of Aboriginal people after which the white offenders were tried, found guilty and sentenced to death by hanging. (Millis 1994:pp 545-6 and 552; Connor 2002:pp102-13)

28 Namoi River, NSW
Eleven men were brought to trial for the murders of those Aboriginal men who could be identified, although in the first place all the accused were acquitted. The Attorney General immediately applied to have them detained on the further charge of murdering the women and children. On 27 November 1838, seven of the men – Kilmeister, Hawkins, Parry, Foley, Oates, Russell and Johnstone – were brought before the Supreme Court where they were found guilty and sentenced to death. (Reynolds 1989:p190)

The killings at Myall Creek formed only a part of a widespread campaign of slaughter lead by the Mounted Police at this time. One report suggests that as many as 500 had already been slain. (Millis 1994) Reports of many of the atrocities were driven underground by settler backlash against the Myall Creek hangings, contributing to what John Pilger would later describe as the ‘Secret War’, with hidden killings and atrocities continuing around the continent for another 100 years. (Pilger 1992)

In other far flung regions, reports of the violence did survive. The 1840’s resistance of the Nawu in Spencer region of South Australia was recorded in sympathetic detail:

There was one fine young man (native) killed in the somewhat extensive slaughter which followed the Port Lincoln murders ... he was about eighteen years of age, well made ... single-handed and armed only with his spear, he kept several horsemen for a time at bay. During the contest, he received four pistol shots and had a sword passed through his body. The horsemen left him, as they supposed, dying, but on their return found that he was still alive, that he had crawled several paces, and rearmed himself with abandoned weapons. He was at last dispatched and his head chopped off with a hatchet.

The trophy was borne to Port Lincoln where I had an opportunity of inspecting it. As the head rolled out of a bag, and I recognised the lofty retiring forehead, I said to myself, ‘If that man had been born with a white skin he would have been a hero’. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)

Writing in NSW in 1978, Kamien describes how moved he was to witness

more than thirty Bourke Aborigines in tears when discussing how and where their ancestors were shot by white graziers and their white employees. One Bourke woman even suggested that all Aborigines should emulate the Brisbane Tribal Council and wear a red headband to remind them of the spilt blood of their ancestors. (Kamien and Australian Institute of Aboriginal Studies. 1978:p40)

The following table, reproduced here with permission of the original author (Fitzpatrick 1997) gives an outline of frontier contact during the first fifty years of European occupation of Australia. It gives the reader a chance to understand the speed at which Aboriginal peoples were overrun by the invaders.
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Dispersal

It is the duty of the officers at all times and opportunities to disperse any large assemblage of Blacks; such meetings, if not prevented, invariably lead to depredations and murder.

Instructions to the Native Mounted Police, 1858. (quoted in Cunneen and Robb 1987:p188)

Reflecting on events in Tasmania, Haebich (Haebich 2000:p68) writes that the … processes of dispossession and dispersal occurred on the moving frontiers of all Australian colonies. They were buttressed by doctrines of economic progress and cultural and racial superiority, an insatiable appetite for land, and the imperatives of economic survival, isolation and fears of aggressive Aboriginal retaliation. A particular brutality emerged, expressed in the merciless dislocation of many indigenous communities, the virtual enslavement of some of the members and terrible loss of life through violence, disease and starvation. The perceived extermination of Aboriginal people appeared to remove any impediments to the colonists’ spread across the continent and endorsed their claims to be the rightful and legitimate owners of the land.

One agency notorious for its role in the dispersal of Aboriginal peoples from their territories was the mounted police. In 1839, NSW enacted legislation to create the Border Police to enforce the administration of the Commissioners of Crown Lands in the north and west of the Colony ‘beyond the limits of location’ set by the Land Act. (Reid 1982) The Border Police, a force of ex-convicts, itinerants, stockmen and shepherds and eventually Aborigines, can be seen in hindsight to have acted more as an occupational force rather than an agency of law and order. (Cunneen and Robb 1987) It controlled the northern frontier of NSW for the following eight years. (Reid 1982:p3)

In 1848, the Border Police was replaced when Frederick Walker was appointed commandant of the newly formed Native Mounted Police Force. This corps of Aboriginal men, with recruits from southern NSW making up the bulk, set off in 1849 to bring ‘law and order’ to the northern frontier. (Reid 1982:p1982; Elder 1988:p123; Millis 1994:p481)

In 1848, Kamilaroi and Bigambul mounted a full-scale effort to claim back the Macintyre River from the invaders. They were aided by Mandandanji and Barungam peoples from the Condamine River to the north. (Reid 1982:p4)

It was only with the arrival at Callandoon, near Goondiwindi, in mid-1849 of Frederick Walker and a party of fourteen Native Police recruited from the Riverina along the lines of the Port Phillip force that the revolt was quashed. (Millis 1994:p727)

Meanwhile, over on the other side of the continent the northwest corner of the country was being opened up. Battye records that tenders to establish silver-lead ore mining in the Murchison were called in 1849,
acceptance of the tender being ‘conditional upon the Governor affording military protection’ against the Yamatji (Aboriginal people). (Battye 1915:pp10-3) In 1868, on the Burrup Peninsula, Jaburrara men, women and children were murdered in what became known as the Flying Foam Passage massacre.

The gap between the Colonial Office’s expectation and the actual administration of colonies with regard to Aborigines was thus very broad. Within this vacuum, the philosophies of the Christian missionaries found fertile ground.

Missionaries, writes Reynolds (Reynolds 2001:p156)

were quite open about their objective of converting the Aborigines and breaking the bonds that secured them to their own culture and traditions.

Reynolds (Reynolds 2001:p157) cites the instructions of the committee of the Church Missionary Society to Rev W Porter in 1838, that he should not be
discouraged at repeated failures and disappointments. These must be expected, and that for a long period, in dealing with a people in such a deplorable state of barbarism, superstition, and ignorance as those with whom you have to do. The habituating them, however, to habits of industry, order and subordination though by slow and scarcely perceptible degrees, will tend, in combination with the temporal advantages which they will acquire by their intercourse with you, and above all through the grace of the Gospel, to raise them from their recent wretched condition, and to form them eventually into well ordered Christian Communities. (CMS to Porter 2 February 1838)

It can be seen that instead of fostering the personal liberty and rights of their Aboriginal subjects; the colonies were developing a web of controls over every aspect of Aboriginal life. The invaders original aggression was augmented by a heavy-handed administration of justice by the Mounted Police. This was reinforced by the selective dealing of justice by the Courts who upheld theories of social Darwinism by denying Aboriginal people the right to be a witness in trials. The moral authority of the Christian church actively sought to prevent the practice of Aboriginal language and cultures, maintaining this pressure in many cases where people were already dispossessed of their land.

Across the continent, Aboriginal people reacted in different ways to the oppression.

In 1846 eight Pallewa sent a petition to Queen Victoria requesting that she reconsider the reappointment of Superintendent Jeanneret to the Aboriginal Establishment at Wybalenna on Flinders Island. The Superintendent had a history of being violent and neglectful of the Aboriginal people under his supervision. Upon close examination, Reynolds reveals the petition demonstrates the Tasmanians belief that they were a free people. (Reynolds 1994:pp7-12)
At some point during the frontier violence, prior to their removal to Flinders Island, an agreement akin to a treaty had been negotiated between themselves, G.A. Robinson and Governor Arthur. The Pallewa believed the terms of the treaty had been upheld by themselves:

The humble petition of the free Aborigines Inhabitants of Van Diemen’s Land now living upon Flinders Island ... That we are your free children that we were not taken prisoners but freely gave up our country to Colonel Arthur then the Governor after defending ourselves.

Your petitioners humbly state to your Majesty that Mr Robinson made for us and with Colonel Arthur an agreement which we have not lost from our minds since and we have made our part of it good…(Quoted in Plomley NJB 1987:pp148-9)

During an inquiry into the petition some months later, Davey Bruney, son of Woorady, reveals more of the origin of the document

I can write, I signed it myself, I can read. I read it myself first and afterwards had it read over to me. I told the Queen that we had given up our country and came to this Island and we expected in return to have what we wanted.(Colonial Secretaries Office)

The following is George Robinson's evidence to the 1845 Select Committee (taken from (Gale and Brookman A. 1975:pp48-9)):

... disease among the natives at the Bay, from illicit intercourse with the white men was painfully prevalent; two aboriginal adults, male and female, died in much agony during the Chief Protector's stay, from the effects of syphilis; hospital assistance and medical relief is afforded to the natives by the medical gentlemen at Mr. Boyd's, and food and clothing is supplied, the whole at the expense of Mr. Boyd; similar assistance to the natives, I was glad to find, was rendered at the Messrs. Imlay's establishment. There is reason to fear that numbers of aborigines in the interior perish annually for want of medical assistance; last year the Omio, Snowy River, Murrumbidgee, Hume, and other tribes visited by the Chief Protector, were greatly afflicted by disease, and during the current year, two natives of Lake Hindmarsh, scarcely able to crawl from syphilis, applied to the Chief Protector and party for medical assistance; benevolent settlers however, occasionally relieve them, and gratuitous assistance to the Wayradjery, at the Hume, had been afforded by a medical practitioner at Albury. As a people, the aborigines are rapidly on the decay; they are greatly reduced; they are (especially in the settled districts) but remnant tribes, sections are extinct; these diminutions are attributable to several causes; some have have been sacrificed to angry feuds and intestine (sic) strifes, but hundreds have fallen victims to European disease; variola, often of a confluent description, influenza, febris, and syphilis, have extended their baneful influences to the remotest parts of the interior; the later disease is now almost prevalent throughout the land; ophthalmia in some districts is endemic; cutaneous affection is peculiar to the natives, and prevalent.(NSW Legislative Council Votes and Proceedings 8 September 1845:pp47-8)
Responding ostensibly to humanitarian concerns, the Queen’s Secretary of State for the Colonies, Earl Grey, ordered the abandonment of Wybalenna. At the same time, there was anxiety that the resident ‘full-blood’ population were too familiar with neighbouring Furneaux Islander communities. Upon this place, many Pallewa women were co-habiting with sealers. Too much interaction, it was feared, might lead to an increase in the numbers at the Aboriginal Establishment, ‘which would mean an even greater burden upon government’. (Ryan 1977: pp27-52)

The remaining ‘full-bloods’ of Wybalenna were removed in 1847 to a mainland settlement in rain-swept Oyster Cove, twenty miles from Hobart, where they were to remain in deplorable conditions with their numbers declining. The reserve was revoked in 1874. (Ryan 1977: p36; Mulvaney 1989: pp55-60; Reynolds 1994: pp7-20)

It was, however, around the control of food resources that some of the most sinister power games by the whitemen took place. To the north, in what is now south east Queensland, this took the following form.

Between 1841 and 1844 sixteen whites were killed and nine injured in the Moreton Bay District and from January 1842 and November 1843, thirteen whites were killed in the newly formed Darling Downs District. (Reid 1982) During this time certain settlers provided the Aboriginal people with flour laced with poison. (Evans, Saunders et al. 1993: pp49-50)

Up to 60 Dallambara from the Kilcoy region in Queensland died from eating flour laced with strychnine in 1842. (Reid 1982: p2; Rosser 1990: p79; French 1991: p98)

“That blackfellow been eatim damper. Then plenty that been jump about all the same fish, when you catch im, big mob been die – him dead all about …” (quoted in Evans, Saunders et al. 1993: p49)

One informant, Tom Petrie, who attended the gathering of fourteen or fifteen groups during the 1842 Baroon Bunya Festival reveals that the Inwoorah and Tombarah gave a graphic retelling of the Kilcoy tragedy in a detailed mime performance. They concluded their story of what happened at Kilcoy Creek by explaining that one group which would normally attend would not be present this year because they had all been killed by the poisoned flour. (Elder 1988: p119)

Evidence of arsenic and strychnine poisonings abounded during the years between 1842 and the early 1900s. It was thought by settlers in the post-Myall Creek era, that the use of poison rendered their activities less visible; they could claim the poisoning was an accident. (Reid 1982: p2)
Epidemics in the 19th Century

This summary is not meant to be comprehensive but is merely to emphasise the extraordinary role disease had in moulding Australian history in the nineteenth century.

Although certain squatters’ men and various police troopers did indeed kill Murris (Aboriginal peoples of northwest NSW and Queensland), fewer died from their muskets and cutlasses than died from the ‘indirect’ effects of the invasion. For example, the Kamilaroi suffered the ravages of malnutrition, disease and alcohol, acting in combination. The British takeover also shattered age-old precious beliefs. Subtler in its impact, this culture shock or spiritual terror doubtless compounded the effects of disease and malnutrition by undermining the will to live ... moreover an unknown number, perhaps hundreds, succumbed to malnutrition or even starvation. This was partly the result of their being excluded from the best river-sites and partly the result of the faint yet profound ecological changes. The population fell not only because of the high death rate but also because of a low birth rate. Fewer Aboriginal women survived than men and, because of malnutrition, venereal disease and alcohol, the women who did survive produced fewer children. (O'Rourke 1997)

By 1829, as the NSW frontier expanded westwards, the Aboriginal peoples were again facing the ravages of smallpox. (Butlin 1985; Campbell 2002) This outbreak lasted until around 1832, with widespread mortality, killing at least a third of the remaining Aboriginal population:

  spreading from northern New South Wales, through the western parts of that state as far south as north-east Victoria and south-west South Australia... some confusion has also arisen from the erroneous identification of impetigo contagiosa, a severe skin condition that was prevalent in the southern states between 1830 and 1880, as ‘native pox’. (Cumpston 1914 cited in ; Campbell 2002)

On the River Murray, it was said to have

  decimated the native population, wiping out whole tribes. (Curr 1886:p217)

Rose holds that this outbreak came down from the north introduced by the Macassan’s. It is probable that the disease affected people throughout the northwest of Australia at this time. (Rose 1991) Campbell surmises that there ‘had been a steady southward and south-eastern movement of smallpox through Aboriginal clans from the north coast to both the south coast and the east coast’ between 1824 and 1830. (Campbell 2002) Other evidence suggests the disease remained epidemic rather than endemic due to the devastating results of its impact. One writer noting that the

  young were totally susceptible, and an entire generation could be lost in a few weeks. (Crossby quoted in Kimber 1988)
In 1829 near the junction of the Bogan and Darling Rivers, Captain Charles Sturt observed a ‘violent cutaneous disease’. In a later exploration along the Murrumbidgee, Lachlan and Murray Rivers in 1830, as well as more evidence of smallpox, Sturt described a disease that affected all age groups,

syphilis raged amongst them with fearful violence; many had lost their noses, and all the glandular parts were considerably affected.(Sturt C. 1833 quoted in ; Kamien and Australian Institute of Aboriginal Studies. 1978:p13)

In Campbell’s opinion

It is possible that Sturt mistook an indigenous treponemal infection for syphilis.(Campbell 2002:p33)

Virus infections such as the common cold and influenza were prevalent in the nineteenth century and were so new in Aboriginal populations that complications would have occurred.(Campbell 2002:p15) Kamilaroi and other groups in the north of NSW suffered an epidemic of influenza in 1838.(Millis 1994)

Campbell continues, ‘Virus infections may have been the prelude to infection with tuberculosis’ with anecdotal evidence of ‘unusually severe effects’ on Aboriginal peoples.(Campbell 2002:p15)

Campbell writes that evidence of Aboriginal smallpox and what was probably an indigenous treponemal infection also emerged in south-eastern NSW in the 1840’s.(Campbell 2002) In 1844, near Cooma, NSW, G A Robinson reported that …

Syphilitic and other European Disease among the Natives is prevalent, and their numbers are rapidly decreasing.(Mackaness 1941:p328)

In 1845, Edward Eyre notes the ‘speed and toxicity’ of the syphilis plague, observed among the people of the Murray River in South Australia.(Stirling EC 1911)

In 1847 on the Macleay and Manning Rivers of eastern NSW, arsenic poisoning occurred at Upper Gangat, Bellbrook, Wingham, Belbowrie, Tinonee, Soldiers Point and Woolomba.(Blomfield and Baal 1998)

The people of the Darling Downs were struck down by influenza in 1851. In December that same year, the Badtjala inhabitants of Fraser Island suffered reprisals that lasted ten days:

rumours are afloat that the natives were driven into the sea and kept as long as daylight or life lasted.(Elder 1988:pp128-9; quoted in Sinclair 1990)

Of the Western Australian Nyoongah peoples’ susceptibility to influenza, Elder quotes the writing of Hasluck:
Probably the greatest killer of Aboriginal people in the nineteenth century was influenza. Few Aboriginal groups remained unaffected. In the south-western corner of Western Australia, there was a string of influenza epidemics in the 1850s and 1860s. The winters of 1851-54, 1860-63 and 1865 wreaked havoc on the local Aboriginal population. Between 1829 and 1901 an estimated 4,500 Aboriginal people out of a total population of 6,000 died, most as a result of imported diseases.(Elder 1988:p229)

Of the acute infectious diseases of childhood, population size and the length of time it took to travel from England mitigated against their spread. When they did occur, the outbreak was severe. There is record of a severe outbreak of measles in ‘a newly settled district’ the 1830s.(Campbell 2002) During the mid 1850s, a measles epidemic in south-eastern NSW affected people in southern highlands where Aboriginal numbers already reduced by previous epidemics of smallpox and influenza. The Ngunnawal (Canberra) people’s numbers dropped from around 70 in 1856 to the point where, in 1873, only Queen Nellie, the last surviving country woman, remained. She passed away in Queanbeyan about 1894.(Flood 1980:p37) In the 1860s, after increases in population following the gold rushes, measles was still not endemic in Sydney and when an outbreak occurred, it was fatal. There were ‘some 13 000 cases of measles among Sydney children in 1867, and over 700 died’. (Campbell 2002:p24)
Campbell writes

When [measles] became endemic among immigrants, epidemics in settled districts affected Aboriginal people or often, although populations in distant parts of the country remained relatively free of childhood infections for long periods in the nineteenth century. (Campbell 2002:p25)

In another reference to the 1850s, Campbell, commenting on the work of E M Curr, writes that ‘in Curr’s day the incidence of venereal diseases would have increased during the gold rushes in Victoria’. (Campbell 2002)

Of South Australia, Moodie writes:

Early records suggest that pulmonary tuberculosis was a major health problem in many Aboriginal communities. From 1864 to 1899, 13 percent of all deaths at Point McLeay Aboriginal settlement in South Australia were attributed to pulmonary tuberculosis, and from 1880 to 1899, 28 per cent of all deaths at Point Pearce settlement in the same State were attributed to the same cause. (Moodie 1973:p148)

In Western Australia, during the 1860s, measles was introduced in the south west with tragic results. (Campbell 2002) In 1864, a smallpox epidemic descended upon Roebourne – a particularly virulent strain imported by the Malay trepang fishers – which killed off ‘all the natives in its path’. (Battye 1915) In 1893, a serious epidemic of measles spread through western Queensland with further outbreaks around Cloncurry in 1899. (Evans, Saunders et al. 1993:p96)

As mentioned earlier, this overview is not meant to be an exhaustive examination of all of the infectious diseases occurring in the colonies during this time. As we have already seen, it is obvious that ‘changes in Aboriginal conditions and behaviours consequent to settlement, and the partial adoption of white customs’ (Moodie 1973), not forgetting hygiene factors such as the pollution of fresh water sources by the invaders, would have resulted in a number of outbreaks of enteric disease, including typhoid, cholera and gastro and giardia.

Surviving

In 1851, the NSW Vagrancy Act stated that Aborigines could be gaoled for not having money and that white people were forbidden to live with them. (Miller 1985)

Also in 1851, the Port Phillip Protectorate separated from NSW and became the state of Victoria. A few years later, the editor of the Argus, a Mr Wilson

was angered by the laughter which accompanied the announcement by the newly-formed parliament that what he called “the contemptible sum” of £1,750 had been set aside for Aborigines. During just the few years that Victoria had been a separate colony, wrote Wilson, the Government had sold Aboriginal land
worth £4.5 million, £35 million worth of gold had been extracted and there had been millions of pounds worth of beef, mutton and wool.(Harris 1990)

By 1856, the year that New South Wales was given full authority over her internal affairs, the physical occupation of territory by the invaders was almost complete. This same year, a Native Police depot was established at Tintinallogy, to service the Darling River area between Fort Bourke (established in 1835) and Wilcannia .(Hardy 1976) Again, the old people found their lands invaded by pastoralists backed up by an armed militia.

George Dutton, an initiated Bandjigali man who died in 1968, describes a massacre near Wilcannia:

… those poor fellers didn’t know anything. They fired onto ‘em. They tried to get away but they couldn’t. Just for nothing. Raped the bloody women, one thing and another, rode ‘em and shot ‘em as well. All for nothing.

He had heard, writes his biographer Jeremy Beckett,(Beckett 1978) of similar shootings round Tibooburra and Cobham Lake. Asked if the settlers had used poisoned flour, he replied:

Oh yes, round Coongee lake, there’s bloody thousands died there. Paddy-paddy water hole … There might have been a bit of bloody spearing, and they had to defend their bloody selves, but no need for ‘em to go that far. They only had to shoot one or two and scare ‘em. But they shot the whole bloody camp.(Beckett 1978)

Aboriginal leaders strained to come to terms with the invasion they had been well aware was approaching from the east. Trade in European commodities preceded the invaders along with information about their animals, their weapons and their behaviour. Aboriginal people, writes Reynolds, ‘responded to the newcomers armed with knowledge and expectations about them’:

The word markin or makini, derived from musket, was used over a wide area of Queensland by the Gugu Badhun in the Upper Burdekin, the Dyirbal in the northern rainforest, the Kalkatungu of the Mount Isa region and the Budjara of the Charleville area.(Reynolds 1978)

Cockatoo Billy, a leader of the Jiman around the time of the Hornet Bank massacre in 1857, reveals that decisions affecting the very lives of his people were made on such information:

…after the first party [the Browns] had been out, they had had a ‘corbon woolla’ [Conference of chiefs]. Some wished to attack the station – others to keep as clean as they could and, as Cockatoo Billy said, even suppose they were able to kill all the whites that were in possession of their land, there were any number more in Sydney to come on. Sydney was their idea of the habitat of the white man. Cockatoo Billy said that if all the blackfellows were killed, there would be no more blackfellows; they trusted that if they separated and kept quiet the white man’s anger would pass.(Reid 1982:p182)
However, it was very difficult to avoid trouble with the ‘whitefellows’. Writing of the Mitaka, Karuvali and Marrula peoples with whom she grew up, Duncan-Kemp, lists the triggers for Aboriginal resistance as including,

the abduction and abuse of black women and children, the pollution of waterholes, the violation of ceremonial areas and failure to accept tribal boundaries. (Duncan-Kemp 1962:pp136-7)

Queensland separated from NSW in 1859. Duncan-Kemp records that there was about twenty years of savage fighting in Queensland’s south-west corner from the 1860s to 1880s with many deaths on both sides, occasioning forced abandonment by settlers of their holdings. Lukin Watson quotes Duncan-Kemp (Watson 1998:p62), saying her own property offered some sanctuary to some local Aboriginal people who were on the verge of being

wiped off the face of the inland by the rifles of the native police or being starved out of their hunting ground by white settlers bent on depasturing cattle and sheep on sacred waters.

Over 3,000 Murris inhabiting the area around Dangeri Waterhole were ‘gradually decimated’ during the period 1864-94, fighting a losing battle against ‘extermination’ by settlers and native police. (Watson 1998:pp61-2)

Watson (1998: 92-3) while analysing the work of Duncan-Kemp and other female writers of this period makes an extensive survey of contemporary reports of venereal disease and surmises: (Watson 1998:pp92-3)

In summary, apart from deliberate slaughter, it is hard to imagine social values and circumstances more likely to devastate whole communities than those that accompanied the conscious transmission of venereal infections from the white population to the black: the advent of a foreign, almost wholly male groups of intruders, many already suffering from syphilis and gonorrhoea; authorities prepared to ignore their legal responsibilities to protect indigenous women and children from rape and abduction by the incoming pastoralists and their staff; ongoing, purposeful contamination of indigenous women with venereal disease on the part of some, perhaps just a few, whites; adults infecting black children still below the age of puberty with syphilis and gonorrhoea; medical help either denied or unavailable; and finally, victims who were already distressed left homeless and suffering from malnutrition, and thus with little resistance to infections of any kind.

Regarding the purposeful infection of Aboriginal women Watson cites an official police report by Thorpe who reports that the bushmen felt that the best way to rid themselves of the infection or lessen its severity was to infect a female with the disease and Thorpe saw 'poor young gins, mere children between eleven and fourteen suffering from syphilis in all its stages'. (Watson 1998:p93)

By 1912, however, notes Duncan-Kemp, a new resistance movement was appearing in the Channel
Country. She identifies it as the *Kooroongoora* and suggests that it began around 1902 amongst tribes in the Northern Territory and Central Australia. Watson summarises the movement as having millenarian characteristics and elementary forms of nationalism as a political attempt to meld disparate groups into a centralised structure capable of militant opposition to the rule of the intruders. (Watson 1998: p63)

The *Kooroongoora*, meaning ‘out of the Earth-Mother’s body’ emphasised a return to an idealised past together with the expulsion or death of the intruders.

It was characterised by charismatic leadership and an intensification of ceremonial activity. A follower wore the distinctive mark of a black oblong on their torso: the mark signified the wearer’s recognition that tribal Law was being engulfed and obliterated by the European usurpation of tribal lands, and that the wearers were willing to cooperate in the upholding of traditional Law. In effect, this meant the strict punishment of two groups: first, individuals who had allied themselves too closely with Europeans, and second, those who had infringed the Law particularly with regard to initiation, the importance of which was re-emphasised during the Kooroongoora. (Watson 1998: p63)

The leadership of the *Kooroongoora* was a closely guarded secret; its operation causing disruption to station life because of the loss of trained stockmen and domestic help. The settlers were finding their authority over the station blacks undermined and began to fear an organised rebellion. (Watson 1998: pp 64-5)

Ultimately, the movement declined after several years as it failed to ‘fully restore traditional life and expel the European population’. Although it had been unifying through its ceremonies, it also brought considerable tension between the bush blacks and the station dwellers. Further tension occurred between elders and the younger station workers, who were embracing western mores.

Those outside the movement also became fearful and insecure. Duncan-Kemp makes the acute observation that, whilst it existed, a certain degree of hope had been possible for tribal people caught in the destructive aftermath of European settlement. Upon the movement’s demise though, a lot of hope vanished too: the old people were forced to see ‘that the old life was finished forever’. (Duncan-Kemp 1962: p66)

By way of example, George Dutton, who by 1930 was the only surviving ritual leader in the northwest of NSW. Beckett (Beckett 1978) writes:

*When George Dutton was born the traditional order still held; but was breaking up by the time he reached maturity, and the memory of it died with him (in 1968). Yet he was not a tribal Aboriginal. His parents’*
generation had already made the adaptation to pastoral settlement, grafting the institutions that they valued onto station life. They had, in Elkin’s words “…woven station activity and certain European goods into their social and economic organization and into their psychology without upsetting the fundamentals of their social behaviour or belief … They were indeed able to use European resources to underwrite Aboriginal activities, but only because the arrangement suited the settlers. …Cultural difference obscured and legitimised exploitation; but at the same time it assured Aborigines of an area of autonomy.” (Elkin 1951)

When the *modus vivendi* broke down Dutton’s people moved into the phase which Elkin has called “Pauperism”. This refers to an indigence that is as much cultural as economic, a net loss of material and mental things, and a life that is wholly mundane. Also lost are the occasions for self-determination. Until they can reconstruct their identity Aborigines are distinguished from other Australians by external factors: the colour bar and the uninvited attentions of welfare and protection agencies.

The transition is poorly documented and little understood. Ultimately the determining factors are to found in the white sector, and there are many instances of direct suppression of custom, even of language. But sometimes the agents of destruction have been the Aborigines themselves, responding to diffuse and indirect pressures from within the community, as well as from without. Often, as in the far west, the decimation and dispersal of Aboriginal population have been crucial.

For George Dutton and his contemporaries the transition to decline and dispersal was occurring around the first decade of the twentieth century, a significant influence being the subdivision of the large pastoral properties and the decline in the proportion of wage labourers to self-employed small-holders. (Beckett 1978)

Of the diffuse and indirect pressures, Beckett has also spoken of the ‘negative valuation’ of traditional culture in western NSW at that time. (Beckett 1958) Although this notion raises challenges of cultural subjectivity, it is evidence of the ‘cultural dispossession’ that inevitably followed the material one. (Beckett 1978) The younger people were questioning the power of the old people, deciding who they wanted to marry, etc; there was the conflict between old ceremonial traditions, initiation for example, and the vicariousness of the new offered in the village life of pastoral stations and small towns as well as western popular culture, comic books, movies, etc. There were changes in the nurture and protection roles of women and men reflecting interference by paternalistic station owners and missionaries. One response was that knowledge was withdrawn; i.e., the law was locked up or hidden by elders. Factored into all of this must be separation from country, forced migration, grief, jealousy, inter-gender and inter-generational challenges to authority, the fragmenting of ceremony cycles, depression and alcoholism, premature death … In closer settled areas there was evangelising from the various church interests and the inculcation of western mores by school teachers.

George Dutton saw his last ceremony, the *dulbiri mura* at Yandama Station in 1925. Around 1932, according to Duncan-Kemp, police rounded up the 500 last remaining blacks of the south west of
Queensland and institutionalised them in reserves far away to the east, depriving the south west of one of its main centres of ceremonial exchange. (Duncan-Kemp 1962:p68) In the 1950’s, George Dutton compared contemporary conditions to the earlier period of ‘accommodation to white settlement’:

It’s not so bad that the whitefeller came, but it spoiled the people. It made ‘em ashamed to talk their own lingo, and marry wrong. They don’t learn from the old people; can’t talk their own lingo. Some of them can’t even ask for a bit of bread or meat. They were better off in the old days, camped on their own, working on stations. They always had a bit of money. They knew who their aunties and cousins were. Now they got educated they think they’re better than other people. They’re always telling lies. (Beckett 1978)
In 1861, NSW was the first state to legislate for ‘closer settlement’. The government was responding to rising populist pressure to ‘unlock the land’. This lobbying resulted in the *Robertson Land Act* by which large pastoral properties were fenced then broken up into smaller holdings. In order for these smaller runs to break even, they had to carry denser flocks. This had a significant impact on NSW Aborigines who had previously been able to retain traditional links with their land by working as shepherds. With fences to contain the sheep, their work was now sporadic or, worse, non-existent. Much of this land was cleared for cultivation to crops such as wheat. People disenfranchised in this way joined the growing populations of the town camps.(Goodall 1988:p12; Goodall 1990)

Goodall has redefined the initial period from first contact through confrontation and resistance as the ‘first land rights’ movement.(Goodall 1996:p47) Following this, she describes a ‘second land rights movement’ where Aboriginal people actively sought to utilise the white system to request land within their traditional country. Further, she adds, the people insisted on prior rights of ownership.(Goodall 1990; Goodall 1996)

One of the first appeals for land written by a *Koori* was by Jacky White from Lake Condah, Victoria, on 7 January 1877:

… if you will write to the government for us, and get us off here, I will do work for you and will never leave you so I wish you get us off this place, I always wish to be in my country ... where I was born, I’m in a mission station and I don’t like to be here ... This country don’t suit me, I’m a stranger in this country. I like to be in my country.  *Jacky White to Mr Winters.*(Critchett 1980:p5)

In 1887, two *Kooris*, John Atkinson and his brother, *Yorta Yorta* activist William Cooper, petitioned the Government for 100 acres. In a letter to his local MP, Cooper appealed:

… as there have been no grants of land made to our tribe... I do trust that you will be successful in securing this small portion of a vast territory which is ours by Divine Right.

The petition was unsuccessful; although from 1896, small ‘farm blocks’ were allotted on the Cumeragunja reserve. These were repossessed by the Aborigines Protection Board (APB) in 1907.(Markus 1988:p7)

From the 1860’s to 1884, 31 reserves were created within NSW, 26 of them because Aborigines had demanded them or had already reoccupied the land and begun farming. Aborigines did not get every piece of land they demanded, often finding themselves in conflict with land hunger and racism.(Goodall 1990:p8-11) For example when Pelican, Shark and both Fattorini Islands on the Macleay River were
notified for a reserve in 1885, there were already 40 Gooris living there successfully farming land they had cleared and cultivated.(Goodall 1990:p7)

As the period of frontier conflict wound down in the settled areas of eastern NSW, Aborigines found ways to adapt to their new circumstances.

For instance, of the mid-north coast area, Morris (Morris 1983:pp504-13) writes that during the initial period of resistance in the Macleay Valley, ending in the late 1850’s, few employment opportunities for the Dhan-gadi were available. Just as changes in the pastoral industry affected the Wiimpatja to the far west late in the nineteenth century, here the local economies diversified and labour requirements increased. A reciprocal relationship developed between the property owners and Gooris, with a number of families settling permanently in camps on the properties. People could come and go more or less at will. As one woman put it, ‘We was free then.’

Aspects of traditional culture were evident to the settlers. Women would always walk or ride behind the men with the children behind. Mother/son-in-law and brother/sister avoidance was practised and corroborees and initiations continued up until the 1930s. Bush tucker remained an essential part of the diet, supplemented by mission rations of tea, flour and sugar.

At Bellbrook, the inhabitants maintained a significant a level of autonomy, as they were able to take up smallholdings on the Reserve where they were successful in cultivating corn and other crops. The holdings were very small, however, and precluded self-sufficiency. As the powers of the APB increased in 1911, and mandatory schooling was introduced for Aboriginal children, the pattern of life began to change. In the example of one community from eastern NSW, women and children would remain near the segregated school at Bellbrook, while the men and their older sons would depart the Reserve after the corn had been planted and travel around to find work in areas such as bush work, fencing, corn-pulling, stock work and general farm work. The independent farming activities on Bellbrook were brought to an end, however, with the arrival of white managers and the enforced concentration of Dhan-gadi and Gumbaynggir Gooris in the Reserve during the 1930s.(Morris 1983:pp504-13)

Meanwhile, on the Queensland frontier another set of conditions prevailed for survivors of the initial violence who were forced to eke out an existence at the fringes of white settlements. At, Thornborough, in 1882, Evans et al describe a letter describing the suffering and extreme malnutrition and illness of the Aboriginal people.(Evans, Saunders et al. 1993:pp90-1)

29 The collective name for the northern NSW coastal peoples
... it was not until some 200 starving Aborigines presented themselves within the small township itself that responsible residents realised they had a state of things which was a 'disgrace to civilisation' on their hands. ‘... the white man having possession of the rivers, hence no fish, the Marsupial Board having possession of the forest country, hence no kangaroo’.

In 1891 in the Burke District, J S Swan is described by Evans et al, on the condition of those he saw around him:(Evans, Saunders et al. 1993:p85)

They are driven back in the spinifex ranges and when I was up the Nicholson they were living on ants. They dare not come on to where there was game for fear of kidnapping parties. They were the poorest things I ever seen [sic] – perfect skeletons ... nothing to eat and sleeping in holes in the ground.

Many Aboriginal people on stations starved in Queensland during widespread drought in 1897. Even those in receipt of rations were undernourished. Meat, if it was provided, was very often a meagre portion of offal.(Evans, Saunders et al. 1993:p91)

Town camp living was further aggravated by the availability of alcohol, although the alcohol they were sold was often inferior; Aboriginal people were quick to mimic the white male settler in drinking to excess. White station workers, arriving in town with cheque in hand, would invariably drink until all their money was gone, as well as indulge in the attendant fighting and ribaldry.(Evans, Saunders et al. 1993:pp92-3)

Even the best town camps in the nineteenth century had no clean water, sewerage collection or any of the other municipal services increasingly available to other members of the community.

Disease, malnutrition and death crouched among the humpies along with addiction to opium and alcohol and violence that accompanied the furthered social breakdown. Camp dwellers were also prey to the random brutality of the Europeans and raids by drunken louts bent on sexual pillage.(Reynolds 1990:p154)

Despite their susceptibility to introduced diseases, Aboriginal people during this period were usually denied sympathetic medical care. For example, in 1873 in Maryborough, a mortally wounded Aboriginal woman was turned away. As quoted by Evans et al, (Evans, Saunders et al. 1993:p97)The Secretary explained:

It has been a rule of the Maryborough Hospital ever since it has been in existence ... that aboriginals should not be admitted as patients – both from lack of separate accommodation for them and the absolute dislike – we might say almost refusal of the servants to attend upon them.

Kidd writes of the 1880’s in Queensland that …

… hospital treatment for paupers was dependent upon authorisation by a police magistrate [although they] routinely refused them. [...] Although hospitals were formally notified that their pauper grant was “for the
purposes of relieving the destitute and sick regardless of colour and sect”, it was not until 1894 that the government confirmed it would cover costs of Aboriginal patients admitted by order of a police magistrate. Even so, it is clear from official documents that many hospitals continued to turn away coloured patients well into the twentieth century. (Kidd 1997:p131)

**Intervention**

Direct state intervention as a means to control Aborigines came to prominence by the middle of the nineteenth century. For, whereas, it was felt that the full-blood population would eventually disappear, the growing number of ‘half-castes’ provoked a different reaction. As one commentator would write over a century later,

> Popular vilification was largely a consequence of shame about the thought of Whites mixing their ‘blood’ with that of allegedly inferior Blacks. It was a result of guilt about the prospect of people of White ancestry living in degraded circumstances with Aboriginal people. It resulted also from fear that their supposedly superior White ancestry rendered Half-castes more capable of acts of resistance to the settlers and of assuming a leadership role in such action. This demeaning regard received sustenance from the pronouncements of much of the scientific community and particularly the findings of eugenists abroad. (Austin 1990)

Over the ensuing decades, State and Federal Government's policy would fluctuate with experiments in extreme control and massive social engineering. Not all aspects of these policies will be examined here as this ground is well covered. 30

The lynch pin of government policies was the racist and ultimately genocidal separation of children from their families. *Bringing them home* calculated that, nationally, from approximately 1910 to 1970 …

> … between one in three and one in ten Indigenous children were forcibly removed from their families and communities … In that time not one Indigenous family has escaped the effects of forcible removal. (Human Rights and Equal Opportunity Commission 1997:p37)

Child removal, writes Haebich, is an integral part of Aboriginal peoples’ experience of colonisation:

> Overlapping circles of extended family lie at the heart of the lives of most Aboriginal Australians. Networks of family relationships determine day-to-day activities and shape the course of destinies. From an early age Aboriginal Australians learn who belongs to whom, where they come from and how they should behave across a wide universe of kin. These are highly valued and integral components of Aboriginal cultural

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knowledge. And yet, these same familial systems have been the site of repeated attacks by successive waves of Australian governments, tearing at the very heart of Aboriginal family life. (Haebich 2000:p13)

For Haebich the contradictions between the effects of removal policies and the aspirations of a young nation are clear.

Australia is a society which has placed immense value on the importance of the intact family as the building block of the nation and its emotional heartland. [...] By contrast, Aboriginal families have been viewed as sites of physical and moral danger and neglect and the rights of parents and children to remain together denied. Official interventions into these families have taken the form of direct action through the forced removal of children from their homes and official campaigns to carve family networks into isolated nuclear family units, as well as officially condoned practices of discrimination and neglect which threatened the very survival of many families and communities. (Haebich 2000:p13)

The nature and intensity of intervention varied with changes in policy philosophy. Conventions in policy analysis divide the ensuing years as follows. These categories are in no way intended to reflect Aboriginal aspirations:

- Protection and Segregation (1860's to the 1950's)
- Assimilation (1940's to the 1960's)
- Integration (1967 to the early 1970's)
- Self Determination and Self Management (1970's to the present)
- Reconciliation (1991 onwards)

**Protection and Segregation (1860’s to the 1950’s)**

Who prior to the era of violence and massacre were feted (sic) as abstracts, acultural noble savages were now reconstructed and imagined by the coloniser as a ragged “cultureless remnant”, which had rapidly “declined” as a result of a self-destructive “propensity for alcohol and disease”.

*Aboriginal scholar, Tony Birch. (Birch 2001)*

In Victoria in 1860, where for many years the policy had been one of segregation of Aboriginal people onto reserves usually controlled by missions, the Victorian administration established a ‘Central Board Appointed to watch over the Interests of Aborigines’. This was the first organisation of its kind in Australia. (Human Rights and Equal Opportunity Commission 1997:p57) McLean writes that the Board commissioned reports which
... disclosed a state of affairs almost everywhere which could only be described as appalling. Torn from their way of life by advancing settlement, they lived under wretched conditions, drunkenness, prostitution, and begging being apparently almost universal. Tuberculosis and other diseases were rife, and the early extinction of the race was freely predicted ... The census indicated at that time they numbered about 2,341. (McLean and Victorian Legislative Assembly 1957) cited in (Human Rights and Equal Opportunity Commission 1997:p57)

The first legislated protection in Victoria occurred in 1869. Managers of Aboriginal stations and local guardians in areas without stations were appointed by a regulatory Board. In 1886 the legislation was amended to create a narrower definition of 'half-caste', its aim to exclude from the stations any young adults deemed capable of becoming useful members of society. (Chesterman and Galligan 1997:pp16-18)

It is worth noting here that there existed an Australia-wide practice of taking Aboriginal children for use as servants and slaves by both poor settlers and elite dating back to the very earliest years of settlement. In Queensland, Aboriginal children’s natural bushcraft made them invaluable to the pastoralists who, along with others, were in the habit of stealing children and trading them amongst themselves. The pressing of young children into the workforce was supported by all strata of society, with the legislative support in 1886 of the Western Australian select committee reducing the age at which Aboriginal children could work from sixteen to ten. (Reynolds 2001:p161)

At the same time, Victoria passed legislation that allowed the forced apprenticeship of Aboriginal children over the age of 13. Compare this to the NSW legislation, the Aborigines Protection Act 1909, which allowed children between the ages of 14 and 18 to be apprenticed and in 1915 when for Aboriginal people in NSW, the minimum age at which a child could be apprenticed was abolished. (Human Rights and Equal Opportunity Commission 1997:pp40-2). The Aborigines Act (Vic) was passed after outcry that 'whites' are being reared in the camps. This resulted in only 'full blooded' and 'half caste' Aborigines over the age of 34 being allowed to remain on reserves or receive aid. (Human Rights and Equal Opportunity Commission 1997:p58)

In 1897, protection was also applied in Queensland to 'full-bloods' and, at the outset, 'half-castes' under sixteen. Murris so defined became wards of the State overseen by the local 'Protector of Aboriginals', usually the leading police officer in each district. Reserves became closed to public access and places to which any 'Aboriginal under the Act' could be transferred at the discretion of the Minister. Eventually speculators would be allowed access to the reserves in order to prospect for minerals. Liquor and opium were banned on the stations. Work contracts between Aborigines and employers were supervised in order to avoid assault, exploitation and any manipulation designed to gain access to women for sexual purposes. (Kidd 1997:pp48-52)
In 1883, the NSW Aborigines Protection Board (APB) was set up. *Aborigines Protection Act* made into law the powers the Board had been exercising 1909. The Board was set up to assist the government to ‘smooth the pillow of a dying race’\(^{31}\), and to ensure those who survived the initial fighting and disease stayed on the settlements and missions to become dependent on the government and the churches. Approval by the Protector was required before people could move, take on employment, visit family or get married. The following is directly from a ‘Chronology of relevant extracts from NSW Aborigines Protection Board reports’ in (Simon 1978)

In 1932 the Family Endowment Department was to pay money to the APB which in turn was to spend it on food and clothing. A few cases were allowed supervised payment subject to investigation of and report by local officers. The APB asked for power to concentrate on to reserves people of Aboriginal blood, to have definite control over them, and for them not to be at liberty to leave without permission.(Simon 1978)

Barwick writes:

> Although popularly called ‘missions’, all New South Wales Aboriginal reserves were managed by public servants.(Barwick 1985:p185)

The original charter of the APB was, ‘to monitor religious initiatives in Aboriginal affairs and to oversee the distribution of rations’. (Goodall 1996:p89; Chesterman and Galligan 1997:p65; Human Rights and Equal Opportunity Commission 1997:pp28-9) Special powers were given to remove children from their parents without proof that they in fact neglected. They were to be removed from unsatisfactory surroundings, trained and placed in suitable situations; the apprentice system. Cootamundra and, later, Kinchela homes, were set up as training schools. APB Inspectors had full powers. *Wonnarua* historian and writer, James Miller holds that the APB quickly sought power to deny parents the right to raise their own children. For example, in 1888, they had

> …the full power to remove to the mission stations such children as they deem necessary, from the control of their parents or professed guardians, who continue to roam the country or live in those hot beds of immorality – camplife near large towns.(Miller 1985:pp140-1)

Segregation and racism also prevailed in health services. In 1898, Aboriginal people were excluded from NSW hospitals.(Miller 1985) It was not until the 1960’s that segregated medical treatment for Aborigines began to wane.(Saggers 1991:p388)

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The term ‘White Australia’ was published for the first time in 1888 in William Lane’s Brisbane-based newspaper, the *Boomerang*. (Evans, Saunders et al. 1993:pp289-99) ‘Advance Australia Fair’ was a term fostered by trade unionists fearing cheap labour would undermine their own employment. (Reid 1981; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:pp81-2; Day 1996:pp206-219)

Fear that Australia was being overrun by people from Asia migrating to Queensland in the late nineteenth century to work in agriculture and as gold miners was one of the main factors in the development of the ‘White Australia’ policy. (Evans, Saunders et al. 1993:pp289-99) Adding to the prevailing insecurity, in 1901, when the Commonwealth of Australia became a self-governing member of the British Empire, the whole continent was being ravaged by drought and excessive land clearing. Other Acts passed at this time included the *Pacific Islander Act* which allowed the deportation of all Islanders; and the *Immigration Restriction Act* which introduced a dictation test for all immigrants. In 1903, the *Naturalisation Act* excluded non-Europeans from being naturalised.

During this time, NSW had introduced the old age pension in 1900. Aboriginal people other than the few exempted from State acts were ineligible. In 1908, the Invalid Pension was introduced for all Australians and the Maternity Allowance was similarly introduced in 1912. Both pensions were not made available to Aboriginal people for several decades. (McCorquodale 1987:p4; Chesterman and Galligan 1997:pp85-86), with Aboriginal mothers waiting until WWII. Through the depression Aboriginal labourers were denied the substance or dole relief available to the white population and were forced onto government reserves(1936 enactment). Aboriginal people, therefore, were excluded from Commonwealth welfare provisions. It was not until 1938 that the Government agreed to amend the National health and Pensions Insurance Bill to include detribalised Aboriginal people (Franklin, 1976)

Further, when it was assented in 1900, the Australian Constitution barely mentioned Aboriginal people and then only by way of exclusion. (Chesterman and Galligan 1997:p59) Aboriginal peoples were omitted from the census, as they were not considered citizens. Section 127, 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. (McCorquodale 1987:p3)

Unlike the Constitutions of the United States and Canada where control of indigenous affairs was a national concern, within the Australian Constitution’s Section 51 (xxvi) races power, control of Aboriginal affairs remained the duty of the individual States. (Chesterman and Galligan 1997:p60) At the 1927-29 Royal Commission on the Constitution, two reasons were given for their exclusion by the Western Australian Chief Protector of Aborigines. Firstly, there was a gross underestimation of Aboriginal numbers because of the lack of reliable census data. Secondly, there was the assumption that the Aboriginal peoples where a dying race. (Reynolds 1999)
One Federal MP, King O’Malley, noted there was no evidence to suggest that they (Aboriginal people) were human (Clark 1962:p104)\(^{32}\). Indeed, *The Bulletin* stated:

> If Australia is to be a country fit for our children, then we must KEEP THE BREED PURE [sic]. The half caste usually inherits the vices of both races and the virtues of neither. Do you want Australia to be a community of mongrels? (quoted by Broome 1982:p93)

The Appendix of Bringing them Home (Human Rights and Equal Opportunity Commission 1997) outlines for NSW:

> The *Aborigines Protection (Amendment) Act 1940*: Duties of the Board include ‘assisting aborigines in obtaining employment’ and ‘maintaining or assisting to maintain them whilst so employed, ...where in the opinion of the Board a ward is not ready for employment or apprenticeship ‘the ward may be placed in a home for the purpose of being maintained, educated and trained’. Wages of children to be paid to the Board and kept in a trust account for use by the Board for ward's benefit until the ward turns 21. Repealed by *Aborigines Act 1969*.

> *Aborigines Protection (Amendment) Act 1943*: The Board may board-out children admitted to its control. Once an Aboriginal child has attained the minimum school-leaving age the child is to be apprenticed or placed in employment.

In 1943, at the height of its powers the Board had unlimited power to determine the custody arrangement of any Aboriginal child in the state.\(^{33}\)

Some argue that despite the negative treatment within the Constitution, Aboriginal peoples and Torres Strait Islanders were not formally excluded from Australian citizenship. (Chesterman and Galligan 1997:pp85-6) This was a process of exclusions in successive acts of State and Federal legislation that began with the *Commonwealth Franchise Act* in 1902. The situation did not significantly change until 1962 when the *Commonwealth Electoral Act* ‘allowed all adult Aborigines to vote’. The Referendum that followed in 1967 was ‘enormously significant as a symbolic act’ and made way for the Section 51(xxvi) Commonwealth races power to be amended to include Aboriginal and Torres Strait Islander peoples.

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\(^{32}\) Aboriginals were considered part of Australia’s natural flora and fauna until the Commonwealth Constitutional Referendum of 1967.

The Killing Times

As the twentieth century closed, the memory of the killing times remained intergenerational. Mudrooroo, Nyoongah man, uncle, relates in *Wild Cat Falling* that his great-grandfather was at the Battle of Pinjarra in the nineteenth century. In so doing, he interrupts an old digger’s rambling on about his own heroic feats at Anzac Cove. ‘Never heard of it’, replies the old digger. (Mudrooroo 1992:pp8-9) Here revealed is yet another instance in the phenomenon of Aboriginal definition in terms of the other. Migrant Australia has to measure Aboriginal people in their own terms. Any truth is relative.

As the new century dawns, the ‘black arm-band’ view of history has come under spirited attack from academics such as Keith Windshuttle. Wiradjuri historian, Wendy Brady, writes that such debates, convey to the general population a questioning of the truthfulness of both Indigenous reporting of their experiences of the past and inherited historical knowledge. In that debate over the accuracy of the number of Aboriginal people who have been massacred in Australia we have people trying to undermine the evidence of the past, while others are trying to support the validity of the Aboriginal experience. It is ultimately not about the numbers of Indigenous people who were massacred, but about the practice of state endorsed murder in order to oppress a people. (Brady 2001)

The ‘killing times’ remain in the living memories of Aboriginal people throughout the continent:

Because olden times, you know, you can get shot like a dog. They shoot you like a dog and just let it, let you, burn on the fire. *Riley Young Winpilin* (Rose 1991:pp37-47,259)

The following table assembled for this thesis will demonstrate that Aboriginal people were indeed dying, very often at the end of a gun held by a pastoralist or policemen. The table is a selection of events that outlines the frontier history of the first fifty years of the Commonwealth of Australia. The following annotations are mostly derived from Aboriginal oral tradition in addition to conventional records.
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<td>For six years of its operation the Eastern &amp; African Cold Storage Co engaged in what was apparently the most systematic extermination of Aborigines ever carried out on the Roper and in the company’s Arnhem Land holdings</td>
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<td>Inquiry reveals lack of care and abuse by missionaries including male and female child slave labour reinforced by extreme corporeal punishments including chainings, beatings, imprisonment, stocks</td>
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<td>Aboriginal people, including the Warumungu, are banned from the town.</td>
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<td>700 fishermen work the Arnhem coast illegally.</td>
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<td>1941</td>
<td>WWI Yolngu join Special Reconnaissance Unit to defend Japanese attack. Darwin and other centres bombed in 1942 and 1943.</td>
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<td>1944</td>
<td>Kalumburu, The Kimberley, WA</td>
<td>Killings continue into 1944. Neck-chaining still common in 1945 and even reported in the 1950s.</td>
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emics of the 20\textsuperscript{th} Century (not all, just some!)  

At Brewarrina Mission in western NSW, further outbreaks of measles and diphtheria occurred around 1913. Commenting on living conditions at the time, Jimmie Barker recounts:

> There was a weekly issue of rations on Thursdays. We called it ‘two, eight and a quarter’. It was given to all families but not to able-bodied single people, who had to work for three days before receiving any rations. For an adult the issue was two pounds of sugar, eight pounds of flour, a quarter of a pound of tea, and a little salt. There was no baking powder to mix with the flour, no vegetables, meat or milk. How pleased we were when there had been heavy rain and we could gather wild spinach and thistle tops, or perhaps find crowfoot stalks.\textsuperscript{34} We might catch fish, but that depended on our luck. It was a starvation diet, and as I look back I realise that we were all suffering from malnutrition. The orphans, who lived in a dormitory, were given a plate of oatmeal each morning and two slices of bread with a cup of tea. At midday, they received some watery soup and at night their meal was bread and tea.\textsuperscript{(Barker and Matthews 1977:pp54-5)}

The 1919 Spanish Flu epidemic is estimated to have killed millions around the world, including soldiers, veterans and civilians. The epidemic is estimated to have killed hundreds of Aboriginal people throughout Australia. \textit{Wiimpatja} groups along the Darling River including the \textit{Barkindi},\textsuperscript{35} (Hardy 1976) To the northeast, hundreds of \textit{Murris}, including \textit{Muruwari} and \textit{Ngemba} from along the upper Darling, Barwon and Culgoa Rivers, died or were left deaf or paralysed. For many groups, the early death of their old people, the bearers of tradition, meant the loss of their last remaining link to the old ways.\textsuperscript{(Barker and Matthews 1977)} The epidemic travelled as far as the gold fields of the Palmer River in Northern Queensland in 1922.

\textit{Muruwari} elder, Emily Margaret Horneville remembers that no Aboriginal person was hospitalised during the epidemic as the wards were already overflowing with sick Europeans. Doing as much as she could herself, Emily would visit the humpies where her people lay helpless:

> Might be a little ‘umpy there, and I’d go in to see if I could do anything. ‘Don’t go in there’ the whites told me. ‘You can’t help ‘em. You’ll get sick yourself. Keep out of there’.

She related one story of three people at Weilmoringle who, ‘wandered off in delirium to thick lignum scrub, where they died’.\textsuperscript{(Oates 1985:pp106-22)} Another memory was of bodies being carried past the camp on the way to a rapid burial. A foot was sometimes seen hanging out from the cover of the covering blanket.

\textsuperscript{34} Vegetables were not allowed to be grown except in the manager’s garden, and were for the exclusive use of the manager.

\textsuperscript{35} Also known as the \textit{Paakanji}
Emily was born around 1882 and enjoyed a relatively undisturbed life on cattle stations in the northwest of NSW. She was never forced onto a reserve. Although reticent about Dreaming stories she had learnt during her childhood, one area of knowledge she was not ashamed to recall was bush medicine.

She told of many incidents where native medicines had cured a wide range of diseases. She spoke of a wild onion cure for ringworm, of a solution of boiled saltbush leaves whose drawing properties cured a woman of breast abscesses, and of the numerous skin diseases (boils, measles, chickenpox) that were cured with the application of boiled or burnt emu-bush leaves (Eremophila sp.). She told how she herself was on death’s door with the measles (which she called ‘Barcoo rot’), caught on a visit to Bourke when she was twelve or thirteen years old. She travelled in a wagonette from Bourke to Milroy and then walked the seven miles to Mundiwa where her parents were. Her father burnt some emu-bush leaves, mixed them to a paste with water, and got her mother to paint the solution liberally all over her body. Her delirium, high fever and spots vanished overnight with this treatment. (Oates 1985:pp106-22)

Across the continent, off the Western Australian coast, ‘lock’ hospitals were established on Bernier and Dorre Islands in 1908 to confine sufferers of venereal disease and leprosy. It was not uncommon for Aboriginal people to be brought to the hospitals in chains after being hunted down by police. Patients were incarcerated on the islands until they were closed down in 1919. At that time, an Aboriginal hospital was opened in Port Hedland, Western Australia. Later, in 1931, a decision was made to send all diagnosed lepers over to Darwin. (Mulvaney 1989:pp183-94; Saggars 1991:p386)36

In 1910, the federal government established the Australian Institute of Tropical Medicine (AITM) in Townsville, although it was ‘only concerned with Aborigines in terms of protecting white people from catching disease from them’. Significantly, for Aboriginal health, however, was that various studies and campaigns were undertaken for the eradication of hookworm, a common ailment to the Aboriginal people living in the tropics. Hookworm is transferred by the soles of bare feet walking on contaminated faeces, an everyday hazard in the appalling conditions endured in the settlements. Public campaigns running from 1916 were actively resisted by the States, resenting any Federal Government interference in their affairs. In a five-year national survey conducted from 1919:

it was learned that although Europeans generally recovered quickly from infection, Aboriginal sufferers showed severe anaemia after prolonged infestation, resulting in measurable physical and mental retardation. (Kidd 1997:p91)

Leprosy (Hansen’s Disease) was not endemic to Australia. Following the influx of Pacific Islanders and Chinese during the 1880’s, there were reports from Queensland and the Northern Territory about leprosy spreading amongst the Aborigines.

The initial foci [centres] of infection were in the settled areas around Darwin and Pine Creek but with the increasing contact between tribes who had previously met only on rare occasions, leprosy gradually spread to involve almost every tribe in the north. (Evans, Saunders et al. 1993:p98)

In survey of two hundred residents on the Monamoma mission in Queensland conducted in 1937 by Dr Raphael Cilento, ‘thirteen tested positively to Hansen’s disease and a further twenty-five showed latent symptoms.’ Despite notifying the authorities with a request for assistance to retain and segregate the lepers, no funds were forthcoming. (Kidd 1997:pp113-114) Kidd records Cilento’s frustration in a letter to the Minister of Health and Home Affairs, Edward Hanlon, on the 10th October 1938:

Queensland’s Aboriginal population was dying out because of defective medical care in diseases such as leprosy, malaria and tuberculosis ... wretched diet was the root cause of Aboriginal debility. Diseases that flourish during conditions of food deficiency continue to threaten the survival of the race and to fill the Lazaret ... no measure of improvement is of any value if he is to die of malnutrition.

Ultimately, wrote Cilento, as he had argued since 1924,

the medical problem of the aboriginal is at present his only problem.

Fear of Hansen’s Disease led to the introduction of compulsory medical examinations for Aboriginal people, first in 1911 in South Australia, and then in the 1930’s in New South Wales, Queensland, and Western Australia. (Saggers and Gray 1991)

In 1941, Western Australia’s response was to establish

the so-called ‘leper line’ along the twentieth parallel, across which no native could pass from north to south, unless he had a diagnosed illness which required treatment for a mental condition or specialised medical attention, and a special permit from the Minister as well. (Rowley 1971:p26)

Sexual exploitation of Aboriginal women prevailed during and after the wave of frontier violence. During the late nineteenth century in frontier Queensland, numerous stations kept ‘stud gins’. One example documented is when scrub-cutters were offered work at Arndoch station they were horrified to find

eight or nine Aboriginal women fenced in with rabbit-proof netting adjoining the house... (Watson 1998:pp88-9)

On Durham Downs the women were graded;
‘stud gins’ were reserved for the sole use of the boss; class number two were for ‘colonial experience men’ and the third grade were for general hands. Six to eight of the most feeble toiled continuously in the sun, carting water from the creek to the shed, a distance of about 280 metres. After the day’s work, the shearers would force the women to have sex with them.(Watson 1998:pp88-9)

In more favourable circumstances, some Aboriginal women were willing sexual partners. In his study of the contact history between tin-miners and the Kuku-Nyungkul in far north Queensland, Anderson relates that although instances of rape did occur, at other times women may have initiated sexual relations. The motivation for this was perhaps curiosity about what was perceived as a more favourable life-style ‘or at least as independent access to power’, beyond the control exercised by the elder Kuku Nyungkul men, access ‘to goods may have only been an obvious representation or outcome of the relationship’. (Anderson 1977:pp494-5)

Lukin-Watson holds that any children born of these encounters were usually ignored by their white fathers. Anderson notes that Kuku-Nyungkul children surviving such liaisons would, depending on the circumstances, often be raised by the mother’s husband, ‘no differently whatsoever from his own children,’ or in other instances by the mother’s father.(Anderson 1977:p495)
White men however, did abduct Aboriginal women into a life of domestic slavery. Lukin-Watson cites R. Thorpe, a policeman on the Georgina River who described mere children being run down by stockmen on horseback and raped, and women being abducted, taken to stations for sexual purposes and tied up at night to keep them from escaping. (Watson 1998:p89)

Another incident reported by P. Walsh (Percival, Sully et al. 2000) infers the homosexual rape of ‘black youngsters’ by whites with advanced venereal infections.

Evans et al make the point that shame and false modesty amongst both whites and blacks made the discussion and treatment of syphilis extremely difficult with the hospitalisation of severely affected Aboriginal people an impossibility. (Evans, Saunders et al. 1993:p99) Despite this difficulty, Inspector Frederick Urquhart, writing of diagnoses he made in the Cloncurry region, pressed on with publicising the prevailing epidemic because ‘the evil as it exists can hardly be exaggerated’:

about half the adult males are infected with it. Among the females it is all but universal. Fully 90 percent of those who come under notice are in a more or less advanced stage of this dreadful disease and of those employed in the town of Cloncurry or camped in its vicinity, I do not believe there is one free from it. I have also seen many young children with it. The wild blacks in the ranges are nearly as bad as the quiet ones – especially the females – and many die yearly from this disease.

Similar situations prevailed throughout Queensland’s southwest and far to the north. Aboriginal pleas for medicine were virtually ignored. At Boulia, where people were too sick to move about to gather food, one constable wrote:

The walkabout blacks ... are nearly all suffering from VD ... This class of blacks is dying out very fast as there is no one to cure them or take any interest in them.

A typical white reaction was to remove infected Aborigines from the vicinity of whites in order to stop the diseases’ spread. At Winton, the local camp was moved two miles out of town. At Burketown, the 200 locals were driven off with 50 rations and 5 bottles of medicine, because the local settlers believed the infected camps were a danger to health in the town. (Evans, Saunders et al. 1993:pp100-1)
In 1928, a ‘lock’ hospital for Aborigines with venereal disease was established at Fantome Island on Queensland’s east coast where it remained until 1947. Rowley states that this was in conjunction with legislation in 1934 prohibiting sexual intercourse between Aboriginal women and non-Aboriginal men. (Rowley 1971:p92)

Lukin-Watson argues that the Government and its agencies were irresponsible for failing to enforce their responsibility to protect Aboriginal women and children in Queensland from the effects of venereal disease. (Watson 1998:pp90-3) Even in the nineteenth century, the fact that these infections were transmitted through sexual relations was widely known. The symptoms: sores, pain, mental turmoil and decay – especially amongst people with no in-built immunity – were recognised as well as the fact that it endangered one’s sexual partner. Lukin-Watson also provides examples of where settlers purposely infected Aboriginal women. Of equal importance, ‘in terms of ethnic destruction’ was the fact that these infections, ‘destroyed people’s procreative powers and thus prevented black communities from physically reproducing themselves.’ (Watson 1998:pp90-3)

Further neglect was revealed in the 1937 Select Committee into the running of NSW reserves by the APB. Symptomatic of the overcrowded conditions were the epidemics of trachoma, impetigo and tuberculosis that prevailed for example in Brewarrina in 1936. In that same year, demands for pastoral workers in the Walgett area were declining and the APB decided to close down the reserve at Angledool following an outbreak of gonococcal ophthalmia. Over 100 Yuwalaraay and Kamilaraay inhabitants were removed to Brewarrina. (Barker and Matthews 1977:pp207-8; Goodall 1996:pp206-10)

The following case in point, summarised by Folds, collates evidence from various sources to describe the catastrophic health affects of settled life upon the ‘last contact’ people of the twentieth century, the Pintupi. (Folds 2001:p6) These people arrived at Papunya in the 1960’s. This evidence collapses the past and the present Aboriginal experience together. It can interpret appropriately events of earlier times at other sites where the voices of the original inhabitants are hidden behind white histories. (Folds 2001) For example, of those 72 Pintupi who arrived at Papunya during 1963, 29 were dead by August 1964. (Folds 2001:p21)
Old people, especially the men, were the first casualties. Their health was excellent at the time of arrival. Of the infants, during the period of 1956-61, 45 deaths occurred among infants (up to two years) at Papunya and Haasts Bluff alone. A teacher from Papunya wrote:

I have never seen anything like it. They were dying, the poor souls. They were herded into the kitchen and given food they had never seen before, they threw vegetables on the floor. No one thought to get kangaroo for them. Children four years old were 20 lb [9.1 kg]. They were too sick to come to school and were dreadfully frightened and clung to their mothers. We had 9 year-olds in the infant room, petrified when we closed the door. We had toilet problems and they were very dirty and ragged. We showered them and gave them school clothes and tried to make them a part of the school. They were lovely children, quiet and obedient but the other children picked on them.(Davis K, Hunter J et al. 1977:p58) quoted in (Folds 2001:p22)

Pintupi recall they were always purrka (tired).(Folds 2001:p22) Amongst other ills, there was infantile diarrhoea, gastroenteritis, respiratory infections, skin infections and failure to thrive in babies. Epidemics raged through camps and, adding to the horror, people were forced back into the dwelling places of those who had died. Folds continues

Pintupi believed the kurruppa (spirit), located in the pit of the stomach, had been kurruppa mantjingu (snatched away) by having their handprints and photographs taken by officials and through their names having been written down. This knowledge by strangers of the ‘essence’ of a person was felt to be highly dangerous and produced a debilitating weakness. Survivors describe an agony of the spirit, a burning pain akin to that inflicted by a sorcerer.

Ngangkari (traditional doctors) found they were unable to cure their patients. Ngangkari have a mapa npa, or healing spirit, which they can send out to manipulate or retrieve a sick person’s spirit, which may be dislodged or outside the body altogether. At Papunya, even the powers of the ngangkari yala (the doctor who always heals) were exhausted through overuse and drinking alcohol, which drove away the healing spirit. Doubts also arose about the ability of ngangkari yala to cure the new diseases brought by wulpangku pikatjarra n (bad winds), blowing cold from the east (where whitefellas live). This failure was felt as a great loss to Pintupi at a time when they experienced unprecedented sickness.

Pintupi suffered putulpypa (a great depression), some did not even go to the communal dining room for their food, and when they did they ate the scraps of meat and threw the rest away. The early morning wind is a messenger of illness and death for Pintupi and, time after time, they felt that peculiar cold and knew that yet another one of them had died.

Cameron Tjapaljarri was a youngfella when his father, Katingura, was abruptly struck down by sickness and taken to the Papunya hospital, before being evacuated to Alice Springs. Within a few days the word came back that he was dead. Such events are etched into the memories of those Pintupi who lived through the first decade of contact; looking back, they now say ‘thousand died’, an unprecedented scale of destruction. Even
the survivors were sick all the time, something they were not used to in the desert. The scattered nature of the population had prevented the spread of infectious disease, and individuals generally either recovered or quickly died. The chronic illnesses that dogged them at Papunya had been virtually unknown. Pintupi sat and wailed, crying not just for their dead but for themselves as a people, and with good reason. Chronic sickness and a high death rate were not just aspect of the initial shock of first contact, but decimated the old and the very young year after year. (Folds 2001:p22-3)

Folds concludes that although the Pintupi reeled from the deaths and sickness; they still held much of what is important to them: ‘shared identity, affinality, and ceremony’ and as others have shown; these things continued to represent the basis of their access to resources. Pintupi were aware of the value of these things and were not about to give them up. Kinship in particular was a strength, enabling the Pintupi to maintain, in the words of Stanner a ‘self-will and vitality’. (Stanner 1979)

This is despite the Northern Territory’s peculiar view about the new diets foisted on the Pintupi, amongst others:

Promoting changes in the Aborigines’ diet and eating habits is one very important feature of the work of assimilation. A variation of the diet is expected to bring about major improvements in health, and adoption of European eating habits should have the effect of making Aboriginal people more acceptable in the community generally. (Folds 2001:p23. Quoting the Northern Territory Administration, Welfare Branch (1971-72) Annual Report Darwin.)
Incarceration

In 1905, the Western Australian Protector of Aborigines became the guardian of all Aboriginal and ‘half-caste’ children, under the age of 16. (McCorquodale 1987:p95; Beresford and Omaji 1988; Harris 1990)

This followed Western Australia’s 1904 *Royal Commission into the Condition of the Natives*, which drew attention to the State’s ‘half-caste’ population. Over 500 had been counted in the 1903 census and the Commission had evidence children as young as ten were regularly stolen to work as slaves in the pastoral or pearling industries. In the northwest, Commissioner Roth commented about the boys being removed from their people by the pastoralists. It was clear to the Commission that forced removal had significant support from within the community, whether the child’s parents consented to it or not. (Beresford and Omaji 1988:p34-8)

This philosophy in action is exemplified by these comments from a Travelling Inspector who was rounding up children in the West Kimberley at the time:

> I was glad to receive telegraphic instructions ... to arrange for the transport of all half-castes to the Beagle Bay Mission ... I would not hesitate for one moment to separate any half-caste from its Aboriginal mother, no matter how frantic her grief is at the time. They soon forget their offspring. (Hawke and Gallagher 1989:p67)

In NSW, the APB did not have statutory powers in relation to reserves until 1909. (Chesterman and Galligan 1997:p65) Within the *Aborigines Protection Act 1909* (quoted in the Human Rights and Equal Opportunity Commission 1997:p601) the Board was required to

> provide for the custody, maintenance and education of the children of 'aborigines', ie; the child of any aborigine or the neglected child of any person apparently having an admixture of aboriginal blood in his veins.

The Act empowered the APB to apprentice any child over the age of 14 into the service of white people. Amendments in 1915 gave the APB the power to send any child who would not fulfil its apprenticeship requirements to a home or institution. Whereas the 1909 legislation covered ‘neglected’ children the

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37 Defined as any ‘full blooded aboriginal native of Australia, and any person apparently having an admixture of aboriginal blood who applies for or is in receipt of rations or aid from the boards or is living on a reserve. See reference Human Rights and Equal Opportunity Commission (1997). Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Canberra, Sterling Press.

38 Defined under the *Neglected Children and Juvenile Offenders Act 1909*

39 The *Apprentices Act 1901* provided for a minimum age of 14 years for apprentices and regulated the terms and conditions of apprentices, see reference Human Rights and Equal Opportunity Commission (1997). Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Canberra, Sterling Press.
removal of whom had to be approved by a magistrate, the 1915 amendments allowed removal without a court hearing thus giving the APB the power to,

remove such child to such control and care as it thinks best.(Chesterman and Galligan 1997:p136)

From 1912 to 1938, over 1,500 Aboriginal children were removed under the APB's dispersal policy.(Chesterman and Galligan 1997)

By 1918, the APB was empowered to confine Aboriginal People on reserves i.e.:

any full-blooded or half-caste-caste aboriginal who is a native of New South Wales.(Chesterman and Galligan 1997:p136)

The APB also felt that the Aboriginal people on the reserves should become self-sufficient, a policy which they enforced by supplying rations only to the aged, the sick and the children. The rations that were supplied were usually insufficient and substandard.(Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p86) Any money earnt by Aboriginal people living on the reserves was held by the superintendent and was not usually seen again.(Human Rights and Equal Opportunity Commission 1997)

Parbury writes that in practice…

…mission managers in New South Wales had much the same powers as were prescribed by the Aborigines Protection Act of 1897 in Queensland, where all Aboriginals and part-Aboriginals had to live on reserves whether they needed protection or not. Reserve superintendents had to be obeyed at all times. They had the right to search Aboriginals, their dwellings and belongings at any time, confiscate their property, read their mail and order medical inspections. They could confine Aboriginal children to dormitories, expel Aboriginals to other reserves, break up families. Corroborees and other traditional practices were forbidden. Aboriginals could be ordered to work up to 32 hours a week at the reserve without pay. There were severe penalties for threatening or abusive language, card games, intoxication, or 'any act subversive of good order and discipline'... (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p87)

Removal policies and the revocation of reserve land, economic recession, the conditions on reserves

The number of NSW reserves rose from 25 in 1883 to 133 in 1900. Eventually, however, policies designed to assimilate the ‘half-caste’ population into the general white population contributed to reserve closures. Further greed for land by local squatters and funding shortfalls inevitably led to a sell off of the reserve lands by the APB.(Goodall 1990; Goodall 1996)
From around 1910 onwards under-resourced reserves and ration stations in NSW were shut down, including Singleton, Forster, Wingham, Fattorini Island plus St Josephs Farm in the Burragorang Valley, (Goodall 1990) plus Bateman’s Bay, Grafton Common, Mungindi and Warangesda.(Miller 1985:p148)

By the early 1980’s, only 4,300 hectares remained for use by Aboriginal people.(Poad, West et al. 1990)

Ironically, one of the justifications used by the APB was the cost of running their own dispersal policies, particularly the training homes for removed children.(Goodall 1990:pp15-23) The situation was aggravated by a rural recession and drought during the 1920’s. At the same time, returned servicemen from World War I were being repatriated on soldier settlements, some of which were on resumed Aboriginal land. Not surprisingly Aboriginal ex-servicemen were not considered for such grants.(Reid 1981; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p98)

The years 1922 to 1923 were the most intense for the resumption of reoccupied and reserve land, and hence for the loss of Aboriginal farming enterprise, a factor which catalysed the emergence of Aboriginal political movements in NSW.(Goodall 1990:p22; Chesterman and Galligan 1997:p:136)

In 1924, the Australian Aboriginal Progressive Association (APA) was formed in New South Wales. Based in Sydney, it linked the activities of several communities and soon had 11 branches across the State. Its principle demand was for land in order to create an economic base for Aboriginal people and as compensation for dispossession. It also called for an end to the forcible removal of children.(Markus 1988:p6) Goodall states that their action did eventually succeed in spurring changes to the Government’s removal policy.(Chesterman and Galligan 1997:p136)
In a letter to the NSW Premier in 1927, the Association’s president Frank Maynard – who was born in the Hunter River area in 1879 – demanded,

that the family life of Aboriginal people shall be held sacred and free from invasion and interference and that the children shall be left in the control of their parents. (Human Rights and Equal Opportunity Commission 1997:p45)

The same year, 1928, marks the beginning of the Great Depression for New South Wales Aborigines. The APB noted that the ‘new Workers Compensation Act and the obligation to pay award wages had caused many to be “thrown out of employment”.’ (Barwick 1985:p187)

During the Great Depression, Aboriginal people were not eligible for the dole. Whereas other Australians received 5/9 per week on the dole, Aboriginal people were required to do work in order to receive 3/6 worth of food rations. Reserve people were not allowed to keep guns, dogs or livestock. Many from the town-camps moved to the reserves, desperate for food and shelter. (Reid 1981; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:pp98-100) It was during this period that many of the NSW reserves and ration stations were shut down including, Singleton, Batemans Bay, Wingham, Grafton Common, Mungindi and Warangesda.

The NSW Act was revised again in 1936. Over this time, government controllers replaced the 'diminished dedicated humanitarian concern' afforded by the missionaries. (Mulvaney 1989:p200)

In her analysis of the same phenomena in Queensland, Kidd argues that state run reserves were generally less well-resourced and more overcrowded than reserves where the management was controlled by church organisations. Of the resulting health effects, she reports:

Inadequate government funding took an unremitting toll on Aboriginal health. The rationale of 'health and welfare' which underlay the cavalier removal of families was not substantiated by a financial commitment to secure well-being on the institutions. At Yarrabah, where inmates suffered high levels of fever and venereal disease, and the Fraser Island arrivals sickened from the change in climate and an addiction to ‘earth eating’, Gribble's plea for regular visits from the government medical officer at Cairns was turned down in favour of the cheaper option of £3 of medicines. (Kidd 1997:pp60-7)

Even on the state-run settlements, documents show a similar disregard for basic health needs. The early days of Barambah (later renamed Cherbourg) are a case in point. Barambah was established as a government settlement in 1906 following the closure of Durundur reserve. Nevertheless, access to professional medical care was not organised for the community of over two hundred people. It was left to

40 The Reverend E Gribble
superintendent Bertram Lipscombe to dispense medicines and attend to all medical crises in addition to his duties with stock, agriculture and 'controlling the natives'.(Kidd 1997:pp63-4)

By 1911, every state and territory apart from Tasmania had 'protectionist legislation'.(Human Rights and Equal Opportunity Commission 1997) Of the system of reserves, Wiradjuri activist and poet, Kevin Gilbert, would write:

… the 'reserves', those pitiful little islands of despair, became 'home' to us. 'Home' where, despite the continuing savagery of the white-man, the taking of our children, the police abuse, the semi-starvation, the sickness, the denial of doctors to visit, or heal our sick, was still 'home'. A survival point where, as a group, enough people were in close proximity with the aid of our dogs and a few old hunting rifles, to ensure that those perverts and little white hunting parties could be kept at bay. They became 'our' reserves. The ever-greedy, implacable white man started selling off our reserves. Pastoralists wanted our little islands of land, sometimes ten-acre lots, a hundred, sometimes five hundred acre lots. Their friends in the Government, the country Ministers, aided to re-gazette the land. Wanting all of it, the Governments declared Aborigines must move off the reserves and become a part of the white communities.(Gilbert 1988:p14)

Some argue that the States ‘became increasingly more authoritarian in their dealings with Aborigines reaching a low point in the 1930s’ evidenced by the extraordinary amount of legislation passed throughout the country between Federation and the 1940s.(Chesterman and Galligan 1997:p121)

In 1933, at Salt Pan Creek in Sydney, Koori voices were heard ‘pushin’ Lang for land rights’:

I am calling a corroboree of all the natives in New South Wales to send a petition to the king, in an endeavour to improve our conditions. All the black man wants is representation in federal parliament. There is also plenty fish in the river for us all, and land to grow all we want. One hundred and fifty years ago, the Aboriginal owned Australia, and today, he demands more than the white man’s charity. He wants the right to live! Joe Anderson, also known as ‘King Burraga’, Chief of the Thirroul Tribe. (Goodall 1988)

Pressure to revoke land that had been reoccupied by Kooris in NSW intensified from 1933. The APB was having difficulty managing communities not directly under its control and white interest groups were keen to take control of land that had been reoccupied, as it had been in the case of the Dhan-gadi communities, for over 50 years.(Goodall 1996:p219)

In NSW in 1936, further amendments to the Act were passed giving the APB power over, ‘any full blooded or half-caste Aboriginal.’ It allowed any Aboriginal or to be removed by court order to a reserve and kept there until the order was cancelled. One fear was that the endemic eye disease, gonococcal ophthalmia, would spread out and be a risk to the white population.(Reid 1981; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p102)
Goodall writes

Although the name of the Act did not change, these amendments gave the Board substantial new powers, and allowed it, for the first time, to confine Aboriginal people against their will. The new form of the Protection’s Act was widely known among Aborigines as ‘the Dog Act’ because, as Henry Hardy explained, they felt that now they could be penned up and shifted around just like animals. (Goodall 1997: p193)

Goodall continues that at this time:

The discriminatory unemployment policies were forcing many of these Aboriginal unemployed into the remaining reserves and the 22 managed stations which the Board by this time administered across the State. The proportion of the known Aboriginal population that was living under managerial control had risen from 15 per cent in 1937 to 33 per cent in 1936.

Aboriginal people faced intolerably crowded and unsanitary conditions on the reserves and stations, because between 1930 and 1936 the board simply had no funds to build emergency accommodation or to improve the water supplies and other infrastructure; this had fallen into neglect over the previous decades when it had expected that all the Aboriginal residents would be finally ‘dispersed’. Such population pressures led to rapid deterioration in living conditions and public health. In the early 1930s the largest Board stations were swept with major epidemics of respiratory and eye infections, which attacked the residents all the more aggressively because their nutrition was so poor in Depression conditions. Those Aboriginal unemployed that had been able to avoid being pushed onto stations and reserves were living in impoverished conditions in town camps. Their conditions and health were actually better than those on the Board stations, but there were indications by 1933 that the clamour from towns to have Aboriginal people in camps removed and confined was about to be renewed. (Goodall 1997: pp193-4)

In 1938, an extreme example of segregation based on the fears and prejudices of the white community took place when the Aboriginal residents of the mining town of Tibooburra, NSW, were forcibly removed to the Brewarrina reserve. (Goodall 1997: pp213-7) Wangkumara elder Lorna Dixon remembers:

Dad had horses, dogs and gear for work; he just had to leave them – the same with our fowls near the house. I suppose people just grabbed them all after we’d disappeared. We didn’t know why this had happened: we were well, had no eye troubles, why did they move us? (Mathews 1985: p99)

Within a short time Lorna’s grandmother and step-great-grandfather died, as well as many of the other old people. Their quarters were inadequate and the food insufficient to maintain health. The manager used his stockwhip on the schoolchildren. There was little they could do when her family, who retained many traditional links with the past including their language were told:

your Aboriginal language is dirty and English must be spoken at all times. I don’t want to hear any of your filthy lingo and if I do, you’ll suffer. (Mathews 1985: p101)
Aboriginal people as a political force

A letter from William Cooper, Secretary of the Australian Aborigines League to B. Stevens, Premier, New South Wales, 15 November 1936 cited in (Atwood B and Markus A 1999: pp 147-50)

… the schools now provided for aboriginal children [should] be raised to the standard of schools provided for white children and that the curriculum of native schools be the same as that in the schools of white children. It is an open secret that dark children are not to receive education beyond the third grade and they are not getting it in the schools conducted by the department. We claim that our children should get the full opportunity of attaining the fullest primary education and for secondary education where the capacity is evident. Our people say that they want their children to be able to become doctors, nurses, teachers, etc., just as it has been possible for other natives, Fijian, Indian, etc., in other parts. We claim that our race is just as capable and you will appreciate that we only ask the chance of doing so where competence is present.

After reading about the efforts of America’s First Nations and the Mãori of Aotearoa, the NSW activist William Cooper, together with other members of the Australian Aboriginal League (AAL), organised a petition to the King of England for ‘land rights, voting rights and Aboriginal representation in the Federal Parliament.’ By 1937, 1,814 signatures had been collected from all over Australia, despite this the petition never left Canberra due to official opposition. (Barwick 1985: pp188-189)

Campaigning alongside the AAL in NSW at this time were the Aboriginal Progressive Association which had Bill Ferguson and Pearl Gibbs as spokespeople, together with a number of coastal communities which had begun to re-establish the old 1920’s Australian Aborigines Progressive Association, whose leadership included Jack Patten.

Goodall writes that each of these three organisations represented a ‘regional network of local communities linked by kinship and land affiliation,’ their platforms differing according to, ‘regional experience, needs and goals’. (Goodall 1996: p230)

The Cumeragunja elder, William Cooper, for example, had experienced

the whole process of demanding land and winning it, farming it in relative independence, and then facing the bitter years of dispossession and violent repression on the station.

The efforts of the activists did eventually provoke the 1937 Select Committee inquiry into the administration of the APB. The Committee heard evidence from Aboriginal and non-Aboriginal people describing the overcrowding in the reserves. Evidence heard by the Select Committee was shelved, however, and not made public until 1940. (Barker and Matthews 1977: pp208-16; Barwick 1985: pp188-90)
NSW Aborigines held the first ‘Day of Mourning’ in Sydney on 26 January 1938, in the face of what Goodall describes as an urgent situation:

Aboriginal people were facing enforced moves, indefinite imprisonment, starvation and appalling health without adequate food or clinical or public health facilities.(Goodall 1996:pp238-9)

Held to coincide with the country’s sesquicentenary celebrations, the ‘Day of Mourning’ was designed to bring attention to the Aborigines’ plight.(Chesterman and Galligan 1997:pp137-8) At that time, a manifesto ‘Aborigines Claim Citizen Rights’ was published by the AAL. It included this description of the Board, according to Patten and Ferguson:

The arbitrary treatment which we receive from the A. P. Board reduces our standards of living below life-preservation point, which suggests that the intention is to exterminate us. In such circumstances it is impossible to maintain normal health. So the members of our community grow weak and apathetic, lose desire for education, become ill and die while still young.(Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:pp108-12 quoting Pattern and Ferguson 1938)

A few days later, the Prime Minister was presented with a ten-point program to bring justice to Aborigines wherein

the Commonwealth was asked to take over Aboriginal affairs and give positive help in education, housing, working conditions, social welfare and land purchases.(Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p107)

A later confidential enquiry by the Australian Public Service Board into the APB finally brought about administrative change, despite the fact that no Aboriginal individual was consulted.(Goodall 1996:p231)

In 1940, the organisation was reconstituted as the Aborigines Welfare Board.(Barwick 1985:p190; Chesterman and Galligan 1997:p139)

In NSW in 1939, the inhabitants of Cumeragunja Mission staged a precedent setting ‘walk off’, protesting at the Board’s refusal to permit their irrigation plan. They crossed the Murray River to make camp south at Barmah. The NSW Board did their best to discredit the strikers. However, writes Barwick:

The strike was not irrational. Since 1936 legislation had empowered the Board to remove Aborigines to reserves, and the quarantine imposed by police during an outbreak of polio in January 1938 had proved that people could be forcibly confined at Cumeroogunga. The community was already angry about the new manager’s use of police to expel ‘unauthorised’ residents. Cumeroogunga folk had long resented Board control of benefit payments and wages earned by minors; the recent compulsory deduction of half the 5s endowment for the scanty ration given to needy children had caused real hardship in many households. Moreover, the new manager had warned many parents he would enforce the Board’s long-standing policy of removing children for a brief institutional training before apprenticing them to years of domestic service.
Parents had been unable to intervene or even locate children taken earlier, who had endured miserable conditions with distant employers. Older people remembered several ‘raids’ when police assisted Board officers to remove children forcibly. Everyone knew which girls had escaped in 1919 by swimming the Murray.

The strikers wanted a public investigation of serious grievances: the leasing of their land and destruction of their homes; the inferior education and lack of job training at Cumeroogunga; as well as the inadequacy of Board rations which were worth much less than unemployment relief. (Barwick 1985)

(Barwick 1985:p190)
Assimilation (1940s to the 1960s)

During the early twentieth century, Aboriginal people in Western Australia, writes Haebich,
survived by manoeuvring within a narrow band’ of acceptable behaviours to whites to ensure their own and
their families’ survival. Their strictly segregated camps created circles of safety that both penned them in
and allowed for continuity of old ways of being and doing. Within departmentally imposed limits, patterns
of work were also negotiated to protect social and cultural traditions – working in family groups in the south,
maintaining the Law and ceremonies in the pastoral off-seasons in the north and generally endeavouring to
remain close to country and kin. Throughout the state Aboriginal knowledge of bush provided some
protection that that families could hide their ‘half-caste’ children and thereby sometimes escape the net of
surveillance and removal(Haebich 2000:p189)

Just as in the eastern states, however, the economic recession of the 1920’s saw thousands of Aboriginal
people sacked and often forced to move from their country into growing numbers of town camps. During
this time, Aboriginal people were denied the same dole payments given to the white people and food was
obtained from ration depots and the limited opportunities to hunt. At the 1934 Mosely Royal
Commission, Miss Ada Bronham stated:

We are offering them no scope for development to provide for themselves a place in the State that they could
fill with credit to themselves. Quoted in (Haebich 2000:p269)

There was increasing alarm from ignorant and fearful white townsfolk. In a call for total segregation,
they demanded that the government remove the families. The Nyoongah resisted the move to missions
such as Moore River that were already overcrowded and under-resourced due to Depression funding cuts.
Chief Protector A O Neville eventually starved the people to submit by cutting off their rations.(Haebich
2000)

The achievement of biological absorption, a long-held dream of A O Neville’s, was seen as the solution to
this growing problem. Neville’s dream found fruit in the Western Australian Aborigines Act Amendment
(Native Administration Act) 1936. it was with this amendment that:

The definition of who came under the Act was extended to include children and young people of virtually
any degree of Aboriginal descent, thereby bringing under departmental controls a whole range of near white
children formerly exempted from the Act. The Commissioner for Native Affairs now had legal guardianship
of all legitimate children as well as illegitimate children and period of guardianship was extended to twenty-
one years of age. This meant that virtually any child of Aboriginal descent could be forcibly removed and
place in an institution. The commissioner of Native Affairs, not their parents, controlled their lives until they
reached the age of twenty-one. From this age any person of ‘quarter-caste’ descent or less was prohibited by
law from associating with ‘natives’. Thus they could be forced to live in the white community although no
measures were introduced to ensure their acceptance. All other adult ‘natives’ remained under the strict control of the department of Native Affairs. Prohibitions on sexual contact were extended to include any act of sexual intercourse between ‘natives’ and others and the Commissioner’s approval was required for all marriages. There were also harsher penalties for offences against the Act (Haebich 2000: pp.278-9).

Neville was able to find a sympathetic audience at the 1937 federal meeting of heads of government departments where he pushed through the following resolution:

That this conference believes that the destiny of the native of Aboriginal origin, but not of the full-blood, lies in their ultimate absorption by the people of the Commonwealth and it therefore recommends that all efforts be directed to that end. (Commonwealth of Australia. 1937: p.3)

In agreeing to the adoption of the policy of assimilation in 1937, the Commonwealth and States were united in the belief that destinies end will be this absorption of half-castes. This resulted in a resolution, which in practice amounted to the:

Full-scale implementation of the policy of removing Aboriginal children from their families. (Beresford and Omaji 1988: p.29; Human Rights and Equal Opportunity Commission 1997: p.32)

There was the stated fear that the Aboriginal population had the ability to survive…

… are we going to have a population of 1,000,000 blacks in the Commonwealth, or are we going to merge them into our white community and eventually forget that there ever were any aborigines in Australia? (Commonwealth of Australia. 1937: p.11)
Duty of Care

Reynolds summarises

Most States passed legislation in the twentieth century that removed Aboriginal parents’ common-law rights over their children and transferred them to Protectors, Board or police officers, and this remained the situation in Queensland from 1897 to 1965, Western Australia from 1905 to 1954, South Australia from 1911 to 1923, the Northern Territory from 1911 to 1964 and New South Wales from 1915 to 1940. (Reynolds 2001:p163)

As elucidated in the Bringing them Home Report,(Human Rights and Equal Opportunity Commission 1997) the Crown had parental rights over all born her subjects. The courts have the power to remove and re-assign those rights as they see fit.

However, to differing degrees across the continent, maximum State control of Aboriginal children was often achieved by setting aside common law protections that exist for all children, despite the fact that a fiduciary relationship duty of care exists,

where one party is dependent or vulnerable and the other has discretionary powers over the first.(Human Rights and Equal Opportunity Commission 1997:p259)

The 1997 Bringing them Home Report(Human Rights and Equal Opportunity Commission 1997:p260) identified three ways in which Protectors and Boards or their agents failed in their guardianship duties towards Aboriginal children:

- They failed to provide contemporary standards of care to Indigenous children when such standards of care were provided to non-Indigenous children in similar circumstances.
- They failed to protect the children from harm.
- They failed to involve Indigenous parents in decision-making about their children.

In terms of failure to provide care to contemporary standards, it had been reported as early as 1874 that the forced institutionalisation of children was detrimental to their development, notably their personal psychology.(Human Rights and Equal Opportunity Commission 1997:pp262-3) In terms of the children’s physical well-being a combination of overcrowding, inadequate diet and poor sanitation measures within nearly all institutions had extremely detrimental effects of health, particularly babies for whom there was no special provisions made. Thus, children were left
… vulnerable to infections and epidemics of disease. During the first medical and dental inspection of
children at Moore River [WA] in 1936, medical officers reported epidemic levels of pneumonia, measles and
septic sores and dental officers performed 129 extractions. (Haebich 2000:p391) citing (Haebich 1998:p343)
Haebich adds that

Chronic hunger was frequently the cause of misbehaviour and consequent punishment. (Haebich
2000:pp391-2)

With regard to failure to prevent harm in NSW, documentation existed as early as the 1920s describing
instances of abuse:

In 1933 the manager of Kinchella Boys’ Home in New South Wales had to be warned about punishments he
had employed and the NSW Aborigines’ Protection Board received allegations from a former Cootamundra
Girls’ Home staff member about brutal punishments there in 1927. (Human Rights and Equal Opportunity
Commission 1997:p265)

In 1940, NSW reshaped its child welfare system to incorporate the assimilationist model. Where
previously, the removal of Aboriginal children was sanctioned under specific policies of ‘segregation’,
‘protection’ and ‘absorption’, the 1940 Aborigines Protection (Amendment) Act brought the welfare of
Aboriginal children within the umbrella of the State’s general child welfare provisions. The application
of this act, however, was discriminatory:

Where a children’s court finds that a child is neglected or uncontrollable under the Child Welfare Act, the
court may deal with the child in accordance with that Act, except that where the court decides that the child
should be admitted to State control the child shall be committed to the care of the Board as a ward; and
where the court decides to commit the child to an institution the child shall be committed to an institution
established under this Act. (Human Rights and Equal Opportunity Commission 1997:p604)

In NSW, the Aborigines Welfare Board would have an even greater negative impact than its predecessor,
the APB. Just as in Western Australia in 1936, the power to remove NSW Aboriginal people was
actually increased in 1940 and was further extended in 1943. (Chesterman and Galligan 1997:p139)
Institutionalisation

In detailing the effects of removal and institutionalisation, Haebich (Haebich 2000:p124) refers to the ‘architecture of incarceration’ first described by Mark Finnane.

Familiar Aboriginal circular and non-linear forms, spatial arrangements, social groupings and ordered landscapes were replaced by western architectural forms dominated by symmetry, lines, corners, rectangles, squares and rows, all alien ways of dividing up space and of reshaping nature into ‘tamed’ cultural and economic environments suited to the European lifestyle. (Haebich 2000:pp379)

The features of this ‘didactic landscape’ and underwrite the missionaries’ predisposition to

   adopt rigid and punitive regimens and punishments to break the children’s self-will and transform them into humble self-denying and God-fearing servants. (Haebich 2000:p376)

The regime of bells, mealtimes, chores, the limited manoeuvres one could make around a limited physical space, separation from outsiders and family, are all characteristics the children’s institutions shared with prisons, mental institutions, and boarding schools. Together with the prohibition on Aboriginal languages, it reinforced the western paradigm over the Aboriginal, undermining meanings ‘integral to Aborigines’ sense of self’. (Haebich 2000:p378-81)

A shift between divergent cognitive systems has been shown to cause physical and psychological exhaustion. A shift between divergent cognitive systems has been shown to cause physical and psychological exhaustion. Haebich draws on research of the effects of war and political violence where it has been found that

   …those from economically and socially stressed families where social disintegration pushes parents beyond endurance, and those who are uprooted before the age of five, are least able to form meaningful relationships with adults or peers and are the most likely to develop acute symptoms approximating post-traumatic stress disorder. (Haebich 2000:p378)

These symptoms, which Haebich notes are echoed in the Bringing Them Home report and in evidence provided to the National Inquiry. (Human Rights and Equal Opportunity Commission 1997) include

   Depression, psychic numbing, feelings of helplessness, anxiety, fear, instability, agitation, low self-esteem, paranoia, confusion, inflexibility and suicidal feelings … the child may also experience sleep disturbances, hyper vigilance, loss of concentration, loss of memory and psychosomatic disorders.

Elsie Roughsey, Lardil elder, looked back on her days in the mission at Mornington Island: (quoted in Haebich 2000:p387)
As years passed I became much grown up. I understand the real true life of the mission and the dormitory …
I could feel myself in a huge paddock where the place is fenced in. You cannot go too far. If you do, there is trouble. All kind of foolish punishment you have to pay for getting bit too far away where the marks have been measured … that is enough, and no more further.

Conditions during the 30’s, 40’s & 50s: A new generation of elders is born

In 1939 a ‘New Deal’ for all Aborigines was launched by the minister for the interior, John McEwen, which stipulated a, ‘redirection from negative protection to positive training’.(Kidd 1997:pp143) However, reforms were forgotten as wartime restrictions prevented renovation of reserves and delayed plans for vocational training.(Barwick 1985:p190) Contemporaneously, the New South Wales State policy of ‘granting preference for white workers’ prevented many Aboriginal people from obtaining unemployment relief work.(Barwick 1985:p189)

In terms of education, Aboriginal people in NSW were denied opportunities offered the rest of the population. The first syllabus for Aboriginal schools in NSW had been written in 1916 and emphasised manual training as a primary feature. Reading, writing and arithmetic to about third grade was included.(Duncan cited in Franklin 1976:p101)

NSW had twenty-six segregated schools on the managed stations where inadequate teaching and resources were a feature. These schools did not go beyond grade three until 1938, and Aboriginal children were not admitted to high schools until 1949. They could still be barred from state schools until 1972.(Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p139)

All children not on stations were encouraged to attend state schools.(Haebich 2000) Franklin describes that although the parents of some Aboriginal children were able to insist on sending their children to government schools; this was only achieved amidst the constant complaints of white parents who in turn lobbied the administration. In 1937, the Minister for Education responded by instructing his department that ‘where a request for exclusion was made’ (Franklin 1976:p102) and there were a number of Aboriginal children in the school, then separate classes should be held for these children, ‘in a school set apart for the purpose preferably at an Aboriginal settlement’. (Rowley 1972:p26) In 1946, NSW Aboriginal children were again allowed to attend public schools although only if they had a medical certificate and if all the parents of the white children agreed with separate schools closing during the 1950’s.(Miller 1985)

In Sydney that year, Radio Station 2GB made the unprecedented decision to broadcast an appeal by Koori activist Pearl Gibbs, the first time in history that an Aboriginal woman had made a broadcast on behalf of her people. The quote here (Gilbert 1973:p13) draws attention to the plight of mothers and children:
Our girls and boys are exploited ruthlessly. The are apprenticed out by the Aborigines Welfare Board at the shocking wage of a shilling to three and six per week pocket money and from two and six to six shillings per week is paid into a trust fund at the end of four years. This is done from fourteen years to the age of eighteen. At the end of four years a girl would, with pocket money and money from the trust, have earned £60 and a boy £90. Many girls have great difficulty in getting their trust money. Others say they have never been paid. Girls often arrive home with white babies. I do not know of one case where the Aborigines Welfare Board has taken steps to compel the white father to support his child. The child has to grow up as an unwanted member of an apparently unwanted race. Aboriginal girls are no less human than my white sisters. The pitiful small wage encourages immorality. Women living on the stations do not handle endowment money, but the managers write out orders. The orders are made payable to one store in the nearest town – in most cases a mixed drapery and grocery store. So you will see that in most cases the mother cannot buy extra meat, fruit of vegetables. When rations and blankets are issued to the children the value is taken from the endowment money. The men work sixteen hours per week for rations worth five and sixpence. The bad housing, poor water supply, appalling sanitary conditions and the lack of right food, together with unsympathetic managers, make life not worth living for my unfortunate people.(Gibbs 8 June 1941)

Meanwhile, New South Wales had enshrined the policy of assimilation in the Aborigines Protection (Amendment) Acts 1940, 1943.(Goodall 1982) It would be administered by the Aborigines Welfare Board. Its aim was to

Inculcate the habit of self-help, to keep Aborigines occupied, to deal with youth, to apprentice outstanding talent, to select suitable families for removal from stations into the white community, to find employment for people away from the reserves, and to encourage local white people to become interested in Aboriginal matters.(Read 1983)

Aboriginal people objected to being the idea of being separated from their communities and rehoused in the towns:

What the Aborigines are seeking and what the bill does not give them is the same social, political and economic rights as those enjoyed by other races. The Bill is the reverse of what the Aborigines ask for. It does not give them the liberty that they require and it does not improve their conditions.(New South Government 1997)

In 1941, child endowment was extended to Aboriginal people who ‘were not nomadic or wholly dependent on the Commonwealth or a State Government.(Rowley 1971:p93) In 1942, the Child Endowment Act was amended allowing the endowment payment to be paid to children living in

\[41\] Commonwealth of Australia, Child Endowment Act 1942.
approved charitable institutions. (Rowley 1971: p94) These payments, in fact, contributed to the upkeep of the children’s homes. Rowley contends (Rowley 1971: p94) that the extension of the child endowment payment was a contributing factor to a reversal, which was noted around 1947, of the 150 year decline in the Aboriginal population. Not because it was paid to independent families, but because various State institutions were then in receipt of what amounted to a direct grant for child welfare. (Rowley 1971) In addition, in 1941 amendments to the *Maternity Allowance Act* and the *Pensions Act* meant that payments could be made to those Aborigines who were exempt from restrictive state legislation. (Franklin 1976: p124)

In 1945, Catherine and Ronald Berndt were employed by the Australian Investment Company (Vesteys) to discover why the Aboriginal population on their stations in the Northern Territory was declining. (Brendt CH. and Brendt R. 1945) As well as recording the general exploitation of the station workers, including the use of child labour and the sexual exploitation of girls as young as seven by the whites, the Berndt’s reported that during their two years of observations only one out of four births was normal. They reported, and are (quoted by Franklin 1976: p133)

that lack of sufficient nourishing diet has an important bearing on this question ... discontent, disillusionment, distrust of the future – these factors help to keep the birth rate low. At Limbunya, for instance, at the time of our visit, there were only three young children – approximately 5% of the total population. Both men and women have asserted that they see no sense in rearing children to grow up under such conditions as Aboriginal workers now experience: ‘if there’s nothing for them’, as on man said, ‘it would be better not to have them at all’.

In 1948, the *Universal Declaration of Human Rights* was adopted by the United Nations, with Australia as a party. (Lofgren 1996: p87-99)

In 1949, the Federal franchise was extended to those Aborigines entitled to vote in the States. However, appeals to the Federal government for direct Aboriginal representation in parliament failed because of ‘constitution difficulties’. (Barwick 1985: p195)

In 1951, the *Convention on the Prevention and Punishment of the Crime of Genocide* came into force. (Lofgren and Kilduff 1994) By definition an act of genocide includes:

forcibly transferring children of the group to another group. (Human Rights and Equal Opportunity Commission 1997: p270)\(^{42}\)

\(^{42}\) This was in Article II, 1948 Convention on the Prevention and Punishment of the Crime of Genocide.
In Australia, however, any rights and obligations mentioned, either in the Bill of Rights or other treaties to which she is a party are not enforceable in our domestic courts without State or Federal legislation to bring them into effect. (Lofgren 1996:p88) In the National Inquiry document, released in 1997, Sir Ronald Wilson would refer to the state sanctioned removal of children as an act of genocide\footnote{The policy of forcible removal of children from Indigenous people to those of other groups for the express purpose of raising them separately from (and therefore ignorant of) their culture and people, is properly labelled as genocide. This is in breach of binding international law from at least 11 December 1946. The practice continued for almost another quarter of a century. For additional information see reference Human Rights and Equal Opportunity Commission (1997). Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. Canberra, Sterling Press.} and included this in Recommendation 10:

That the Commonwealth legislate to implement the Genocide Convention with full domestic effect. (Human Rights and Equal Opportunity Commission 1997:p653)

Following World War II, writes Haebich, (Haebich 2000) assimilation in NSW began in earnest. The focus of the Welfare Board was its ‘managed stations’, providing some services denied to Aborigines in the local towns, including accommodation for visiting family members and schooling for the children. They were to act as ‘re-education stations’ for ‘unassimilated’ families who would gradually be transferred, along with families from town fringe camps, to conventional housing in town under the surveillance of AWB staff according to the ‘pepper pot’ policy, intended to prevent the development of urban ghettos.

Reports by some Aboriginal people she continues, recall with distaste the constant interference by station managers and their wives. For example, homes would be inspected every week with the threat that if the houses were not clean their children would be taken. As one woman remembers:

The manager from Burnt Bridge Mission came to our home with a policeman. I could hear him saying to mum, ‘I am taking the two girls and placing them in Cootamundra Home.’ My father was saying, ‘What right have you?’ The manager said he can do what he likes. (Human Rights and Equal Opportunity Commission 1997)

Other families were able to find accommodation in towns during the 1940’s. From 1942 they could apply for State Housing commission homes, although they were often refused by Tenancy boards. …on the grounds of Aboriginal standards of home care and maintenance, and, where it was not refused, spiralling housing problems could lead to official intervention. Housing applicants sharing overcrowded state homes faced rejection as ‘undesirable tenants’ by tenancy committees and threats from the AWB that if they did not find alternative accommodation their children would be removed. (Haebich 2000:p505)
In NSW, a principal aim of the Welfare Board’s assimilation policy was to disperse segregated communities. (Barwick 1985:p195) Despite this, Aboriginal who had migrated to Bourke with the opportunity of work at the meat works was pressured by the Health Inspector to move onto an Aboriginal Reserve proclaimed in 1946. Fifty-five people were living there by 1948. (Kamien and Australian Institute of Aboriginal Studies. 1978:p17)

During the 1950s, unofficial segregation (Roy 1986:p92) cited in (Cunneen and Robb 1987:p195) would continue:

The segregation of Aboriginal people existed in many social activities. Theatres had roped off special sections, hotels refused drinks, hospitals had separate ‘wards’ (usually the veranda for Aborigines) and State schools could refuse Aboriginal children.

Cunneen and Robb continue:

In her study of Walgett in 1945, Reay noted that, in general, the rationale behind restricted Aboriginal access to various institutions and leisure activities was usually couched in terms of the claim that Aboriginals were ‘unclean’. (Reay 1945:p298)

In a later study of Collarenebri, NSW, Reay gives details (quoted in Cunneen and Robb 1987:p196):

The chief means of entertainment in Collarenebri are the cinema and dancing. Films are shown in a hall built for that purpose, and, in summer in an open air theatre. In both the Aborigines are required to sit in a separate block of seats … This segregation is ostensibly based on the Aborigines’ alleged dirtiness. Aborigines are not permitted to attend dances held in the Town Hall … Again the exclusion is ostensibly based on hygienic grounds, but the following statement by a middle-aged white woman is probably nearer the true reason: ‘We see enough of them in the street without having them at dances, too’. Nevertheless, Aborigines are not permitted to hire the hall for holding dances of their own.

Arthur Roy who spent eight years in the northwest of NSW working with the Department of Youth and Community Services points to the chain of negative effects brought about by physical segregation. He notes one instance where the Bourke Reserve was established (in 1946) in an area prone to flooding and was not enclosed by the town’s levee banks. During the 1984 flood, the people were denied the use of a truck to evacuate residents during the floods. The Bourke Murris perceived this to be an act of gross discrimination and there were numerous subsequent attacks on Council property. (Roy 1986:p127) cited in (Cunneen and Robb 1987:p206) Roy draws a link between the vandalism and the results of racial injustice.

The mechanism suggested is perceived racism by Aboriginal parents causing depression among the Murri (Aboriginal) community as a whole. The small number of youth who offend repeatedly are affected by this depression and hit out often at the imagined cause of their worries … It is not considered (here) all vandalism
is political. Some arises through lack of supervision, lack of employment, boredom and poverty. (Roy 1986:p127)

In 1951, State and Territory leaders convened to discuss ‘the Aboriginal problem’. Victoria and Tasmania did not attend, choosing to ignore the prevailing circumstances of their remaining Aboriginal populations. (Reid 1981; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p121)

Agreeing to continue the process of assimilation as a national policy, it was resolved that if Aboriginal people were to survive and achieve ‘social, economic and political equality’ they had to ‘learn to live and work and think as white Australians do’. (Franklin 1976:p141; Harris 1990:pp780-1)

In NSW increasing surveillance and intervention was a feature of AWB behaviour through the early 1950’s with corresponding increase in the number of removals and committals. (Haebich 2000)

In 1951 a total of one hundred and seventy children were in the AWB’s system; in 1961 there were three hundred. Estimates indicate that fifty-seven percent of the 5625 children removed in New South Wales between 1883 and 1969 were taken after 1940.

Meanwhile, the AWB was calling for foster parents to look after Aboriginal children. Its own institutions were overcrowded yet it was still committing children in large numbers. Although there were successes, there were many other cases where the fostered child would find itself an outsider within their adopted family and the victim of racial abuse in their surrounding white society. There were also cases of sexual abuse. These factors would inevitably lead to dysfunctional or uncontrollable behaviour with the child soon rejected by their foster family and sent back to the homes. (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986; Human Rights and Equal Opportunity Commission 1997:pp34, 194-5; Haebich 2000)

In WA in 1956, the Grayden Report brought to public attention starvation in the Laverton-Warburton Range area. (Rowley 1971:p263) Rowley writes:

For a few years more it was possible for people out in the desert, or in from the desert with no legal entitlement to social services, to die from starvation and the diseases of poverty, but all this was ending. By 1960 it was clear that the Aboriginal ‘problem’ was no longer that of survival in the ‘colonial’ areas, but of equality, as it had been for some time in the settled areas. (Rowley 1971:p263)

At a meeting of the Native Welfare Council in 1961, the push lead by Paul Hasluck was for a national model of assimilation. The ‘common objective’ produced by delegates was that:

The policy of assimilation means in the view of all Australian governments that all aborigines (sic) and part-aborigines are expected eventually to attain the same manner of living as other Australians and to live as members of a single Australian community enjoying the same rights and privileges, accepting the same
responsibilities, observing the same customs and influenced by the same beliefs, hopes and loyalties as other Australians. (Haebich 2000:pp446)

By 1961, the Commonwealth Government’s position on the forcible removal of children was causing some disquiet. In the Northern Territory up until that time, there had been no ministerial approval for forcible removals. The Northern Territory Administrator, F J Wise, responded by setting down the policy of assimilation and its relationship to the welfare of the child:(Haebich 2000:p470)

The basis of Commonwealth policy on native welfare is gradual assimilation of coloured people into the Australian community. Those most easily assimilated are persons of mixed blood, provided that they are able to enjoy from an early and impressionable age the medical care, training, teaching and general living conditions available to the community at large.

Objections will no doubt be made against the policy from time to time on humanitarian grounds. As a general rule, mothers and their children should not be separated, and in a white community, a mother’s right to the control and care of her child may be overruled only for very grave reasons and after the most careful enquiry … the determining factor is, I believe, the welfare of a child and consequently the welfare of the community.

These considerations apply to the practice of removing partly coloured children from their aboriginal (sic) mothers…

The aboriginal mother is notably devoted to her child, irrespective of his colour, during the first few years of his life but the attachment weakens as the child grows older. There is likely, therefore, to be a much stronger opposition to the removal of the child under 4 or 5 years of age.

The whole question is a difficult and delicate one but it seems clear that partly coloured children should continue to be removed. It is essential, however, that the removal be effected in such a way as to cause a minimum of distress and hardship.

In 1962, the Commonwealth Electoral Act was amended giving the right to all Aboriginal people to enrol and vote in Federal elections.(McCorquodale 1987:p8) In 1963, pressure was mounting to adopt a more positive policy of Aboriginal integration. During this time(Haebich 2000:p510)

most remaining legislative restrictions were lifted although powers to expel Aborigines from reserves were retained. Following the 1965 meeting of the Native Welfare Council, the AWB moved to ‘integrate’ education and housing: segregated schools were closed – they had decreased from twenty-six in 1950 to twelve in 1960 – forcing families to move to town to send their children to school or face their removal for non-attendance, and no further houses were to be built on reserves.

In 1964, the call for Land Rights intensified, coinciding with the industrial unrest of Aboriginal pastoral workers. Through the early 1960s, the main issues facing NSW Aboriginal people were segregation,
colour bars and reserve revocations. During 1964, nine reserves were revoked, six of them on the north coast. (Goodall 1996:p317)

While at the same time closing some of the larger stations, the AWB policy was to erect a series of jerry-built housing settlements on the fringes of towns such as Brewarrina, Bourke, Kempsey and Moree from 1964 to 1966. The whites were placated because the settlements were yet outside of the municipal boundaries but, writes Goodall,

> the Welfare Board then simply dumped large Aboriginal populations in overcrowded and badly built houses on the very edges of the towns, exacerbating anxieties and tensions. (Goodall 1996:p319)

The constant shifting and remixing of various Aboriginal groups caused a great deal of tension between clans and which is reflected in the stratification of populations in the towns. During a survey made in the mid-1960’s, Charles Rowley reported that

> Local Aboriginal people in 1964 found Bourke to be a ‘good town’. Aboriginal women were working in shops and hotels, and Aboriginal people could use the services and institutions. This ‘progressiveness’ was reflected in the fact that Aboriginal women could use the labour ward at the hospital. (Rowley 1968:pp298, 798, 300)

Cunneen and Robb write:

> Rowley also noted that according to the Welfare officer the aboriginal population in the town was 400, although there were others who were ‘integrated’. Rowley also noted that the Aboriginal population was divided into three groups with about 168 people on the Reserve, an ‘unauthorised’ fringe group in the town and others who were established in the town. The Reserve was described as having no electricity or water in the dwellings, although communal taps had been introduced in 1964. (Cunneen and Robb 1987:p206)

In early 1965, after the American Freedom Rides for black people in the United States, Aboriginal activists, Chicka Dixon and Charlie Perkins, plus students from Sydney University set off on a Freedom Ride through the north and west of NSW protesting the segregation and poor treatment of Aboriginal people. (Perkins 1975; Mulvaney 1989:p216) Cunneen and Robb reports Perkins as noting: (Cunneen and Robb 1987:p197)

> in Walgett, the groups organised a demonstration in front of the RSL – a club where Aborigines were prevented from joining. Later, members went to a clothing shop to oppose the rule that Aborigines were not allowed to try-on clothing.

Incidences of segregation were slow to diminish, despite the fact that discrimination had, officially ended, i.e.: Aboriginal people had the right to vote, to send their children to public schools, to drink and to earn equal wages. (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p128) The white
establishment was not pleased, however, and shortly afterwards the *Bulletin*(1965:p42) published an article, reproduced in Cunneen(Cunneen and Robb 1987:p197) …

… lamenting the influence of the Communist Party of Australia in Aboriginal organisations.

At the 1965 joint Ministerial conference on Aboriginal affairs, the policy of assimilation was amended and affirmed.(Rowley 1971:p343)

In response to criticism that assimilation could be interpreted on the international stage as advocating ‘cultural genocide as a prerequisite for full assimilation into the non aboriginal community’, the National Welfare Council altered the policy by inserting the element of choice in to the opening gambit:

The policy of assimilation seeks that all aboriginals and part-aboriginals will choose to attain a similar manner and stand of living to that of others Australians…\(^4^4\)

Although an element of choice had been added, the policy did little to alleviate the pressure upon Aboriginal people to be ‘just like us’.(Eckermann 1992:p39) It also upheld the ‘staged advance to equality’ cherished particularly by the Victorian Aborigines Welfare Board who argued that it was unjust to treat unequals equally. In 1967, while announcing the establishment of the Office of Aboriginal Affairs, the Prime Minister reaffirmed the policy as amended in 1965:

Any special measures taken are regarded as temporary measures, not based on race, but intended to meet their need for special care and assistance, and to make the transition from one state to another in such a way as will favour their social, economic and political advancement.(quoted in Rowley 1971:p343)

Also in 1965, a NSW Joint Committee Report pushed for the accelerated clearing of reserves.

With forty-seven percent of Aborigines still living on stations and reserves, the AWB began in earnest to expedite removals. Managers were instructed to supervise the relocation of residents to town and to inspect homes, collect rent and enforce school attendance and employment. From 1968 a ‘more aggressive assimilation’ was imposed: all discriminatory legislation was removed, the AWB was dismantled in 1969 and its functions (notably child welfare) were transferred to mainstream departments … Aboriginal people were now to be under surveillance from many more mainstream authorities, each demanding compliance with ‘white standards’. Their land base had also been severely reduced with the closure of the reserves and when the New South Wales *Lands Rights Act 1983* was passed the area that could be returned was barely a thousand hectares.(Haebich 2000:p511)

\(^{4^4}\) AA (ACT) A/1 1927/2982. File includes material from later than file date.
Rights Demands

Assimilation’s underpinning notions of equality and sameness remain hurdles in the framing and acceptance of government policies to this day. One must constantly apprise, ‘By whose measure?’

In the formulation of assimilation policies, Aboriginal voices were ignored. Early in 1958, the inaugural meeting of the Federal Council for the Advancement of Aborigines (FCAA) a platform of ‘Five Basic Principles’ was adopted:(Haebich 2000:pp446-7)

Principle 1: Equal citizenship rights with other Australian citizens for aborigines…

Principle 2: All aborigines to have a standard of living, adequate for health and well-being, including food, clothing, housing and medical care not less than for other Australians.…

Principle 3: All aborigines to receive equal pay for equal work and the same industrial protection as other Australians.

Principle 4: Education for detribalised aborigines to be free and compulsory

Principle 5: The absolute retention of all remaining reserves with native communal or individual ownerships.

The meeting also resolved that under …

… no circumstances should young children be separated from their parents by transfer to distant schools where their parent in the normal course of events have no access to them; and that ‘children [were] not to be taken away from parents or natural guardians except in accordance with existing children’s Welfare legislation’.

FCAA was critical of assimilation policy and demanded the ‘right to integrate into mainstream society’. Herb Groves is reported by Haebich as saying:(Haebich 2000:p437)

What does assimilation imply? Certainly citizenship and equal status – so far, so good; but also the disappearance of Aboriginals as a separate cultural group, and ultimately their physical absorption by the European part of the population … We feel that he word ‘integration’ implies a truer definition of our aims and objects.

In 1965 after negotiations lasting over two decades, the Arbitration Commission granted Aboriginal people rights to equal pay. The decision was announced early in 1966. Up until this time there had been no legislation in employment conditions applied in NSW.(Rowley 1972:p279) However, after considerable pressure from the pastoral industry, the Commission decided to delay the implementation of the new award for three years, in keeping with national policy of staged advancement.(Rowley
In South Australia in 1966 the first land rights legislation was passed *The Aboriginal Lands Trust Act (SA)* whereby the Governor ‘might transfer Crown lands or Aboriginal reserves’. (Toyne and Vachman 1984:p37-8) Four years later, Victoria was the first to ‘pass an act granting land’, when they gave ‘full title of the Lake Tyers and Framlingham reserves to their residents in trust’. (Broome 1982:pp175-6; Bourke and Cox 1994:p57)

In 1966, *Ngumbin* stockmen and their families ‘walked off’ from Newcastle Waters station lead by Lupgna Giari, aka Captain Major, and instigated the longest industrial strike action in Australia’s history; the strikers have never returned to work. Amongst their claims was the reiteration of the call for equal pay, for direct payment of social services to Aboriginal people, better housing and rations and that the use of offensive terms be made a criminal offence. (Rowley 1971:p338-9)

A short time later, around 200 *Gurindji* from Wave Hill ‘walked off’ from their camp and set up another in the bed of the Victoria River. They were still within the boundaries of the 6,000 square mile leasehold. As Rowley writes,

> They began to live off the land, as they were perfectly entitled, even within the white man’s law and leasehold, to do. (Rowley 1971:pp339-40)

Vestey’s sent a delegation to discuss terms with their spokesperson, Vincent Lingiari. The *Gurindji* wanted the complete award wage immediately and negotiated for $50 rather than the $14 they had been offered. The *Gurindji* were not antagonistic, in fact nine men were ordered by Lingiari to remain as bore attendants to ensure that the cattle did not die of thirst. On 18 October 1966, Christopher Forsyth, the journalist, published this letter, admittedly an assisted translation from ‘bastardised English’ in the *Australian* newspaper. It was to convey this message from Lingiari: (quoted in Rowley 1971:p341)

> We are grateful to the unions which have helped us, but the issue on which we are protesting is neither purely economic nor political but moral. We address you as fellow citizens, but our citizenship has not brought us the opportunity to live a decent life … For 85 years our people have accepted these conditions and worse, but on August 22, 1966, the Gurindji tribe decided to cease to live like dogs …

In 1967, the *Gurindji* made a request for an excision from the Wave Hill holding of 500 square miles of their own country at Wattie Creek. Upholding the contract involved in Vestey’s lease, the Territory administration refused. (Rowley 1971:p342-3)

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45 Aboriginal person or people (Ngaringman and other local languages).
Meanwhile increased pressure from Aborigines and their supporters drove the Commonwealth to reassess its responsibilities to Aboriginal people. In the 1930s, the States had refused Commonwealth offers to take over the responsibility for Aboriginal affairs because Aboriginal people were ‘properly and humanely treated’. (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p132) A wartime referendum on the subject in 1944 was defeated by an overall margin of 54 to 46 per cent. (Chesterman and Galligan 1997:p154) In 1959, after a series of conferences on native welfare, Aboriginal civil rights were again considered by referendum. The referendum failed. (Kidd 1997:p239)

Finally, after lengthy lobbying by the Federal Council for the Advancement of Aborigines and Torres Strait Islanders 46 (FCAATSI) and others, the Commonwealth agreed to consider the issue of federal control of Aboriginal affairs by a question in the forthcoming referendum, to be held in May 1967. This question in the referendum was passed by all States with an overall majority of 90.77% voting ‘yes’ to the inclusion of Aboriginal people in the Census and to altering the Commonwealth’s races power to include Aboriginal people. (Chesterman and Galligan 1997:pp184-5) Chesterman and Galligan point out that: (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:p132; Chesterman and Galligan 1997:p185)

The ‘yes’ case stressed that the Commonwealth’s object would be ‘to co-operate with the States to ensure that together we act in the best interest of the Aboriginal people’.

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46 The FCAA established with predominantly non-Aboriginal membership (notably from the church and trade unions) in 1958 was renamed FCAATSI in 1964. By 1965 around 56 organisations had joined with increasing numbers of Aboriginal people taking leading roles. FCAATSI established reform agendas in many areas, crucially the 1967 referendum. For additional information see reference Tickner, R. (2001). Taking a Stand: Land rights to Reconciliation. Sydney, Allen & Unwin.
Integration (1960’s to the early 1970’s)

Integration may be seen as the period when specific state-run Aboriginal agencies such as the AWB were dismantled while the Aboriginal education, health and welfare matters were handed over to relevant government departments. Whereas the newly structured agencies would focus on providing assistance irrespective of race, in practice, their activities were ‘still directed primarily at Aborigines’. (Haebich 2000:p464)

Rather than take over the task or expense of administering Aboriginal Affairs, the Commonwealth’s decision to conduct the 1967 referendum evolved from their desire to protect Australia from accusations of racism from overseas countries as well as a general willingness to ‘set the lead’ for the states. (Haebich 2000:p453)

Consequently, change came very slowly.

The Advisory Council of Aboriginal Affairs was set up, chaired by Dr H. C. (Nugget) Coombes, but it had no power and no funds which frustrated Aboriginal groups, particularly FCAATSI, who increased their land rights activity. (Goodall 1997:pp327-8)

Meanwhile, oppressive State run regimes were slowly dismantled. (Gilbert 1973:pp18-25)

In South Australia in 1968, one amendment removed the provision according to which Aborigines with contagious diseases could be forced to undergo medical procedures. In the same year the parliament removed the possibility that Aborigines could be publicly whipped for wilfully making false statements in evidence while not on oath. Three years later, Aboriginal murderers were no longer able to be executed at the scene of the crime. (Chesterman and Galligan 1997:p187)

In Western Australia, the official liquor prohibition was not repealed until 1972. (Chesterman and Galligan 1997:p190)

In Queensland, reforms were in name only. (Chesterman and Galligan 1997:p190) In 1971, executive control remained over the establishment and function of Aboriginal and Island courts; the ‘development, assimilation, integration, education, training and preservation’ of Aborigines and Islanders [as well as] the peace, order and ‘proper

47 Aboriginal murderers as in a person of Aboriginal descent who had murdered another person.
discipline’ of reserves; the establishment of police and gaol on reserves; and the inspection of reserves. (Chesterman and Galligan 1997:p190)

On some reserves during the 1970s, Murris were subjected not only to Government regulations, but also to repressive reserve by-laws, quoted here by Garth Nettheim (Nettheim 1981:p114) in (Chesterman and Galligan 1997:p190):

• A householder shall wash and drain his garbage bin after it has been emptied by the collector. If necessary disinfection of the bin by the householder may be directed by an authorised person.
• A person shall not use any electrical goods, other than a hot water jug, electric radio, iron or razor, unless permission is first obtained from an authorised officer.
• Parents shall bring up their children with love and care and shall teach them good behaviour and conduct and shall ensure their compliance with these by-laws.

In 1965, Haebich states that, in spirit with FCAATSI, the Pallottines at Tardun Children’s Mission in WA stated: (Haebich 2000:p456)

We use the term ‘integrate’ … in preference to ‘assimilation’… ‘Integration’ implies the existence of two separate systems which must be moulded to an homogenous whole at the same time retaining their individual entity. ‘Assimilation’ … means the absorption of one of the elements, in this case the natives, and their ultimate disappearance.

The Aboriginal peoples of NSW were dismayed when, late in 1967, the NSW Joint Committee recommended the dismantling of the AWB and the transfer of responsibility for Aboriginal matters to existing departments such as the Housing Commission the Education Department and the Health Department. The Committee’s recommendations included

The Committee believes that the congregation of Aboriginals on reserves is one of the main factors retarding them from becoming full members of the community ... your Committee recommends that every effort be made to encourage Aborigines to leave reserves ...the Committee is firmly of the opinion that in due course all Aboriginal Reserves should disappear. (Legislative Council and Legislative Assembly 1967:p20)

The report was totally at odds with the desire of NSW Aboriginal peoples to move toward community governance of their own affairs and the self-management of reserves. The move towards enforced migration was seen as being an even more aggressive approach to assimilation and the division of responsibility for Aboriginal affairs amongst various departments as a way to even greater surveillance into Koori lives. (Goodall 1997:pp328-9)

In 1968, a capital fund for Aboriginal enterprises was set up by the Federal Government following from key recommendations of the newly established council of Aboriginal Affairs that properties be purchased for Aboriginal people. (Human Rights and Equal Opportunity Commission 1991:p2; Tickner 2001:pxiv)
In 1969, the AWB in NSW is abolished and responsibility for Aboriginal affairs passed to a governmental corporation known as ‘The Minister, Aborigines Act 1969’. The definition of an Aborigine was amended to be any ‘descendant of any aboriginal (sic) native of Australia’. (Chesterman and Galligan 1997:pp188-9) An Aborigines Advisory Council was established at the same time.

Amongst the changes, the Housing Commission took over the housing of NSW Aboriginal people. The Directorate refused to approve the building of additional housing on the reserves where only residential areas were to be retained. Houses built in towns such as Casinos were to be ‘pepper-potted’ to prevent any large congregations of Aboriginal families in one district. Despite the great need for additional housing in remote rural areas, housing development was confined to larger towns and cities where work opportunities were perceived to exist. (Goodall 1997:pp332-3)

Overcrowding of housing was reported by Dr Max Kamien while making his survey of the health of members of the Bourke community in the early 1970s. Cunneen and Robb summarise Kamien that there were 7.9 Aboriginal persons per dwelling compared to 3.8 non-Aboriginals per dwelling in June 1971. (Kamien and Australian Institute of Aboriginal Studies. 1978:p146)

Kamien’s report, summarised by (Cunneen and Robb 1987:p207):

The infant mortality rate of Aboriginal children in Bourke was 88 per 1,000, for non-Aboriginal children it was less than 10 per 1,000; 50 per cent of Aboriginal children had trachoma; 72 per cent of Aboriginal children needed medical attention, while 79 per cent of Aboriginal adults needed medical attention; amongst Aboriginal children, Kamien detected the prevalence of parasites, trachoma, dental caries, running ears, perforated ear-drums, bronchitis, impetigo, ringworms and anaemia. Kamien found that patterns of coping with stress were different between males and females, women reacted with anxiety and depression, men with denial and addictive drinking behaviours. Women relieved their stress through analgesia powders, while Kamien estimated from a survey he conducted that 53.2 per cent of men were heavy drinkers consuming more than 80 grams of alcohol per day.

Kamien, according to Cunneen and Robb,(Cunneen and Robb 1987:pp207-8) also noted that drinking was a sign of protest by Aboriginal people, writing:

The simplistic view held by many rural whites and police that the zealous prosecution of drunken Aborigines will drive them to temperance was not only lacking in historical perspective but was almost certainly counter-productive, in that it ensured that Aborigines would register their protest by further drunkenness. A less interfering and more lenient policy together with the repeal of discriminatory legislation may at least reduce some of the alienation from and anger at the norms, values and practices of white society, which is one cause of Aborigines turning to drink. (Kamien and Australian Institute of Aboriginal Studies. 1978:p150)
There was also the ‘Aboriginal Family Resettlement Scheme’ known colloquially by *Kooris* as ‘Relocation’. *Kooris* were offered incentives to move to an urban industrial area. From 1971 to 1980 the targets for relocation were the towns with large Aboriginal populations, first Bourke and Brewarrina residents who were directed to Newcastle, to the be followed by Murris from Moree and Boggabilla who were sent to Tamworth; the Wilcannia residents were directed to Albury and Cobar and finally Lake Cargelligo and Murrin Bridge Kooris were sent to Wagga.(Goodall 1997:p334)

By the late 1960’s, writes Haebich,(Haebich 2000:p494) the federal government had formally abandoned assimilation for integration. It was a policy, she argues, which had little currency within governments or the wider community.

Again set in Bourke, Kamien saw the basis of white resistance to change as follows:(Kamien and Australian Institute of Aboriginal Studies. 1978:p82)

For many whites the beginnings of the social development of Bourke Aborigines was not a state of temporary anxiety or a challenge to adapt to change; it was a warning of further anxiety to come, with a possible loss of power, prestige and the reduction in the gains from their vested interests in maintaining the status quo of Aborigines.

Kamien goes on to quote the American psychologist Morton Deutsch who in 1971 wrote that social scientists have

…too often assumed that the social pathology has been in the ghetto rather than in those who have built the walls that surround it, that the ‘disadvantaged’ are the ones that need to be changed rather than the people and the institutions who have kept the disadvantaged in a submerged position.(Deutsch 1971:p569)

Haebich reports research done in the mid-1960’s, which showed a ‘strong sentiment ‘ in the Australian public that Aborigines should have no special rights or benefits and that ‘equal rights’ meant ‘equal responsibilities’. (Haebich 2000:p559) The prevailing attitude was that Aboriginal people ‘should live like all other Australians’. Its adherents ignored the existence of institutionalised racism and the fact that white Australians benefited from racist practices such as

the exploitative triangle of pastoralists, government and Aboriginal workers, the rigid caste barriers of country towns and the ongoing adherence to a White Australia.

The mainstreaming of Aboriginal welfare, she writes,

…did not stop removals and Aboriginal children continued to be removed at rates higher that mainstream populations. A major new focus of government intervention in Aboriginal families became the committal of Aboriginal juveniles for reform and punishment in state correctional institutions. Spiralling youth unemployment from the early 1970’s compounded this.(Haebich 2000:p561)
In August 1969, the Australian Broadcasting Commissions’ programme *Four Corners* screened a report titled *Out of Sight, Out of Mind*. It put a small fringe camp on the outskirts of Cunnamulla under the microscope. (Forte 1995:p287-9)

The town Health Inspector told Four Corners journalists that the situation was ‘in many respects worse than the conditions which exist in refugee villages in Vietnam’. (Haebich 2000:p585)

In one part of the programme, viewers were told about a baby girl had dying after repeated visits to the Cunnamulla Hospital. Evidence given during the ensuing trial included:

On the basis of his own medical work with Aboriginal infants, Kalokerinos advanced the theory, angrily disputed by his colleagues, that sudden Aboriginal infant deaths were due to traumatic Vitamin C deficiency. This caused the onset of scurvy with bruising to the body and dramatic dehydration and weight loss leading to death, unless, as he advocated, the baby was administered massive doses of Vitamin C. He argued that [the mother] could not possibly have been aware of the true nature of her baby’s condition and should not be held responsible; instead the nurses and doctors should be on trial for seriously mismanaging the case. …

Mrs Jones was sentenced to three years hard labour in Boggo Road Jail in Brisbane where her mother had died twenty-four years earlier.

The screening of ‘*Out of sight, Out of Mind*’, according to G Robertson and J Carrick (cited in (Haebich 2000:p587), opened the eyes of Australians to

The local hospital’s failure to provide prompt treatment for [the baby], exposed the town’s racism in a series of interviews, pictured the abject squalor at the reserve with devastating effect, and concluded with a table of Aboriginal infant mortality, superimposed on a close up of [the baby’s rough grave]. So ugly was the impression it gave of the Australian treatment of Aborigines that the sale of a colour copy of the film to the BBC was prohibited.

Contributing also to public awareness in the late 1960’s were the findings of numerous medical and government research bodies published in the press which revealed that Aboriginal infant mortality rates were significantly higher than those for non-Aboriginal Australians and other indigenous populations around the world.

In one account, Dr P Moodie of the School of Public Health and Tropical Medicine, University of Sydney, summarised the main causes of this devastating statistic in the Melbourne *Age* newspaper on the 27th June 1969, as

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49 The pseudonym given the baby's mother by Haebich
dysentery, gastroenteritis, flu and pneumonia, neonatal disease, premature birth, post-natal asphyxia and injury during birth. The causal factors were poor living conditions, malnutrition and low standards of child care and personal hygiene. (1969)

The Medical Journal of Australia (MJA) would state that

Infant mortality rates in the Northern Territory were one in ten but until recently Central Australia had the highest rates in the world, that is one out of every four babies died. This was due to the effects of malnutrition, over-crowded and unhygienic living conditions, distance from hospitals and cultural and language barriers. In December 1969, a federal and state government health conference in Sydney announced a nationwide survey on Aboriginal health and nutrition. The Director of Medical Services in the Northern Territory advocated education of Aborigines in community living and financing of communities to become economically viable. (Moodie 1969)

Dr Jean McFarlane, Queensland Director of Maternal and Child Services, is reported in the Brisbane Sunday Mail 18th June 1972, as stating

The Aboriginal infant mortality rate may be ten times the national average. The rate for ages from one to four years was seventeen times the national average. The greatest risk to infants was during the period from six months to three years as the supply of breast milk decreased causing ‘protein calorie malnutrition syndrome’ resulting in retarded growth. (quoted by Haebich 2000)

Haebich continues that institutional profiles

were equally alarming. A two-year study of 1,500 children in twelve major Queensland mission and government settlements by the Queensland Institute of Medical Research, published in 1969, found that child death rates were seven times greater than for the general Australian population. This was due to malnutrition, gastroenteritis and respiratory and bowel infections. The study also found evidence of severely retarded growth and seventy percent of the children had chronic respiratory or ear infections. The study concluded that this reflected poor living conditions and inadequate techniques of child care and infant feeding. (Haebich 2000:p590)

‘Nugget’ Coombs told a conference of Australian College of Education in 1970 that …

Research in Aboriginal communities of the centre and north, among the fringe-dwellers of country towns, and among the part-aborigines of the cities reveals widespread malnutrition, beginning often in the immediate post-weaning period and in many cases imposing a permanent handicap on physical & mental development. Aboriginal children suffer more than is normal for our society from gastro-enteritis, from otitis media, from respiratory infections, from glaucoma and other eye troubles to a degree which leaves them lethargic and unresponsive to normal stimuli. (quoted from Gilbert 1973:p39)

Inevitably, the blame for these appalling circumstances was passed back onto the Aboriginal people. Medical experts and government agencies alike blamed alleged inadequacies of Aboriginal people as
This was despite reports such as that of community development worker Reverend Downing who described, in the Melbourne *Age* newspaper on 31st July 1971, the hospital treatment of Aboriginal children in Alice Springs as

‘deplorable’ with contagion, disease and death spread between the children to such an extent that Aboriginal mothers only felt fear and hostility towards the hospital…they were told that babies are doing well, only to be told later, sometimes in a very short space of time, that the baby has died. (Haebich 2000)

Generally, governments have been overwhelmed by the size of the problem, although in Queensland between 1961 and 1970, according to the *Australian* newspaper on 3rd April 1971, there was a reduction in the rate of Aboriginal maternal deaths, from twenty-eight to eight per thousand live births. This was, at the time, still higher than for the non-Aboriginal population that remained steady at three.

Kamien (Kamien and Australian Institute of Aboriginal Studies. 1978) who began his study of the Bourke Aboriginal community in 1970 comments:

Perhaps the greatest lack of direction was due to the lack of consultations with Aborigines about their felt needs and their opinions about the sort of health care that they might want and therefore be prepared to help organise …

Even under optimal general practise conditions in Bourke, Aborigines were noted to refrain from seeking preventative care and to be more reticent when attending the doctor…

In summary then, the high rates of infant mortality, general illness and hospitalisation in Aborigines were evidence of the lack of effectiveness of both preventative, early diagnostic and treatment services…

The fact that health services were unorganised, unco-ordinated and leaderless also contributed to the inadequate coverage of the health needs of the Aboriginal population. (Kamien and Australian Institute of Aboriginal Studies. 1978:p202-3)

For its part, the McMahon federal government initiated further research and investigations into infant health, including a four-year health survey of all Aboriginal children aged from six months to sixteen years. He dedicated funds to improve the conditions at Alice Springs Hospital, and increased ‘feeding’ programs and training in hygiene in Aboriginal communities. (Haebich 2000:p592)

The Senate Standing Committee, according to the *Age* newspaper on 8th October 1971, would study all federal and state laws that discriminated against Aboriginal people and Aboriginal environmental conditions.
Self Determination and Self Management (early 1970’s to present)

Self Determination

Lofgren summarises that Article 1 of the International Covenant on Economic, Social and Cultural Rights (1976)\(^{50}\) and the International Covenant on Civil and Political Rights (1980)\(^{51}\) both state:

> All peoples have the right to self determination.
> BY virtue of that right they freely determine their political status and freely pursue their economic, social and cultural developments.(Lofgren 1996:p87-99)

Both Covenants are binding on Australia, the latter with three reservations. However, writes Roberts, self determination has been defined:

> much more narrowly in Australia than it has been in international forums where, as part of the decolonisation process, it has been premised on the right of people to decide their own political status and future.(Roberts 1994:p212)

In his summary of events at this time, Commissioner Johnston notes in RCIADIC in 1971 that the Coalition Prime Minister, William McMahon, made a statement

> acknowledging an Aboriginal right to choose the path and determine the pace of their future development, promising federal policies that would give that choice.(Indigenous Law Resources 2004)

Johnston continues that the Minister for the interior countered with a statement ‘reiterating an adherence to assimilationist policies’. (Human Rights and Equal Opportunity Commission 1991:p3) McMahon pushed forward and on 26 January made a statement that began by setting the objective that

> Aboriginal Australians as individuals, and if they wish as groups, be assisted ‘to hold effective and respected places within one Australian society’ with equal rights. But at the same time they should be encouraged and assisted to preserve and develop their own culture, languages, traditions and arts so that these can become living elements in the diverse culture of the Australian society.(Prime Minister the Rt Hon William McMahon 1972:p4)

The statement also conceded that ‘specials measures will be necessary to overcome the disabilities being experienced by many persons of Aboriginal descent’. (Prime Minister the Rt Hon William McMahon 1972:p4)


With the election to power of the Whitlam Labor Government in 1972, the principle of self-determination began to be incorporated into official policy. (O'Donoghue 1992: p7) Whitlam is quoted as stating:

Aborigines would have restored to them ‘the power to make their own decisions’. (Gilbert 1988: p17)

The National Aboriginal Consultative Committee (NACC) was established. It had no decision-making or a policy-making power; its role was purely advisory. Aboriginal people quickly began to sense that despite the rhetoric, the Government was reluctant to hand over any real power. (Roberts 1994: p226)

Meanwhile, there had already been significant developments at the grassroots level. In 1970, the Aboriginal Legal Service was established by community leaders in Redfern, Sydney, with the express aim of helping Aborigines in trouble with the law. 52 There are now offices throughout Australia. (Gilbert 1973:25; Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:144) Since their inception, the legal services have been integral in the process of exposing the alarming extent to which the system of child removals has and still affects families. It was from the legal services that the push came for the

Abandonment of culturally inappropriate child welfare practices, the development of self-determining Aboriginal services to arrange placements of Aboriginal children with Aboriginal families, and the establishment of programs to encourage family maintenance and to assist with tracing family members and arranging family reunions. (Haebich 2000: p601) 53

The first Aboriginal Medical Service (AMS) was established in Redfern, Sydney, in 1971. (Gilbert 1973: p25; Franklin and White 1987: p31) It sprang from community concern for the need to create dedicated services where Kooris could get immediate and necessary care from a service controlled by the local Aboriginal community. (Parbury and New South Wales. Ministry of Aboriginal Affairs. 1986:144; Siggers 1991:401-3)

The main reason Aboriginal Medical Services were set up was because of racism found in other health services – and Aboriginals just did not use them. (Eckermann 1992: pp180-1)

The AMS, like its counterparts, are designed to provide ‘free’ primary health care and are not run principally by doctors. Rather, the philosophy is that the most important people in the service are the clients, annually electing the Aboriginal Board of Directors. (Foley 1975; Eckermann, Council of Remote

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53 For example the state-based networks of Aboriginal Child Care Agencies as well as Link-Up, established in 1980 in NSW.
Nugget Coombs outlined the principles underlying these health services: (Coombes 1994:p64)

- Aboriginal control;
- Emphasis on positive environmental aspects of health;
- Emphasis on the Aboriginal health worker in the community as the primary instrument of service delivery;
- Full use of western medical technology and personnel as far as possible on a visiting basis; and
- Respect for, and use of, traditional Aboriginal medical knowledge and traditional healers.

Some funding for these important Aboriginal legal and medical services was made available under Whitlam. (Tickner 2001:p15) The establishment of community-based health services Australia-wide have particularly benefited Aboriginal women. According to Diane Bell, (Bell 1983:p146) it gives women a base from which to exercise their traditional roles as nurturers within their communities.

Burden offers this summary:

…in addition to providing medical care, [they] have sought to address the political, social, economic and environmental factors that underlie so much Aboriginal illness … These community-controlled health services, in conjunction with other Aboriginal-controlled organisations, such as land councils, community councils, legal services and housing associations, have demonstrated to Aborigines that, although they remain the poorest and most disadvantaged segment of the Australian population, ‘they are not completely powerless and can organise to improve the conditions under which they are forced to live’. (Saggers 1991:p403)

In 2001, Folds (Folds 2001) would argue that it is through their non-absorption of ‘western’ community control concepts that Pintupi maintain their autonomy:

Many social justice programs both expect and require Pintupi to reject walytja (family) in favour of the community but this is kuntangka (shameful) and, therefore, unjust in their terms. Equitable distribution of benefits, for the purpose of producing statistical results equal with the West in such areas as health and education is fully expected to happen through community control of institutions and their resources. Indeed, dramatic improvement in health is boldly claimed to be a matter, not of individuals or family constellations, but of whole communities determining all aspects of their lives. … How can western institutions under
community control be ‘fair’ when they expect relationships between Pintupi to be overridden, especially when Pintupi have been told they actually own them?\textsuperscript{54}

Under Whitlam, writes Haebich\textsuperscript{(Haebich 2000:p572)}

…the nation moved away from the policies of White Australia and Aboriginal assimilation and the foundations of a multicultural nation were forged. Labor’s Aboriginal platform set an exciting new agenda for reform – a policy of self-determination (changed to self-management under the Fraser coalition government), the establishment of a federal department of Aboriginal Affairs (DAA) with key Aboriginal appointments, an innovative federal definition of Aboriginality, imperatives to consult with Aboriginal communities in all matters, and promotion of national research and collection of Aboriginal social indicators. Unprecedented levels of federal funding (with significant flow-ons to the states) were allocated to bring Aboriginal housing, education, welfare, health employment and legal aid in line with community standards. Aborigines were now guaranteed equal access to all government services and benefits, including unemployment benefits and the supporting mothers benefits for sole parents. As part of this process of endeavouring to ensure equity across the boards, the Federal Government insisted on the repeal of all remaining discriminatory state legislation. In 1975 it passed the Racial Discrimination Act to override remaining discriminatory Queensland legislation, to ratify Aboriginal civil and political rights and to prevent acts of racial discrimination.

In 1973, the House of Representatives Standing Committee on Aboriginal Affairs was created. It was renamed the Standing Committee on Aboriginal and Torres Strait Islander Affairs during the Hawke Government. Also, from time to time, there have been select committees set up by both the House of Representatives and the Senate to investigate to consider and inquire into indigenous issues. In 1974, the federal Aboriginal Loans Commission was established to provide loans for Aboriginal people, for housing and for other personal purposes as well as for business ventures.\textsuperscript{(Tickner 2001:14-5)}

Haebich continues,

Fostered by the federal government through its policy of self-determination, generous funding and the work of DAA officers, the process of change also owed much to the networks and pools of experience of the Aboriginal movement. Incorporated under federal legislation, the mushrooming infrastructure grew from dependent community management councils into self-managing organisations dealing with a range of issues, health, legal aid, community management, land and welfare services – with national umbrella organisations operating to co-ordinate activities and to lobby as a unified front.\textsuperscript{(Haebich 2000:p600)}

Meanwhile, within the limitations expressed above, the national body, the National Aboriginal Consultative Committee (NACC) and its successor in 1978, the National Aboriginal Conference (NAC) …

… managed to significantly improve Aboriginal people’s ability to negotiate change and development to put funding agencies and mainstream welfare institutions at one remove, and to have more control over processes and decisions affecting Aboriginal people … This new-found muscle was also expressed in more formal participation in the growing international movement for recognition of indigenous rights. (Haebich 2000:p573)

There is extensive literature illustrating the disturbing trend in the early 1970’s of a new wave of separation of Aboriginal children from their families through the combined actions of the police, family and community welfare authorities, and the juvenile justice system. (Haebich 2000:p608) The 1974 Furnell Royal Commission into Aboriginal Affairs in Western Australia, for example, found that levels of institutionalisation of Aboriginal children were seven times higher than would be expected statistically. (Haebich 2000:p600)

In the late 1970’s, the Aboriginal Child Placement Principle\(^{55}\) was mapped out by the federal Department of Aboriginal Affairs and others. Haebich continues thus:

> Its central premises were that Aboriginal children were to remain with their families, removals were to be a last resort and children were not to be place in white families or institutions. When removal was deemed essential, according to criteria determined by Aboriginal practices and values, then the children were to be placed with a member of their extended family or their own community in accordance with Aboriginal customary law, or with other Aboriginal families living in close proximity. The guidelines also insisted that indigenous customs relating to child care were to be recognised and treated as paramount. Aboriginal family support programs were to be implemented to enable families to stay together. (Haebich 2000:p602)

In 1975, Dr Archie Kalokerinos made the headlining statement that the ‘blindness rates among Aborigines were the highest in the world’. (Saggers 1991:p393) Five years later in 1980, the NTEHP found that half of the 60,000 people studied had trachoma and that the infection rate was as high as 80% in some areas. It was important that the National Trachoma and Eye Health Program (NTEPH) was not only documented the vast incidence of eye disease among Aborigines but also reported on the prevalence among Aborigines of other infectious diseases, such as those of the respiratory tract and skin; and it sought to identify the causes of these diseases. Of far greater importance, however, was

\(^{55}\) Commonwealth Government, Department of Aboriginal Affairs, 1980
the effect that the report – and the program itself – had in raising awareness among Aborigines of the health problems they faced and the action they could take to help alleviate them. (Saggers and Gray 1991:pp16-7)

In June 1975, the Federal Racial Discrimination Act (RDA) was passed responding to Australia’s obligation to comply with the International Convention on the Elimination of All Forms of Racial Discrimination (CERD). (McCorquodale 1987:p12) Section 10 expresses Article 5 of the Convention,

to prohibit and to eliminate racial discrimination ... and to guarantee the rights of everyone without distinction ... to equality before the law. (Lofgren 1996:p94)

Tickner remarks

To put it bluntly, without the RDA there would never have been a Mabo decision by the High Court because the RDA blocked attempts by the Bjelke-Petersen government to obliterate the native title rights of the Mabo plaintiffs by special law of the Queensland parliament. Without the RDA there is also no doubt that the Aboriginal native title rights in the aftermath of Mabo would have been eroded or obliterated by state governments. This crucial reform should thus be given the recognition it deserves. (Tickner 2001:p16)
Self-Management

...we recognise the fundamental right of Aborigines to retain their racial identity and traditional lifestyle or where desired adopt a partially or wholly European lifestyle

One of the Coalition Governments policies at the time of their election in 1975(Human Rights and Equal Opportunity Commission 1991:p5)

Self-management and self-sufficiency became the official policy of the Fraser Coalition Government upon its election in 1975.(Roberts 1994:p227) Ian Viner, Coalition Minister for Aboriginal Affairs described it as requiring that

Aboriginals, as individuals and communities, be in a position to make the same kinds of decisions about their future as other Australians customarily make, and to accept responsibility for the results flowing from such decisions. The Government sees this policy as offering Aboriginals a means of breaking out from the state of dependency which for so long enchained them.(Eckermann 1992:p192)

Tickner is quoted by Eckermann(Eckermann, Council of Remote Area Nurses of Australia. et al. 1992:p192)that it was the initiative of the Fraser government to introduce, in 1977, the Community Development Employment Project (CDEP) in twelve remote communities. This program, which is in fact, a work-for-the-dole scheme has, despite its faults (particularly with regards to workers entitlements), given Aboriginal people some chance to plan and manage and maintain infrastructure on their own communities. Another reform was achieved in 1976 when the Aboriginal Councils and Associations Act was passed which provided a simple and effective incorporation mechanism for Aboriginal organisations. In 1978, the Fraser Government enacted overriding federal legislation paving the way for self-management of the Mornington Island and Aurukun communities. The Queensland government reacted by degazetting the communities as reserves. Following intense negotiations, the two communities had local government authorities (LGA’s) recognised under Queensland law.(Tickner 2001:p18)

In the late 1970’s, the Aboriginal Development Commission (ADC), chaired by Kumantjayi Perkins replaced the Aboriginal Land Fund Commission and the Aboriginal Loans Commission.(Tickner 2001:p19) In 1975, the Aboriginal Land Fund Commission was set up by the federal government to acquire land for dispossessed Aboriginal people.(Tickner 2001:p19)

In 1980, Link Up (NSW) Aboriginal Corporation, the first indigenous family-tracing agency, was established in 1980 to reunite Aboriginal adults who had been fostered, adopted or institutionalised as

56 Charles (Charlie) Perkins was an Arrernte and Kalkadoon man, born 16th June 1936 and passing from us, due to renal failure, on 18th October 2000. He is currently known as Kumantjayi Perkins.
children. (Edwards and Read 1989; Edwards and Read 1989) Set up by Oomera (Coral) Edwards and Peter Read, it had by 1994, reunited over 1,000 individuals. (Human Rights and Equal Opportunity Commission 1997:p357) Similar organisations and networks have also been established in other states and territories.

The importance of this process to Aboriginal people cannot be overstated. In the 1997, Link-Up (NSW) would tell the National Inquiry, ‘you have to know where you come from before you can know where you are going…

[…] The journey home is a journey to find out where we came from, so that we can find out who we are and where we are going. Going home is essential to healing the wounds of separation. At the core, going home means finding out who you are as an Aboriginal person, finding your identity as an Aboriginal person, finding out where you belong. It may or may not include physically going home and meeting relatives, but at a minimum it should include having sufficient information about where you come from in order to make that decision. (Human Rights and Equal Opportunity Commission 1997:p234)

In 1986, the Australian Law reform Commission released its report *The Recognition of Aboriginal Customary Laws*. The commission recommended

The introduction of federal legislation to create uniform standards in relation to Aboriginal children and it also recognised the central role of the Aboriginal extended family and the impact of past policies of removal. (Haebich 2000:p607)

Despite the efforts of enormous numbers of Aboriginal people, writes Haebich, many of their demands for a uniform policy on childcare were not implemented.

SNAICC’s 57 platform of a national policy and legislation was rejected and Aboriginal child welfare remained a state and territory responsibility. (Haebich 2000:p607)

On 26 January 1988, while the majority of Australians were celebrating the Bicentenary, the largest ever gathering of Aboriginal people took place in Sydney. The March for Justice, Freedom and Hope, was a gathering that celebrated in song, dances and story the fact that Aboriginal sovereignty had never been ceded. Convoys of Aborigines from throughout the continent travelled to Sydney by bus and car. A Tent Embassy was established at Lady Macquarie’s Chair to accommodate different mobs. The marchers commenced at Redfern and swelled to 40,000 in number by the time they reached Hyde Park. (Action for World Development 1988:p40)

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57 Secretariat of National Aboriginal and Islander Child Care. SNAICC was founded in 1981 following from a momentum in reform agendas around the time of the International Year of the Child.
In 1988, Australia’s representative to the United Nations Human Rights Committee acknowledged that the policy,

regarding the care of Aboriginal children, particularly during the post-war period, had been a serious mistake. (Human Rights and Equal Opportunity Commission 1997:p285)

The Aboriginal and Torres Strait Island Commission (ATSIC) was established in 1990 in further recognition of the importance of self-determination in Aboriginal and Torres Strait Islander affairs. It represented,

the first occasion when Aborigines were given more than advisory power in the administration of Commonwealth programs designed to benefit them. (Chesterman and Galligan 1997:p213)

In 1990, all Australia governments endorsed the National Aboriginal Health Strategy and affirmed this endorsement by approving recommendation 271 of the Royal Commission into Aboriginal Deaths in Custody. Recommendation 271 regards the implementation of the NAHS as ‘crucial’.

After lobbying by NSW leader Burnum Burnum\textsuperscript{58} and other Aboriginal people around the nation, the commencement of the repatriation to Australia of Aboriginal remains from Europe and Britain occurred in 1991.

Since the 1980’s, analysts have come to challenge the assumption of equal outcomes as a basis of policy approach. Ralph Folds (Folds 2001:p126) writes of his experience with the Pintupi:

As Tatz observed later, the gulfs between policies and the practice … the contradictory ideas and ideals were and are still in vogue and operation\textsuperscript{59}. The crossed purposes of social justice policy are currently hidden by denying its agenda of westernisation. Under the assimilation policy it was widely admitted within Australian society that indigenous people needed to forsake the integrity of their own ways for the benefits on offer, though the human cost of this loss was downplayed. Current indigenous policy claims not to tell Pintupi what is best for them, but still expects that they will choose the self-evident benefits of a ‘better’ way of life. Underlying this assumption is the belief that this choice will entail no costs to them – they will be able to have it all.

The crossed purposes of policy are now legitimated with their own name: ‘two way’. Indigenous groups like the Pintupi can have their own way, with all its benefits, while also having those of other Australians. Again, implicit in this ‘two way’ is the denial that groups like the Pintupi have to undergo dramatic change.

\textsuperscript{58} Burnum Burnum, an Aboriginal activist, also known as Harry Penrith, was born in 1936. He did many things, including the claiming of possession of England at Dover in 1988 and ensuring Aboriginal remains where repatriated from museums and other places overseas. He passed from us in 1997.

\textsuperscript{59} For more information, see reference Tatz, C., K. R. McConnochie, et al. (1975). Black viewpoints : the Aboriginal experience. Sydney, Australia and New Zealand Book Co.
to arrive at the equitable destination promoted by the dominant society. Once this ‘two way’ is accepted, then there is a further breathtaking step: equal outcomes are declared not just to be compatible with indigenous lives, but actually ensure their retention.  

Land, Rights & Politics

Pintupi did not relinquish their own law when they went to Papunya, so there were two systems in place. In 1962 there was an early flashpoint … Such clashes of cultural expectations caused further alienation of Pintupi from settlement life. The NT Welfare Branch Annual Report of 1972 depicts Pintupi as being in a state of withdrawal ‘to the western limits of Papunya’s water reticulation system’. (Folds 2001:p26-7)

A people who had relied on their own physical prowess for their survival now ‘just sat’, facing their country far to the west. Yet, despite their apparent despondency, they were far from defeated.

Cited in Folds (Folds 2001:p27)

Pintupi describe themselves then as nyinapayi walytjatjarra (sitting with their relatives), drawing on their primary source of sustenance and strength. Ironically, the authorities at Papunya mistook the kinship ties of walytja for something like the western family and thought that it should be preserved during the process of assimilation. They could hardly foresee that its resilient values would override their own attempts to create the changes they wanted, as they do to the present day. (Folds 2001:p27)

Throughout the 1970’s and 1980’s, grass roots action supporting a national land rights policy was gaining momentum. Aboriginal people were frustrated by the ‘official bullying’ being suffered by the Gurindji people in their claim at Wattie Creek. (Gilbert 1973:p26; Rangiari 1997:pp33-8) In 1971, a Luritja man Harold Thomas, came up with the distinctive red, black and gold Aboriginal flag. This, he said, would make his people more visible at the growing number of protest actions taking place across the country. (Jobson 1994)

In 1971, Nabalco and their co-defendant, the Commonwealth, found themselves in court facing thirteen clans of the Yolgnu people over the Gove mine proposal. The plaintiffs, arguing under Aboriginal law and custom, the Land was held by them and their ancestors since 1788 and ‘their rights had not since been validly extinguished by the Crown’. (Gilbert 1973:pp50-3; Gilbert and Treaty '88. 1988:pp40-1; Brennan 1995:pp5-6)

In his decision in Milirrpum v Nabalco, Justice Brennan determined that the Aborigines in question had a feeling of obligation towards the land but not the actual ownership of it. The local clans belonged to the land, but the land didn’t belong to them and hadn’t done so since 178861.(quoted by Reynolds 1972:p3)

61 For more information, see the findings of Milirrpum v Nabalco Pty Ltd & the Cth of Australia (1971), FLR, 17 at 270.
The Yolngu elders were devastated. They had breached sacred law by revealing secret material to the judge in an effort to convince him of the status of their claim. (Brennan 1995:p5-6) They communicated their disappointment to the Government. Reynolds quotes (Reynolds 1989:p86):

The people of Yirrkala have asked us to speak to you on their behalf. They are deeply shocked at the result of the recent Court case. We cannot be satisfied with anything less than ownership of the land. The land and law, the sacred places, songs, dances and language were given to our ancestors by spirits Djangkawu and Barama. We are worried that without the land future generations could not maintain our culture. We have the right to say to anybody not to come to our country. We gave permission for one mining company but we did not give away the land. The Australian law has said that the land is not ours. This is not so. It might be right legally but morally it’s wrong. The law must be changed.

In January 1972, the Aboriginal Embassy for land rights was established on the lawns of what is now Old Parliament House in Canberra. The decision to protest came after Prime Minister McMahon included in his statement of 26 January 1972 that Aborigines on reserves

would not be granted ownership of their traditional land but rather a system of limited general purpose leases [25 year ‘Special Leases’] would be instituted. (Gilbert 1973:pp25-30; Gilbert and Treaty ‘88. 1988:p14)

Dissatisfied Aboriginal people soon gathered in Canberra. Kevin Gilbert records:

We moved to confront Australia on this matter by erecting the little tattered ‘Tent Embassy’ on the lawns in front of Parliament House. The ‘Embassy’ in itself was a compromise because we had to halt the surge in our own ranks to grab guns and stop a more violent confrontation. The Embassy brought to international notice the predicament we were in. (Gilbert and Treaty ‘88. 1988:p14)

Despite various attempts to dismantle it and a brief period of absence during Whitlam’s term, the Embassy has remained at Old Parliament House and is now listed on the national register of Heritage Sites. The embassy in Canberra is now over thirty years old. Aboriginal people have asserted their sovereign right to establish other embassy sites, eg, Capital Hill, Woollongong, Sydney, etc, during this time. The Embassy at Old Parliament House is presently threatened with removal by conservatives under Coalition Prime Minister, John Howard.

In 1973, legislation in NSW\(^{62}\) established an Aboriginal Lands Trust with the power to sell and acquire land. (Chesterman and Galligan 1997:p203)

The principle of self-determination underpinned the Federal approach to land rights legislation in the 1970s and the formulation of specific legislation regarding Aboriginal and Torres Strait Islander councils

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\(^{62}\) For more information, see the Aborigines (Amendment) Act, 1973, section 5.
and associations. (Human Rights and Equal Opportunity Commission 1997:p566) Galarrwuy Yunupingu writes:

> Rather than establish a national land rights law, the Labor party chose to establish a precedent in the Commonwealth-controlled Northern Territory. (Yunupingu 1997:p6)

In 1974, Justice Woodward presented his final report outlining ‘appropriate ways to recognise Aboriginal land rights in the Northern Territory’, describing the legislation as: (Yunupingu 1997:p6)

> The doing of simple justice to a people who have been deprived of their land without their consent and without compensation.\(^{63}\)

In August 1975, Prime Minister Gough Whitlam poured a handful of soil through the fingers of *Gurindji* elder, Vincent Lingiari, at the hand-back of 3,238 square kilometres of land at Daguragu, Wattie Creek. Reynolds quotes: (Reynolds 1989:p211)

> Vincent Lingiari, I solemnly hand to you these deeds as proof in Australian law that these lands belong to the Gurindji people and I put into your hands this piece of earth itself as a sign that we restore them to you and your children forever.

In that same year, 1975, the Senate passed a motion put forward by *Jagera* elder, Senator Neville Bonner:

> That the Senate accepts the fact that the indigenous people of Australia, now known as Aborigines and Torres Strait Islanders, were in possession of the entire nation prior to the 1788 first fleet landing in Botany Bay, urges the Australian Government to admit prior ownership by the said indigenous people, and to introduce legislation to compensate the people now known as Aborigines and Torres Strait Islanders for dispossession of their land. (Human Rights and Equal Opportunity Commission 1991:p3-4)

‘Land rights times’ or ‘Gough Whitlam times’ brought a great deal of hope to remote Aboriginal communities. In his discussion of the experience of the *Yanyuwa* people now living in Borroloola, Baker contends that while the process of presenting to the white people the nature of their attachment to the land was exhausting for Aboriginal people, it also encouraged an increase in ceremonial activity.

> The fact that some Europeans were showing an interest in the Aboriginal law and ceremony was a source of pride and renewed self-esteem. (Baker 1999:p117)

Whitlam’s Labor government was dismissed in November 1975.

\(^{63}\)Aboriginal Land Rights Commission, Second Report, April 1974, para. 3.
The **Aboriginal Land Rights Act** (Northern Territory) (*ALRA*) was assented in 1976. Despite various election promises, it did not contain all of Justice Woodward’s recommendations following pressure from vested interests such as mining groups and local government authorities:

> Of great consequence is the continuing dispossession of those people whose traditional country is where the NT’s major towns now sit. Many of these people live in fringe camps in Alice Springs, Katherine or Darwin, severely economically disadvantaged. (Yunupingu 1997:p7)

The *ALRA* is designed to protect the traditional landowners interests and ensure that they have control over the land granted to them. This is achieved through a system of

> … land councils, land trusts and traditional landowners. Aboriginal land is private property owned under special freehold title. It is inalienable – it cannot be bought, acquired or forfeited ... Aboriginal land is not owned by individuals, the land is granted as communal title ... Land is formally held by land trusts ... The Act further reinforces respect for Aboriginal traditional land tenure by providing that the process of decision-making by the traditional Aboriginal landowners shall be in accordance with Aboriginal traditional process in relation to decisions of that kind. (Yunupingu 1997:pp221-5)

The *ALRA* has been from its birth a negotiated compromise both in its drafting and in implementation and, because of conservative political and commercial interference, has – from the Aboriginal perspective – been weakened by further amendments. (Roberts 1994:pp223-4) The land rights movement suffered a lasting setback when the Hawke Labor Government backed down on national land rights legislation in 1986. (Roberts 1994:p218)

Meanwhile the Aboriginal rights activist, Burnum Burnum, while in the employ of mining company Conzinc Rio Tinto of Australia (CRA) during 1977,

> leaked an internal memorandum dated 15 December 1976 comprising a study of thirty-nine Aboriginal reserves in the Northern Territory, Western Australia, Queensland and South Australia, assessing their worth as potential mining areas and listing them in order of importance as ‘exploration targets, with Arnhem Land heading the list. (Norst 1999:p86)

His action cost him his job but did provoke CRA, according to the Melbourne *Age* on the 8th of September 1977, to state that they would

> Only develop mineral resources on Aboriginal reserves with the full agreement of the traditional owners of the land … any work on an Aboriginal reserve would also be completely within the legal requirements for such development.

A week later, the press revealed the federal government’s scheme to divide Kakadu Stage Two in order to exploit the Jabiluka uranium deposit.
In late 1978, prominent Australians including Judith Wright and Dr Nugget Coombs began lobbying for a 'Makarrata' or 'Treaty within Australia between Australians'. (Human Rights and Equal Opportunity Commission 1991:p4; Department of the Prime Minister & Cabinet 1992:p7) The Aboriginal Treaty Committee held its first meeting in April 1979. In June, the notion of a treaty was endorsed by the National Aboriginal Conference who in 1981 presented a Position Paper to the World Council of Indigenous Peoples asserting their demand for ‘recognition as a domestic nation similar to that accorded to American Indians a century ago’. In 1981, the NAC issued a draft Makarrata also known as ‘The 24 Demands’. (Department of the Prime Minister & Cabinet 1992:pp8-9) The push toward a Makarrata was set back when the Federation of Aboriginal Land Councils, reflecting a division in the priorities in the Aboriginal movement, condemned it as a ‘confidence trick’. (Department of the Prime Minister & Cabinet 1992:p11)

Conducted from 1981 to 1983 following lobbying by the Aboriginal Treaty Committee, the Senate Legal and Constitutional Affairs Committee inquiry investigated the proposals put forward by the Aboriginal Treaty Committee. (Tickner 2001:p20)

Coombs relates that several years earlier in 1972, the Larrakia people from around Darwin had petitioned the Prime Minister that ‘treaties be signed with each tribe’. The Government responded that ‘it was inappropriate to negotiate with British subjects as though they were foreign powers and because of the difficulties of identifying the Aboriginal people or groups to negotiate with’ [emphasis added!]. (Department of the Prime Minister & Cabinet 1992:p4)

By contrast, at the Barunga Festival in 1994, Prime Minister Hawke made an historic commitment to ‘the negotiation and conclusion of a treaty between the Commonwealth and the Aboriginal people’. (Coombes 1994:p144)

The National Federation of Land Councils (NFLC) was formed in 1980. Since the Northern Territory precedent, land rights have been implemented to differing degrees in the other states, although well short of NFLC recommendations:

- that governments should recognise the sovereignty of the Aboriginal people and their prior ownership of Australia; acknowledge their right to claim all unalienated land, including public purpose land;

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64Marcia Langton describes the Yolgnu concept ‘Makaratta’ as symbolising ‘a battlefield over which a flag of reciprocity hung’.

65The NAC (1975-1985) superseded the NACC following the change of government in 1975.
affirm their right to control access to Aboriginal land, to refuse permission for mining and other developments there, and to negotiate the terms and conditions under which approved development can take place;

facilitate the conversion to inalienable freehold title of all properties held by Aboriginal people;

permit the excision from pastoral leases of adequate land for subsistence and residential purposes for the communities living on the pastoral leases of adequate land for subsistence and residential purposes for the communities living on the pastoral properties;

and compensate the people for their lost lands and the social and cultural disruption they have suffered. (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)

In 1976, the Federal Government had purchased the Noonkanbah Pastoral Lease for the Yungngora Community. (Hawke and Gallagher 1989:p20) Four years later, the Western Australian Government conducted a ‘military-style operation’ against the Yungngora who were resisting oil drilling at Noonkanbah, even though, writes Roberts, ‘the company concerned was prepared to drill elsewhere. (Roberts 1994:p222) The government was determined to show that Aborigines had no control or rights over mining in Western Australia. (Hawke and Gallagher 1989:p20)

In 1984, following the Noonkanbah debacle in WA, the Hawke government initiated the first Commonwealth heritage protection legislation. It was confirmed in 1986. (Tickner 2001:pp19,255) Despite its reputation as a progressive Government, in the 1980s the South Australian Labor Government overrode Kokatha protests against the Roxby Downs uranium and gold mine. (Roberts 1994:p224) In addition, in the 1980s, Darwin’s town area was increased to 4,350 square kilometres to defeat the Kuntai land claim on the Cox Peninsula. (Roberts 1994) The same tactics were employed against the Jawoyn at Katherine and the Waramungu at Tennant Creek. (Roberts 1994:p224)

During this time, the WA Government ‘even circumvented its own Aboriginal Heritage Act’ to give permission for the redevelopment of the Nyoongah sacred site, Waugal, the site of old Swan Brewery. (Roberts 1994:p224)

Writing in 1991, Deborah Bird Rose while discussing the difficulties faced by several Northern Territory land claimants, describes the frustration still felt by many Aborigines with the land rights process:

Since the strike, since citizenship, and since the Department of Aboriginal Affairs (now the Aboriginal and Torres Strait Islander Commission) adopted an official policy of Aboriginal self-determination, expectations among Aborigines and Europeans have been that communication would improve and that changes would be
decided upon by Aboriginal people themselves. This ideal exists within a set of procedures and requirements which is so heavily constrained that the freedom to speak and act is effectively denied. The VRD⁶⁶ peoples’ dreams are exceedingly moderate, and yet, with the exception of the school and some material improvements, it has not been possible to fulfil them.

Government agencies say that they are unable to meet all the demands on them because they are underfunded. Clearly, more money would help, but this is not the root of the problem. In a world where money talks, those who have been systematically denied an economic base also lack a voice. When people say that they live and hope for changes which will assure that land and wealth be equitably distributed, they speak words that those who monopolise both do not want to hear. The power of refusal distorts the democratic process, perpetuating, and even amplifying inequalities. (Rose 1991: pp238-9)

In 1983, the NSW Aborigines Land Rights Act was passed under the Wran government, its provisions, writes Tickner (Tickner 2001: p21)

falling short of the expectations of the parliamentary committee report that preceded it.

Under the Act, land acquired by the Aboriginal Land Trust was passed over to the New South Wales Aboriginal Land Council and other local Aboriginal Land Councils. Land Councils were limited to making claims over remaining ‘claimable Crown lands’, for example, those ‘lands not lawfully used or occupied and not likely to be needed for an essential public purpose’. It also contained the requirement that for a stipulated period, 7.5 percent of the State’s land tax revenue would be given to the New South Wales Aboriginal Land Council, intended for use in the purchase of land. (Chesterman and Galligan 1997: p203)

At the time of the Act Wiimpatja were already campaigning and organising for land claims, land purchases, involvement in protection of cultural places and rights of access to land for hunting, fishing and food gathering. In September 1983, about 100 people blockaded the entrance to the Mootwingee⁶⁷ Historic Site for the week of the Broken Hill centenary celebrations to assert Wiimpatja rights and signal the ‘end of the colonial era for these sacred lands’.⁶⁸ Mutawintji is so important to Aboriginal people that Beckett was personally told by George Dutton that he would not let anyone camp near there. (Beckett 1978: pp2-31)

Commonwealth legislation was also passed to transfer the NSW Wreck Bay Aboriginal community lands to local Aboriginal ownership. (Tickner 2001: p24)

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⁶⁶ Victoria River Downs
⁶⁷ The preferred spelling today is Mutawintji.
⁶⁸ For more information, see the NPWS information sheets on Mutawintji National Park, including A Recent History
In 1985, by Commonwealth legislation, Uluru and Kata Tjuta (Ayers Rock and the Olgas) in Central Australia were returned to the traditional owners, the *Pitjantjatjara* and *Yankuntjatjara* (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994Vol2:1113) with leaseback and joint management arrangements for the continuing enjoyment of the national park by all Australians. (Tickner 2001:pp24-5)
In 1986, 54 charges were laid against sixteen people arrested in a riot that broke out in the NSW town of Bourke on 28 August. Eleven of the perpetrators arrested were juveniles. Aboriginal residents of the town attribute the riot to ‘the lack on all levels (social and economic) of acceptability of Aboriginal people in the town’. (Cunneen and Robb 1987:pp186-7) In the words of one informant:

Informant: So it’s all these things. The kids know it. Really you know from the moment you’re born you realise you’re black you’ve had it in this place... […]

Interviewer: Given that most Aboriginal kids leave school at 15, what happens to them after they’ve left school?

Informant: After they leave school they either become alcoholics or drug addicts. They die before they get into their late twenties, they end up dying. The cemetery is full of people in their early thirties. They just rot, rot away after that. Nobody gives a damn. There’s no work. There is work here but work goes to the white people. It doesn’t go to the black kids, they’re not given a chance. Everybody’s branded the same. If you’re black, you’re black …

The Royal Commission into Aboriginal Deaths in Custody (RCIADIC) commenced in 1987. It was commissioned

originally to investigate the disturbing increase in the number of deaths of Aborigines while detained in custody but ... the Terms of Reference were subsequently amended to take into account cultural and legal factors which had a bearing upon the deaths. (Harris 1996:pp196-7)

During 1991, the final recommendations of the RCIADIC were tabled: 99 deaths had been investigated at a cost of $30 million. Amongst other things, the Commissioners found that 43 people who died in custody had been stolen from their families and land as children. (Tickner 2001:p55)

The Council for Aboriginal Reconciliation (CAR) would later report that the disadvantage suffered by Aboriginal and Torres Strait Islanders

could be traced directly to dispossession, which began soon after the first British settlers arrived, and has continued throughout Australia’s history since then [...] Commissioner Elliot Johnston QC stated that the legacy of a history of dispossession, brutalisation and the deliberate systematic disempowerment of
Aboriginal people was of central importance to the issue of Aboriginal over-representation in
custody. (Dodson 1993:p5)

Commissioner Pat Dodson linked the assimilation policy directly to the
marginalisation and oppression that many of those removed as children continued to experience as
adults. (Haebich 2000:p562)

Three hundred and thirty nine recommendations were made with Johnston noting one central
theme. (Chesterman and Galligan 1997:p212) The report states:

that substantial change in this situation of Aboriginal people in Australia will not occur unless government
and non-Aboriginal society accept the necessity for Aboriginal people to be empowered to identify, effect
and direct the changes which are required. The process of empowerment is at the same the process of self
determination. (Royal Commission into Aboriginal Deaths in Custody and Johnston 1991Vol 2:pp501-2)

Johnston also remarked that confusion has surrounded the meaning of ‘self determination’ as the concept
is an evolving one, nonetheless he located these several meanings in its contemporary usage. (Chesterman
and Galligan 1997:p212) The report continues:

that Aboriginal people have control over the decision-making processes and over the ultimate decisions
concerning a variety of matters, including political status and economic, social and cultural development;
and that an economic base be provided with which Aborigines may control the future of their
communities. (Royal Commission into Aboriginal Deaths in Custody and Johnston 1991Vol 2:pp504, 508)

Recommendation 339 of the RCADIC concluded with the statement that

... political leaders use their best endeavours to ensure bipartisan public support for the process of
reconciliation and that the urgency and necessity of the reconciliation process be acknowledged. (Ministry for
Aboriginal Affairs 1991:p11)
Reconciliation & Social Justice (1991 onwards)

In the telling we assert the validity of our own experiences and we call the silence of two hundred years a lie...and it is important for you, the listener, because like it or not, we are part of you. We have to find a way of living together in this country, ang that will only come when our hearts, minds and wills are set towards reconciliation – It will only come when thousands of stories have been spoken and listened to with understanding.

Nyoongah writer Sally Morgan(quoted in Edwards and Read 1989:vii)

Reconciliation

Shortly after the RCADIC report, the Hawke Labor Government put together a Bill with cross-party support that would legislate a national process of Aboriginal Reconciliation. Unanimous agreement in Federal parliament assured the necessary funding and tri-partisan commitment to the Council for Aboriginal Reconciliation Act 1991.(Department of the Prime Minister & Cabinet 1992:p23) Further to the nation-wide discussion of a possible treaty with Aboriginal people, of the Council’s mandate involved consultation with,

Aborigines and Torres Strait Islanders and the wider Australian community on whether reconciliation would be advanced by a formal document or formal documents of reconciliation; and

After that consultation, to report to the Minister on the views of Aborigines and Torres Strait Islanders and of the wider Australian community as to whether such a document or documents would benefit the Australian community as a whole, and if the Council considers there would be such a benefit, to make recommendations to the Minister on the nature and content of, and manner of giving effect to, such a document or documents...(Council for Aboriginal Reconciliation 1994:p253)

The Council for Aboriginal Reconciliation (CAR) was made up of representatives from all sections of society. Of the 25 people first appointed, there were 11 Aboriginal people, 2 Torres Strait Islanders and 12 non-Indigenous members.(Council for Aboriginal Reconciliation 1994:p16). Dodson had a lot to say(Dodson 1993), here quoted by (Council for Aboriginal Reconciliation 1994:p16)

The unifying force for us all has been a strong desire to see Australia become a better place for all its citizens’; a society in which there is harmony and social justice for all citizens, irrespective of background or race.

CAR was serviced by a small secretariat within the office of Indigenous Affairs in the Department of the Prime Minister and Cabinet. The State and Territory based teams, Australians ‘for Reconciliation’ acted
as a conduit between the people and the Council. The response to the Aboriginal Community Consultation, reported in 1994, identified that reconciliation could be furthered by: (Council for Aboriginal Reconciliation 1994:p151)

- education about underlying causes of disadvantage;
- development of appropriate housing;
- community controlled schools;
- increasing numbers of health workers and establishing more health clinics;
- creating more jobs;
- addressing alcohol problems; and
- establishing Aboriginal and Torres Strait Islander run schools.

Aboriginal community groups identified that,

- Unemployment, coupled with a lack of Western education and a knowledge of Western business practice, perpetuates the poverty, marginalisation and non-participation of Aboriginal people and their dependency upon the welfare state. This cycle leads to drug and alcohol dependency, negative attitudes and domestic violence.

- There also appears to be considerable despair about government initiatives, their development and implementation.

- In addition the myths held in the wider community about Aboriginal and Torres Strait Islander peoples, particularly about disadvantage, need to be addressed. (Council for Aboriginal Reconciliation 1994:p150)
In 1992, while opening the International Year for the World’s Indigenous Peoples at Redfern Park in Sydney, Prime Minister Keating issued a challenge to the citizens of Australia, to answer the following question:(Speech by the Hon Prime Minister P.J. Keating. 10 December 1992)

We took the children from their mothers [...] We failed to ask – how would I feel if this were done to me? In so doing, Keating, more than any Prime Minister before him, gave explicit recognition of the injustices that had been perpetrated against the Aboriginal people.(Beresford and Omaji 1988:p11)

Social Justice

In Australia we are finally coming to a basis of reconciliation with indigenous people ... Unlike the Māori there was no treaty, no equivalent Treaty of Waitangi ... Indigenous people since the time of European settlers have rarely had justice and we know that we will never entirely live in peace, or have peace in our hearts, without a true basis of reconciliation.

Paul Keating speaking in New Zealand, on 22nd May 1993(Tickner 2001:p118)

In 1992, the High Court of Australia brought down its landmark decision, *Mabo (No 2).* It rejected the concept of *terra nullius* and acknowledged that the original inhabitants of this country continue to observe their own laws, customs and ways of being and whose native title survives the Crown’s annexation of Australia.

Hitherto differing from other Imperial colonies, here in Australia and only in Australian law are the rights of the original inhabitants recognised as tied inexorably to rights to land. The rights of Aboriginal people as individuals, as sovereign first peoples, are now and will continue to be within the constraints of common law native title, despite the fact these are derived from pre-existing and continuing systems of Aboriginal law. Aboriginal people will continue this struggle until such times as the rights as the original inhabitants are protected in law to their fullest extent. With regards to achieving justice, the beliefs and ways of Aboriginal people are not consistent with the Anglo-European judicial model – itself a toll of the coloniser – and therefore Aboriginal and Torres Strait Islander peoples will continue to face the courts as unequal partners.

This is not to decry the efforts of the High Court in reorienting the basis of land ownership in this country. It is simply that in *Mabo (No 2)*, the Anglo-European concept of land ‘control of territory’ is inextricably tied to the establishment and maintenance of sovereignty.

The Commonwealth Government responded to the *Mabo* decision by implementing a three-stage policy:(Council for Aboriginal Reconciliation 1996:pp1-2)
the enactment of the Native Title Act, 1993;

passage of the National Indigenous Land Fund legislation to provide for acquisition of land by indigenous communities dispossessed by colonisation; and

Government consideration of proposals to change legislative, regulatory and administrative processes to advance and protect the rights of indigenous people.

As with the ALRA, the Native Title Act (NTA) would assure Aboriginal people with relatively strong links to their traditional land some success in their claims succeeding. This, however, is not the case for the dispossessed peoples who have not had access to their land or who were removed from country and whose languages were deprived them by aggressive policies of assimilation. At their least disturbed, writes Palmer:

... rights to land are sustained by those with a proprietorial interest demonstrating their socially sanctioned right to disseminate myth and ritual relevant to their land. Rights to land are then made public and socially endorsed through ritual performance. The social organisation of ritual is of primary importance to the maintenance of the landowner’s rights. Without ritual an owner cannot declare his rights to land. Since land is physically indefensible the assertion of rights to land through ritual enactment is the chief means whereby a landowner establishes before others his rights to land.(Palmer 1983:p521)

The dilemma for native title claimants constrained within the Anglo-Australian model, is to convince the courts that Aboriginal connection to land has as much integrity now, since the European invasion, than as before. The Federal Court’s position regarding the Yorta Yorta is a case in point. With the scattering of families, social organisation has been disrupted. The courts must be convinced that native title is not just a bundle of entitlements to land but includes a right to maintain a community-based cultural affiliation with country as it has been sustained throughout the period of colonisation until the present day.(Atkinson 1996:pp281-9)

After considerable lobbying by Aboriginal groups and others aware of the potential inequity to peoples who had been separated from country, the Commonwealth Government in 1994 invited CAR and ATSIC each to submit proposals regarding measures to ‘advance social justice for indigenous people’(Council for Aboriginal Reconciliation 1996:p1) Consultations revealed that:

… for Aboriginal and Torres Strait Islander people, social justice can be measured by the preparedness of the Australian community to shift from a welfare-based attitude to an acknowledgement of the inherent rights of indigenous peoples.(Council for Aboriginal Reconciliation 1996:p2)

Roberts considers the contribution of the Mabo legislation to the cause of self-determination

If the government’s legislation and social justice package are able to provide a basis upon which real gains can be made in the acquisition and control of resources by the indigenous Australians, they will constitute a
significant step forward in the struggle to break free from welfare dependency and to pursue self-
determination. Beyond this, Aboriginal communities also need an injection of capital and the acquisition of 
managerial and labour skills appropriate to the direction they choose to take. Furthermore, self-
determination also requires the eradication of structural disadvantage and institutional racism within the 
broader Australian society. Until real progress is made in overcoming these obstacles, and governments 
themselves are prepared to relinquish an overseeing and veto role for themselves in Aboriginal affairs, self-
determination will remain both illusory and elusive. (Roberts 1994:p233)

In NSW in 1995, the Jervis Bay National Park was handed back to the Wreck Bay Community. At the 
conclusion of the handover the then Minister for Aboriginal Affairs, Robert Tickner, at the suggestion of 
John Paul Janke, paid homage to Whitlam and Lingiari when he poured sand gathered from the beach 
through the hands of community representative, Phillip McLeod. (Tickner 2001:p24)

As part of the call for a social justice package sufficient to redress past wrongs, in 1994, the first Going 
Home Conference was held in Darwin. Over 600 people from the Stolen Generations went there to 
discuss access to archives, compensation, rights to land and social justice. In the High Court the Northern 
Territory Stolen Generations challenged the constitutional validity of the Aboriginals Ordinance 1911-
1957 under which children in the Northern Territory had been forcibly removed. The case was dismissed.

The Human Rights and Equal Opportunities Commission’s (HREOC) National Inquiry into the 
Separation of Aboriginal and Torres Strait Islander Children commenced in 1995. (Tickner 2001:pp55-7)

In their submission, Link Up (NSW) would state that …

… Aboriginal women were unwilling and unable to speak about the immense pain, grief and anguish that 
losing their children had caused them. The pain was so strong that we were unable to find a mother who had 
healed enough to be able to speak, and to share her experience with us and with the Commission … (Human 
Rights and Equal Opportunity Commission 1997:p212)

In March 1996, the Howard coalition succeeded Labor. With regard to the Stolen Generations, the 
Coalition view was and still is that

the Government can see no equitable or practical way of paying special compensation to these persons, if 
compensation were considered to be warranted. (Tatz 2001:p15)

The Coalition defend their ‘no apology, no compensation’ philosophy by arguing that the events leading 
to the removals are ‘removed from our time and values. Yet, argues Tatz, (Tatz 2001:p16)

the repeal of the ‘removal’ laws began only as late as 1964 and continued, one state at a time, through to 
1984.
In a direct attack on Prime Minister Howard, Michael Dodson would very elegantly put the case of continuing intergenerational suffering in his speech at Corroboree 2000, at the launch of the *Document Towards Reconciliation.* (Speech by Michael Dodson)

In October 1996, the Dhan-gadi people of NSW were party to the first mainland native title agreement to be resolved by the National Native Title Tribunal. (Chesterman and Galligan 1997:p211)

In November 1996, NSW Premier, Bob Carr, makes a formal apology to the Stolen Generations on behalf of the government and people of NSW:

I extend this apology as an essential step in the process of reconciliation.

Also in 1996, Australia, writes Haebich: (Haebich 2000:p611)


In December 1996, the High Court handed down the *Wik* decision. The *Wik* and *Thayorre* people of Far North Queensland were recognised as still having hold of their native title. Seán Flood, founding member of the Native Title Tribunal, wrote

The High Court performed its Constitutional function in Wik and interpreted two Queensland Acts, the *Land Act 1910* and the *Land Act 1962* and instruments called *leases* issued there under. The High Court concluded that the legislation and the *leases* did not confer exclusive possession on the grantees and therefore did not show a plain and clear intent in the words of the Acts or the *leases* to exclude Aboriginal people. A more appropriate word than ‘lease’ would have been ‘licence’...

Thus the *leases* issued under the Acts did not extinguish native title which may continue to co-exist with the grantees rights. (Australian Law Reform 1997:pp19-20; Flood 1997)

The Court made clear, however, that if a conflict of interest should arise between the leaseholders and the holders of the native title, then the rights and interests of the pastoralist would prevail. (Australian Law Reform 1997:p23)

The *Wik* decision ignited another ‘bout of hysteria from conservative politicians’. (Chesterman and Galligan 1997:p211) Despite a petition of 130,000 signatures protesting the Howard government’s *10 Point Plan* to alter and weaken the NTA following the *Wik* judgement, the *Native Title Act* amendment bill was passed in the Senate in 1998 by a narrow vote, averting a double dissolution of parliament. State amendments have followed. Lobbying from vested interests such as the mining industry was behind this decision by the Federal Government to ‘limit the common law and statutory native title rights of
indigenous Australians’. (Chesterman and Galligan 1997:p211) Tatz gives this interpretation of the Coalition Government’s view:

… Aboriginal rights should not in any way impinge on what is believed to be a solely white domain. Accordingly, Aboriginal rights should be extinguished because they are unable even to coexist with white property interests. (Tatz 2001:p9)

It was not long before the Government’s position would raise the ire of the United Nations. (Human Rights and Equal Opportunity Commission Australia and The Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner 2002)

In January 1997, ATSIC Chairman, Gatjil Djerrkura, spoke out and was quoted by Flood (Flood 1997:p26) as stating to the press…

… while the rights gained under native title legislation will benefit only a relatively small number of indigenous communities, recognition of the principles of native title will prove to be an enormously significant step towards reconciliation.

No indigenous person will agree to the surrender of our rights as the fee for acceptance by the wider community, and no one truly committed to reconciliation would seek that transaction from us.

Meanwhile, the South Australian Government conducted a controversial Royal Commission (South Australia. Hindmarsh Island Bridge Royal Commission. and Stevens 1995) into the processing of a claim made under the Heritage Act by Ngarrindjeri women to halt the building of a bridge and other developments on Hindmarsh Island. 69 (Bell 1998) The Royal Commission itself was seen as unwarranted by the Commonwealth and the Nunga women seeking to protect the island. These women refused to submit evidence to the Commission and maintained that the investigation of a person’s religious beliefs by a Royal Commission is unconscionable. (Tickner 2001:pp264-86, esp 270) As one Ngarrindjeri woman said “this was like holding an inquiry into whether or not Mary [the mother of Jesus] was a virgin”. (Stanford P 1996) Political conduct throughout the processing of their original claim and subsequent appeals would eventually reveal the ethnocentricity of non-Aboriginal administrative processes in respect of secret women’s business. The Royal Commission is accused of not taking “an anthropological approach to belief” and instead created “critical problems in the anthropology of religion”. (James F. Weiner 2002) The question of what role beliefs play in the description of culture or religion was reviewed and the Royal Commission asked whether “beliefs as such can be ‘tested’” (James F. Weiner 2002) with one observer suggesting

69 Hindmarsh Island is known as Goolwa by the Nunga people,
that insufficient distinction was made between belief as an interior subjective state, and as a gloss on a certain disposition to behave that is conventionally defined. Further, the issue of the social testing of belief statements was obscured by re-phrasing the Royal Commission as an attack on the Aboriginal claimants’ right to religious belief. (James F. Weiner 2002)

In 1997, the Australian Labor Party retracted its opposition to the Hindmarsh Bill and withdrew its amendment requiring compliance with the RDA. The Hindmarsh Island Bridge Act passed both Houses of Parliament, precluding the Ngarrindjeri from any protection under the Aboriginal and Torres Strait Islander Heritage Protection Act. (Bell 1998:p645) The federal government’s actions here have been described by Aboriginal rights proponents such as Jack Beetson70 as constituting the gravest threat in recent times. In the Hindmarsh Island Bridge Act the federal government used its special powers to legislate in the negative interest of an Aboriginal group. In December 2002, the following article was published in the Sydney Morning Herald: (Debelle P 2002)

"It's our heritage, buried in the ground there" tribal elder Tom Trevorrow on the site where Aboriginal bones were discovered.

The bones of an Aboriginal woman and her daughter found buried in the shadow of South Australia's controversial Hindmarsh Island Bridge have provided the first anthropological proof of the disputed "secret women's business".

Following the discovery of the human remains in September, South Australia's Alexandrina Council issued a formal "sorry" motion to the Ngarrindjeri people, who took it as an apology the $25 million bridge was built.

The council's chief executive, John Coombe, said yesterday the council unanimously passed the motion apologising for the pain and suffering inflicted on the Ngarrindjeri people since European settlement.

Tom Trevorrow, a tribal elder and Ngarrindjeri heritage committee chairman, said his people understood the council's apology to incorporate the bridge: "Not in exact words, but it encompassed everything that happened to us there."

Council workmen digging up bitumen to lay cables during the redevelopment of the wharf at Goolwa found the skeletal remains of the two females in a burial site. Mr Coombe said the bones were DNA tested and found to be the 200-year-old remains of a Ngarrindjeri woman and her daughter.

Mr Trevorrow, who was called after the discovery, said those who doubted the Aboriginal people now had proof. "It's our heritage, buried in the ground there," he said. "But to take Aboriginal people's word for it, through our oral history, is not good enough."

70 Comment made during gathering at ‘Linga Longa’ Aboriginal Philosophy Farm, Easter, 2001 and was reported by Ms Sally Fitzpatrick to this author.
Doreen Kartinyeri, an activist on the issue and leader of the bridge's opponents, has a tape of her Aunty Rosie talking about the region's female significance.

"It was not 'secret women's business'; the media made that up," she said. "It was women's initiation, the culture and the tradition, being pregnant and having babies, that's what it was."

Dr Kartinyeri - who says the bridge was built on lies and refuses to use it - said she had spoken out about the burial sites.

"Nobody believed me; they said it was fabrication," said Dr Kartinyeri, who developed stomach cancer after a South Australian royal commission into the issue.

"The more I tried to tell them the truth the less they listened."

In 1995 the royal commission, supported the so-called dissident women and found the significance was fabricated to prevent the bridge being built.

The Alexandrina Council also supported the Ngarrindjeri people's request for a ferry so Aborigines could return to the island. Mr Coombe said funding this would be considered.

But Mr Trevorrow said: "Now the bridge is built, the Ngarrindjeri women and us have to live with that and look at it until the day we die."

The Coalition’s mandate in 1996 included backing a second uranium mine to threaten the Kakadu World Heritage site in the Northern Territory. The development of the mine was and continues to be expressly rejected by the traditional owners, the Mirrar, and protests have reached the world stage. In 1998, the United Nations sent a special team to investigate the threat to the World Heritage values of the site. In its findings, the UN team supports the Mirrar and has called for the mine development to cease.


Of the 120 judicial inquiries, parliamentary committee reports and royal commissions into aspects of Aboriginal affairs in the twentieth century, this is by far the starkest and strongest indictment. It concluded that Australia has wittingly committed genocide through the forcible transfer of children – not just yesteryear but as recently as the 1980s.(Tatz 2001:p15)

The National Inquiry(Human Rights and Equal Opportunity Commission 1997) found that separation of Aboriginal children from their families in the mid-1990’s through the agency of child welfare authorities and the juvenile justice was still occurring at alarming rates.(Haebich 2000:p611) As underlying issues, the Report(Human Rights and Equal Opportunity Commission 1997:pp543-8) identifies
As well as alcohol and substance abuse, components of the health issue noted in the Report (Human Rights and Equal Opportunity Commission 1997:p548) include,

Poor health, the failure of governments to remedy environmental health problems and mental illness …


the right of children to the enjoyment of the highest standards of health and to facilities for the treatment of illness and rehabilitation of health.

The Report gives statistical evidence of the comparatively high rate of illness or conditions suffered by Aboriginal people as a result of this policy. The theme of wellness is also taken up in the submission made by the NSW Aboriginal Mental Health Unit (Submission 650 page 4) which discusses the impact of forcible removals on people’s mental and general health.

Presenting issues arise predominantly from major grief or loss, trauma, the consequences of family members’ removal and disruption of the strong bonds of family and kinship which characterised Aboriginal culture … we believe that it has been the single most significant factor in emotional and mental health problems which in turn have impacted on physical health.

The Report cites the results of the 1995 Australian Bureau of Statistics survey:

Stress is another health issue which affects Indigenous families. It is related, among other factors, to living in poverty and to unemployment and under employment. In the 1994 ABS survey nearly 30% of individuals aged 15 years and over reported worrying about going without food. This worry was particularly prevalent in households where no-one was working and where there were dependent children (Australian Bureau of Statistics 1996:p13)

Also, according to Submission 650, (Human Rights and Equal Opportunity Commission 1997:pp4-5)

The tragic experience [of removal], across several generations has resulted in incalculable trauma, depression and major mental health problems for Aboriginal people. Careful history taking during the assessment of most individuals and families identifies separation by one means or another – initially the systematic forced removal of children and now the continuing removal by Community Services or the magistracy for detention of children, rather than the provision of constructive support to families and healing initiative generated from

within their own communities. The process has been tantamount to a continuing cultural and spiritual genocide both as an individual and a community experience.

The *Report* further states,

Social justice measures taken by governments should have special regard to the inter-generational effects of past removals. Parenting skills and confidence, the capacity to convey Indigenous culture to children, parental mental health and the capacity to deal with institutions such as schools, police, health departments and welfare departments have all been damaged by earlier policies of removal. The denial of social justice violates the basic citizenship rights of Indigenous people in Australia. Citizenship rights include rights to standards of health, housing, education and equality before the law enjoyed by other Australians.

In relation to the Northern Lands council, the *Report* cites that …

… there is growing concern about the abject failure of governments - state, territory and commonwealth - to adequately address the rights of Australia’s Indigenous people. All the reports on Aboriginal services and funding are indicating that the situation for Aboriginal people is not improving. Health, education, housing, water, infrastructure, and roads are all basic citizenship rights of Australians, yet Indigenous people are not receiving an equal level of service outcomes (Northern Land Council submission 765 page 16).

Writes Dodson, in the *Report*:

It entails accepting the rights of Indigenous peoples and establishing processes which translate abstract principles into the actual enjoyment and exercise of rights.

Continuing on, the *Report* states:

These rights are both individual human rights and collective rights that arise from the status of Aboriginal and Torres Strait Islander peoples as Indigenous peoples. They include the right of Indigenous peoples to self-determination.

As the decade continued, the groundswell of support from the non-Aboriginal population warranted Aboriginal Reconciliation’s appellation by Pat Dodson and others as *The People’s Movement*. A philosophy of reconciliation began to develop, in tandem with movements in other parts of the world. Principles began to be identified as essential to the process such as truth, justice and identity, along with forgiveness and suffering. (Habel 1999) Further,

facing the wrongs of the past, struggling for justice and mediating healing will involve ‘suffering through’ the process of reconciliation. Admittedly this ‘suffering through’ may be different for both parties, but without it the end result is likely to be a false reconciliation, a temporary truce, and ultimately a mockery of mutual communal respect. (Human Rights and Equal Opportunity Commission 1997)
Not everybody has been happy with the idea of reconciliation, however, especially many Aboriginal people. Tatz, while acknowledging the value of the original intention of the Labor Government, finds that ultimately, understanding of the term is divergent: (Tatz 2001:pp14-5)

It was to be a ten-year program aimed at improving race relations through an increased understanding of Aboriginal and Islander culture and history, and then through an appreciation of the causes of continued Aboriginal disadvantage in health, housing, education and employment.

For some proponents and believers, it means a moratorium – that is, each party desisting from causing injury to the other. For many, it can only mean the national Australian government bringing itself to use the ‘sorry’ word for the forcible removal of children, to articulate atonement and to find a means of restitution or reparation for these practices. For the authors of the final Reconciliation report, it means a people’s movement and capitalising on the new-found broad public good will in order to complete the nation’s ‘unfinished business’. For others, it means ‘a place in the sun’ for ‘indigenous Australians’; or an end to the bickering and the meanness; or it means not the history or the causes of poor health, housing, education and employment but their alleviation and improvement; or, for a number of concerned Australians, it means ‘walking together’ and/or ‘forging a new relationship’, […] [The term] remains, in essence, little more than a slogan.

The 1998 federal election featured the success of Gambaynggirr statesman, Aden Ridgeway, who won a NSW seat in the Senate. In the same election, Prime Minister John Howard, as a part of his victory speech, acknowledged the need for Reconciliation with the Aboriginal and Torres Strait Islander Peoples of this land.

In September 1998 in northwest NSW, Mutawintji lands were handed back to Wiimpatja. In the historic agreement, Mootwingee Historic Site, Mootwingee National Park, and Coturaundee Nature Reserve became freehold lands, held on behalf of the Aboriginal owners by the Mutawintji Local Aboriginal Land Council (LALC). The Mutawintji LALC was granted 30-year lease arrangement over the Mutawintji National Park lands.72

In the Federal Court in 199873, Justice Olney found that the Yorta Yorta people of southeast Australia could not prove traditional connection with the land under the definition put up by the Native Title Act, 1993 Amended 1998. On the basis of the fact that the Judge may have been ethnocentric in the way he applied the test, the Yorta Yorta appealed74 maintaining that the test should be to show that a nation, in this case themselves, the Yorta Yorta, has survived and maintained a distinguishable culture, despite the

72 National Parks & Wildlife Service, NSW. Mutawintji National Park, Information Sheet: National Park History
74 Yorta Yorta v Victoria (2001) 110 FCR 244
pervicious Government policies of the past. (ABC Radio National. 1999) The appeal was dismissed\textsuperscript{75},
upholding the decision that native title had been ‘washed away by the tide of history’. The Yorta Yorta
then appealed to the High Court where their case was also dismissed, further enshrining that, as against
say, Canada. (Aboriginal and Torres Strait Islander Social Justice Commission. and Human Rights and

… within the Australian jurisdiction, the notion that Indigenous peoples may continue to exercise law-
making power within a colonial state breaches what is referred to by the High Court as a ‘cardinal fact’.\textsuperscript{76}

In March 1999 and April 2000, the UN Committee on the Elimination of Racial Discrimination (CERD)
expressed concern at the Commonwealth Government’s ‘failure to ensure the effective participation and
informed consent of Indigenous people in the 1998 amendments to the Native Title Act 1993 (NTA).’\textsuperscript{77}

In the Concluding Observation of the Human Rights Committee (Aboriginal and Torres Strait Islander
are expressed about the inconsistency between the 1998 amendments and Australia’s obligations under
the International Covenant on Civil and Political Rights (ICCPR) article 27:

The Committee is concerned … that the Native Title Amendments of 1998 in some respects limit the rights
of indigenous persons and communities, in particular in the field of effective participation in all matters
affecting land ownership and use, and affects their interests in native title lands, particularly pastoral lands.
The Committee recommends that the State party take further steps in order to secure the rights of its
indigenous population under article 27 of the Covenant. The high level of exclusion and poverty facing
indigenous persons is indicative of the urgent nature of these concerns. In particular, the Committee
recommends that the necessary steps be taken to restore and protect the titles and interests of indigenous
persons in their native lands, including by considering amending anew the Native Title Act, taking into
account these concerns.

The Committee expresses its concern that securing continuation and sustainability of traditional forms of
economy of indigenous minorities (hunting, fishing and gathering), and protection of sites of religious or
cultural significance for such minorities, which must be protected under article 27, are not always a major
factor in determining land use.\textsuperscript{78}

\textsuperscript{75} Members of the Yorta Yorta Aboriginal Community v Victoria & o’rs [2002] HCA 58 (12 December 2002)

\textsuperscript{76} Members of the Yorta Yorta Aboriginal Community v Victoria & o’rs [2002] HCA 58 (12 December 2002), per Gleeson CJ,
Cummow & Hayne JJ at [55]

\textsuperscript{77} CERD, Concluding observations by CERD: Australia, UN doc CERD/C/304/Add.101, 19 April 2000, para 9; CERD,
Decision2(54) on Australia, UN doc A54/18 para 21(2), 18 March 1999, para 9.

\textsuperscript{78} Human Rights Committee, s, UN doc A/55/40 para’s 498-528, 24 July 2000.
In August 1999, Joy Williams’ case for compensation against the New South Wales government for losses and damages suffered due to removal from her mother under the assimilationist policies was dismissed by the court. Haebich reports the court as finding (Haebich 2000:p669):

...she was not a member of the Stolen Generations – that is, that she had not been forcibly removed from her mother.

Also in August, the federal government issued its ‘statement of regret’ for past removals of Aboriginal children. (Haebich 2000:p669)

In the Northern Territory in the same year, Lorna Cubillo and Peter Gunner launched a test case on behalf of 2000 members of the Stolen Generation against the Commonwealth of Australia. Their claim was not proven to the satisfaction of the court and, in 2000, an appeal by Gunner and Cubillo was lodged against the decision. (Cronin 2000; Sydney Morning Herald 2000)

In 2000, Federal government intransigence was marked by the astonishing statement by Senator John Herron which denigrated and diminished the stolen generations. (Tatz 2001:p17) He was interviewed on 18 August 2000 by Mark Willacy on the World Today where he clarified his remarks. Later that year, a Senate inquiry reported on the federal government’s response to Bringing them Home:

The Senate Inquiry Report concluded on a pessimistic note. It stated, “There are many problems with the extent and nature of the response by the Commonwealth and others. The problems reflect an under-funded and badly directed response [which] …relates to the Indigenous community in general rather than to the stolen generations.” A little later the Inquiry Report states it was “…mindful…that there has been insufficient consultation on a range of issues.” Whilst the Dissenting Report of Government Senators argues a different point of view, it does not provide the analyses or evidence of consultation with stolen generations people to sustain its argument. (O'Brien P. and with the assistance of Bond J 2002)

Amongst other issues, the final report of the Senate Inquiry to the Australian Parliament recommended …

… a motion for a national apology, a formal apology to members of the stolen generations by the Northern Territory government, a national memorial and a reparations tribunal… (Tatz 2001:p17)

The National Sorry Day Committee’s overview of the Inquiry Reports leads it to similar conclusions. The National Sorry Day Committee agrees with the Senate Committee’s recommendation that there be:

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81 The complete transcript can be downloaded from http://www.abc.net.au/worldtoday/s165195.htm

• a national apology
• effective consultation with the stolen generations
• implementation of an effective coordinating and monitoring process. (O’Brien P. and with the assistance of Bond J 2002)

In the same year, the National Mental Health Strategy insisted that

… interventions must recognise the past for its role in the current health problems of Aboriginal and Torres Strait Islander communities. (Commonwealth of Australia 2000; Tatz 2001: p55)

In his book *Taking a Stand*, Robert Tickner (Tickner 2001: pp287-8) writes that at the close of the twentieth century

While it is undeniably important that indigenous people play their part in improving health through personal responsibility and community-driven programs to tack such issues as bad diet and substance abuse, they cannot make the necessary changes alone. Without the strategic intervention of the national government, driven if necessary by a campaign of public opinion, no lasting change will be possible. Indigenous people living in isolated communities are among the poorest Australians, and do not have any hope of addressing the $2 billion plus infrastructure backlog in those communities, which has a direct relationship to poor health standards.

In the last year of the twentieth century, Australia, one of the most affluent nations on earth, cannot stand by while large sections of its indigenous population does not enjoy the most basic housing, water, infrastructure, roads, water and sewerage [sic] facilities. This is a precondition to improved indigenous health across Australia.

Diverse Australians from Fred Hollows, to Malcolm Fraser, RCIADIC, and every independent view of Aboriginal health have concluded not that governments are ‘throwing too much money at the problems but that so much more needs to be done’. There is already a strategy in existence to bring about the necessary dramatic change in indigenous health ready to be embraced by a Commonwealth government with the political will to act.

In the decade leading up to 2000, vast community participation in healing events took place around the continent, brought about by enormous mobilisation at the grass roots. In Wilcannia, a walk was attended by most of the community and lead by the Elders and other important people.  

83 This walk occurred just one week after a devastating and sensationalised report by Ray Martin and 60 minutes on the community in May 2000. [http://sixtyminutes.ninemsn.com.au/sixtyminutes/stories/2000_05_21/story_165.asp](http://sixtyminutes.ninemsn.com.au/sixtyminutes/stories/2000_05_21/story_165.asp) stated “As Australians prepare for Corroboree 2000, Ray Martin returns to *60 Minutes* with a special report that is both shocking and inspiring. Ray's story centres on Wilcannia in western NSW, an old bush town that has seen better days. There are only about a thousand residents left - most of them are Aborigines, and most survive on welfare. Ray discovers that even though the town
Other examples abound, such as a number of local healings for the families involved in the Myall Creek massacre. In another, Aboriginal people came out in support of the renaming of the Kamilaroi Highway in NSW. Throughout the decade, vast numbers of Aboriginal people have endured great personal suffering in the retelling of their own and their families’ stories in order to educate the wider population.

To celebrate a decade of the process and the Corroboree 2000 launch of the Council for Aboriginal Reconciliation’s Document Towards Reconciliation, Bridge Walks took place around the country. Over a million people walked for reconciliation over the entire continent, Sydney’s occurring on 28th May 2000.

In September 2000, Aboriginal culture and its survival were celebrated at the Sydney Olympic Games Opening Ceremony as well as in the cultural pavilion. A Tent Embassy was set up in inner Sydney to draw attention of journalists to Aboriginal claims to sovereignty. In a competition highlight, Cathy Freeman wins the gold in the 400 metres.

Following CAR’s call for legislated reforms to further the process of reconciliation, discussion resumed on the subject of a treaty. Tatz reports(Tatz 2001:p10) that in November, one member of the CAR executive stated …

… the whole question of an agreement, without using words that are loaded, is something that the Council has for over the past 10 years discussed, and everyone is of the common view that it is something that has to be achieved, – whether it be called treaty, compact or agreement.

Tries hard to hide the fact, many of the children suffer persistent abuse. As he says, "If your boyfriend doesn't bash you, he doesn't love you, and if you're not pregnant by 18, you're not a real woman." But now there's hope in Wilcannia, thanks to a remarkable school and an even more remarkable group of teachers who are determined to save a lost generation of children. And, despite all the odds against them, they're succeeding."

A week later, the producers had this to say: “Last week, Ray Martin reported from the outback town of Wilcannia. The thrust of his story was that a dedicated group of teachers was helping to save a generation of children by providing inspiration, meals and the incentive to attend classes regularly. In passing, the teachers commented on the high level of child abuse in the town, and also the effect the dole and alcohol were having on the town's adults. Some Wilcannia parents were outraged by that report - so outraged, they withdrew their children from school and demanded that the principal be sacked. 60 Minutes has returned to Wilcannia to report on the backlash.” The story from the people themselves was quite different.

Uncle Eugene Bullganee Biles, a Ngmba and Murra Warri elder, was one of the dignitaries who opened the highway. He passed from us in September 2003. His darling wife of 43 years Aunt Retta, and their four children Elizabeth, Reg, Blanche and Duncan; and the tribes of nieces, nephews, god children and grandchildren as well as the extended family, friends and community will always remember, love and miss him.


The Prime Minister rejected the idea of any formal compact while at the same time declaring that ‘reconciliation is and should be an unstoppable force’. (Tatz 2001:p11) In 2001, ATSIC responded by launching a process of consultation amongst Aboriginal communities.

On 27 January 2002 the 30th anniversary of the establishment of the Aboriginal Tent Embassy was celebrated in Canberra, adjacent to the site of the controversial Howard Government-sponsored ‘Reconciliation Place’.

While promoting ‘Reconciliation Place’ the culture of division pervading federal handling of Aboriginal issues remains all too obvious. Recently, the *Weekend Australian* quoted the Workplace Relations Minister, Tony Abbot as telling the told Young Liberals that:

> Aboriginal reconciliation, the republic and immigration were used collectively by intellectuals to foster insecurity within Australians …Reconciliation had become a weapon “to wield against the traditional conception of Australia” and was only desirable while it could not be achieved.

> “Once achieved, it loses its usefulness because it is no longer another point of criticism of society at large,” he said.

> “Meaningful reconciliation will only be achieved when Australians are no longer prey to the national insecurity which some reconciliation zealots seem determined to engender.” (Crosweller 2002)

Meanwhile during their thirty-year celebrations, the Aboriginal Tent Embassy upheld their stance of ‘sovereignty never ceded’ and extended an unconditional welcome to the asylum seekers detained in the mandatory detention centres now found throughout Aboriginal land.

In 2002 the National Sorry Day Committee the following urgent steps to a survey of progress in the implementation of the *National Inquiry*:

> Many stolen generations people are nearing the end of their lives. They need support now. The Federal Government has indicated its commitment to them by funding important support programs. Whilst the NSDC recognises the difficulty of tailoring resources to meet the needs of the stolen generations, we believe that, given goodwill, many improvements are possible. Cross government and cross-sectoral programs are difficult. However the public service, with its commitment to “whole of government” and “best practice” services, may be ready to accept the challenge of supporting people who are in need as a result of laws and regulations of the recent past.

> The experience of being taken from family was traumatic. It delivered loneliness, dislocation, deprivation of affection and love, stress and grief. It resulted in deep depression, losses of identity, of culture, of language,

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of history, of family and of community and caused psychological harm, in many cases resulting in mental illness.

It has created a separate, though far from distinct, community, edging off into both the Aboriginal and the white community. That is why, administratively, it is difficult to target. Non-Indigenous organisations assume that the needs of the stolen generations should be met through Aboriginal organisations. Aboriginal organisations have their hands full dealing with the immense needs of Aboriginal people in general, and find it hard to give attention to the specific needs of the stolen generations.

New structures are needed. In recognition of this, the Victorian Government has assigned $2.1 million to create a stolen generation’s organisation. Something like this is needed widely across the country. (O'Brien P. and with the assistance of Bond J 2002)

In 2002, there was small comfort for one family affected by the theft of children, with the plaintiff stating the importance of being believed by the court. The following was published in The Age: (Jopson D 2002)

Sydney woman Valerie Linow was shaking and overwhelmed yesterday after becoming the first member of the stolen generations to win monetary compensation for her cruel treatment after authorities removed her from her family.

The New South Wales Victims Compensation Tribunal has awarded Mrs Linow $35,000 for the sexual assault and violence she suffered while working as a domestic servant for a family when she was aged 16. The Aboriginal Welfare Board had removed her at the age of two and placed her in children's homes in Bomaderry and then Cootamundra. From there, she was sent to her employer, who she said thrashed her with barbed wire and raped her.

"It's a big shock, because I'm the only one out of thousands of members of the stolen generations who got through and was believed that these things did happen. This is the most important thing - the believing," said Mrs Linow, 61, a pensioner.

Seven months ago, a Victims Compensation Tribunal assessor accepted her abuse claims but refused to compensate her. Tribunal chairman Cec Brahe overturned that determination on appeal.

After losses by stolen-generations members in the High Court, the Federal Court and the NSW Supreme Court, National Sorry Day Committee co-chairwoman Audrey Kinneir said this was a breakthrough in a legal system where a win had seemed impossible.

"This decision validates the fact that the harm done to the stolen generations is worthy of compensation," she said. "It's set a precedent and it will give other people courage to do the same." Said Mrs Linow: "I have got my justice after 45 years. I'm free because it was tormenting me all the time. I feel like I am reborn. I can go forward and leave this dreadful past behind.

"It's not the money that's important to me. It is the knowledge and recognition that this happened to Aboriginal people. No one could pay any amount for what happened to us because we lost a lot."
She will put some money in a funeral fund for her and her husband Warren. "This was the only plan I had - that we go in comfort."
The question of acknowledgment

Members of the stolen generations are certain that what they most want from the Federal Government is “an apology”. Nothing is more important than the Federal Government acknowledging that, no matter what the intentions of those who implemented the policies of removal, the effects for many have been disastrous. These effects have rolled down through generations. There would be an immensely healing effect from a statement by the Government or the Parliament which said that what happened should not have happened, that it is sorry that such things did happen and that it is committing itself to doing all in its power to address the continuing effects. (O’Brien P. and with the assistance of Bond J 2002)

Some people, such as Monture-Angus, hold that acknowledgement is another dyadic relationship that reinforces the position of the dominant culture: the act of acknowledgement by one to another being a power relationship. (Monture-Angus 2000:p26) She orientates the struggle for rights as taking place beyond the confines of colonial institutions. The first step to autonomy is to be autonomous. She differentiates claims to sovereignty emphasising firstly the right to be one’s self (‘I say sovereignty is about my right to be Mohawk’ (Monture-Angus 2000:p35)88) before those rights of a geographic or material nature. It is from the self that the power is drawn, as well as responsibility. (Monture-Angus 2000:p53)

Accountability and responsibility for the protection of Aboriginal (and treaty) rights must be seen as personal, judicial and political.

For non-Aboriginal people to accept their position in the new, shared history requires some lateral thinking. Present debate on the issue is coloured by the ‘denialists’ who write in publications such as Quadrant. There is also the Noel Pearson view (Pearson 1998) that dwelling on the past’s legacy perpetuates the victim/dependency mindset of people.

How then should non-Aboriginal people respond, if acknowledgment is seen as problematic. I return to my introduction, the challenge is what now to do with the knowledge?

88 This is suggested by Monture-Angus about having control of self and environment. It is about not wanting power back from another who has taken it, it is about finding the power in your self. Aunty Jean Carter, in another context, says ‘Please don’t call me a dispossessed person, I am still here’ See reference number Carter, J. (1998). Discussion on Identity. L. Jackson. Sydney.
Chapter conclusion

Che Guevera extends to the notion that doctors need to be more radical in accepting social responsibility for some of the changing needs of people and communities. (Guevera E.C. 1969)

All indices show that Aboriginal health was good prior to European invasion. Although intermittent, well-documented trade between Aboriginal peoples and Melanesia and Asia is evidence that the Aboriginal peoples did not live in complete isolation. Despite this at the time of the invasion, diseases indigenous to Aboriginal people appear to have been few. (Burden 1994:pp159-61) Dental disease was relatively rare, influenza, measles, whooping cough, tuberculosis, leprosy and syphilis were unknown. (Abbie 1976:pp775-7) The common cold, yaws and some skin diseases were probably endemic. Trachoma may also have been present. (Burden 1994:p162)

Two hundred or so years later, the cause of illness in the Aboriginal community is not as simple as it seems. Colin Tatz, in his analysis of non-custodial Aboriginal suicide, (Tatz 2001:p7) identifies confusion, ambiguity and consequent violence as having a significant impact on community wellness:

Ambiguity in the Aboriginal context is not so much a contrivance as an unintended outcome of governmental insecurity and uncertainty about what to do or how to do it, about avoiding obvious breaches of human rights while remaining unwilling to commit Australian society to equality and to an acceptance of our native peoples (sic).

The areas of ambiguity he (Tatz 2001:pp8-19) outlines are:

- land rights including the initial giving back and sense of identity conveyed in the original land rights acts versus the current contraction of rights after Wik and the recent attempts to limit Aboriginal power within the Northern Territory Land Rights Act;
- the treaty which is seen to be simultaneously promoted and denigrated by incumbent government agencies;
- the promotion of the notion of the level playing field which ignores the fact that one of the players, the dominant culture, already has most of the power and seeks to deny the history of the other;
- the ‘Aboriginalisation’ of services, that since the 1960’s Aborigines have been encouraged to control their own affairs, yet with the evolution of DAA and ATSIC, the pool of talented people working at the grass roots has been mined to recruit the bureaucracy with Aboriginal Affairs remaining low in the public service hierarchy. Tatz also finds noteworthy the period in 1998-1999, when ATSIC, the government’s principal advisors on Aboriginal Affairs, gave a vote of no confidence in the Aboriginal Affairs minister. Senator Herron simply sought his advice elsewhere;
• the continual struggle for Aboriginal identity, notably the deconstruction of Aborigine into Koori, Nunga, Murri, etc, versus the compression of Aboriginal and Torres Strait Islanders into the one Indigene, notwithstanding the fact Aboriginal people are ‘socialised from birth to an endemic and all-pervasive racism’.

• the sloganising of Aboriginal policy, self-determination and self-management, etc, and notably reconciliation, as discussed above, where changes in policy direction are made at the stroke of a pen in response to popular sentiment rather than paving the way for effective change;

• the Stolen Generations where despite the evidence presented in *Bringing Them Home*, the government remains hardline and commentators seek to discredit evidence of the removals actually ever happening.

Tatz sees that there is a causal link between this ambiguity and patterns of behaviour amongst Aboriginal people.

The stages are: a feeling of *frustration*, followed by a sense of *alienation*, from society, of not belonging, of foreignness; then *withdrawal* from society, no longer caring about membership, about loyalty or about law-abiding behaviour; and then the threat of, or actual, *violence*. (Tatz 2001:p19)

Tatz reports of communities in crisis, and that violence in the form of suicide and parasuicide has become prominent amongst Aboriginal communities only since the early 1980’s. This, and other forms of the ‘new violence’ can be seen to have evolved coincidently with the process of decolonisation; i.e., self-determination, self-management, etc. (Tatz 2001:pp1-3) Tatz holds that Aboriginal communities have been abruptly thrown into a vacuum, ironically, by those seeking to de-segregate and reduce discrimination, a vacuum from where Aboriginal people are supposed to reconstruct themselves into communities where in fact no community existed before. The missions and reserves had been established, ostensibly as penitentiaries, and the new order paid little or no attention to the fact that people had been assembled in these areas from all over the place. As well, the community areas were generally some distance from places of productive employment, educational opportunities and essential services such as hospitals. Invariably, there is inadequate infrastructure, sewerage, roads, housing, recreational facilities, etc. On top of this, the colonial structures remain in the checks and balances of organisation structure, accountability and funding opportunities, statistical measurement, the legal system, etc. There

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is also the ‘disempowerment’ that is the ironic manifestation of the plethora of Aboriginal associations, often with overlapping jurisdictions and agendas, fighting for their share of the ‘money bucket’. One final sadness, noted by Tatz is that the children ‘are rejecting corporation life’, on evidence, because of ‘the in-fighting, the power play and the internecine strife’ involved in the corporation world. (Tatz 2001: p159)

Again, it can be seen that Aboriginal health includes many concerns that might seem irrelevant to peoples of different cultures. Health indeed is not a distinct issue to the Aboriginal peoples in the same way as for the western culture. There are a number of issues that influence the health of Australia’s First Peoples, not least of which is recognition of the true history of this land. For some of us, the invasion and dispossession are major health issues. Social injustice is also of great relevance to well being.

This is counter to the Anglo-European model that looks for a single cure-all. Counter also to the concept that health is just one more thing that can be fixed, given enough plans, reports and strategic directions!

Commissioner Elliott Johnson in the National Report of the Royal Commission into Aboriginal Deaths in Custody (RCIADIC), states

> the pinpricking domination, abuse of personal power, utter paternalism, open contempt and total indifference with which many aboriginal people were visited on a day to day basis. (Royal Commission into Aboriginal Deaths in Custody and Johnston 1991)\(^{90}\)

This hurt people then, and continues to hurt people even today.

The United Nations is aware of some of the problems with the systemic racism as applied to Australia’s first peoples. This joint media release\(^{91}\) by the Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner, and his call to the Federal Government following the findings of the Special Rapporteur on Racism in the report on Australia to the UN Commission on Human Rights. (Human Rights and Equal Opportunity Commission Australia and Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner 2002)

> The Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner, Dr William Jonas, called on the Federal Government to treat seriously the concerns raised by the United Nations Special Rapporteur on Racism in his report on Australia to the UN Commission on Human Rights.

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Mr Maurice Glele-Ahanhanzo, the Special Rapporteur on contemporary forms of racism, racial discrimination, xenophobia and related intolerance, visited Australia at the invitation of the Government from 22 April to 10 May 2001.

"The report highlights a number of crucial issues that have been raised with the government for some time now," said Dr Jonas. "It reinforces advice provided by the Human Rights and Equal Opportunity Commission, ATSIC and others which have never been acted upon. As a consequence these issues continue to be raised and discussed at the international level. This is a legitimate consequence of domestic inaction on these issues."

The Special Rapporteur's report acknowledges that "Substantial efforts are being made by the Australian Government to end racism and racial discrimination" (para 132). In particular, the report acknowledges:

- the existence of programs to address Indigenous disadvantage "even if they have not yet succeeded in producing the desired results";
- the importance of recognition of ethnic diversity and the promotion of inter-ethnic harmony in Australian society, which should "not waver under the influence of electoral considerations"; and
- the "outstanding" question of reconciliation with Indigenous peoples.

Significantly, the report also notes that: "For the Aboriginals, despite the democratic foundations of the Australian State and its desire to incorporate all its ethnic components on an egalitarian basis, (the) State is a manifestation of colonisation whose consequences remain to this day." (para 133).

The Special Rapporteur's report makes 10 recommendations, which include:

- Reviewing the basis of multiculturalism policy so that it is based upon recognition of the right to difference and to cultural identity (Rec 1);

- Providing fresh impetus to the process of reconciliation, "taking greater account of the positions of the representatives of the Indigenous peoples" (Rec 2);

- Amending the *Native Title Act* in light of the proposals already made by Indigenous people (Rec 3);

- Seeking "a humane solution to the question of the 'stolen generation', whose situation is psychologically and socially blocked and desperate" (Rec 9); and

- That the Australian government "continue, improve and intensify the efforts already being made to combat racism and racial discrimination against the Aboriginal peoples, in particular attacking their extreme poverty" (Rec 10).

The Government has responded to the report by highlighting a number of factual errors which it sees as destroying the overall credibility and authority of the report.
Dr Jonas said: "It is unfortunate that the report does contain some factual errors, but with one exception these errors do not affect the substance of the report's findings." The one error of substance relates to the report's failure to recognise that Australia has ratified the Convention on the Elimination of Discrimination against Women.

"It is of grave concern that each time a body expresses concerns about the Government's approach to human rights they face an aggressive attack on their credibility and a denial of the substance of the concerns," said Dr Jonas. "It is worth comparing the conclusions and recommendations of the Special Rapporteur with the conclusions of consultations on racism conducted by HREOC in 2001. Such a comparison shows that the Special Rapporteur has raised issues of significant concern which must be addressed."

In the report of consultations by the Race Discrimination Commissioner, I want respect and equality, people across Australia highlighted the situation of Indigenous Australians as the greatest challenge to combating racism in Australia. They also highlighted denial of racism as one of the most prevalent forms of racism in Australia.

"The response to the Special Rapporteur's report extends the attacks of the Government on the UN human rights committees to other UN mechanisms. It is a continuation of this denial of the existence of racism in Australia," said Dr Jonas. "The government must stop obfuscating and shooting the messenger. Australia's international reputation is better served by acknowledging that, like every country of the world, we do have problems with racism and by recommitting to genuine efforts to address the issues."

To blame Indigenous peoples for poor health, illiteracy, inadequate housing, high unemployment rates, total economic dependency and over-representation in the penal system is a yet another example of the systematic racism that plagues us today. Much of this comes from the ignorance developed by the antagonists on both sides. However, ignorance is no excuse for continuing this national shame. There was the attempt to destroy family groupings and structures, language, heirs, peers and knowledge. This did not change the simple fact though; we belong to the Land. Nevertheless, many disagree.

According to the Special Rapporteur, it

… is noteworthy that the issues raised in the Special Rapporteur's report have been consistently raised by HREOC through submissions to human rights treaty committees and in domestic reports such as the annual reports to Parliament on the enjoyment of Indigenous human rights (the Social Justice Report and Native Title Report). These issues continue to spill into the international arena due to the inadequacy of responses at the domestic level. Denial of the importance of these issues will only see them perpetuated and subject to further international scrutiny. (Human Rights and Equal Opportunity Commission Australia and The
In Aboriginal culture, health is a concept involving the social emotional and cultural well being of the whole community; there is a link with the Land which provides a sense of identity, and lies at the centre of Aboriginal peoples’ spiritual beliefs. Indigenous culture is complex and enduring, characterised by extensive networks, deep emotional bonds and a sense of social reciprocity and obligation.

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Chapter Two

Brief review of the state of Aboriginal health status and health services

Setting the context: Relationships Land, language, family.

To most Aboriginal people, language is a gift from the Creator. Embodied in the many Aboriginal languages is our unique relationship to the Creator; to the Land; attitudes, beliefs and values as well as the fundamental notion of what is truth. (National Indian Brotherhood. 1988) Part of this truth is that there are many nations of Indigenous people that belong here in Australia, despite the continuing refusal by Governments to acknowledge Aboriginal people and their societies as pre-existing entities. (Langton M 2000)

Due to the disruption caused by the invasion and as a product of Western academia, the boundaries of Aboriginal nations and the margins between clusters of groups of Aboriginal Peoples with closely related languages or dialects have become confused and conflated. However, the Aboriginal language map (following), although disputed as inaccurate, does give the reader an idea of the pluricultural nature of Aboriginal Australia.

Aboriginal peoples occupied the whole of mainland Australia and Tasmania in well-defined groups or, as one author puts it ‘regional constellations’ (Brendt RM. and Brendt CH. 1996) defined by linguistic similarity. (Poad, West et al. 1990) Each group consisted of smaller family clusters familiar with their own and numerous related dialects creating the extensive ‘dialect chains’ which have made it difficult to know how many languages were, over time, developed and used by Aboriginal peoples. (Dixon RMW 1970) At the point of invasion, it is assumed that there were in excess of 200 distinct languages (Horton D.R 1994; Aboriginal and Torres Strait Islander Commission 1998) and between 500 and 600 dialects. (Fesl 1993; Brendt RM. and Brendt CH. 1996) Of these languages, at least two thirds are extinct today. (Horton D.R 1994)
Members of each group were, and still are, related by actual or implied genealogy. Each group occupied a recognised stretch of territory and acted according to the rules set down tens of thousands of years ago by the Dreamtime ancestors. These rules set down rules and structures which allowed significant interpersonal and inter-group relationships on a day-to-day basis. The presence of regional or national autonomy was and still is expressed by the fact that groups not only kept to themselves, but were able to speak the numerous languages of neighbours and others during times of travel, ceremony, hunting and trading.

The smaller family or kin-based groups within which Aboriginal Peoples lived provided for physical wellbeing with each person born into a set of personal relationships and responsibilities. These relationships extended into those of the larger language group, ensuring a contiguous social environment that provided an advantage of group interdependence during times of scarcity. Moreover, interpersonal tensions and conflicts within a group were mitigated by clan meetings, community moots and ceremonies.

Prior to the trauma of invasion and separation from Land and family, Aboriginal children were maintained according to strict protocols and customs handed down from the Dreaming and enjoyed being grown up in safe, loving environments encouraging autonomy and self respect.

Adolescence was marked by ceremony and rites of passage, something for which a child had been preparing for many years. Fulfilling these rites allowed young people acceptance into the spiritual and secular life of the group to which they belonged.

Adult life was characterised by responsibility and care for country and family and the sacred and includes particular gender-specific roles. One of the roles of men, for example, included those in sacred ceremony and that of ‘looking out for the mob’. Some of the roles included family concerns and those relating to the sacred.
Aboriginal people grew up understanding basic protocols essential to sustaining relationships within and without the group, particularly good manners and respect for elders. For somebody to achieve the status of elder, self-respect was a prerequisite as well as the application of wisdom in action; the authority of elders was and remains paramount. (Atkinson J 2002)

The compelling characteristic of Aboriginal culture and where it diverges markedly from that of Settler Australia is relationship to Land. For Aboriginal people, Land was never traded. Land was not bought or sold or owned. Instead, Land is where the people belonged and the Land belonged to the people. (Grassby and Hill 1988)

Relationships, interpersonal, spiritual and environmental, and responsibility for their maintenance are at the core of this union. (Rose and Australian Heritage Commission. 1996) According to one author,

…the land grew the people and the people grew their country. (Atkinson J 2002 p29)
Figure 1: Map of Aboriginal Australia

(Australian Institute of Aboriginal and Torres Strait Islander Studies 1994)
A picture of health

Pre-invasion, Australia’s 750,000 (Franklin and White 1987) to some one million or more Aboriginal and Torres Strait Islander Peoples (Elkin 1954; Butlin 1983) were strong and healthy, being hunters and gatherers whose active lifestyle ensured good health. As traditional group sizes were small, widespread transmission of illness or infectious disease is little in evidence. (Department of Aboriginal Affairs 1988; Burden 1994) Yaws was present in the north and non-venereal endemic syphilis (treponarid) in the centre or south of the continent. The common cold, and some skin diseases were probably endemic. Trachoma was also present in areas that were hot, dry and dusty. (Burden 1994; Campbell 2002)

Campbell writes:

… none of the world’s indigenous populations was entirely without disease. The relatively few important and widespread infectious diseases that occurred in pre-contact Australia were caused by bacteria, protozoa and viruses that were established in the region, and Aboriginal people lived with them for thousands of years. Some of these diseases, which varied in different climates were acute infections, such as those caused by some number of the arbovirus organism. Dengue, for example, is spread by mosquitoes in the tropics. Other diseases were ancient and chronic. These long-established diseases developed slowly and usually affected the elderly, but did not kill them. They included trachoma, non-venereal treponemal infections and hepatitis B. These and other rare or less important infections that harassed isolated people in the pre-European past were unfamiliar to Europeans. (Campbell 2002 p2)

Although intermittent, seasonal and exploratory visits by people from Melanesia and Asia show that Australian Aboriginal peoples and Torres Strait Islanders did not live in complete isolation. Campbell reports that smallpox evidently occurred on the Northern Territory coast prior to settlement. By implication, the coast of Queensland would also have been affected. There is also evidence of the Kimberley coast being affected in the 1860’s and 1870’s. (Campbell 2002)

Despite this external contact, at the time of the English invasion in 1788, diseases familiar to Europeans, such as dental disease, influenza, measles, bubonic plague, whooping cough, tuberculosis, leprosy, venereal syphilis (T. pallidum pallidum) and, to a large extent, smallpox, were unknown. (Hare 1967; Abbie 1976; Peile 1997; Campbell 2002)

Views of health and wellbeing

‘Kurrunpa palya, nyinantja yalta lalka’ ‘Good spirit, living cold and dry.’ Wiminytji

It is well accepted that health is not simply about the absence of pathogens, obvious infection or of an identifiable disease. For Aboriginal Peoples, health is more about the physical, emotional and spiritual well being of individuals, their families, and the community as a whole. If there is a problem with someone close to us, no matter who we are, then that problem tends to affect us as well. If the local community is under attack, then these attacks hurt the individuals as well.

Peile who made extensive study of the Kukatja people from the Northern Territory writes:

[I believe there are four] mutually on-going and interacting elements in the traditional health system. The cultural beliefs and customs of the Aborigines (including their kinship systems), the environment and their relationship to it, their concepts of body and spirit (i.e., life essence) and their functions, and [finally] their concepts of health and disease and the underlying principles of the treatment of sickness.(Peile 1997:pxiii (introduction))

Peile reports that the Kukatja observe two issues about health:

Firstly the popular sense of health consisting of the body being cold and dry, and secondly the spiritual sense consisting [of] having the spirit in the area of the navel and in the stomach.(Peile 1997:p130)

Kukatja elder, Wiminytji Tjapangarti explains:

A person who is hungry would go out, find an animal and kill it, cook it, eat it and remains satisfied. He lies down and his spirit would be cold all the time. Meat makes him cold. Blood goes into the hand. It makes one cold and satisfied. On account of having no water, skin and flesh become overheated, blood certainly makes him cold again. The heart keeps us well, it gives us cold that is alive. It gives cold, it gives what is good (i.e.; well-being).(Wiminytji and Peile 1978)

The idea of being healthy is not usually referred to directly in Aboriginal languages. There are no words that are the direct equivalent of ‘health’ or ‘sick’. More abstract expressions, such as, ‘My spirit is good’ convey the wellness or health status of the person. Another way that people speak is by stating that have a ‘good navel’ or ‘cold feet.’ A person with cold feet is considered healthy. Some people believe that in time of extreme illness and during the process of death, the spirit leaves a person from their feet. There is the expression to be “good in your feet” is very similar to “keep well!”(Peile 1997)

Another Kukatja concept, larlka, is used to imply that a part of the body has insufficient fluids resulting in localised dehydration.(Peile 1997) This is also taken to mean that if a person is not dry then the person is not healthy.

According to Rose, the Ngaringman people, also from the Northern Territory, have a concept called punyu, which is sometimes translated as wellbeing.(Rose DB. 2000; Atkinson J 2002) This wellbeing
encompasses being strong, happy, knowledgeable, socially responsible and taking care, beautiful, clean and behaving in a safe manner.

A contemporary perspective is this concept of health:

In an Aboriginal view, good relationships between people are a precondition of health and well-being. By maintaining harmony across the network of relationships, people lay the foundations of health and well-being for themselves and their families. On the other hand, major transgressions or disruptions (either accidental or deliberate) may have serious negative repercussions including perhaps illness, accident or even death. Since well-being reflects the state of relationships, promoting harmonious social relationships is considered fundamental to the promotion of well-being. (Devitt 1995: unpublished.)

In the urban environment, well-being is about good social relationships with family and others, including those considered strangers (Mobbs 1991). This functional definition of health, in practise for millennia, has been written about for many years. The wholistic view of health for Aboriginal people does…

….not just mean the physical well being of the individual but refers to the social, emotional, spiritual and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. (McGuinnes and National Aboriginal and Islander Health Organisation (NAIHO) 1982; Houston 1985; South Australian Health Commission. 1996)

The NH&MRC and the South Australian Health Commission in their joint communiqué specify the importance an individual’s health on the health of the entire group:

Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities. (South Australian Health Commission. 1996)

A very important causal factor in the current health status of Aboriginal people is the link with Land that provides not only a sense of identity, but also is at the core of spiritual beliefs, sense of belonging and feeling of wellness. Not many outsiders can appreciate the importance of this link to the health and wellbeing of Aboriginal individuals and their communities or the anguish felt as Land and Country continues to be degraded or locked away from them.

93 More can be downloaded from: http://www.flinders.edu.au/kokotinna/
94 An example of the use of this statement can be found on: http://www2.premiers.qld.gov.au/sectorwide/september2000/m2.htm
Governments especially have ignored the health, social and emotional impacts of policies that continue to separate people from country, particularly past and present ‘welfare’ policies that remove children from families, families and communities from their Land or justice policies, such as mandatory sentencing, that remove young people from their communities and contact with their families.

Yet, according to Atkinson and others, these policies are part and parcel of a 215-year syndrome of physical and structural violence and ongoing psychosocial dominance by authorities and others within the general community; the effects of which are to perpetuate victimisation, grief and anger within Aboriginal populations. This traumatisation is being transmitted down, through and across generations with the symptoms of illness, dependency and dysfunction. Atkinson refers to this as post-colonial trauma. (Atkinson J 2002)

The physical effects of this trauma have been documented elsewhere and presents the picture of renal disease, hypertension, low birth weight, obesity, mental illness and other disease. (O'Dea 1986; O'Dea, Lion et al. 1990; Palmer and Brady 1991; Lee, Bailey et al. 1994; McDermott and Beaver 1996; Gracey 2000; Atkinson J 2002)

There is also a growing body of work which reveals that some bureaucratic interventions by social, justice and health workers to attempt to remedy these past actions by Governments, in fact only further compound and amplify the original trauma. (Bartlett 1998; Atkinson J 2002)

Yet, one recognised practise in the healing of victims of trauma is rarely performed here in Australia. It is the practise of acknowledgment. (Atkinson J 2002) To this end, the continuing refusal of the Howard Coalition Government to say sorry to Aboriginal and Torres Strait Islanders will be a burden of shame to be carried for generations. Other Governments, such as the NSW Carr Labor Government in its Commitment to Aboriginal Peoples, have acknowledged past governments’ roles in the forced removal of Aboriginal and Torres Strait Islander children from their families and the effects of this on future generations. (NSW Government 1997) State and Territory agencies have also created commitments and statements to Aboriginal and Torres Strait Islander peoples under their jurisdictions. Many of these commitments are available in glossy brochures launched with much fanfare and good intention.

Nevertheless, many more steps need to be taken to turn such policies into solid, measurable health gains. We know the legislated activity of Government is to provide appropriate health care, suitable and accessible health hardware and infrastructure, as well as ‘best practise’ expertise to its entire population. Many of these best practice methodologies are determined by researchers in the belief that the only way to make change or to do better is to re-quantify the problem, repeatedly, when there is often no useful benefit in continuing to research people who are already possibly the most researched group in
Australia. (Miller 1985) Yet time and time again we see more policy statements and commitment protocols, accompanied by more funding of research expeditions, all aimed towards peoples who are continuing to die of known vaccine-preventable diseases and who are living in inappropriate housing with inadequate services such as sewer, water, primary health and simple fresh food. All of which yield the same results. Fourth nations people living in the first world dying of third world disease.
The International Context

Wellbeing is a Human Right

The right to a safe and healthy life falls within the collection of economic, social and cultural rights which, together with civil and political rights, make up international human rights law. These rights, as the Aboriginal & Torres Strait Islander Social Justice Commissioner outlines in *Benchmarking Reconciliation and Human Rights*, were originally asserted in the 1948 Universal Declaration of Human Rights, namely those

… which stated that freedom from fear and want can only be achieved if conditions are created where everyone may enjoy their economic, social and cultural rights, as well as their civil and political rights. Provisions covering aspects of economic, social and cultural rights are contained in the International Covenant on Civil and Political Rights 1976 (ICCPR), including in particular Article 27 relating to minority rights, and the International Convention on the Elimination of All Forms of Racial Discrimination 1969 (ICERD), in particular Article 2(2) requiring states, when circumstances so warrant, to take special and concrete measures in the social, economic and cultural fields to ensure adequate development and protection of certain racial groups or individuals belonging to them. As well, the jurisprudence of the treaty body committees established to monitor the implementation of these instruments has added to the understanding of the meaning and scope of the relevant provisions.

The central instrument, however, in respect of matters affecting the health and well-being of Indigenous people and communities is the International Covenant on Economic, Social and Cultural Rights 1976 (ICESCR). The work of this Covenant's treaty body, the Committee on Economic, Social and Cultural Rights (CESCR), particularly through the interpretation of its provisions by way of General Comments, provides authoritative guidance to an appreciation of what is involved in the obligation to seek the progressive realization of these rights. (Aboriginal & Torres Strait Islander Social Justice Commissioner 2002)

The International Covenant on Economic, Social and Cultural Rights (ICESCR)

Since Australia has ratified the ICESCR (the Covenant), it is required, under Article 2(1), to undertake steps…

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96 This Covenant was ratified by Australia in 1976.
… to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means.(Aboriginal & Torres Strait Islander Social Justice Commissioner 2002)

This article overarches all other provisions of the Covenant. There is a further obligation that the taking of such steps cannot be delayed. Australia is obliged to report to the Covenant’s treaty body, the Committee on Economic, Social and Cultural Rights (CESCR) and her performance is judged not only on measures but also on the appropriateness of steps taken. There is a minimum core obligation for States to achieve at least ‘minimum essential levels of each of the rights’(Committee on Economic Social and Cultural Rights (CESCR) 2002)

Article 12 of the Covenant describes the right of everyone to the highest standards of physical and mental health.(Aboriginal & Torres Strait Islander Social Justice Commissioner 2002) This has recently been elaborated in CESC’s General Comment No 14 that ‘Health is a fundamental human right indispensable for the exercise of other human rights’. (Committee on Economic Social and Cultural Rights (CESCR) 2002) This right to health has been confirmed in a number of other international instruments. CESCR describe the right to health, as contained the Covenant, as:

an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels. (Committee on Economic Social and Cultural Rights (CESCR) 2002)

General Comment No 14 contains particular reference to Indigenous people. (Committee on Economic Social and Cultural Rights (CESCR) 2002) It identifies a number of elements that relate directly to Aboriginal and Torres Strait Islander rights with regard to implementing the provisions of Article 12, notably the need for health services to be ‘culturally appropriate and for full and effective participation by

Indigenous peoples’. (Aboriginal & Torres Strait Islander Social Justice Commissioner 2002) In 2002, the Aboriginal & Torres Strait Islander Social Justice Commissioner, (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003) reported again the international concern at the level of Aboriginal and Torres Strait Islander disadvantage:

In September 2000 the UN Committee on Economic Social and Cultural Rights (CESCR), in its Concluding Observations on Australia's third periodic report concerning its obligations under the International Covenant on Economic, Social and Cultural Rights (ICESCR), expressed its:

deep concern that, despite the efforts and achievements of the State party, the indigenous populations of Australia continued to be at a comparative disadvantage in the enjoyment of economic, social and cultural rights, particularly in the field of employment, housing, health and education. (Committee on Economic Social and Cultural Rights. 2000:pp32-35)\(^{100}\)

In this regard, the Social Justice Commissioner writes:

… there are real challenges here for the ways targets are constructed and indicators developed to respond to a diversity of cultural situations and aspirations…

…As with other rights protected by the Covenant (including the right to education), there is an emphasis on the need to develop health strategies that should identify appropriate right to health indicators and benchmarks. The indicators should be designed to monitor the State's obligations under Article 12. Having identified appropriate right to health indicators, states should set appropriate benchmarks to each indicator, for use in monitoring and reporting. (Aboriginal & Torres Strait Islander Social Justice Commissioner 2002:Attachment B)

An examination of a variety of strategies, health performance indicators and statistics follows, both on a national level and at a NSW state level.

The National context: The Commonwealth of Australia

The third edition of the bi-annual report *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001) was launched in August 2001. It is a collaborative venture between the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW). This publication, above all others, is considered the authoritative collection of statistics relating to Aboriginal and Torres Strait Islander peoples throughout Australia. The following histogram produced in the AIHW report

\(^{100}\) Complete document can be downloaded from [http://www.hreoc.gov.au/social_justice/croc/sub2.htm](http://www.hreoc.gov.au/social_justice/croc/sub2.htm) or
demonstrates that currently the Indigenous population is generally younger than the non-Indigenous population.

Table 3: Age profile Indigenous vs. all Australians.


Life expectancy, i.e., the number of years a person of given age and gender can expect to live, is calculated from life tables. These life tables provide for effects of mortality on a projected life expectancy of a hypothetical group of infants born at the same time under similar circumstances. Accurate information is required to calculate the life expectancy of an individual in a population. This information comes from a number of sources, including registries of births and deaths, for the populations examined. In populations where there is little or no information, then estimates are extrapolated from other data sources.

For Aboriginal peoples, however, such data has only been collected since the 1960’s, and only in the Northern Territory. The table that follows was published originally in 1994.(Kunitz 1994) Note the differences in the data between other Fourth Nations peoples and Australian Aboriginal peoples.

<table>
<thead>
<tr>
<th>Year</th>
<th>Māori Male</th>
<th>Māori Female</th>
<th>U.S. Native Americans Male</th>
<th>U.S. Native Americans Female</th>
<th>Natives Canadians Male</th>
<th>Natives Canadians Female</th>
<th>Natives Canadians Male</th>
<th>Natives Canadians Female</th>
<th>Aust Aborigines Male</th>
<th>Aust Aborigines Female</th>
</tr>
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<tbody>
<tr>
<td>1920’s</td>
<td>47</td>
<td>45</td>
<td>-</td>
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<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>1930’s</td>
<td>46</td>
<td>46</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>1940’s</td>
<td>48</td>
<td>54</td>
<td>51.3</td>
<td>51.9</td>
<td>NA</td>
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<td>NA</td>
<td>NA</td>
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<tr>
<td>1950’s</td>
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<td>58</td>
<td>58.1</td>
<td>62.2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<td>65.7</td>
<td>59.6</td>
<td>63.5</td>
<td>50 (NT)</td>
<td>-</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>1970’s</td>
<td>63</td>
<td>67</td>
<td>60.7</td>
<td>71.2</td>
<td>57.8</td>
<td>60.3</td>
<td>60.3 (Alberta)</td>
<td>NA</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
There have been some changes, however slight, since the publication of this data. We are now aware that there is a documented and measurable tendency for underreporting of Indigenous births and deaths in Australia making any available data incomplete. All life tables and life expectancy data for this population can only be taken as a guide.

Today, life expectancy data in Australia uses information from Queensland, South Australia, Western Australia and the Northern Territory. This information is then extrapolated to form a presumed national rate. Using these presumed rates, the AIHW/ABS have estimated that the expected length of life for an Indigenous male to be 56 years, and that for an Indigenous female to be 63 years, representing a net gain of simply two years since the 1980’s. This contrasts with today’s life expectancy of 76 and 82 years respectively for total Australian persons. (Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001) The current life expectancy of Aboriginal males and females is consistent with the life expectancy experienced by the total male population in Australia during 1901-1910, and by the total female population in Australia during 1920-1922 respectively(Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001). Note, these are the rates experienced before the advent of penicillin. (British Broadcasting Corporation 2003)

Whilst all deaths are recorded in Australia, there is some issue with recording the Indigenous status of deceased people. These data, like all data relating to Aboriginal peoples, give inaccurate information as to the cause of death. What follows are data tabulated in age groups. Note, there is not one age group where the mortality of the all-Australian population exceeds that of the Aboriginal population. Note also, these data are for Queensland, South Australia, Western Australia and the Northern Territory only.

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Indigenous deaths as a proportion of total deaths (%)</th>
<th>Indigenous persons as a proportion of total population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 1</td>
<td>19.1</td>
<td>7.4</td>
</tr>
</tbody>
</table>


102 The initial discovery of penicillin was published by Alexander Fleming in 1929. It was later followed up by the Australian, Dr. Howard Florey, and German Jew Ernst Chain at Oxford during 1938. These three won the Nobel Prize in 1945. For more information, see [http://www.bbc.co.uk/education/medicine/nonint/modern/dt/modtfc.shtml](http://www.bbc.co.uk/education/medicine/nonint/modern/dt/modtfc.shtml).
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Deaths as a Proportion of Total Deaths</th>
<th>Indigenous Persons as a Proportion of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 4</td>
<td>16.6</td>
<td>7.1</td>
</tr>
<tr>
<td>5 to 14</td>
<td>14.5</td>
<td>6.4</td>
</tr>
<tr>
<td>15 to 24</td>
<td>12.6</td>
<td>4.9</td>
</tr>
<tr>
<td>25 to 34</td>
<td>13.5</td>
<td>3.9</td>
</tr>
<tr>
<td>35 to 44</td>
<td>13.6</td>
<td>2.8</td>
</tr>
<tr>
<td>45 to 54</td>
<td>9.0</td>
<td>1.9</td>
</tr>
<tr>
<td>55 to 64</td>
<td>5.5</td>
<td>1.4</td>
</tr>
<tr>
<td>65 to 74</td>
<td>2.6</td>
<td>1.0</td>
</tr>
<tr>
<td>75 and over</td>
<td>0.8</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Table 5: Indigenous Deaths, 1999 - 2001, Indigenous deaths as a proportion of total deaths and Indigenous persons as a proportion of total population.


In 1996, a sample of Aboriginal and Torres Strait Islander people nationally were asked about what they felt their health was like. Self-perception of those in fair or poor health increased with age with 13 per cent of all those aged 15-24, and 52 per cent of those aged 55 and over, reporting in this category. (Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001)

Clearly, Aboriginal people do not perceive themselves as being healthy as they get older.

National Aboriginal Health Strategy

At the 1993 World Conference on Human Rights, representatives of the Australian people made a proposal that all countries prepare a National Action Plan (NAP). The Vienna Declaration and Program of Action states in recommendation 71 that:

The World Conference on Human Rights recommends that each State consider the desirability of drawing up a National Action Plan identifying steps whereby that State would improve the protection and promotion of human rights. (Director Human Rights and Indigenous Issues Section, International Organisations Branch et al. 1993)

In the following year (1994) Australia became the first country to complete and to submit to the Commission on Human Rights a comprehensive NAP. The plan drew together all the elements of Australian Government policy relating to the domestic observance of human rights and social justice across the full range of civil, political, economic, social and cultural rights.

103 For this quote, see http://www.dfat.gov.au/hr/nap/natact_plan.html
NAP’s are lodged with the UNHCHR as a statement to the international community of how a country is progressing in implementing human rights in a practical sense. Australia submitted hers in 1995 and subsequent updates during 1996-1997. In December 1998, Australia ‘needed to rewrite its NAP to reflect new human rights initiatives and policies’ (Director Human Rights and Indigenous Issues Section, International Organisations Branch et al. 1993). This process is on-going, with a call to the public for submissions currently on Departments’ websites.¹⁰⁴

As reported in Australia’s substantive 1993 *National Action Plan on Human Rights* (NAP), the factors which contribute to the significantly lower health indices of Aboriginal and Torres Strait Islander peoples are

… substantial social and economic disadvantage, cultural isolation, political oppression, dispossession and the experience of widespread, extreme and pervasive discrimination. (Australian Department of Foreign Affairs and Trade 1993)

The NAP endorsed the National Aboriginal Health Strategy (NAHS). NAHS was agreed to in 1990 by the Commonwealth, in conjunction with the State and Territory Governments, (National Aboriginal Health Strategy Working Party 1989) following the recommendations of the National Aboriginal Health Strategy Working Party and the Aboriginal Health Development Group. (Australian Institute of Health and Welfare 1997)

In 1994, an Evaluation of NAHS (National Aboriginal Health Strategy Working Party 1994) was published which made the following major recommendations:

1. That the Commonwealth reaffirm its commitment to the principles underlying NAHS including:
   - acceptance of Aboriginal people’s holistic view of health;
   - recognition of the important of local Aboriginal community control and participation; and
   - intersectoral collaboration.

2. That the achievement of equity, by which is meant equal access to equal care appropriate to need in comparison with non-Aboriginal Australia remain a major goal.

¹⁰⁴ The complete NAP and associated papers can be downloaded from [http://www.dfat.gov.au/hr/nap/natact_plan.html](http://www.dfat.gov.au/hr/nap/natact_plan.html). Interestingly, there is an invitation on the last section of this page, reading “The Working Group is seeking suggestions and contributions from members of the public on the structure and content of the new plan. If you would like to have your say on any aspect of the forthcoming National Action Plan, or indeed on the old plan, please contact…”
3. That there be partnership in pursuit of this goal between the Commonwealth, State and Territory governments, ATSIC and NACCHO at the national, state/territory and regional levels.

4. That a human rights based approach to funding be adopted with major increases for all aspects of Aboriginal health to achieve comparable standards with that of average non-Aboriginal Australia. As much as two billion would be needed in funding just to meet the backlog in housing and essential services in remote and rural communities in Australia, including the Torres Strait.

5. That the Commonwealth take a leadership position for all Australians by declaring its resolve to achieve health gains.

Many of the stated aims have not been achieved; a notable example of this was the Commonwealth’s desire for environmental equity by the year 2001. Further, issues around Indigenous identification in datasets are still not consistent across the nation, despite a combined campaign by the ABS, AIHW and the Aboriginal and Torres Strait Islander Health and Welfare Information Program. (Aboriginal and Torres Strait Islander Health and Welfare Information Program, Australian Bureau of Statistics et al. 1997)

Some state departments of health have initiated their own programs, some of these will be discussed later in this chapter.

There have been many an Aboriginal Health Strategic Plan published, some lacking simple performance indicators or evidence-based health outcomes and guidelines for suitable assessment and evaluation of progress. Further, many of the jurisdictions are comparing indicators of different worth or using national data to describe their own unique populations. The following illustrates just a few examples.

Commonwealth Performance Indicators

A National summary of the 1999 jurisdictional reports against the Aboriginal and Torres Strait Islander health performance indicators was commissioned by the Australian Health Ministers Advisory Committee (AHMAC) and published in September 2001. (Australian Institute of Health and Welfare, Australian Health Ministers’ Advisory Council et al. 2000) The performance indicators were categorised under the headings of life expectancy and mortality, morbidity, access, workforce impacts, health service impacts, risk factors, intersectoral issues, community involvement and quality of service provision. There are few areas where information is complete across all states and territories. These are community participation in health services (under the access category) and post rent/mortgage income below the poverty line

Despite the belief that infant morbidity is well documented across the nation, stillbirth rates (under life expectancy and mortality) and the low birth weight babies entry (under morbidity) is incomplete due to the lack of Tasmanian information. Surprisingly, the only accurate life table information is available for Victoria, Western Australia and the Northern Territory. Information for other states is extrapolated from these data.

The data has been tabulated and summarised in the following table.
<table>
<thead>
<tr>
<th>Indicator name</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>Act</th>
<th>NT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Life expectancy at birth</td>
<td>92-96</td>
<td>96-98</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95-97</td>
<td></td>
</tr>
<tr>
<td>1.2a Age std all causes mortality rates</td>
<td>94-98</td>
<td>96-98</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95-96</td>
<td></td>
</tr>
<tr>
<td>1.2b Age specific all causes mortality rates</td>
<td>94-98</td>
<td>96-98</td>
<td>93-97</td>
<td></td>
<td></td>
<td></td>
<td>94-96</td>
<td></td>
</tr>
<tr>
<td>1.3a Age std all causes mort rate ratio</td>
<td>94-98</td>
<td>96-98</td>
<td>93-97</td>
<td></td>
<td></td>
<td></td>
<td>94-96</td>
<td></td>
</tr>
<tr>
<td>1.3b All causes age specific rate ratio</td>
<td>94-98</td>
<td>96-98</td>
<td>93-97</td>
<td></td>
<td></td>
<td></td>
<td>94-96</td>
<td></td>
</tr>
<tr>
<td>1.4 Chance of dying b/w 20-54 years</td>
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<td></td>
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<td>94-96</td>
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</tr>
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<td>1.5 Stillbirth rates</td>
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<td>92-98</td>
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<td>96-98</td>
<td>98</td>
<td></td>
<td>94-97</td>
<td>97</td>
</tr>
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<td>1.6 Death rate from birth to one year</td>
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<td>95-97</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>95-97</td>
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<td>1.7a-e Specific disease rates</td>
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<td>96-98</td>
<td>93-97</td>
<td></td>
<td></td>
<td></td>
<td>94-96</td>
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<tr>
<td>2.1a-b Selected notifiable diseases</td>
<td>counts</td>
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<td>96-98</td>
<td>counts</td>
<td></td>
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<td>2.2 Gonorrhoea and syphilis</td>
<td>*</td>
<td></td>
<td>96-98</td>
<td>counts</td>
<td></td>
<td></td>
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<td>1998</td>
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<td>2.3 Children and hearing loss</td>
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<td></td>
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<td></td>
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<tr>
<td>2.5 Age std all causes sep rate ratio</td>
<td></td>
<td></td>
<td>97-98--</td>
<td>95-98</td>
<td># (period unknown)</td>
<td></td>
<td>too sml</td>
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<td>Tas</td>
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<td></td>
<td>Age std sep rate ratio for specific diagnosis</td>
<td>97-98</td>
<td>95-98</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>PHS access &lt;30/60</td>
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<td>PHS access &lt;1/24</td>
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<td>Per capita health expenditure 1º, 2º, 3º health services</td>
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<td>Case fatality on sentinel conditions</td>
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<td>Proportion PHS services</td>
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<td>3.6</td>
<td>Community participation in HS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>3.7</td>
<td>Representation on HS boards</td>
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<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
<td>Some</td>
</tr>
<tr>
<td>3.8</td>
<td>Prop communities &lt;100 person’s &lt;1/24 to PHS</td>
<td>yes</td>
<td></td>
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<td>3.9</td>
<td>Per capita recurrent exp to HS in communities &lt;100 person’s</td>
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<th>Tas</th>
<th>Act</th>
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<tr>
<td>4.2</td>
<td>Cervical screening 18-70 yrs</td>
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<td></td>
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<td></td>
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<td>4.3</td>
<td>Child immunisation status in register</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Indicator name</td>
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<td>Vic</td>
<td>Qld</td>
<td>WA</td>
<td>SA</td>
<td>Tas</td>
<td>Act</td>
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<tr>
<td>4.4 Person’s &gt;50 /c pneumococcal vaccine</td>
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<td></td>
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<td>4.5 Children immunised against hepatitis B</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4.6 Protocols for the detection and management of selected conditions</td>
<td>yes</td>
<td>soon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4.7 A&amp;E presentations for selected conditions</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.8 Proportion of total consults by condition and provider</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5.1 Person’s just graduated or in training in key health fields</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>5.2 Proportion of Aboriginal Health Worker’s in accredited programmes</td>
<td>1998</td>
<td>1998</td>
<td>1999</td>
<td>some</td>
<td></td>
<td></td>
<td>some</td>
<td>1998</td>
<td></td>
</tr>
<tr>
<td>5.3 Vacant funded FTE for health care workers in Primary Health Services and Aboriginal Health Services</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>5.4 Vacant funded full time equivalent (FTE) for health care workers in hospitals with greater than 25% of Indigenous person separations</td>
<td>yes-N/A</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5.5 Number Indigenous identified positions</td>
<td>some</td>
<td></td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Indicator name</td>
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<tr>
<td>5.6 Num of doctors and nurses who id Indigenous</td>
<td>yes</td>
<td></td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
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</tr>
<tr>
<td>5.7 Prop hosp whose accreditation included Indigenous cultural awareness programmes</td>
<td>yes</td>
<td></td>
<td></td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
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<tr>
<td>5.7 Prop hosp whose accreditation included Indigenous cultural awareness programmes</td>
<td>yes</td>
<td></td>
<td></td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
</tr>
<tr>
<td>6.1 Proportion of people over 13 yrs who smoke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6.2 Proportion with BMI &gt;25</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>yes</td>
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<tr>
<td>6.3 Greater than four drinks on one occasion in last 2/52</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>7.1 Post rent/mortgage income &lt; poverty line</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>7.2 Reliable utilities in household over last 4/52</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
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<td>8.1 Health forum establishment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
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<td>8.2 Cooperative community planning</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
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</tbody>
</table>
### Table 6: Summary of performance indicators from Australian Institute of Health and Welfare (AIHW) & National Health Information Management Group (NHIMG)

**Other Comments:**
- **Too sml:** In ACT the population is considered too small for meaningful calculations
- **Counts:** Counts supplied, not rates
- * Counts (not rates) supplied for gonorrhoea, no data for syphilis
- ~ Data quality under question in these data from Queensland
- # Reporting period unknown, although data exists

<table>
<thead>
<tr>
<th>Indicator name</th>
<th>NSW</th>
<th>Vic</th>
<th>Qld</th>
<th>WA</th>
<th>SA</th>
<th>Tas</th>
<th>Act</th>
<th>NT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of service provision</td>
<td>9.1</td>
<td>Critical incident reporting and complaints</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
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<td>Yes</td>
</tr>
</tbody>
</table>

‘Aboriginal health is not as bad as most people believe, with a sick minority skewing the overall statistics, two researchers have concluded after a five-year study in one community. In tracking the number of times residents sought help from the local hospital at Cherbourg, an Aboriginal community about 270 kilometres north-west of Brisbane, paediatrician Dr Alan Dugdale and nursing director Ms Imogen Watlemaro found about 14 per cent made half the visits.

‘Most people made fewer than five visits a year, showing that most residents had "reasonable health", while a sizable minority suffered significant illness, Dr Dugdale, of the University of Queensland and Ms Watlemaro, formerly of Cherbourg Hospital, report in the latest Australian Journal of Rural Health.

"We suspect that similar findings would result from studies in other Aboriginal and non-Aboriginal groups," they said. The researchers said that while Aborigines had a greater disease burden and higher mortality rates than other Australians, the outcomes were as diverse as the wider community. "In both communities there is a minority who are sick, depressed and deprived with lifestyles that encourage disease and early death. "This minority may be proportionally larger among Aborigines ... but the problem is related as much to family background and rural locality as to race.

"We do not judge the overall health of Australians by the residents of a Salvation Army hostel, nor should we judge overall Aboriginal health by some of the images in the media."

‘Lifestyle diseases were still more common among Aborigines, but the minority with these types of illness was decreasing. Dr Dugdale and Ms Watlemaro also rebutted the "widespread perception that Aboriginal health has not improved". At Cherbourg, the infant mortality rate had dropped in the past 40 years from about 150 per 1,000 live births to less than 20 per 1,000. Child growth had improved to meet international levels, and health and nutrition had improved "greatly".

‘But in an editorial in the same journal, the chairman of the National Aboriginal Community Controlled Health Organisation, Mr Puggy Hunter, said more than half of all indigenous males died at less than 50 years of age. "Around 80 per cent of us are dead before 65 years of age, while 80 per cent of non-Aboriginal people are still alive after that time," Mr Hunter wrote. "As an Aboriginal man who is nearly 50, I've been saying for some time that I'm overdue for death."

Figure 2: Article reprinted from the Sydney Morning Herald, July 23 2001

(Jobson 2001)
Making the indicators personal: In memory of Dr Hunter.

Sadly, Dr Puggy Hunter passed away a few months after the publication of this article, on 4\textsuperscript{th} September 2001. When reading articles such as this one, it is important to note that the mortality data is an average representation of a population as a whole. In another newspaper article, one community reports the average age of death of Aboriginal males is 36 and females is 42.\cite{Squire2003} In yet another community, an Aboriginal person may make it to the expected life-expectancy of Aboriginal people today (56 for a male or 63 for a female), or even the national all-Australian average of 76 and 82 respectively.\cite{AustralianBureau2001} However, with so many people in the first community dying at the age of (say) 40, the average for the Aboriginal population as a whole is skewed to the left.

Another issue is that not all Aboriginal people in need of care go to a hospital. Many simply stay at home and treat themselves to over-the-counter medications or take previously prescribed treatments. Many resort to taking other people’s medications. Many do not hold current Medicare cards so cannot obtain bulk billing or the Pharmaceutical Benefits Scheme (PBS). Not all Aboriginal people are identified in hospital or medical records as such.

Further, some equate changes in infant mortality as a proxy for better health of the whole community. The reality is that gains in neonatal health statistics are often lost as the child gets a little older,\cite{Bartlett1995} despite the fact that …

\ldots the relatively long life-span of human beings, after the risks of birth and infancy were surmounted, was a significant feature of nomad life, together with relative freedom from infectious diseases in small isolated bands of hunter gathers.\cite{Fenner1998;Campbell2002:citingFenner1998}

As for statement, ‘We do not judge the overall health of Australians by the residents of a Salvation Army hostel, nor should we judge overall Aboriginal health by some of the images in the media’; we should do just that. The state of health in this community is not a reflection of the health in any other Aboriginal community, nor that of Aboriginal people throughout the nation overall. It is only representative of the community reported, Cherbourg, Queensland.
Health Expenditure on Aboriginal Populations

In the latest report from the AIHW and Health and Aged Care, the total expenditure on Aboriginal people was estimated to be $3,065 per person, compared to $2,518 per non-Indigenous person. This translates to a ratio of 1.22:1 (that is, for every dollar spent on a non-Indigenous person, $1.22 is spent on an Indigenous person). (Australian Institute of Health and Welfare 2001)

Primary health care is one of the major vehicles of service delivery to Aboriginal and Torres Strait Islander people. This delivery is generally through the Medical Benefits Scheme (MBS) and the PBS. ATSIC suggests that 14 per cent of Aboriginal and Torres Strait Islanders are not registered to receive Medicare, and that those who are registered under-use the scheme. (Aboriginal and Torres Strait Islander Commission 1998) During the 1995-6 fiscal year, per capita, Aboriginal and Torres Strait Islander Medicare subsidies were $88.00, whereas the subsidy for non-Aboriginal persons was $327. (Aboriginal and Torres Strait Islander Commission 1998) Commonwealth subsidised prescriptions during the same fiscal year per capita, for Aboriginal and Torres Strait Islander peoples was $113, whereas the same subsidy for non-Aboriginal people was $450.

ATSIC has published data gathered from the National Centre for Epidemiology and Population Health and AIHW which states that:

if expenditure on hospital care is excluded, less is spent per capita on Indigenous health than on the health of other Australians. However, Aboriginal people are admitted to hospital sicker, often with more than one illness, and stay longer. (Aboriginal and Torres Strait Islander Commission 1998:34)

Most agree that the many complex issues that impact on the health and wellbeing Aboriginal people can’t be simply enumerated in statistical publications or reports. What they do do, however, is provide evidence on important matters such as burden of ill health, mortality and morbidity rates and ratios, life span and quality of life indicators (including food security and housing) and statistics on (known) hospital separations. Further, the differences in overall health expenditure can guide and reflect access levels of health services, amongst other things.

The following table illustrates data on health expenditure that are recent. It should be noted that the inequities in spending are still apparent, as the following table suggests:

106 For more information, please visit http://www.abs.gov.au/Ausstats/abs@.nsf/Lookup/5C092289F66CCEEDCA256B35001586DC
```
<table>
<thead>
<tr>
<th>State programmes</th>
<th>Admitted patient expenditure</th>
<th>per Indigenous person</th>
<th>per non-Indigenous person</th>
<th>ratio Indigenous: non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$1115</td>
<td>$548</td>
<td>2.04</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>$1090</td>
<td>$372</td>
<td>2.93</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$2205</td>
<td>$920</td>
<td>2.40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commonwealth programmes</th>
<th>Specific Indigenous programmes</th>
<th>per Indigenous person</th>
<th>per non-Indigenous person</th>
<th>ratio Indigenous: non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicare/PBS</td>
<td>$298</td>
<td>$1</td>
<td>....</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>$169</td>
<td>$336</td>
<td>0.50</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$691</td>
<td>$937</td>
<td>0.74</td>
</tr>
</tbody>
</table>

| Total through local government | $20 | $11 | 1.78 |
| Total through private sector  | $148 | $650 | 0.23 |
| Total recurrent expenditure  | $3065 | $2518 | 1.22 |

Table 7: Summary of expenditure, 1998-99
(Australian Institute of Health and Welfare 2001:p29)

Commonwealth Conclusions

The comparative poor health of Aboriginal peoples and Torres Strait Islanders has been identified as a priority by successive federal governments over the past two decades. In 1989 the proposal for a national health strategy, NAHS, was widely embraced, yet to date has not seen fruition.(National Aboriginal Health Strategy Working Party 1994)

Funding allocated to support the implementation of the recommendations of NAHS was administered through the Aboriginal and Torres Strait Islander Commission (ATSIC). Discord resulting from the poorly defined relationship between ATSIC, the National Council on Aboriginal Health and the Tripartite Forums lead to lobbying by Aboriginal Health Services and the consequent formation of the National Aboriginal Community Controlled Health Organisation (NACCHO) in 1993. This ultimately led to a call for funding of Aboriginal health services through the then Department of Health and Community Services. In 1995, funding for Aboriginal Health was transferred to the (then) Department of Health and Family Services and administered through the Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS).
Despite the focus on improving Aboriginal health, the Commonwealth Standing Committee on Family and Community Affairs in its report *Health is Life* concluded that the planning and delivery of health services to Indigenous people was characterised by a general lack of direction and poor co-ordination. (House of Representatives Standing Committee on Family and Community Affairs 2000) The Committee recommended, amongst other things, that a revised approach to funding primary health care services be developed. It recommended that the approach be based on the use of funds pooling and support for communities in taking responsibility for these funds and community determination of their use to deliver services to best meet the needs of each community.

In 1998, the Australian Health Ministers’ Advisory Council (AHMAC) endorsed the document, *Plan*, which recommends a focus on improving processes in health services for collecting Indigenous status information. (Australian Institute of Health and Welfare, Australian Bureau of Statistics et al. 1997) Another, more recent report, *Expenditures on Health Services for Aboriginal and Torres Strait Islander People* published baseline data on the allocation and expenditure of funds on Aboriginal and Torres Strait Islander health by all Commonwealth, State and Territory Governments. (Deeble J, Mathers C et al. 1998) Deeble has also made recommendations on the development of protocols for the collection and reporting of data to better inform the process of planning, monitoring and evaluating resource expenditure (Deeble J, Mathers C et al. 1998); significant recommendations have also been made by HREOC. (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003)

In February 2002, the New South Wales Department of Health agreed to implement the abovementioned recommendations.
The State context: New South Wales

In 1994, the NSW component of the National Aboriginal and Torres Strait Islander Survey (NATSIS) found that approximately 42 per cent of males, and 45 per cent of females had experienced an illness in the two weeks preceding the survey, with 44 per cent of the population taking a health action. (Australian Bureau of Statistics 1996) The health actions most commonly taken were:

- used medication: 77 per cent
- consulted a doctor: 44 per cent
- visited emergency/outpatients clinic: 11 per cent
- consulted an Aboriginal health worker: 5 per cent

This same survey also found that 86 per cent of the NSW Aboriginal and Torres Strait Islander population, on self assessment, considered themselves to be in good, very good or excellent health while 14 per cent considered themselves to be in fair or poor health. (Australian Bureau of Statistics 1996)

On the other hand, however, it is stated that over one quarter (25.9 per cent) of all Aboriginal people in NSW worry about going without food, and over half of the urban Aboriginal population in NSW perceive that they have a health problem (52.0 per cent) or are affected by substance abuse issues (66.7 per cent). (Australian Bureau of Statistics 1996)

Further, the prevalence amongst Aboriginal people of poverty, poor education, poor housing and poor living environments is well documented and shows causality in ill-health. Although there is some argument that some of this disadvantage is due to remoteness from services, there is also a disproportionate amount of disadvantage in the urban environment. (Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001)

The ABS shows that 28.3 per cent of Aboriginal people counted in NSW reside in Sydney, mainly in the inner-west areas of Waterloo, Redfern, Woolloomooloo and Glebe; in the La Perouse-Botany area; the area around Blacktown, Mt Pleasant and Bonnyrigg in the West; as well as Minto, Claymore, Macquarie Fields, Ambarvale and Airds in the outer southwest regions. Most of these areas have a high proportion

107 Excludes those in prison.
of public housing, low-income households and one-parent families. (Australian Bureau of Statistics 1996)
More than one-quarter of Australia’s First Peoples live in NSW. (Public Health Division 1997) In 1996, fourteen per cent of the Indigenous population (compared to 7 per cent of the total population) of NSW was younger than 5 years and only 13 per cent of the Indigenous population (compared to 34 per cent of the total population) was aged 45 or older. (Public Health Division 1997)

The following map, like the one previous, gives the reader an overview of some of the groups indigenous to the region now known as New South Wales. Again, like its national counterpart, it is considered inaccurate serving only to illustrate (via under-estimates) the number of different groups of Aboriginal Peoples in New South Wales.

Figure 3: Map of New South Wales

As stated earlier in this document, problems with data quality can make reporting on the health of the Aboriginal and Torres Strait Islander population in NSW difficult. One estimate states the number of people identified as being of Aboriginal and Torres Strait Islander origin in the Hospital Inpatients
Statistics Collection (ICS) was 33 per cent less than expected. (Deeble J, Mathers C et al. 1998) Others have stated that Indigenous identification is problematic and under-reporting is an accepted fact. (Public Health Division 1997)

Although some of the reasons for under-reporting are looked at later in this thesis, there are two that need to be spoken of here with their implications. One is the reluctance of clients to self-identify Indigenous status. Second is the reluctance of staff to seek out certain information including Indigenous status, religion, health fund membership and Department of Veterans status, either on admission or during clinical interviews. Compounding this problem is the inconsistent use of classification standards and collection protocols that make comparative analysis difficult at best. Without accurate identification, the capacity to monitor changes in health status or the ability to estimate health gains is non-existent. Further, any attempt to quantify resource need or allocate funding is troubled.

**Population in NSW**

On the night of the 2001 Census, there were 6,371,745 people (comprising 3,145,445 males and 3,226,300 females) in NSW, including non-resident visitors. The population of NSW is steadily rising, the latest population estimates represent a 5.5 per cent (n=333,049) increase since the 1996 Census and a 11.2 per cent (n=639,713) increase since the 1991 Census.

The population of Aboriginal peoples and Torres Strait Islanders within the total NSW population comprised 1.2 per cent at the 1991 census (n= 69,999); 1.7 per cent at the 1996 census (n= 101,485) and 1.9 per cent at the 2001 census (n=119,865). These latest population estimates represent an 18.1 per cent (n=18,380) increase since the 1996 Census, and a 71.2 per cent (n=49,866) increase since the 1991 Census (Australian Bureau of Statistics 2001).

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal</td>
<td>55,646</td>
<td>56,542</td>
<td>112,188</td>
</tr>
<tr>
<td>Torres Strait Islander</td>
<td>2,190</td>
<td>2,032</td>
<td>4,222</td>
</tr>
<tr>
<td>Both</td>
<td>1,735</td>
<td>1,720</td>
<td>3,455</td>
</tr>
<tr>
<td>Total Indigenous</td>
<td>59,571</td>
<td>60,294</td>
<td>119,865</td>
</tr>
</tbody>
</table>

Table 8: Table of the numbers of Aboriginal and Torres Strait Islander people by sex (NSW).


Of the total population of Indigenous people in NSW, 30,867 are males and 33,058 are females (total n=63,925) aged 18 and over. Although some increase in population is expected through births, more is
expected because of differing identification strategies. For instance, in the 1991 Census, people were asked if they were either Aboriginal or Torres Straight Islander. There was no category for those peoples who are of both backgrounds. This was changed for subsequent Censuses where individuals were asked if they were of Aboriginal and/or Torres Strait Islander ‘origin’. Another reason for the increase may be that the changing attitudes of mainstream Australia may be influencing people to acknowledge their Indigenous origins, the consequences for doing so being no longer the threat that it used to be.

The Indigenous population is a young population compared to the general population. To illustrate this fact, the Chief Health Officer of NSW (CHO) found that, in 1996, 14 per cent of the Indigenous population was aged less than five years, compared to 7 per cent of the total population. It was also found that only 13 per cent of the Indigenous population was 45 years old and more, compared with the total population of 34 per cent. (Public Health Division 1997)

With regard to our elders, only 2.5 per cent of the Indigenous population is aged 65 years and over, compared to 13 per cent in the total NSW population. (Public Health Division 1997)

Policy & partnership

The NSW Government has made formal policy recognition of the wholistic nature of Aboriginal health. In June 1995, the NSW Department of Health formed a partnership with the peak Indigenous Health bodies in NSW, including the Aboriginal Medical Service (AMS) Redfern and the Aboriginal Health and Medical Research Cooperative (AH&MRC), which

recognises that Aboriginal health is not limited to the physical well-being of the individual but relates to the social, emotional and cultural well-being of the whole community. (NSW Government 1997:p12)

A joint policy statement by the partnership is the NSW Aboriginal Health Information Guidelines (1998). The partnership provides advice for all research projects and statistical publications regarding Aboriginal and Torres Strait Islander people.

The impact of child removal policies on Aboriginal health has also been recognised by the NSW Government. (NSW Government 1997)

The NSW Health Partnership Agreement (Partnership Agreement) was signed in 2002 and were consistent with the recommendations of the Council for Aboriginal Reconciliation. The Partnership
Agreement aims to ensure that the expertise of Aboriginal communities is brought to the health care process through the development of agreed positions on health policy, strategic planning and broad resource allocation issues for Aboriginal health (NSW Government and ATSIC and the NSW Aboriginal Land Council 2002). At the time of writing, NSW Government policy emphasises Aboriginal self-determination, culturally appropriate health care, a partnership approach and intersectoral collaboration.\(^\text{108}\)

**Aboriginal workers and the provision of health**

As a measure to ensure Aboriginal people are given some priority in mainstream health services, the NSW Government has made a publication available, The *NSW Government Statement of Commitment to Aboriginal People* (NSW Government 1997:p12), which states:

> mainstream services must become responsive to the needs of Aboriginal people, including those who are older or have a disability. The Government is committed to ensuring that all departments are held accountable for ensuring equity of access by Aboriginal people to mainstream programmes.

Given that five years (plus) has elapsed since this important publication, there appears to be no apparent gains in any of the common performance indicators, including life expectancy, mortality, morbidity, substance use, nor in any of the social indicators including incarceration rates. Further, there are few improvements in accessible and appropriate services for Aboriginal people. The Statement of Commitment acknowledges that there is minimal information on the use of hospital and medical services by Aboriginal People, these facts are still apparent.

There has been, since early 1970’s Aboriginal Medical or Aboriginal Health Services (AMS’s or AHS’s). These organisations provide primary health care and an extensive referral service and

- are run by the community in which they operate;

\(^\text{108}\) The first principle of the now strengthened agreement includes acknowledgment of the inherent rights of the first peoples of Australia, that these were never ceded, and that they exist in addition to general citizenship rights; i.e. the right to self-determination, the right to maintain culture, language and identity. The Partnership Agreement was developed by the parties in recognition of the comparative disadvantage of Aboriginal and Torres Strait Islander peoples within NSW, and the need to work in partnership, with mutual respect, to develop better designed, targeted and locally customised solutions to service delivery for Aboriginal and Torres Strait Islander peoples in NSW. For additional information see reference NSW Government and ATSIC and the NSW Aboriginal Land Council (2002). NSW Service Delivery Partnership Agreement between the NSW Government, ATSIC and the NSW Aboriginal Land Council. *NSW Government Implementation of the Recommendations in the Final Report of the Council for Aboriginal Reconciliation,* Sydney: signed 1 November..
• usually participate in national bodies such as National Aboriginal Community Controlled Health
Organisations (NACCHO); and
• have Aboriginal and Torres Strait Islander people in key positions.

Despite the importance of these Aboriginal-specific primary health services, the majority of health care is
delivered to Aboriginal people through the mainstream health care system. This is usually by tertiary
services such as renal dialysis, maternity services, respiratory care and surgery. Nearly all these services
are provided by the public hospital system.

The following is a table representing the AIHW are able to report the proportion of people in health-
related occupations in NSW, the ACT and Australia overall. (Australian Bureau of Statistics and the
Australian Institute of Health and Welfare 2003:p64)

<table>
<thead>
<tr>
<th></th>
<th>N.S.W</th>
<th>A.C.T</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People in health related occupations</td>
<td>1,233</td>
<td>31</td>
<td>3,787</td>
</tr>
<tr>
<td>Proportion of population (%)</td>
<td>1.7</td>
<td>1.4</td>
<td>1.5</td>
</tr>
<tr>
<td>Non-Indigenous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People in health related occupations</td>
<td>145,353</td>
<td>7,008</td>
<td>448,479</td>
</tr>
<tr>
<td>Proportion of population (%)</td>
<td>2.9</td>
<td>2.9</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Table 9: Proportion people in health related occupations

Overall, Indigenous adults were less likely (1.5%) than other Australians (3.1%) to be employed in
health-related occupations. At the time of the 2001 Census, 1,114 Indigenous people were working as
Registered or Enrolled Nurses, with 800 others working as personal carers or assistants in nursing. Eight
hundred and fifty three peoples worked as Aboriginal Health Workers at this time.

According to the ABS, 67% of full-time equivalent positions in Aboriginal primary health care services
were filled by Indigenous people. The vast majority (>93%) of these Indigenous people were Aboriginal
Health Workers, field officers and drivers, substance misuse workers and environmental health workers.
The vast majority of doctors (98%), nurses and allied health workers (>87%) were non-

Despite the numbers of Indigenous people working in the Community Controlled Sector, there is still a
disparity of Aboriginal and Torres Strait Islander people working within the general health services
compared to their non-Indigenous colleagues. This is despite the NSW Department of Health’s statement that it intended to increase the number of Aboriginal people employed in mainstream services, across all levels and all occupations, to a minimum of 2 per cent by the year 2000. (New South Wales Department of Health 1997)
Chapter conclusion

There is evidence in Aboriginal and Torres Strait Islander health statistics that shows that the health of these peoples is significantly inferior to that of the rest of the Australian community. Further, equity considerations such as those described by the Social Justice Commissioner, e.g., the progressive realisation of the right to good health, continue to demand on-going Aboriginal-specific programmes not only in health, but also in the related areas of employment, education, housing and community infrastructure. (Aboriginal & Torres Strait Islander Social Justice Commissioner 2002)

Integral to this is the acceptance of Aboriginal peoples’ wholistic view of health, effective local Aboriginal community control and participation; and appropriate inter-sectoral collaboration.

The stumbling block continues to be mainstream reticence to ensure indicators and measurements are not consistently ethnocentric. For example, an exhaustive quantitative examination is not yet available of the link found by qualitative researchers between Indigenous people’s sense of place and their wellbeing. Related to this is that not all determinants of Indigenous health are measurable by current health outcome indicators which are quantitative by definition.

Further, there are appear to some ill feeling toward the AMS’s. The following is an excerpt from a radio interview about compliance where the interviewer spoke about AMS’s109.

**Norman Swan:** I want to ask a question where angels fear to tread: we’ve had in Australia for nearly 30 years, Aboriginal community-controlled medical services, and the mantra is that that’s the way to go, for communities to control their own medical services, employ their own doctors, get the services they want that are culturally appropriate. I’m hearing, as I go about, more and more criticism from people who are extremely sympathetic towards Aboriginal-controlled medical services, that they’re not coming up to scratch, and that there’s not a lot of evidence that they’re getting any better compliance, to use that unfortunate word, than the local GP.

**Kim Humphery:** I think anecdotally they probably are getting better this thing called compliance, but that’s another issue. I think that –

**Norman Swan:** Well it’s not another issue, Kim, it’s the issue. If there’s one reason for communities to control their own medical services, it’s that you don’t get the problems that you and Tarun have just been talking about.

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Kim Humphery: That is one reason, and it’s an absolutely central reason. But there’s also a lot of other reasons as well, it’s about the ability to run and control your life, and so on. But to answer your question, Norman, I think it is absolutely necessary that we have Aboriginal medical services, and that communities control their own medical services. But why there may be a rising criticism of those services is because in a sense they’ve been left on their own, they’ve been funded and expected to provide a whole lot of services and produce a whole lot of results without necessarily the right resources, the right kind of capacities there, the right kind of back-up. In other words, it’s been a bit tokenistic. [emphasis added]

The stumbling block continues to be mainstream reticence to ensure indicators and measurements are not consistently ethnocentric and are collected in all data sets. Further, little work has been done to quantify and qualify the link found by qualitative researchers between Indigenous people’s sense of place and their wellbeing. Related to this is that not all determinants of Indigenous health are measurable by current health outcome indicators.
Chapter Three

Review of selected services and the impact of these on the health and wellness of Indigenous people

Methodological caveat on the use of statistics, performance indicators and benchmarks

Some comment needs to be made on the use of statistics, performance indicators and benchmarking procedures when discussing Aboriginal health. It is important to remember to not turn people’s lives into a series of numbers on paper that do not reflect the reality of individual circumstances. Statistics can provide great clarity when they are taken as being indicative of a given state and not representing a reality. Statistics, together with appropriate performance indicators and benchmarks, are good way to let us know exactly how we are going over time. (United Nations Development Program 2000)

According to the Human Rights and Equal Opportunity Commission (HREOC) (Human Rights and Equal Opportunity Commission and Aboriginal and Torres Strait Islander Social Justice Commissioner 2002) it is

Fundamental to the establishment of an equality framework for addressing Indigenous disadvantage in Australia is the existence of a sufficient statistical base at the national level, agreement on a national benchmarking framework and effective monitoring and evaluative mechanisms.¹¹⁰

Existing strategies

The ABS has recently adopted ‘a broad strategy for providing regular statistical information on the Indigenous population across all areas of social concern’ (Australian Bureau of Statistics 2000:Appendix one)¹¹¹ and stated the focus for the 2001 Census as being ‘data quality’. The ABS also states that

¹¹⁰ More on this can be found at http://www.aph.gov.au/senate/committee/legcon cptte/reconciliation/hearings/hans040403.doc

¹¹¹ A list of intended surveys during the period 2001-2011 is available as appendix one of http://www.abs.gov.au/websitedbs/c311215.NSF/20564c23f3183fdaca25672100813ef1/64cd1d3220ea70d4ca2568f200241951!OpenDocument.
estimates and projections demonstrate the difficulties faced in collecting and maintaining comparable data over a long term period. There has been, for example, a 200% increase in the official Indigenous count between the 1971 and 1996 Census – a growth rate of 8% per annum. Similarly, there is an increasing trend for Indigenous people to report unions with non-Indigenous partners, meaning that statistics that focus solely on Indigenous people may not reflect fully the social reality for the majority of Indigenous Australians.

The Royal Commission into Aboriginal Deaths in Custody (Aboriginal and Torres Strait Islander Commission. Royal Commission Government Response Monitoring Unit and Tickner 1993) made a number of recommendations regarding the need for accurate and nationally comparable information about the Indigenous population of Australia. One recommendation was for the creation of an Australia-wide survey collecting key information on Australia’s Indigenous population.

The National Aboriginal and Torres Strait Islander Survey which ensued (Australian Bureau of Statistics 1994) was initially conducted in 1994 and collected information on the demographic, health and socio-economic position of Indigenous people within the Australian population.

Since then, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples (Australian Bureau of Statistics and the Australian Institute of Health and Welfare 1997; Australian Bureau of Statistics and the Australian Institute of Health and Welfare 2001) and sections of The National Health Survey: Aboriginal and Torres Strait Islander Results, Australia (Australian Bureau of Statistics 1999) have been published. In addition to the national surveys, the ABS continues its efforts to improve the quality of census data and, in concurrence with the Australian Institute of Health and Welfare, is attempting to ensure all State and Territory Registrars make provision for identification of Aboriginal or Torres Strait Islander origin on birth and death registration forms.

The surmountable problems with statistics

A single death is a tragedy; a million deaths is a statistic.

*Joseph Stalin (1879 - 1953)*

There are three kinds of lies: lies, damned lies, and statistics.

*Benjamin Disraeli (1804 – 1881)*

Statistics are used with varying effect. Many report that Aboriginal health statistics are ‘bad’. Most information regarding Aboriginal health is usually considered full of ‘bad statistics’ yet the reality is that
statistics are simply a reporting of observations. Statistics are a way for a reality to be represented in a manner that has meaning to the average bureaucrat.

In reviewing information a number of caveats need to be applied by the reader. For instance within the United Nations Development Program (United Nations Development Program 2000:Chapter 5) (UNDP) there are a number of “Handle with care” suggestions for statistical indicators and include making such indicators:

*Policy relevant*

giving messages on issues that can be influenced, directly or indirectly, by policy action;

*Reliable*

enabling different people to use them and get consistent results;

*Valid*

based on identifiable criteria that measure what they are intended to measure;

*Consistently measurable over time*

necessary if they are to show whether progress is being made and targets are being achieved;

*Possible to disaggregate*

for focusing on social groups, minorities and individuals;

*Designed to separate the monitor and the monitored where possible*

minimizing the conflicts of interest that arise when an actor monitors its own performance.

UNDP continues with these additional suggestions for the use of statistics:

*Overuse*

Statistics alone cannot capture the full picture of rights [i.e., ICESCR, the right to health, etc] and should not be the only focus of assessment. All statistical analysis needs to be embedded in an interpretation drawing on broader political, social and contextual analysis.

*Underuse*

Data are rarely voluntarily collected on issues that are incriminating, embarrassing or simply ignored. Even when data are collected, they may not be made public for many years.

*Misuse*

Data collection is often biased towards institutions and formalized reporting, towards events that occur, not events prevented or suppressed. But lack of data does not always mean fewer occurrences.
Political abuse

Indicators can be manipulated for political purposes to discredit certain countries or actors.

The Case for Benchmarks

HREOC in Australia have strongly supported the UNDP and taken their arguments to the Australian Government (Human Rights and Equal Opportunity Commission and Aboriginal and Torres Strait Islander Social Justice Commissioner 2002), with the UNDP (United Nations Development Program 2000) emphasising the importance of developing an adequate statistical basis to measure progress in the realization of human rights and emphasises developing indicators for:

- Making better policies and monitoring progress;
- Identifying unintended impacts of laws, policies and practices;
- Identifying which actors are having an impact on the realization of rights;
- Revealing whether the obligations of these actors are being met;
- Giving early warning of potential violations, prompting preventative action;
- Enhancing social consensus on difficult trade-offs to be made in the face of resource constraints;

and

- Exposing issues that have been neglected or silenced.

For example, in the pursuit of the right to health, statistics can ‘allow human rights to be more concretely relied upon in designing and evaluating policy’. HREOC have put forward in their submission (Human Rights and Equal Opportunity Commission and Aboriginal and Torres Strait Islander Social Justice Commissioner 2002) the suggestion by UNDP of a framework for what statistics should measure in the context of a “human rights” approach. To this end, UNDP (United Nations Development Program 2000:p49) emphasise that statistics must address the following three perspectives simultaneously:

An average perspective: What is the overall progress in the country, and how has it changed over time?

A deprivation perspective: Who are the most deprived groups in society, disaggregated by income; gender; region; rural or remote location; ethnic group; or education level? How have the most deprived groups progressed over time?
An inequality perspective: Measuring the disparity between various groups in society, and whether these disparities have widened or narrowed over time.

During their submission, HREOC made particular emphasis upon the need for benchmarking, whereby the statistical base must ensure the development of benchmarks that are designed to measure progress in addressing disadvantage over time.

Further, according to the Council for Aboriginal Reconciliation (CAR)(Council for Aboriginal Reconciliation and Benchmarking Workshop 1997) benchmarking\textsuperscript{112} can be a good tool to determine progress made in relation to the assessment of progress made in realising rights. CAR agrees that appropriate targets may not be immediately achieved but can be over time and that indicators can be used to access each step. CAR has also suggested that the setting of agreed benchmarks enables all stakeholders to agree on outcomes and appropriate time frames. Finally, benchmarks must be taken as a “tool of accountability” and must be, according to UNDP:(United Nations Development Program 2000:p90)

Specific, time bound and verifiable;

Set with the participation of the people whose rights are affected, to agree on what is an adequate rate of progress and to prevent the target from being set too low;

Reassessed independently at their target date, with accountability for performance.

With regard to Aboriginal and Torres Strait Islander peoples and their rights, HREOC( Aboriginal & Torres Strait Islander Social Justice Commissioner 2002: Session 2) states that:

At present, there is neither an adequate statistical base (particularly in reporting on an inequality perspective) nor an adequate national benchmarking framework in Australia.

The Commonwealth Grants Commission(Commonwealth Grants Commission 1995) reports that since the National Commitment by Committee of Australian Governments (COAG) in 1992 that still reliable data are unavailable. Reports are, at a national level, inconsistent with each other, despite much activity in health, housing and education defining performance indicators and standardising data definitions and collection processes.

\textsuperscript{112} The Council for Aboriginal Reconciliation has defined a ‘benchmark’ as an agreed standard or target that reflects the community aspirations that either have been met or are desirable to be met.
Since that time, the Commonwealth Grants Commission (Commonwealth Grants Commission 2001:pp17-19) observes that:

Progress on producing reliable data has generally been slow, suggesting insufficient commitment to the tasks, a lack of coordination and the tendency for these ‘data tasks’ to be given lower priorities when resources become scarce…

Other issues include:

Much of the available data (such as that on hospital inmates) reflect needs that are being met, and do not include the ‘unmet’ needs. As such, the data measure the wrong thing…

Data may not accurately reflect what was intended. For example, in the education area, there are some concerns that the processes used to measure literacy and numeracy are unsuitable for some areas and some students, and may underestimate their educational progress…

The use of regions as the basis of comparisons can mask variations in needs between locations within the region.

HREOC continues: (Human Rights and Equal Opportunity Commission and Aboriginal and Torres Strait Islander Social Justice Commissioner 2002:Chapter4)\footnote{113}

Consequently, the Commission has suggested that the initiatives required by the Commonwealth, states and other service providers to improve data availability and benchmarking include:

The establishment of comprehensive, objective measures of the needs of Indigenous people for each functional area;

The definition of each data item and data collections using uniform processes;

The preparation of clearly measurable objectives so that defined performance outcomes can be measured and evaluated at both a national and regional level; and

A higher priority being given by service providers to the collection and evaluation of data.

CAR (Council for Aboriginal Reconciliation 2000) also recommends that, in order to overcome disadvantage, all levels of government must set national, state, territory and regional benchmarks that are

\footnote{113 More information can be downloaded from \url{http://www.hreoc.gov.au/social_justice/sjreport_02/chapter4.html}}
measurable, time specific and created in partnership with Indigenous stakeholders.114 These must include appropriate outcome reporting structures for both mainstream and specific programs and reports to the relevant minister’s outcomes and evaluation.

Indigenous participation in establishing benchmarks

The following is a summary of concerns reported by HREOC regarding early consultations with Aboriginal and Torres Strait Islander people to do with the ‘Draft framework for reporting on Indigenous disadvantage’ developed by the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSP). The framework was developed in 2002-2003 with the imprimatur of the Prime Minister and is part of a ‘whole of government initiative’ that is a major part of COAG’s response to reconciliation. The Steering Committee has since provided a draft framework for public comment.

Seeking to be wholistic and to overcome issues concerning departmental ‘silos’, the indicators in the framework, shown below, cover a number of sectors in terms of their impacts. As HREOC(Council for Aboriginal Reconciliation and Benchmarking Workshop 1997) describes, the framework115 has ‘three logically related elements, working back from the priorities listed on the right side of the diagram’.


Figure 4: Draft framework for reporting Indigenous disadvantage.

This figure was downloaded from on [www.humanrights.gov.au/social_justice/benchmarking/appendb.html](http://www.humanrights.gov.au/social_justice/benchmarking/appendb.html).

The following will explain this table in detail. It has been reproduced directly from the same site as the table above.
Priority outcomes

The three priority outcomes (right column in above box) are based on COAG’s ‘priority areas for policy action’ and provide the end focus of the Framework. They are:

- safe, healthy and supportive family environments with strong communities and cultural identity;
- positive child development and prevention of violence, crime and self harm; and
- improved wealth creation and economic sustainability for individuals, families and communities.

A two tier set of indicators:

These encompass ‘headline indicators’ of the higher order outcomes, and strategic areas for policy action has been developed. These emphasise the possible need for joint action within and across governments.

The first tier: Headline indicators

The headline indicators (shown in the centre column of the Framework) are intended to provide a snapshot of the state of social and economic Indigenous disadvantage, given the overall priorities that have been identified.

They sit within four areas of well-being:

- Individual capacities
- Material/economy
- Spiritual/cultural
- Family and community
These headline indicators are higher order outcomes that reflect the longer-term more targeted policy actions at the second tier. Collective improvements in the headline indicators should lead to benefits in the three priority outcomes. For example, an increase in life expectancy at birth and a decline in child sexual abuse would clearly contribute to the achievement of for example, 'positive child development and prevention of violence, crime and self harm'.

The second tier: Strategic areas for action

Eight strategic areas for action have been identified (see the left-hand column of the Framework). For each of these strategic areas, a few key indicators (strategic change indicators) have been developed with their potential sensitivity to government policies and programs in mind. These strategic change indicators are not intended to be comprehensive - it is not possible to incorporate into the framework all of the factors that influence outcomes for Indigenous people. The strategic areas for action have been chosen on the evidence that action in these areas is likely to have a significant, lasting impact in reducing Indigenous disadvantage.

The rationale for choosing the eight areas is briefly described below:

1. **Early child development and growth (prenatal to age 3)**
   Early child development can have significant effects on physical and mental health in childhood and adulthood, growth, language development and later educational attainment.

2. **Early school engagement and performance**
   Early school engagement is important for establishing a foundation for educational achievement, retention in secondary schooling, opportunities in employment and minimising contact with the justice system later in life.

3. **Positive adolescence and transition to adulthood**
   Participation in school and vocational education; and community, cultural and recreational activities, encourages self-esteem and a more positive basis for employment. Such participation also assists in avoiding contact with the justice system.

4. **Breaking the substance abuse cycle**
   Abuse of alcohol and other substances affects later physical and mental health, family and community relationships and contact with the justice system. Tobacco use is the greatest single contributor to poor health outcomes.
5. **Functional and resilient families and communities**

Functional and resilient families and communities influence the physical and mental health of adults and children and contact with the justice system. Problems in families and communities can lead to breaks in schooling and education, disrupted social relationships and social alienation.

6. **Building on the strength of Indigenous culture**

A strong Indigenous culture provides a foundation for strong families and communities, economic development, self-determination and community resilience, reduced youth alienation and reduced self-harm and suicide.

7. **Functioning environmental health systems**

Clean water, adequate sewerage, housing and other essential infrastructure are important to physical well being and health, nutrition and physical development of children.

8. **Economic participation**

Having a job or being involved in a business activity not only leads to improved incomes for families and communities (which has a positive influence on health, education of children, etc) it also enhances self-esteem and reduces social alienation.

The lack of data, or inability to collect them, can explain why some otherwise desirable indicators are not included. However, where data are not currently (or only partly) available, but the indicator is important enough, an indicator may still be included as an incentive to improve data quality.
HREOC reports (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003) that to progress consultation and negotiation with Aboriginal and Torres Strait Islanders, the Steering Committee formed an Indigenous Working Group which was comprised of central agencies from various levels and sectors of government including ATSIC, the Australian Institute of Health and Welfare (AIHW); the Australian Bureau of Statistics (ABS) and the Australian Local Government Association (ALGA) amongst others. The consultation process has been devolved to each state and territory which in turn provided reports on their consultations. The Steering Committee itself then conducted additional consultations, during which time it was found that more information was needed on the frameworks inclusion of spiritual and cultural indicators. It was also acknowledged that this would be a difficult task despite this being critical to Indigenous well-being. Further, additional work is needed on how to best measure indicators of decision-making, self-determination and autonomy. (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003)

The Steering Committee also noted that consultations revealed that (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003: Session 1)  

- the framework may be too sterile and requires qualitative contextual discussion;
- it may become an 'annual misery index' focusing on problems rather than positive developments;
- there are significant problems with data availability and statistical collection;
- there are problems of differentiation between population groups (eg urban/remote) 'one size fits all' indicators may not be appropriate; and
- concern at how the reporting process of the framework will be tied to other processes in respect of policy and planning (in this regard, the question is whether there should be a third tier of indicators which is tied to service delivery. However, it has been suggested that this aspect could be appropriately covered under the Ministerial Action Plans reporting processes).

During a subsequent workshop on Indigenous benchmarking convened by HREOC, it was noted that the framework has been denuded of any Indigenous specific content and did not measure the capacity to or

the extent to which services are culturally appropriate(Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003) or degree of involvement of Indigenous people in any stage of planning, development or implementation.

Related to this is …

… the need to ensure that Indigenous participation and decision-making are reflected in and measured by the strategic indicators, and that, in particular, the framework incorporates and seeks to measure the goal of capacity building in Indigenous communities.(Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003:Session 6)

The workshop noted that indicators need to include those for urban settings and well as measures of accessibility to services. Further concern was expressed that:(Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003:Session 6)…

… draft indicators, for example measurements of building healthy communities and families, tend to focus on negative measurements (crime, abuse etc) rather than capacity building. In this respect, for example, the prominence given to child sexual abuse in the first tier 'headline' indicators appears to be indicative of a negative emphasis in the indicators, rather than a balance between negative results and positive developments in building the capacity of families and communities to function in a supportive and caring way.

Some participants felt that the construction of the indicators in this way perhaps indicated a lack of appropriate consultation and negotiation with Indigenous communities.

In a similar context, the relationship between the first and second tier indicators is not always clear.

An overarching problem was that there had been insufficient and under-representative negotiation and consultation with Indigenous peoples.

In reporting the workshop, HREOC summarised five major concerns:(Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003:Chapter 4)

First, the current draft framework for reporting on Indigenous disadvantage appears to have been developed with little reference to human rights standards, to Australia's international obligations, or to relevant international experience. Perhaps reflecting an emphasis on 'practical reconciliation', the Draft framework
consequently fails to develop a series of indicators of Indigenous socio-economic disadvantage within a rights framework.

Second, serious concerns were also expressed about the failure of the proposed indicators to adequately reflect Indigenous governance and capacity-building objectives.

Third, the present failure of the indicators to reflect traditional and subsistence economic activity and production is a major concern. It is likely to skew results against remote and outstation communities.

Fourth, the draft framework intends to provide a reporting tool on a national basis. However, it needs also to be able to be disaggregated to a sufficient level to provide meaningful and realistic results as a guide to policy review and formulation. The ability to disaggregate results on a regional basis would appear to be a high priority (perhaps by ATSIC).

Fifth, considerable concern was evident at the Workshop about the level and nature of consultation to date with Indigenous representatives, organisations and communities about the Draft framework, including the tight deadlines prevailing and whether the consultation has been wide and/or representative enough. There is the possibility that the Draft framework, rather than being perceived as a positive tool for partnership between governments and Indigenous peoples, will be met with suspicion and distrust, and seen as yet another government contrivance thrust upon Indigenous society.117

In respect of Indigenous participation in benchmarking overall the workshop participants described that there is, presently, little awareness in the Indigenous community of the processes, a fact which would obviously hamper Indigenous involvement. (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003)

The workshop noted the need to have principles to underpin negotiation and consultation in Indigenous communities notably: (Aboriginal and Torres Strait Islander Social Justice Commissioner and Human Rights and Equal Opportunity Commission Australia 2003:Session 2)

Recommendation 12 of the Social Justice Report 2000 which proposed that the federal Government and COAG adopt the Principles for Indigenous social justice and the development of relations between the Commonwealth Government and Aboriginal and Torres Strait Islander Peoples as proposed by ATSIC in Recognition, rights and reform, as forming the framework for negotiations about service delivery arrangements, regional governance and unfinished business.

117 For more, see http://www.hreoc.gov.au/social_justice/sjreport_02/summary.html
A number of best practice models for consultation with Indigenous peoples were identified by participants. These included the longer term, open ended and localised approach of the Stronger Families package\textsuperscript{118}, as well as the process engaged in by the Commonwealth Grants Commission for the Indigenous funding Inquiry.

Generally though it was noted that current approaches to consultation are often inadequate, opaque and selective in their approach. In this context, concerns were raised that the Draft framework for reporting on Indigenous disadvantage does not reflect an Indigenous perspective. The decision-making process about the framework, as distinct from any consultations undertaken, is non-Indigenous at all stages. There needs to be some way of ensuring Indigenous peoples are at the table in negotiating the structure of the Draft framework. Otherwise, the process will be seen as a classic government approach the agenda already decided, and no space for other ideas to be brought forward.

And that …

… there needs to be an acknowledgement that as a result of the \textit{Mabo} decision and native title, the framework for negotiation with Indigenous people has changed. Indigenous people should be at the negotiating table as of right.

Like so much of what has been happening in the world of Indigenous affairs, many good ideas, such as the benchmarking and framework concepts commented upon above, are bought forward and announced as ‘\textit{the} way to go’. Yet many of the bright ideas come down to being wholly inappropriate or irrelevant for the target population. In other cases, the political lives of such projects are firmly attached to the term of the sponsoring politician.

Further, there have been debates on exactly who is entitled to services, on who is and who is not Aboriginal and in which way Aboriginality is defined.

\textsuperscript{118} (Department of Family and Community Services, \textit{Stronger Families and Communities Strategy}, see \url{www.facs.gov.au})
Case examples

A number of examples will be presented. One will review the available resources for women to inform and encourage participation at a cervical screening programme. Another two are short personal stories about the experiences of two different Aboriginal women and how the health system has interacted with them over time.
Case example: Women’s Business Screening.

Acknowledgment

Lisa Jackson Pulver (nee Jackson) and Jeanette Ward and carried out this study. It was published in the Australia and New Zealand Journal of Public Health in the year 2000. (Jackson and Ward 2000)
Introduction

Most authors believe that screening of the cervix every two years can prevent over 90% (NSW Cervical Screening Program 1997) of cases of squamous cancer of the cervix. Aboriginal women, however, have lower rates of participation in cervical screening than non-Aboriginal women. (Gillies, Crewe et al. 1995) The incidence for cervical cancer in Aboriginal women ranges from 28 to 52 per 100,000 some two to five times higher than that for non-Aboriginal women. (Bailie, Sibthorpe et al. 1998) Aboriginal women have a six to ten fold greater mortality from cervical cancer compared with non-Aboriginal women. (Bailie, Sibthorpe et al. 1998)

In 1996, there were 1507 Aboriginal or Torres Strait Islander women, aged between 15 and 75 years, living in Central Sydney. (ETHCON96 1996) Central Sydney has a high age standardised incidence of cervical cancer of 13.2 per 100,000. (NSW Cervical Screening Program 1999) Only 53.3% of women are screened biennially. (NSW Cervical Screening Program 1999) This rate is well below the target of 75% of all women at risk to be screened every two years. (NSW Cervical Screening Program 1997)

The National Cervical Screening Programme (NCSP) acknowledges that Aboriginal and Torres Strait Islander women are to be targeted in its recruitment initiatives. (NSW Cervical Screening Program 1997)

The Situational Analysis of the NSW Cervical Screening Programme suggests three major cultural barriers specifically discouraging their participation in cervical screening, namely:

that screening is ‘women’s business’,

that many associate cervical cancer with sexually transmitted diseases which adds to the stigma of screening and potentially, ostracism for those with abnormal smears, and

that most service providers performing screening are male. (NSW Cervical Screening Program 1997)

In an effort to improve population-based screening, written brochures have been used to support public health messages, although not always achieving the behavioural change sought. (Paul, Redman et al. 1998)

Readability and content of printed resources must be appropriate to the audience targeted. (Sumner 1991) Before the launch of the NCSP, there was little consistency in the content of brochures about cervical screening. (Webb, Jurisich et al. 1990)
In the case of resources for Aboriginal women, the purpose and reasons for cervical screening must be clear, with reassurance that smears are not tests for sexually transmitted diseases (STD’s) nor a means of contact tracing. (Kubisch D 1990) This study was conducted to describe the content, readability and acceptability of brochures about cervical screening for Indigenous women living in NSW.

**Method:**

In 1998, a list of 47 organisations in NSW was generated and each contacted by telephone. These organisations included the Area Health Services (Health Promotion Units), Community Health Services, Aboriginal Medical Services and some others.

The caller (LJ/LJP) truthfully advised she was calling on behalf of her sister, also an Aboriginal woman, asking to be sent information about cervical screening. At that time, her 35-year-old sister had never had a cervical smear.

Resources about cervical screening were examined for format, content, the Flesch readability score (see box below) and the resources appeal to Aboriginal women.

The National Aboriginal and Torres Strait Islander Survey (Australian Bureau of Statistics 1994) had found that nearly half of Indigenous people over the age of 15 either have had no formal education, or have not completed year 10 at school. Two researchers independently calculated Flesch readability scores for each resource. Inter-rater reliability was calculated using kappa.

<table>
<thead>
<tr>
<th>Flesch Reading Ease Score</th>
<th>Description of style</th>
<th>Typical magazine</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 30</td>
<td>Very difficult</td>
<td>Scientific</td>
</tr>
<tr>
<td>30 – 50</td>
<td>Difficult</td>
<td>Academic</td>
</tr>
<tr>
<td>50 – 60</td>
<td>Fairly difficult</td>
<td>Quality</td>
</tr>
<tr>
<td>60 – 70</td>
<td>Standard</td>
<td>Digests</td>
</tr>
<tr>
<td>70 – 80</td>
<td>Fairly easy</td>
<td>Slick fiction</td>
</tr>
<tr>
<td>80 – 90</td>
<td>Easy</td>
<td>Pulp fiction</td>
</tr>
<tr>
<td>90 – 100</td>
<td>Very Easy</td>
<td>Comics</td>
</tr>
</tbody>
</table>

Table 10: Guide to interpreting Flesch reading ease scores

Each resource also was submitted to a panel of eight Indigenous women (seven Aboriginal women and one Torres Strait Islander woman). Each resource was viewed in full by the Indigenous panel. If the resources had clearly identifiable Aboriginal images and colours, phone numbers of Aboriginal Health
Workers or Aboriginal words such as Murri, Goori, Koori, it was considered to be designed explicitly for Aboriginal women.

Results:

Response rate and description of resources

Of the 47 organisations on the list, 13 stated they did not distribute cervical screening materials. Of these, eight referred the caller to another organisation, (all of which were included on our original list) while three organisations referred us to individual doctors. The remaining two did not refer the caller elsewhere.

Of the 34 organisations agreeing that they distributed cervical screening material, only 20 (59%) actually forwarded resources to LJ/LJP. Six of the organisations’ responses were accompanied by hand written notes urging the caller’s sister to attend their service, including names of specific individuals and their contact numbers. Of the 20 organisations replying, eight (40%) also sent other health related materials however: two sent information on screen-detected cervical abnormalities while the other six sent 15 other resources, related to breast screening, safe sex, women’s health services or information about cancer counselling. We also excluded four resources sent about Pap test registers and an educational resource about the Northern Territory Pap Test Register designed for Aboriginal Health Workers.

After excluding duplicates, the final sample of 12 cervical screening resources comprised one card, three booklets, six brochures, one plastic wallet folder and one post card. Six resources had been developed within NSW while another six originated outside of NSW, although mailed to us by a NSW service. Of the six resources from NSW based organisations, four were designed for the general (non-Aboriginal) population. Only four (33%) of the 12 resources were identifiably designed for Aboriginal women.
While three resources mentioned the age to initiate screening (25%), 10 resources mentioned onset of sexual activity as an indicator to commence screening.

<table>
<thead>
<tr>
<th>C</th>
<th>Place of resource origin</th>
<th>Type of Resource</th>
<th>Reading Ease score</th>
<th>Reading Ease (Flesch 1948)</th>
<th>Initiation of screening</th>
<th>Interval</th>
<th>Cessation of screening</th>
<th>NSW Pap Register</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Age</td>
<td>Onset of sexual intercourse</td>
<td>Age</td>
<td>Pap OK 2*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12m</td>
<td>nm</td>
<td>nm</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>NSW</td>
<td>ATSI</td>
<td>77.54</td>
<td>f. easy</td>
<td>nm</td>
<td>nm</td>
<td>nm</td>
<td>nm</td>
</tr>
<tr>
<td>2</td>
<td>NSW</td>
<td>ATSI</td>
<td>77.3</td>
<td>f. easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>nm</td>
</tr>
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<td>3</td>
<td>NSW</td>
<td>General</td>
<td>61.83</td>
<td>standard</td>
<td>18</td>
<td>y</td>
<td>2yrs</td>
<td>70</td>
</tr>
<tr>
<td>4</td>
<td>NSW</td>
<td>General</td>
<td>83.77</td>
<td>easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>nm</td>
</tr>
<tr>
<td>5</td>
<td>NSW</td>
<td>General</td>
<td>77.64</td>
<td>f. easy</td>
<td>nm</td>
<td>nm</td>
<td>2yrs</td>
<td>nm</td>
</tr>
<tr>
<td>6</td>
<td>NSW</td>
<td>General</td>
<td>58.6</td>
<td>difficult</td>
<td>nm</td>
<td>y</td>
<td>regular</td>
<td>nm</td>
</tr>
<tr>
<td>7</td>
<td>NSW</td>
<td>General</td>
<td>84.22</td>
<td>easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>70</td>
</tr>
<tr>
<td>8</td>
<td>SA</td>
<td>ATSI</td>
<td>80.58</td>
<td>easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>nm</td>
</tr>
<tr>
<td>9</td>
<td>J</td>
<td>General</td>
<td>79.0</td>
<td>f. easy</td>
<td>18</td>
<td>y</td>
<td>2yrs</td>
<td>70</td>
</tr>
<tr>
<td>10</td>
<td>NSW</td>
<td>General</td>
<td>83.35</td>
<td>easy</td>
<td>18</td>
<td>y</td>
<td>2yrs</td>
<td>70</td>
</tr>
<tr>
<td>11</td>
<td>NSW</td>
<td>General</td>
<td>87.27</td>
<td>easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>70</td>
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<td>General</td>
<td>80.31</td>
<td>easy</td>
<td>nm</td>
<td>y</td>
<td>2yrs</td>
<td>nm</td>
</tr>
</tbody>
</table>

Table 11: Analysis of 12 pamphlets about cervical screening

Legend:
- C: NAHOU Code number
- J: Joint Commonwealth/State/Territory design
- NSW: Materials were designed in NSW
- QLD: Materials were designed in Queensland
- NT: Materials were designed in the Northern Territory
- SA: Materials were designed in South Australia
- ATSI: Resources identified as being for Aboriginal and Torres Strait Islander women
- General: Resources identified as being for the general Australian population
- f. easy: Fairly easy
- nm: Not mentioned in the resource examined
- na: Not applicable
- y: Yes

Pap OK*2 If the resource mentions 2 consecutive clear cervical screens in the last 5 years
All resources (100%) mentioned the necessity of repeat screening, although recommendations ranged from ‘regularly’ (n=1), ‘12months’ (n=1) and ‘2 years’ (n=10). The cessation of screening at age 70 was mentioned in only five resources (42%) although only three clearly advised the need for two normal smears in the preceding five years before cessation. The NSW Pap Test Register was mentioned in three of the six resources created in NSW (50%).

The median Flesch readability score for the six NSW based resources was 77.4, (range 58.6 - 83.77). The lowest readability score of 58.6 would be considered ‘difficult’ to read and suitable only for an ‘academic’ publication.(Flesch 1948) By contrast, the median Flesch readability scores for the six interstate-based resources was significantly higher, at 81.9 (range 79 - 87.27) (z = -2.2, p = 0.025).

The median Flesch readability scores for four Aboriginal resources was 79.0 (range 77.3 - 84.22), while the median Flesch readability scores for the eight general resources was 79.65 (range 58.6 - 87.27). There was no significant difference in the readability scores of general population compared with Aboriginal specific resources (z=0, p=1).

Our kappa value of 0.64 (K=0.64, z=3.24 p<0.001) indicated ‘good’ inter-rater reliability.(Altman 1991)

**Views of the Aboriginal and Torres Strait Islander panel**

Images that were easily recognisable as being for Aboriginal and Torres Strait Islander women were considered by our Indigenous panel as more acceptable to the target audience. Only four (two NSW based and two other) resources met this criterion.

Statements endorsed by the panel included:

“By having a regular two yearly test, early changes can be treated before cancer develops”

“Pap tests are a test for well women”

“A Pap test is not used for the detection of STD’s”

“Having a Pap test can feel uncomfortable, but it should not hurt”

Statements about ‘optional extras’ made the panel feel less comfortable however. For example, ThinPrep technology, for which an additional fee is charged, was promoted for reducing unsatisfactory and inconclusive diagnosis.
Furthermore, the panel noted statements that were inaccurate, for example:

“The Pap smear is a test taken by your doctor”

“A small metal instrument.....”

“It is done gently and does not hurt or even feel uncomfortable.....”

“Women avoid having Pap smears because they are shy.....”

Finally, one member of the panel member noted the low response rate from contacted organisations agreeing to send information, stating: ‘What if this was a ‘real’ enquiry? ’

Discussion

The evaluation of materials on cervical screening using a simulated caller strategy was an effective way to obtain resources likely to be sent in response to genuine caller inquiries. Others also have used similar strategies to evaluate cancer information. (Webb, Jurisich et al. 1990; Hancock, Sanson-Fisher et al. 1997; Slaytor and Ward 1998)

This study had hoped to obtain resources designed for Indigenous women specifically, however little seems to be available. What are readily available however, are resources designed for the ‘general’ population. The four resources (33%) designed specifically for Aboriginal women are seemingly the only ones available at the time. Therefore, Indigenous women have to rely on resources that do not target them specifically, despite the targeting of Aboriginal women in cervical screening programmes. (Gillies, Crewe et al. 1995; NSW Cervical Screening Program 1997; Bailie, Sibthorpe et al. 1998; NSW Cervical Screening Program 1999)

This study, like the earlier Australian survey(Webb, Jurisich et al. 1990) and a more recent Belgian study,(Van Hal 1998) also found that information about eligibility for cervical screening, such as age to initiate screening, differ from one resource to the other. Key advice is inconsistently or inaccurately provided still. This stands in contrast to the philosophy of the NCSP, which seeks to promulgate standardised messages in response to conflicting policies rampant in the 1980’s.(Cervical Cancer Screening Evaluation Steering Committee 1991)

119 The article can be downloaded from http://www.bmj.com/cgl/eletters/317/7153/263#EL2
We also were surprised to find such a wide range of readability scores, despite the desirability of health information in plain English (Paul, Redman et al. 1998). Further, any information with a readability score under 70 would likely be difficult for Indigenous women who have typically not attained high levels of formal education to read and understand. As there was no detectable difference in the readability scores between resources according to target group, Indigenous women may be especially disadvantaged.

**Conclusion**

That not all organisations agreeing that they distributed resources on cervical screening did, indeed, respond to our request is disappointing. However, that relatively little information matched the need was alarming. Nonetheless, we anticipate improvements could readily be made in response to this baseline assessment.
Case example: A little girl called Joan and how she was grown up. A story of learning in the outback.

Acknowledgment

Lisa Jackson Pulver (nee Jackson) interviewed ‘Joan’ when LJP was a second year medical student at the University of Sydney. Joan’s story was willingly shared and consent was gained at the time for this story to be included in works pertaining to the interviews studies providing identifying information was removed.

The author wishes to acknowledge Joan, her family and her community.
Introduction

The following is a short interview with a woman who chose to be called Joan and who spent her childhood in a series of isolated Aboriginal communities. She stayed until she was 17, moving into an urbanised and mostly white community to further her education. Joan has since enjoyed an extensive western education, including an undergraduate degree in arts (B.A.) and postgraduate qualifications.

Joan locates her Aboriginal ancestry to a region in Central Australia. Her parents lived in this area until Joan was about 5 years old when they moved to a remote station in another state. Joan says the experience …

… taught us a lot of basic logic about life and about people and about the environment and looking after the environment. We lived in an Aboriginal community and the only white person was my father, all the rest of us where Aboriginal.((Pseudonym) Joan 1992)

The language that Joan was most familiar with as a child was a type of creole, a mixture of English words and local Aboriginal dialect structured according to Aboriginal syntax. Joan describes this as significant cultural identification, her stating "for me as an Aboriginal person it was culturally excellent".

Her mother was an important person in the local community, particularly in the area of health. Arriving from outside the community, with a large healthy family, and with some background in health, she was regarded as an authority in the increasingly more accepted "white-fella" medicine. Joan was often called in to help her mother in these matters of health. As a member of this traditional Aboriginal community, she also became well versed in the concepts and use of traditional healing practices.

When Joan was 17, she and her two sisters moved to the city to further their education. Joan says that this was a difficult experience because they moved from a closed Aboriginal community into an urban environment where, as Joan explained, in contrast to her Aboriginal community, they were now part of a small minority.

Joan always wanted to go to university, and after her schooling in the late 60’s, she made inquiries at various institutions, but did not have the required entry scores to gain entry. There was little encouragement for Aboriginals to go to University in those days, so she married, had three children, worked in various jobs, and eventually moved interstate.

Twelve years later, under the new Aboriginal Task Force scheme introduced by then Prime Minister, Edward Gough Whitlam, Joan undertook a special entry programme that offered undergraduate entry to
university. Following her graduation with a Bachelor of Arts, she became a lecturer and over time, combined her passions for health and education as a senior lecturer at a university college.

Method

This interview was conducted in Joan's office during a working lunch break. Because of the open door policy of the work environment, there were many interruptions from colleagues and visitors.

I was at that time, an Aboriginal woman keenly pursuing a career in Medicine (I was a second year Medical student), and Joan was more than happy to discuss with me her younger years. Many cultural formalities needed to be taken into account before the actual interview took place however. These included agreements around the sharing of information that is considered 'women's business'; the speaking on subjects that may be inappropriate culturally, given that this thesis will be read by members of other cultural groups and genders.

Joan was very easy and comfortable talking about her life and times. We spent time talking, and it was at the end of this interview that the prime influence of my enquiry of appropriate health promotion and educational materials, and the influences of culture in relation to health.

Subsequently, the following questions were posed:

- what were the conceptions of illness in the Aboriginal culture in which Joan grew up;

- what were the experiences of health and illness in her childhood; and

- how can Aboriginal conceptions of health be reconciled with the impact of western medicine.
Discussion

On the station where Joan spent her childhood, disease was very much a community matter. Western diseases, encountering almost no resistance from the previously unexposed Aboriginal community, would sweep through the community with virtually everyone falling sick at the same time. She recalled measles and chicken pox, some polio and some terrible episodes of whooping cough.

Medical resources were scarce, a community nurse calling by every two months (weather permitting), and the Royal Flying Doctor Service an irregular emergency visitor. There were no members of the community qualified in health, nursing or dentistry. There were no health workers of any kind.

The community nevertheless recognised the need for western medical techniques to treat these introduced diseases. As Joan says

because the community had not been in much contact with the invading society we had waves of childhood illnesses like measles or mumps that would strike down the whole community, people from little kids to the very old…down with a kid's disease!

Joan's mother, although not formally qualified, became by default the local health care person and she her assistant, because …

… she [her mother] had come into the area from the outside, and she had a whole stack of kids.

According to Joan, her people recognised a number of causes of disease, none of which traditionally relates to the western concept of micro-organisms. Joan also spoke of some important concepts, and we spoke of many things including

natural death occurs only to babies under one year old and to the very old;

supernatural intervention by different and powerful spirits\(^{120}\);

and

sorcery, where another human calls on supernatural powers to do you harm.

\(^{120}\) Joan indicated that some of the reasons for this might be eating or drinking forbidden substances; breaking a law, (spiritual or physical); going with someone of the wrong skin or not doing the right thing with the Land. This included those people who had been moved from their Land many years ago and then falling ill because of what the ‘landowner’ [pastoralist, grazier, miner etc] was doing to the Land.
Joan said that her childhood community felt epidemics were caused by supernatural forces, largely acting as a punishment for what was happening to their Land. Against this were beliefs in the efficacy of western medicine, resulting in disputes and conflict between people.

The difference in beliefs about the very old and of children less than 12 months also surfaced in Joan's experience. Although some suggest that Aboriginal culture did not view infant mortality as a significant problem (because children did not become people until the age of 12 month and that naming did not occur until this age because they might pass away(Nathan and Japanangks DL. 1983)) Joan disputed the truth of this. She argued that the very young and very old were in a different category when it came to natural death, however she did not agree that children where not people, rather, she stated children were not mature at this age.

The importance of reducing the infant mortality rate and the availability of services was at odds however. In Joan’s earliest memories, childbirth would take place over in the women's area or sometimes at the local mission where there was a small clinic. Increasingly, as Joan puts it

    those women who could get away, went to the big town, some 150 miles away, to the hospital there.

This would involve months away from home and family, with a travelling time of 3-4 days in each direction in good conditions. Joan remembers one occasion when her mother

    brought my second youngest brother home and it was in the wet and we got bogged and we had to walk with this new baby with water that was waist deep. Ten miles we had to walk in this.

Joan's belief is that modern health practises must be integrated into Aboriginal culture if they are to have full impact. They must take into account the strongly held beliefs in the various causes of disease, including illness as punishment for crime. It is worth noting Joan’s attitude to criminal behaviour does not have a factor of "extenuating circumstances" and considers crime to be a spiritual matter. In the case of Land and country for instance, even if you are three hundred miles away and another ‘owns’ the Land, punishment may still follow if you allow the land to be violated in your absence.

Joan is also very clear that the Aboriginal culture is not a 'cool' one existing in stasis. Health matters are very much tied into culture and believes culture has always been dynamic and able to embrace new concepts and integrate them appropriately with long held traditional activities.

In western culture, illness is seen very much as an external thing, caused by micro-organisms or chemical damage to the system, a “collision between a pathogenic agent and a susceptible individual”.(Dixon 1978)
Joan also believes that it is important that practitioners working with Aboriginal people are aware that Aboriginal people make clear distinctions between external, internal and spiritual illness. Western illnesses (measles, venereal diseases and so forth) and simple damage (broken bones, burns etc) are seen as being appropriately treated with "western" medicine.

She also states that spiritually induced disease, such as those caused by transgressions against the environment and Land, or against other members of the society or its culture, or diseases induced by sorcerous agencies, must be fought in both the spiritual and physical realms. Now-a-days, says Joan, this must be done with the support and understanding of those western-trained professionals who can practise in an appropriate way with one so afflicted.

Joan concludes this interview saying that the treatment of spiritual diseases with western therapies with no regard to the strongly held beliefs underlying the sickness may not only be ineffective, it may be actively harmful.

Conclusion

The bio-reductionist model of western medicine has been well documented. This model has mostly ignored social and environmental determinants of illness, and in its extreme form, reduces disease to physical causation and manifestation.

This follows that the belief that health and medical treatment in the western context has gained an almost mechanistic certitude, independent of culture or context. That is, a treatment, which works in a western context, will necessarily work in any context. The treatment addresses the disease, somehow by-passing the human being hosting the disease.

This view is, not of course, universal. For instance, a study expounding

the belief that European medical practice in an Aboriginal context will remain limited in its effectiveness if practitioners do not look at the foundations of western medicine or appreciate something of the medical knowledge of the clients.(Nathan and Japanangks DL. 1983)

Aboriginal notions related to health and illness are firmly embedded in the many cultures of the Indigenous people of this land. Many Aboriginal people are now choosing to have their sicknesses treated in traditional ways, the resultant gap between western medicine and the Aboriginal need for traditional medicine is becoming more pronounced. This interview with Joan points clearly to the fact that Aboriginal needs deserve to be further explored from the viewpoint of the Aboriginal person.
Learning and the sharing of knowledge such as the belief that Aboriginal culture is not static and unchanging, but is constantly evolving will be of great assistance in developing Aboriginal health care in the future. This in turn will add greatly to the body of work that is currently known in the western medical world.
Case example: The Elder who called for help, Binan Goonj\textsuperscript{121} in 2003.

Acknowledgment

The following is a true story about the loss of a great woman who passed away suddenly on the 24\textsuperscript{th} February 2003. It has been told to me by a member of the community in which this Aunt had such an important role as Elder.

The author wishes to acknowledge with sadness the sorrow we all feel.

\textsuperscript{121} Binan Goonj is from the Bidjara people and it means ‘they hear but they don’t listen’. A book by the same name is an important reference for those wishing to make a difference in how they interact with Aboriginal people. See reference Eckermann, A. K. (1992). Binan goonj : bridging cultures in Aboriginal health. Armidale, N.S.W., Dept. of Aboriginal and Multicultural Studies University of New England.
Aunt was a respected Elder of the Bundjalung Peoples of the far north coast of New South Wales. She has been a pivotal person in her community, working with state-wide reconciliation groups, women’s organisations and many others for a long time. She has provided for a large extended family, plus some, and was always available to help those in need.

She was in her mid 50’s and experienced a range of health problems including diabetes, overweight, fluid retention and intermittent breathing difficulties.

One Monday morning, feeling unwell for some days, she presented at her GP. She took her time going because her doctor no longer bulk bills. It is not known why she does not use the local AMS. She was apprehensive as her pension money had not arrived. She felt bad asking for ‘credit’ from her doctor.

Her GP had been treating her for years and considered her current state needed specialist care the hospital.

She presented to the hospital and was told to go home. Aunt objected, and stated that the breathing difficulties she is currently experiencing are unlike any she has had before.

The hospital reluctantly admitted her for observation. After a number of hours, her attending doctor told her she should go home. She became frightened and distressed, explaining that she felt too unwell to leave and that something was very wrong with her. Her breathing was becoming more difficult and was exacerbated by believing the staff doubted the severity of her condition.

Within some minutes she had an unrecoverable cardiac and respiratory arrest.

Her family has been told there was a ‘black spot’ on her lung post mortem.

Pulmonary emboli perhaps, but this well-known Aboriginal woman was not given the chance of care that could have helped her survive.
Chapter conclusion

Much of the material examined in Chapter One of this thesis gives the history of interaction between some of the new peoples to Australia and the Aboriginal people. Some have suggested that things have changed, that the times are different and everything is getting better. These short, brief case studies have shown a different story however.

Firstly, simple health promotion resources for NSW such as those for pap screening have misinformation (“It is done gently and does not hurt or even feel uncomfortable.....”), errors (“The Pap smear is a test taken by your doctor”) and can be viewed as inappropriate where the ‘normal’ service provides “unsatisfactory and inconclusive diagnosis” but, for an additional fee can receive different level of service.

Secondly, by using a bio-reductionist model of health and illness, disease is reduced to nothing more than something caused exclusively by physical determinants only.

Finally, the way people are viewed (and believed) by health professionals can have disastrous results. The Aunt from Lismore has left a hole in her community that will take a long time to heal. There is also, according to some, an long term mistrust of the health service and hospital, reinforced by this Elders terrible experience. This may result in another generation of Kooris avoiding mainstream health services and care.

In conclusion, these short case studies have shown some of the systemic problems faced by Aboriginal people in NSW. One is the lack of culturally appropriate and specific health resources, the second about the difficulties of people getting to access services, and thirdly, about getting people to help you once you have managed to get to a hospital.

However, one big issue not directly addressed in Chapter One is why some non-Indigenous people treat Aboriginal people with such scepticism as in the last example of this chapter.

The next chapter will build upon these by looking at some systemic data issues.
Chapter Four

Indigenous identification

Who are the real Aborigines anyhow?

Recently, a trial was performed in Tasmania's regional ATSIC elections to create an indigenous roll. As Aboriginal people registered, their names were displayed in public and permitted people to lodge an objection against someone they believed was wrongly included on the roll. Meanwhile, Tasmania's Aboriginal community was investigated by an ATSIC-appointed committee to decide the validity of objections made by some Aboriginal people about another 1000 people who claim to be of Aboriginal descent. Radio National\textsuperscript{122} ran the story and stated on air that …

… ATSIC hoped this [being on an Aboriginal electoral roll] would stop non-Aboriginals from voting in the [ATSIC] election, but instead it's degenerated into a bitter feud between rival families with old scores to settle.(Johnston 2002)

During this interview, one of the antagonists, Douglas Maynard, stated that not all people who claim to be Aboriginal are, simply because …

… I've grown up with a lot of 'em. You know, their mums and dads were never Aboriginal people, you know, being Aboriginal is still skin colour …

Mr Maynard continued when asked the question ‘aren't the people that you've objected against descended from Aboriginals?’

No, being an Aboriginal descendent doesn't make you an Aborigine and doesn't give you the right to sit in the positions and advocate for us, as a race of people.

As this has shown, present day definitions of Indigenous People vary widely and changes according to circumstances. For example, some Aboriginal Health Services provide services to non-Aboriginal people who are primary members of an Aboriginal family (such as the non- Aboriginal parent of an Aboriginal child). They are considered to be members of Aboriginal families, although they themselves are not

\textsuperscript{122} The whole interview can be downloaded from http://www.abc.net.au/pm/s635669.htm
Aboriginal people. In other circumstances, such as Aboriginal legal aid (in NSW) the only recipients of help are people who are identified as Aboriginal. For others, the denial of being Aboriginal was the only way some people kept their families intact.

There are others who have a very different perspective though,

Firstly for a start Aboriginality and identity has nothing to do with the colour of my skin. It's about respect, culture, community and kin. (Whiteway 1999)

As recently as the 1970’s, Aboriginal people suffered the indignity of being defined based on degrees of blackness and so called racial purity. Terms such as 'full-bloods', 'half-castes', quadroons' and 'octoroons' were used.

The issues of identification, however, are difficult. For government bodies the standard, working definition in Australia includes the following three points. Each of these points must be fulfilled before the person can be accepted as being Aboriginal in the eyes of Commonwealth Law:

The person must be of Aboriginal descent;

The person must self identify as Aboriginal; and

The person must be accepted in the community in which they live as Aboriginal.

Within the wider Australian community, however, there are many professionals who are, to a large extent, unaware of identification issues, particularly the process of identification and acceptance defined above. There are still many who identify Aboriginal people by stereotyped characteristics such as facial features, skin colour and behavioural characteristics. (Robertson H, Lumley J et al. 1995; Robertson, Lumley et al. 1995; Jackson L 1999) Some of the Aboriginal community itself recognises only those with the ‘skin colour’ (Johnston 2002) and facial characteristics seems to be an occasional way some people are identified by the Aboriginal population as well. (Women's Reconciliation Network 1998) This problem is so severe that people from New Zealand, Afghanistan, India and Israel have been mistakenly recorded as being of Aboriginal descent (Jackson L 1999) based solely on the characteristics described above.
Registration of death and hospital separations

It has been acknowledged that there is an under-estimation of the population of Indigenous people in most data collections. (Australian Bureau of Statistics. 1994; Australian Bureau of Statistics. 1998; Day P., Sullivan EA. et al. 1999; The National Centre for Aboriginal and Torres Strait Islander Statistics. 1999) This includes crucial data such as death data and hospital separation data.

Indigenous deaths continue to be under-enumerated in NSW despite a slight improvement in the latest registrations statistics. (Public Health Division. 2002) The Australian Bureau of Statistics estimate between 46 per cent and 83 per cent of Indigenous deaths were registered as such in 2000. (Public Health Division. 2002) This compares to 47 per cent of Indigenous deaths registered as such in 1994. (Australian Bureau of Statistics. 1994)

Indigenous status is also under-reported in NSW hospital separation data-sets, (Public Health Division. 2002) yet age-adjusted hospital separation rates for all causes amongst Indigenous people were substantially higher than those for non-indigenous people over the period 1993/4 through to 1999/2000. Additionally, those Indigenous people residing in the rural areas experienced higher separation rates than those Indigenous people residing in the urban environment. It is unknown if this is due to better reporting of Indigenous status or because there are higher rates of morbidity in the rural environment. (Public Health Division. 2002)

Nonetheless, there is still major under-reporting of hospitalisations of Indigenous people, particularly in metropolitan Sydney. Indigenous status is not currently available in data on cancer notifications and deaths from the NSW Central Cancer Registry.

Usually, persons whose indigenous status was unknown are most often classified as non-indigenous. (Gray, Australian Bureau of Statistics. et al. 1999) Under-reporting of hospitalisation contributes to the problem of our ability to monitor and report accurately on Indigenous health. (Aboriginal and Torres Strait Islander Commission 1998) The Chief Health Officer notes that:

The health of our Aboriginal and Torres Strait Islander people is of particular concern as it is worse than that of the population as a whole across a wide range of indicators. Also, problems with data limit our ability to monitor progress in addressing these inequalities. (Public Health Division 1997: Forward)

Another issue is that, according to the Chief Health Officer, some Indigenous patients may fear discrimination and poorer treatments if they self identify their status. (Public Health Division 1997)
Clearly, the identification of Indigenous people using the health services is vital, and is especially pertinent in obstetrics. For example, only one published study explored the issues surrounding the accuracy of identification in this setting was found in a study involving 54 Victorian midwives. This study used focus groups, with participants reporting they only asked those women who ‘looked Aboriginal’ about their Indigenous status. (Robertson H, Lumley J et al. 1995) Apparently the midwives felt uncomfortable asking about Aboriginality because they believed that women, both Aboriginal and non-Aboriginal, felt ‘ill at ease’ when approached for this information. (Robertson H, Lumley J et al. 1995)
A Research example: Indigenous identification of women confining in an urban hospital.

A short research project exemplifying this chapter will be presented. This will review what is happening now with regards to Indigenous identification at a large urban obstetric hospital.

This work was eventually published in 2003. (Jackson Pulver LR, Bush A et al. 2003)

Acknowledgment

Lisa Jackson Pulver (nee Jackson), Alison Bush and Jeanette Ward designed and carried out this study. It was performed in 1999 with the support of staff at the KGV Hospital Camperdown, notably Val Smith and Andrew Childs.
Introduction

Best estimates suggest the Indigenous population of Australia in 1996 was 386,049 people, accounting for 2.1% of the total Australian population. (Australian Bureau of Statistics. 1998) Of these, there were 93,405 women aged 15 to 44 years. (Australian Bureau of Statistics. 1998) From 1994 to 1996 there were 23,214 babies born to 22,996 mothers identified by the services as Indigenous throughout Australia. (Day P., Sullivan EA. et al. 1999)

There was a higher proportion of low birth-weight babies among women identified as Indigenous; namely, 12.4% compared with 6.2% among women identified as non-Indigenous. (Day P., Sullivan EA. et al. 1999) Furthermore, the mean birth-weight of babies born to mothers identified as Indigenous (3149g) is less than the mean birth-weights of babies born to women identified as non-Indigenous (3365g). (Day P., Sullivan EA. et al. 1999) Foetal deaths, neo-natal and peri-natal deaths are much higher in mothers identified as Indigenous compared with women identified as non-Indigenous. (Day P., Sullivan EA. et al. 1999) Ninety eight percent of mothers identified as Indigenous give birth in hospital and 97% of all mothers identified as Indigenous use public hospitals. (Day P., Sullivan EA. et al. 1999)

In the Central Sydney Area Health Service (CSAHS), Prince Alfred Hospital (RPAH) and the King George V (KGV) hospital provided secondary and tertiary services to women. During 1996/97, 4996 babies were born at the KGV hospital. During this time, only 96 (1.9%) mothers confined during this time were identified as Aboriginal and two (0.04%) mothers were identified as Torres Strait Islanders. (Central Sydney Area Health Service. 1999) There is a general perception by Aboriginal staff of under-reporting. (Jackson LR 1998)

The hospital does not capture all the Koori's admitted. There are many times I have walked past someone I know, they usually are not on the list. (Jackson LR 1998)

Some non-Indigenous staff, however, suggested there is no such under-identification in this urban hospital. (Jackson LR 1999)

We ask every woman coming here, they can also identify on the pre-natal forms if they want too. They are given lots of opportunity to tell us who they are. We always ask. They get extra stuff for being Aboriginal. I don’t know why, but they do.

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123 The KGV Hospital ceased operating in 2003 and has been replaced by the RPA Women and Babies Hospital.
124 The list mentioned is a daily report generated nightly naming the Indigenous patients admitted to the RPAH.
When asked what extra 'stuff' women get, she stated that they get money, transport, benefits and other 'stuff'.

These incorrect and biased views raise concerns about implications for the health and outcomes of Aboriginal and Torres Strait Islander women using the KGV Hospital in particular, and the RPAH complex in general.

The primary objective of this study was to determine the accuracy of routine identification of Aboriginal and Torres Strait Islander women confining at KGV Hospital. A short interviewer administered survey was offered to a consecutive sample of women who confined and delivered live, well infants from May to July 1999. Women who thus and spoke English sufficiently to give informed consent to participate were considered eligible for the study. Other women, those who were unwell, whose babies were seriously ill or still borne, and those women who could not speak English, were excluded from this study.

The primary outcome measure was the accuracy of hospital documentation compared with confidential self-disclosure of Indigenous status to a female Aboriginal health professional.

Each eligible woman admitted to the KGV hospital during May to July 1999 was approached personally by LJP who first stated she was an Aboriginal Public Health Officer. Each woman was asked to participate in a study asking her some questions about her background and given an information sheet explaining the aims and method of the study. Women who agreed to participate signed a written consent form.

Consenting women were asked by the Aboriginal interviewer if they were Aboriginal or Torres Strait Islander and whether they were asked this at the time they were admitted. For women who recalled being asked if they were Aboriginal or Torres Strait Islander were also asked if they self identified Indigenous status either to the staff or when completing admission forms. From week three, all women were also asked ‘Would you mind (or did you mind) being asked if you were Aboriginal or Torres Strait Islander by the admissions staff?’ Non-Indigenous women were thanked for their time and the interview concluded with the question ‘Would you like a copy of the final report when it becomes available?’

Aboriginal and Torres Strait Islander women were asked six questions in addition to those above. We asked those women who chose not to self-identify their Indigenous status their reasons for not doing so. Women were asked if the present confinement was their first child and whether they had any other children at the KGV Hospital. We asked how the woman came to be in the KGV Hospital and whether
they were aware that there were Aboriginal and Torres Strait Islander people working here. Women were also asked if they would feel more comfortable if there were more Aboriginal and Torres Strait Islander staff at the KGV hospital. Finally, each Aboriginal and Torres Strait Islander woman was asked if there were any comments she would like to make about her experiences at the KGV Hospital. These women were asked if they wanted a copy of the study results.

Woman’s self-report was compared with an information sheet printed out daily by the medical records department. This sheet contained the names of each Aboriginal or Torres Strait Islander patient admitted to the hospital in the preceding 24 hours (midnight to midnight). Status as disclosed during interview by the woman was considered the ‘gold standard’.

Analysis

Descriptive statistics were undertaken using both SPSS (Release 6.1) and STATA (Version 5.0) software. McNamara’s $\chi^2$ test was used to compare the KGV Hospital proportion of women classified as Indigenous by the staff versus self disclosed Indigenous status. Fishers exact test was used to examine the accuracy of identification of Indigenous status of Indigenous woman against method of referral to the Hospital as well as examining whether women minded being asked if they were Indigenous. Further Fishers analysis was used to explore the relationship between method of referral and awareness of Indigenous staff at the KGV. Pearson $\chi^2$ was used to examine if women recalled being asked their Indigenous status either by a staff member or on a form. Pearson $\chi^2$ was also used to examine what proportion of women asked for a report of this study.

When necessary for statistical power, Aboriginal and Torres Strait Islander categories were combined to comprise a single category of Indigenous women.
Results

Nine hundred and eleven women confined in the 12-week study period. Of these, 203 were ineligible because ten had still births, two had neonatal deaths, one woman’s baby was not expected to survive the next 24 hours and 190 women did not speak English sufficient to provide informed medical consent. A further 168 women were discharged home before the interviewer could approach them. Of the 540 eligible women approached, only four declined to participate, resulting in a 99% response rate.

Of the 536 women interviewed, 27 (5%) were Aboriginal and two (<1%) were Torres Strait Islanders. In total, 29 (5.4%) women self disclosed they were of Indigenous background. By contrast, the hospital had listed only 10 of these women as being Aboriginal and none as Torres Strait Islander women (1.86% of the total surveyed). This represented significant under-reporting of Indigenous women ($\chi^2 = 17.1, df=1, p<0.001$). No non-Indigenous woman was incorrectly identified by the hospital as being either Aboriginal or Torres Strait Islander. Further, two (0.38%) of the non-Indigenous women volunteered that their babies were Aboriginal, the babies father’s being Aboriginal.

Women’s recall of and reactions to an assessment about Indigenous status

All women were asked if they recalled any questions about their Indigenous status. Seven of the 29 (24%) Indigenous women compared with 38 of the 507 (7.4%) non-Indigenous women recalled such a question by staff. The proportion of each group recalling a question differed significantly (24% versus 7.4%)(Pearson $\chi^2 = 9.88$, df=1, $p=0.002$). While only five of the 29 (17%) Indigenous women and 115 of the 507 (22.6%) non-Indigenous women recalled the self-nomination box on the admission form, this difference was not significant however (17% versus 22.6%)(Pearson $\chi^2 = 0.467$, df=1, $p=0.494$).

Two of those 19 Indigenous women not identified on the hospital records recalled being asked either by a staff member (n=1) or on a form (n=1) about their Aboriginality. Both declined to self-identify in response. By contrast, three of the women not identified on the records stated they had self-identified as being Aboriginal: two by indicating this on the form and another in response to a direct question by a staff member.

Responses of those 414 women interviewed from week three of the study who had been asked ‘Would you mind (or did you mind) being asked if you were Aboriginal or Torres Strait Islander?’ are summarised in the following table. Only 5 (1%) non-Indigenous women would have minded being asked this question. There was no significant difference in the proportion of women by group who would have
objected to such question (Fisher’s Exact Test p=0.266). The one Indigenous woman who agreed that she did mind being asked had not been asked directly but recalled only the form requesting self-disclosure. She chose not to self-identify in this way, finding it unacceptable. Her reaction to a verbal question was not assessed.

<table>
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<tr>
<th>Indigenous women</th>
<th>n (%)</th>
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<tr>
<td>Yes</td>
<td>1 (5%)</td>
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<tr>
<td>No</td>
<td>20 (95%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Indigenous women</th>
<th>n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>5 (1%)</td>
</tr>
<tr>
<td>No</td>
<td>394 (99%)</td>
</tr>
</tbody>
</table>

Table 12: Women’s responses to the question ‘Would you mind (or did you mind) being asked if you were Aboriginal or Torres Strait Islander?’

Other aspects of hospital care for Indigenous women

Each of the 29 Aboriginal and Torres Strait Islander women were asked their reasons for confining at the KGV Hospital. Ten of these women had been referred by another organisation; these results are summarised in the following table.

Of those ten, seven (70%) had been correctly identified by the KGV hospital as Indigenous. Of the other 19 women, only three (16%) had been correctly identified as Indigenous.

Thus, Aboriginal and Torres Strait Islander women who were referred were significantly more likely than self-referred women to be correctly identified as Indigenous (Fisher’s Exact Test p=0.011).

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125 Only women interviewed from weeks three to 12 were asked this question (n=420)
<table>
<thead>
<tr>
<th>Form of referral</th>
<th>Category of referral</th>
<th>Number of women</th>
<th>n (%) recorded at KGV as Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self referral</td>
<td></td>
<td>19</td>
<td>3 (16%)</td>
</tr>
<tr>
<td>External referral</td>
<td>AMS Redfern</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Air Ambulance or Care Flight</td>
<td></td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Road Ambulance</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Transfer from another urban hospital</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 13: Method of referral to the KGV Hospital Camperdown

Nineteen (66%) of Aboriginal and Torres Strait Islander women responded that they would feel more comfortable if there were more Aboriginal and Torres Strait Islander staff at the hospital.

Of those 14 Aboriginal and Torres Strait Islander women who had previously confined, only eight (57%) had had their previous children at the KGV Hospital.

Only 21 (72%) Aboriginal and Torres Strait Islander women confined at the KGV Hospital were aware of the Aboriginal Midwife Liaison Consultant (AB) and other Aboriginal and Torres Strait Islander staff at the hospital. There was no difference in the proportion of women aware of this service between self-referred and those referred by another organisation (Fisher’s exact test p=0.68).

Of those eight women who had previously confined at the KGV, seven were aware of the Aboriginal and Torres Strait Islander staff at the hospital.

**Women’s interest in a report of the research findings**

Significantly more (n=18) (62%) Aboriginal and Torres Strait women than non-Indigenous women (n=67) (13%) stated they wanted a report of the study (Pearson $\chi^2$=49.1, df=1, p<0.001).

**Discussion**

The use of a confidential interview by an Aboriginal researcher to determine the ‘true’ number of Aboriginal and Torres Strait Islander women confining at the KGV enabled us to obtain a unique ‘gold standard’ against which to compare the accuracy of routine identification in this hospital.
Unfortunately, significant under-reporting of Aboriginal and Torres Strait Islander women was found in this three-month study.

However, women transferred to the hospital from elsewhere were significantly more likely to be correctly identified as Aboriginal or Torres Strait Islander compared with those who self referred. This suggests significant reliance by staff on ‘clues’ on transfer documentation to identify Aboriginal or Torres Strait Islander women, thereby avoiding direct questioning. Referral by an Aboriginal Medical Service or Aboriginal Health Service may have made a woman’s Aboriginality obvious.

Furthermore, three of the women reported they had self identified to (non-Indigenous) staff or on their admission form as being Aboriginal, yet their status did not appear on the computer-generated list available to ward staff at the time of confinement. Reasons for this failure to transmit information from hospital records to ward lists could not be explored in this study.

At the KGV Hospital, the Indigenous status field on hospital databases is a ‘forced field’. It must, therefore, be filled in by the person entering the data. However, this variable defaults to blank following the current confinement. This means that a woman who had had previous children at the KGV, and had been identified as Aboriginal or Torres Strait Islander, is not automatically recorded as such in her subsequent admissions. Other information, such as date of birth, family name and previous admissions remains in the database. By contrast, women of ethnic backgrounds have information such as country of birth and religion maintained between admissions.

Significantly, two thirds of the Aboriginal and Torres Strait women asked in this survey stated they would feel more comfortable if there were more Aboriginal and Torres Strait Islander staff working at the hospital.

Employment of Indigenous people in the provision of health care has been recommended in the 1994 National Aboriginal and Torres Strait Islander survey,(Australian Bureau of Statistics. 1994) and is being supported by the NSW State Government in a state-wide Employment Strategy .(NSW Department of Health. 1998)

Some of these documents have been discussed in some detail in the preceding chapter of this thesis. It will be important however also to ensure that all Indigenous women are informed of the availability of specific support services targeting Aboriginal and Torres Strait Islander women.
In 1997, the NSW Government committed to ensuring the accuracy of Indigenous status in NSW hospitals. Further, the NSW Government stated that ‘mainstream services must become responsive to the needs of Aboriginal people’. (NSW Government 1997) Better provision of responsive care first necessitates accurate identification of Indigenous patients in all health care institutions. In addition, the Commonwealth initiated a project by the Aboriginal and Torres Strait Islander Health Information Plan and the Australian Institute of Health and Welfare called ‘This time, let’s make it happen’. (The National Centre for Aboriginal and Torres Strait Islander Statistics. 1999) It commenced after data collection for this study. This initiative recommends

1. Adopting the standard question ‘Are you of Aboriginal or Torres Strait Islander origin?’ during routine data collection.

2. Providing training and support for data collectors, making them aware of the importance of asking questions around Indigenous status.

3. Raising public awareness of the issue.

4. Assessing the accuracy of the data being collected.

As the vast majority of non-Indigenous women in our study would not have minded if they had been asked if they are Aboriginal or Torres Strait Islanders, the Commonwealth initiative should receive strong support by hospitals and Area Health Services.

In particular, concerns as demonstrated in previous research that non-Indigenous women would object to such a question (Robertson H, Lumley J et al. 1995) can now be appeased.

The use of a systematic method to ensure woman are given the opportunity to disclose their Indigenous status is imperative if health professionals are to respond to their needs in an appropriate and sensitive manner. Given the poor maternal and peri-natal outcomes suffered by Indigenous women, identification of their risk status is essential.

Should we continue to do what this short study has proven is done, that is, not give people the opportunity to self identify their status, then the health services will not be able to provide the legislated care and moral responsibility to women in most need.
Chapter Five

Health Service Delivery and Cultural Diversity.

Introduction

An understanding of the interaction between culture, health and medicine is of great importance to Aboriginal people, and, subsequently to any health worker wanting to render useful treatment to a person from any of these communities, whether urban, rural or remote.

To define Aboriginal culture is not a task this thesis sets out to do. It would be impossible to do so in any written work at any rate. Aboriginal culture, like others, is one that is inclusive of the physical, including dance, song and ceremony and descent; the emotional, including belonging, history and relationships, and the spiritual, including beliefs, attitude and the Dreaming. All of these aspects change according to where and when one resides, what and how one’s education happened and whether or not one has inculcated behaviour as an ongoing culture.

Overview of definitions and terms

Some aspects of cultural diversity in Australia including dress, food, spiritual practice and differing needs in health services, have an accepted place and are a strong influence within Australian society. More often than not they are seen as valid and appropriate forms of cultural expression. For Aboriginal and Torres Strait Islander people there are a number of similar, although different dynamics to consider in the context of health, healing and wellness.

The following chapter will explore some of these issues from a number of perspectives.

To begin, it will be worth considering a number of common terms and their definitions.
Culture

In Western societies, most of us think of culture as the artistic side of life, painting, dance, music, and poetry. Culture in fact means much more than this, including our relationship not just to each other, but to our environment. Indigenous Australian artists, actors, musicians, writers and poets have often tried to explain this.

Ernie Dingo in Study Circle Kit (Dingo 1998)

An early and basic definition of culture was provided in 1871:

that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society. (Tylor 1924 (originally 1871):p1)

This definition still has currency in that culture is more often seen or defined in terms of what it says about the unique customs and beliefs of a particular population. Thus, Elkin could write in 1920:

When a native doctor sucks a magical bone out of a sick person's abdomen, and shows it to those around, and to the patient, he is not a mere charlatan, bluffing his fellows because he produced the bone at the psychological moment by sleight of hand. Nor is it play-acting for effect when, having rubbed the affected part of his patient in the 'correct' manner, he gathers an invisible something in his hands, and solemnly walking a few steps away, casts 'it' into the air with a very decided jerk of the arms and opening of the hands. These are two of the traditional methods which he has learnt, and in which he and all believe are methods for extracting the ill from the patient, and so giving the latter assurance of his cure. (Elkin 1944)

In this quotation Elkin is suggesting that these healing practices are part of traditional methods that the people he writes of have learnt and in which all present believe. This was his interpretation of the unique part of the culture he was permitted to observe and report upon. It is worth noting here that much of what was written in the nineteenth century encouraged the view that Aboriginal culture was static and did not change with time. Although many thinkers realise the falsity of this statement, others continue to think otherwise.

For example, one author has suggested that Aboriginal culture:
was a 'cool' culture which changed little for thousands of years, putting no premium on progress or innovation. Anglo-Saxon society is a conspicuously 'hot' culture which devours ideas and materials at a furious rate, continually needing new materials to feed its ambitions. When a 'cool' culture meets a 'hot' culture, by the most basic law of thermodynamics, the 'cool' culture must warm up. (Macdonald 1988)

Another writer (Lattas 1991) quotes the above in the process of consigning thermodynamic anthropology to the recycling-bin of history. As he points out,

such a simplistic picture reduces contemporary, hegemonic, cultural relationships between non-Aboriginals and Aborigines to the absurd political metaphor of being a variance in "temperature".

The point being that whatever sociological or anthropological view subscribed to, a culture cannot be frozen in time or space. Cultures are dynamic, continuously growing and learning, must be redefined as a living experience:

Aboriginal society is diverse, including hundreds of distinct groups, languages, cultural traditions and habitats. The assumption that Aboriginal societies have inherited a static set of cultural behaviors is incorrect. Like all cultures, they are in a continuous state of development. (Brockway LH, Nailon B. et al. 1992:p5)

Culture itself is a nebulous concept; certainly it is not a simple one. Hunt and Colander (Hunt EF and Colander DC 1984) have attempted to provide some useful definitions. Perhaps the most useful in our current context are:

the sum or totality of [a persons] learned or behavioural traits in an identifiable society

the learned proportion of human behaviour

that complex whole which includes knowledge, belief, art, morals, customs, and any other capabilities acquired by man as a member of society

the interaction of human beings in terms of symbols with shared meanings

One principle of culture is that it is unique to the peoples who belong to that culture, and that culture, because of its definition by the members within it, is a self defining and therefore constantly changing dynamic. It is a living entity, with power, and purpose, and that for change to occur by consent of the members of the culture, then that change must be ecological.
If that change is forced, as it was in the process of invasion of Australia, then the resulting conflict and collisions create poor coping mechanisms and subsequent grief and pain.

**Multiculturalism and pluriculturalism**

According to the Australian Department of Immigration & Multicultural & Indigenous Affairs, multiculturalism recognises and celebrates Australia's cultural diversity. In this, according to the departments web-site\(^{126}\), their definition includes the acceptance of and

\[\text{… respects the right of all Australians to express and share their individual cultural heritage within an overriding commitment to Australia and the basic structures and values of Australian democracy. (Australian Department of Immigration & Multicultural & Indigenous Affairs 2002)}\]

The site goes on to speak to the strategies, policies and programs that …

make our administrative, social and economic infrastructure more responsive to the rights, obligations and needs of our culturally-diverse population;

promote social harmony among the different cultural groups in our society; and

optimise the benefits of our cultural diversity for all Australians

Further, according to another part of the site\(^{127}\) (Australian Department of Immigration & Multicultural & Indigenous Affairs 2002) principles considered important include the following statements:

Australia has built a social infrastructure of institutions, traditions and processes on our democratic foundation.

Cultural diversity is one of our great social, cultural and economic resources.

Australian unity in this diversity has been built on such moral values as respect for difference, tolerance and a common commitment to freedom, and an overriding commitment to Australia's national interests.

For multicultural Australia to continue to flourish for the good of all Australians, multicultural policies and programs should be built on the foundation of our democratic system, using the following principles:

\(^{126}\) For more on this topic, see [http://www.immi.gov.au/multicultural/australian/definition.htm](http://www.immi.gov.au/multicultural/australian/definition.htm)

• civic duty, which obliges all Australians to support those basic structures and principles of Australian society which guarantee us our freedom and equality and enable diversity in our society to flourish;

• cultural respect, which, subject to the law, gives all Australians the right to express their own culture and beliefs and obliges them to accept the right of others to do the same;

• social equity, which entitles all Australians to equality of treatment and opportunity so that they are able to contribute to the social, political and economic life of Australia, free from discrimination, including on the grounds of race, culture, religion, language, location, gender or place of birth; and

• productive diversity, which maximises for all Australians the significant cultural, social and economic dividends arising from the diversity of our population.

Although these are sponsored statements by a Government of the day, and the words really do appear to be full of good intentions, the truth is that much of these ‘motherhood statements’ fall far short of ensuring equality, respect, equity or the economic dividends to ensure the opportunities available to other Australians.

For example, the evolution in health service delivery has tended to stop short of fulfilling the needs of the Aboriginal culture, which has by right of its position as the First People and by the fact that it has been disadvantaged by the colonial process, very explicit rights and needs.

Multiculturalism, in the Australian sense, has the implication that we are all part of one whole. Aboriginal self-determination is seen by many to be at odds with present day views of Australia as a single, multicultural nation. As the UN Special Rapporteur on Racism recently recommended Australia should …

… [Review] the basis of multiculturalism policy so that it is based upon recognition of the right to difference and to cultural identity (Recommendation 1)(Human Rights and Equal Opportunity Commission Australia and The Aboriginal and Torres Strait Islander Social Justice Commissioner and Race Discrimination Commissioner 2002).\(^{128}\)

One such model that recognises the right to difference and to cultural identity is that of pluriculturalism. Pluriculturalism incorporates the unique position of each culture as existing in parallel, without the overtones of assimilation.

It accommodates the existence of a number of nations within the ‘nation state’. One author describes pluriculturalism partly as a response to the globalisation of culture and language, amongst other things. (Kress G. 1995)

One example given is the questioning of the label of ‘English’ to describe the language spoken here as a national language and looks at education and curriculum as a platform for the design for a social future. Part of this social future is one where people are confident in the face of cultural difference and change, envisaging a future that is pluricultural.

Cultural diversity

Even as far back as the 18th and 19th centuries, European thinkers saw great inequalities within their own cultures. The Industrial Revolution had created a new underclass of urban poor who lived in appalling conditions. To these thinkers, it was obvious that, in a fair society, all people should be treated equally. Thus, one of Thomas Jefferson’s self-evident truths, as laid out in the 1776 American Declaration of Independence, was that ‘all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness’. Florence Nightingale, creating a system of nursing in the plague-holes of the Crimea, built into the nurse’s oath that all patients should be treated regardless of creed or colour. Treating all patients the same is a noble idea.

Where health providers of one culture are attempting to help patients in a very different culture, the noble ideal must be modified to facilitate communication and understanding. All peoples, to be provided the best service, must be treated differently. All peoples deserve to be treated in the way that respects their culture and that acknowledges their lifestyles. To achieve this, the delivery of care cannot be the same to all people, nor can the expectation of healing, nor the outcomes of health be defined in the Western European way. Delivering the same service, in the mono-cultural way, will not give all people equal treatment.

The reality of the world for the last period of time is that health care is not delivered in mono-cultural environments. The gaining of knowledge in cultural appropriateness and sensitivity is possibly an ever-present goal for those in the business of health. Medical and allied health education had, since 1989, a so-
called compulsory component which includes the teaching by Indigenous Australians courses on 
Aboriginal cultural awareness. (National Aboriginal Health Strategy Working Party. 1989) Yet, as seen 
previously, there has been no appreciable change in health outcomes.

In Great Britain during 2000, a survey tool was administered to 181 medical students to determine the 
effect of a Human Diversity Module developed to teach cultural diversity during their medical education. 
It was designed to

   enable students to gain factual and practical information about other cultures and also for them to examine 
   their own attitudes. (Dogra N. 2001)

One hundred and forty students completed two questionnaires, one administered before and the second 
following sessions on cultural diversity. The authors state that

   the findings include statistically significant changes that reflect more ‘positive’ attitudes about cultures 
   coming together and about specific cultures. (Dogra N. 2001)

The number of students examined in this project is small, it is difficult to confidently state that the 
changes were a direct result of the cultural diversity or because many students are able to give examiners 
the answers they are looking for. The authors also acknowledge that the subjects may not have had a 
sustained shift in attitude. From an epidemiological perspective, the lack of a control group in this 
examination makes the results somewhat unreliable. However, there a few points that should be noted 
from this exercise. One is that the relationship between a person’s genetic origin ‘race’ and skin colour. 
The author notes that this is a complex issue and that the two have been historically used interchangeably. 
However, the author notes that …

   … individuals may not define themselves by their colour but may find that all official agencies continue to 
do so. Ethnic monitoring by agencies or organizations (such as hospitals, universities, and social services) 
may fuel this ambivalence. White students can sometimes feel that the variations in ‘white culture’ are 
ignored. Two students wrote that within the white category there should be subcategories of North American, 
Australian and European. The difficulty with this is that, whilst this may be an individual’s perception of 
their cultural background, the racial group remains the same. (Dogra N. 2001)

Here in Australia though, not all Australian’s are ‘white’ and that despite cultural backgrounds racial 
groups do not stay the same. Further, the author found that

   that non-white doctors are subject to racism from patients and colleagues, which may also be the experience 
of white non-British doctors. Doctors cannot pretend that this issue does not exist. There are patients and
staff who perceive non-white doctors as less well qualified, less competent and less well-trained. This may be related to issues around ethnocentricity, about the superiority of one’s own background and/or racism towards other cultures and/or races. (Dogra N. 2001)

Attitudes such as these have significant consequences for Aboriginal Australians who are trained health professionals working in mainstream organisations.

Another recent publication is from Aotearoa and reviews the importance of medical education in the context of cultural factors in health and illness. The authors describe an educational experience where medical students where hosted in remote ‘predominantly Māori’ communities to become aware of health needs of the communities visited and to

challenge their own attitudes, assumptions and thinking regarding the determinants of health and the importance of cultural factors in health and illness. (Dowell A, Crampton P et al. 2001)

The programme included health needs assessment and Māori cultural immersion, with people participating in a variety of activities ranging from traditional medicine to the group singing songs. The students evaluated the course extremely highly. The authors stated that

attachments of this sort provide an opportunity for students to appreciate how cultural values have an impact on health care, and how they also make the teaching and learning of topics such as community health needs analysis an enjoyable and dynamic experience. (Dowell A, Crampton P et al. 2001)

In an editorial examining these two articles, the editor noted that the important question that needs to be answered is about how culture is represented and who gets to represent it. He continues:

The importance of this question is readily seen in the British paper by Dogra in the conflation of the concepts of ‘culture’ and ‘race’ and the labeling applied to so-called racial groups. Some of the students labeled as part of the ‘white’ race had some difficulty with the term and at least two of them wanted subcategories of North American, Australian and European. What is important is ‘cultural identity’ or in Dogra’s words an ‘individual’s perception of their cultural background. This, we argue, is derived from a complex of cultural, gender, social, economic, religious and political affiliations not from the individual’s supposed biological inheritance. We would not be surprised if those labeled as ‘Asian’, ‘Mixed’, ‘Black African’ or ‘Black Other’ races in the British example raised concerns about their labels as well. (Prideaux D and Edmondson W. 2001)
In Australia, the idea of the culture of the Australian has resulted in many cultural conflicts. The cultural interaction between Aboriginal and non-Aboriginal populations is based on a history of cultural conflict. Eckermann (Eckermann 1992:p8) gives an excellent perspective on culture conflict:

Cultures in conflict find it difficult to understand each other and consequently difficult to adapt to one another. If people do not share language, similar life styles and expectations, are not committed to similar goals and motivated by mutually understandable ambitions, do not make decisions on the basis of similar principles and philosophies, then culture conflict will occur.

When one cultural group has power over another, it may impose its systems and organisations, even to the extent of enforcing its beliefs and values on the less powerful by violence or legislative sanctions.

The noble ideals of Europe do not translate well in practice to the Australian Aboriginal culture, nor do they stand up in light of the truth of what has really happened since James Cook and Arthur Phillip arrived over 200 years ago.

Aboriginal people are not mono-cultural: the Kooris of south-eastern Australia have many different groups of people within them, including the Wiradjuri, Yorta Yorta, Kamilaroi, and Birpai. The peoples of the Northern Territory likewise have a large number of different groups, including the Gurindji, Pintupi, Warlpiri and the Jawoyn. Each of these groups has different languages and stories, with the original members being able to speak a multitude of languages. This diversity of cultures can be likened to the diversity found in the similar sized landmass of Europe, where it is generally accepted that the Swedish people are quite different from the Italian people.

Culture shock

Much of the material available in the concept of culture shock is based on the experience of American’s going overseas. For example, the term Culture Shock, according to a psychologist from San Diego State University (Guanipa C. 1998) was coined in 1958 and described anxiety experienced by a person when they moved to a new cultural environment. Dr Guanipa continues:

This term expresses the lack of direction, the feeling of not knowing what to do or how to do things in a new environment, and not knowing what is appropriate or inappropriate.

Another author, this time a US based anthropologist has clarified further that culture shock (Oberg L. and WorldWide Classroom (year unknown): access year 2003)
... is precipitated by the anxiety that results from losing all familiar signs and symbols of social intercourse. These signs are the thousand and one ways in which we orient ourselves to the situations of daily life: when to shake hands and what to say when we meet people, when and how to give tips, how to give orders to servants, how to make purchases, when to accept and when to refuse invitations, when to take statements seriously and when not.

These cues, which may be words, gestures, facial expressions, customs, or norms are acquired by all of us in the course of growing up and are as much a part of our culture as the language we speak or the beliefs we accept. All of us depend for our peace of mind and our efficiency on hundreds of these cues, most of which are unconsciously learned.

When an individual enters a strange culture, all or most of these familiar cues are removed. He or she is like a fish out of water. No matter how broad-minded or full of good will he may be, a series of props have been knocked from under him. This is followed by a feeling of frustration and anxiety. People react to the frustration in much the same way. First they reject the environment which causes the discomfort: "the ways of the host country are bad because they make us feel bad."

Although these are the experiences of people going into another culture through choice, including employment overseas, travel or other reasons, culture shock is something very real to Aboriginal Australians, particularly those attempting to access services controlled by the dominant culture. In 1992, Eckermann (Eckermann 1992:134) wrote of …

... that feeling of uneasiness, anxiety and stress which arises when suddenly all our familiar cues, language, interpersonal relationships, tastes and actions appear to be out of place ...

It is important to note, however, that the vast majority of authors write of culture shock when one willingly goes into another’s environment with the intention of returning ‘home’. For many Aboriginal people, there is little choice. People were forcibly removed from their regular environments and placed in alien circumstances away from family and Country. People have had to move from home to be close to the big hospitals for on-going care or risk premature death at home in the absence of health care.

Culture shock, in all its interpretations, may well be part of the reason why people are in a state of confusion, misunderstanding the provision of health care and then being non-compliant to the proposed interventions.

Compliance

Compliant n. Willing to carry out a set of procedures or practices in accordance with established guidelines or standards.(Meinhart L. and Tonascia S 1986)
This term usually describes whether or not a person agrees to the act of submitting or surrendering power or yields to the will of another. It is expected that one acts to an accepted standard and is wanting to follow (say) a health providers' recommendations and treatment protocols.

Implicit is the concept of a vertical hierarchy, namely the patient to health provider, in which the patient is relegated the subordinate role. This is often because there are needs that can only be met by the health provider, whether it is in medication, treatments and procedures, or the issuing of certificates and documentations.\textsuperscript{129}

According to Schroy III(Schroy III PC 2002) that the …

… hierarchy is, in itself, a negative influence on patient compliance with provider recommendations. The extent to which providers espouse active patient participation rather than passivity in preventive health strategies undoubtedly has an impact on a patient's willingness to "comply" with their recommendations. Alternate terms such as "adherence" have been suggested, but again, such terms fail to encompass proactive patient involvement.

The language of compliance, adherence and non-compliance and non-adherence became popular during the 1970's to explain why patient defaulted on their treatments, became recalcitrant, difficult or uncooperative with their health advice and treatments. It was not the most polite way to refer to ones patients who, for all intent and reasons, do not wish to comply. The practitioner, on the other hand, expected that their word was the truth, that the patient would simply obey orders and was not an equal in the health interaction in any way, shape or form. Compliance and non-compliance became therefore the way to describe a lack of action on the patients behalf to follow the doctors orders.(Humphery, Weeramanthri et al. 2001)

The use of such terms to describe a clash of peoples engaged in the power-laden relationship of health provider and patient is one that really has no other parallel. Nor are there any other useful terms to describe this relationship that could bring clarity to some of the problems faced by the Aboriginal peoples of Australia.

\textsuperscript{129} More definitions can be found at: http://www.hyperdictionary.com/search.aspx?Dict=&define=compliance
Put simply, people can and do misinterpret instructions by the practitioner, or get given incorrect or incomprehensible information about their treatments or medicines. Some even get directions wrong, even if they understand why a proposed treatment is recommended, or want the outcome promised by following the regimen. There are however, many terms, instructions and definitions that are simply vague.

Culture and compliance

For a person to understand a series of concepts from, for example, the western medical model, then that person, it is argued, needs to understand and be intimately familiar with the culture from which the model has arisen. (Steffensen and Colker 1982) Maturana and Varela (Maturana and Varela 1987) suggested that without the proper language labels, there can be no understanding of the concepts described by that language. For example, if the labels for an illness are undefined in the language, then those labels may be undefined in the understanding and behaviour of the recipient. Further, there may be no conscious understanding of treatments, regimes or causal pathway of illness. This occurs also in the in-ability of some practitioners to understand why or how people can become ill. There is also a lack of appreciation as to why people don’t follow instructions, choosing perhaps to share medicines with others so afflicted, or to discontinue their use altogether if the symptoms abate.

Steffeson and Colker (Steffensen and Colker 1982) further suggest that:

If the schema is absent or only poorly articulated, the information either will not be recalled or will be distorted.

They go on to say

Experience and knowledge are embedded in culture, schemata are culture bound.

When the culture contains an explanation for diseases that are totally alien to scientific concepts, then the barriers to understanding may be enormous.

Skov (Skov 1994) during his 1994 Masters study into childhood diarrhoea in a central Australian community, states:

It is thus clear that, despite what has been done about Aboriginal childhood diarrhoea in central Australia during this time, children continue to suffer unacceptably from it.
He goes on to say that he was stimulated to do a study, but the real push came from the actions of the Department of Health:

Department of Health employees were attempting to deliver a primary health care service to Aboriginal people with almost no consideration of the health culture and the daily realities of life for the people and with negligible involvement of the people in the planning of the health care system. (Skov 1994)

Given the differences between the cultures of some Aboriginal people, and the culture of western medicine, it is logical to assume there will be a problem integrating these differing ways, or schemata into a whole that can produce a ‘positive outcome’.

In many cases, Aboriginal peoples notion of health and wellness is vastly different to the notion of health in the western bio-medical model. Any health promotion or educational efforts that does not take into account the cultural norms and beliefs of the audience the programmes are targeting may not have the effect that was hoped. To Skov (Skov 1994) these issues were a ‘major limitation on the effectiveness’ of the work he performed as a medical officer, in both day to day health care, as well as in programme delivery. Although we see compliance in terms of the patients complying with practitioner’s instructions, in fact, the patient will comply with what the patient sees as the most appropriate treatment for them. If the practitioner has not managed to present a safe solution to the illness in such a way that the patient believes the recommended treatment will result in better outcomes than not taking the treatment, then the term non-compliant is not appropriate.

To a certain extent, the responsibility for this non-compliance must lie with the practitioner, not the patient. The practitioner is being non-compliant with the cultural norms and ways of the patient. The health promotion team is non-compliant with the needs of the population.

This is an important shift in perspective. It brings home the importance of providing care in an appropriate manner. If the outcome of the process is that the patient does not follow the recommended treatment and is thus less healthy, this is the equivalent (in outcome although not intent) to the practitioner prescribing the wrong treatment in the first place. If the community, or target audience does not take heed of the health promotion message, and then suffers the consequences of this decision, some of the responsibility must lie with the way the material was presented. Most human beings, no matter what culture they are from, will make decisions that they perceive are in their best interest.

Aboriginal people from different regions of Australia will react differently to situations, and each person will respond
in the light of his (her) own upbringing and background - his (her) traditional heritage, the unique pattern of life developed over countless centuries. (Brendt RM. and Brendt CH. 1996:p23)

In his writings of *Yolngu* culture, Cawte observes that a collaborative effort is needed as:

> Healing is displacing magic as the foundation of healthy living. (Cawte 1993)

The modern western view of medicine is essentially mechanistic. The body is a machine, which requires servicing and repair at regular intervals. The health practitioner is there to recommend oil changes and, if necessary, replace parts that no longer function to specification. At the use-by date (declared often in the face of a mortal illness), the health care recipient’s body will cease to function. In this system, the underlying assumption is that disease has an external cause, and that treatment is to relieve symptoms with surgery, pharmaceuticals or radiotherapy.

In other words, the patient has little input into their own healing, the best thing that they can do is to simply do as they are told and comply with the treatment. (Achterberg J, Dossey B et al. 1994)

According to Elkin, in his work of 1945, the traditional doctor works with patients

> against a common background of faith, and of accepted explanation and methods. (Elkin 1977)

The patient’s job, throughout the process of the healing, is to be able to accept the ideal of health, and is therefore

> in a condition of receptivity, of high suggestibility, and is ready to realise the idea suggested by the doctors actions. (Elkin 1977)

and either the

> immediate cause of the illness has been removed, and that therefore he can recover. (Elkin 1977)

or the doctor cannot remove the cause of illness from the person or

> cannot return the wandering soul, then the patient likewise accepts the suggestion... of death. (Elkin 1977)

This perception, apparently gleaned from the scholar’s years in Aboriginal communities, seems very similar in practice to the western model of health. When a doctor sees a patient who shares the schemata of that person, then isn’t that person in a high state of receptivity, suggestibility and prepared for the cure of the doctor?
We must, in order to truly learn about a culture, be able to take the written experiences of the observers of the culture as their interpretation of that culture and not necessarily the truth of how a culture works.

Viewing these works, so painstakingly written, is an important step that one needs to take if one is to work in an Aboriginal community. Nevertheless, it must be remembered that these are the observations of a visitor, often of someone who is trained in academia, and should only be taken as a guide to what others have found useful and not as a study of truth.

Many attempts to find ways of working with Aboriginal cultures and communities have been made. The earliest attempts were fairly dismal and consisted largely of maintaining strict subordination to the English.

Even the more honourable attempts to understand Aboriginal cultures have tended to follow the western mechanistic model. They seek to provide a series of rules and procedures that, if followed, will (supposedly) solve some of the cross-cultural difficulties one can expect to experience when working with Aboriginal people.

It must be noted, however, that many of these studies and guides are for working with remote people. Many a scholar finds the idea of working with Aboriginal people in non-urban environments too exotic to deny a peer reviewed article or two. The reality is that the majority of Aboriginal people in Australia reside in the larger towns and cities, the appeal of which is somewhat reduced, and sadly, little published. However, the needs in communities such as Brewarrina, Goodooga and Wilcannia are just as worthy as those of Halls Creek, Yuendumu or Sterling Station.

Racism and compliance

We know there is under use of both hospital (McDermott RA, Plant AJ et al. 1996) and health services (Deeble J, Mathers C et al. 1998) by Aboriginal peoples. Indigenous people are receiving significantly fewer diagnostic and therapeutic procedures than their non-Indigenous counterparts, with decisions made about the use of procedures that correlate with, but may not be caused by, ethnic origin. (Cunningham J 2002) Another author noted that:

> It seems implausible that such significant and Australia-wide differences could implicate large numbers of individual clinicians and result from purely personal biases based on race. The disparities are more likely a result of subtler systemic practices, not ill-intentioned but still discriminatory, and almost invisible within an individual patient–provider encounter. (Fisher D and Weeramanthri T 2002)
Others have reviewed the existence of the subtle forms of racism embedded in the language of health, claiming such language is ‘set in our colonial past and the values and mores of that bloody past, including its prejudices and racism’. (Humphery, Weeramanthri et al. 2001) They found that the majority of the seventy six Northern Territory health professionals they studied felt that ‘non-compliance’ was an issue, stemming from a lack of clear patient understanding of health and treatment issues, as well as cultural differences. ‘Non-compliance’ was used to describe the lack of control of the healthcare provider over the patient, and the patient’s willingness to follow a regime was also discussed. They state that there is a need to improve communication and cross-cultural skills and reorient the client-patient interaction around the needs and values of the patient, not the provider. They recognise that there is a pressing need to transform health service institutions by increasing Indigenous control and employment, and also the role of improving acceptability and the effectiveness of services and the need to work within and across professional, consumer and citizen groups to advocate for greater resourcing of Indigenous health initiatives. They also speak of the need to foster action on socio-economic determinants of health. (Fisher D and Weeramanthri T 2002)

In a radio interview by Norman Swan about their book *Forgetting compliance*, (Swan N 2001) Humphrey stated:

> We got a whole range of opinions which extended from races [sic] to attitudes that were very thoughtful and considered. People tended to push the problem away, that is, they tended to blame the patient rather than look at the way services were provided. People tended to concentrate on individual and clinical factors rather than institutional and socio-political factors as reasons why Aboriginal people do, or do not, use mainstream services. There was comparatively little thought about the procedures that were followed in the hospitals, things like the way people were admitted, and seen in clinical consultations and discharge [sic].

Anecdotally, people have understood that Aboriginal people do not ‘non-comply’ at any greater rate than the broader Australian cohort, a fact now backed by Humphrey and his colleagues. The vital feature of all the work around compliance is of the consequences of not taking a medicine or having a treatment. These become critical to peoples lives.
Cultural safety

The Māori nurse, Dr Irahapeti Ramsden\textsuperscript{130}, amongst others, wrote about the need for cultural safety in nursing practise during the early 1990’s. Part of their work involved advocating for organisational change and legislative reform to ensure principles and rights espoused in the Treaty of Waitangi were observed in health practise.

The definition of Cultural safety has developed over time, starting in 1992 with the Standards for Registration of Comprehensive Nurses from Polytechnic Courses:\textsuperscript{(Nursing Council of New Zealand. 1996)}

> The effective nursing of a person/family from another culture by a nurse who has undertaken a process of reflection on own cultural identity and recognises the impact of the nurse’s culture on own nursing practice. Unsafe cultural practice is any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.

Over time, and with some review, in 1996 the definition became one where:

> Cultural safety…is the outcome of nursing and midwifery education that enables safe service to be defined by those who receive the service. (Nursing Council of New Zealand. 1996)

In 2002 the Cultural Safety definition became more specific:

> The effective nursing or midwifery practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse or midwife delivering the nursing or midwifery service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action, which diminishes, demeans, disempowers the cultural identity and wellbeing of an individual. (Ramsden 2002)

Ramsden in her published abstract titled *Cultural safety and nursing education in Aotearoa and Te Waipounamu*, stated that the story that …

\textsuperscript{130} Poroporoaki to Irihapeti Merenia Ramsden was released on 7\textsuperscript{th} April 2003 following her death two days before. Part of it reads ‘The death of Irihapeti Ramsden is a great loss for our people, and for this country’
… Cultural Safety is a personal story, but also a very public one. It is set in neo-colonial New Zealand, but has implications for indigenous people throughout the world. It is about human samenesses and human differences, but is also a story about all interactions between nurses and patients because all are power laden. Finally, although it is about nursing, it is also relevant to all encounters, all exchanges between health care workers and patients.(Ramsden 2002)

Another researcher, this time an Australian woman, Robyn Williams, has taken the idea as:

… an emergent, broad definition states that cultural safety means (more or less) an environment which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity, and truly listening.(Williams R 2002)

She suggests further that there are considerable anecdotal evidence from people working in cross-cultural situations that they experience high levels of frustration with the chasm or barrier between what was expected of them as professional/service deliverers and what Indigenous clients wanted and needed.(Williams R 2002)

Although there are no arguments about mismatch of expectations between service providers and recipients, some difficulties need to be worked through before an approach needs to be taken, especially if that approach is one developed in a context outside of Australia.

It has been stated that the people most able or equipped to provide a culturally safe atmosphere are people from the same culture; yet here in Australia there is resistance to the development of systemic strategies to cultivate culturally safe environments. This is something beyond the current policies of ‘indigenisation’ of having people with ‘black faces’ or rooms named after Aboriginal places. It takes more than these to ensure a culturally safe environment.

There are numerous examples of culturally safe and unsafe practises. There are many examples, including one from the supervisor of this thesis, Emeritus Professor Kerr, who wrote to me about an interaction he had with a colleague. Kerr stated:

I met a cardiac surgeon in Darwin who said the desert people were shifty and probably liars because they wouldn’t look him in the eye.

131 More on this matter can be downloaded from http://www.flinders.edu.au/kokotinna/SECT04/OVERVW.HTM
Other cultures experience similar problems. For example, a web site from the Student British Medical Journal, via the University of Manchester, has a short article called *Learning about different cultures while at medical school may prevent you from becoming a “medical blunderer”*. (Cohen D., Desai M. et al. 2003) The article opens with an example of a well-intentioned doctor extending his hand to shake that of a Muslim woman. The article continues and discusses the idea of people with high intentions making errors and being able to place their interactions with others onto the Cartesian graph following.

![Table 14: Graph describing the interactions between people in the health context.](image)

Cultural competence, as defined by the authors as being ‘knowledge of the theory behind other cultures’ is plotted on the x axis against cultural humility, defined as the ‘awareness of how to behave in the presence of other cultures’ along the y axis. (Cohen D., Desai M. et al. 2003)

Obviously the ideal for health practitioners is to reside in the upper right box, the area depicted as ‘Cultural humility and cultural safety’. According to Cohen, practitioners who are culturally safe:

- not only have sound knowledge, but also are able to both respect and value differences in culture. (Cohen D., Desai M. et al. 2003)

But the question remains, without a checklist, how can practitioners develop the skills to be able to deal with a member of a culture different from their own? Cohen has developed a short list, not dissimilar to ones developed in Aotearoa which provide a starting base:

- What is the cultural, ethnic and religious background of this patient?
- How will this affect the way I will interact with this patient?
- How will this affect the management of my patient?

According to Prideaux (Prideaux D and Edmondson W. 2001) it is the cultural identity of the individual that affects interactions with the health system and influences health status. The use of examples, anecdotes and “cultural immersion” in the education system can assist the expectant health provider. Yet,
in Australia there is not a ‘representative’ culture of Aboriginal Australians. We are all very different, with differing language, custom and individual and on-going experiences of invasion.

The cultural diversity of the average Aboriginal person must include their education, socio-economic background, demographic relationships, faith and health expectations and experiences, along with an understanding of the effect of stereotyping, prejudices and institutionalized racism upon the individual and the environment.
Chapter Six

Australian adaptations of the Cultural Safety model.

In New Zealand, ‘cultural safety’ was developed as part of a strategy to address the known health problems in the Māori population of Aotearoa. One of the principles of the approach was to enable health workers to understand and appreciate that:

The health care relationship between a professional and a consumer is unique, powerladen, and culturally dyadic. From this perspective, whenever two people meet in healthcare interactions, it inevitably involves the convergence of two cultures. This bicultural component not only involves unequal power and different status’s but it also often involves two cultures with differing colonial histories, ethnicities or levels of material advantage.(Kearns and Dyck 1996; Kearns 1998)

Cultural safety education has now been incorporated in all nursing and midwifery courses in New Zealand since 1992.(Papps and Ramsden 1996) The final examinations dedicate at least 20% weighting to this subject. The entire philosophy rests upon the constitutional acknowledgement of the Treaty of Waitangi. This treaty lies at the centre of Māori education, rights to land, compensation and restitution.

In Australia, however, there are different issues. Notably the lack of a treaty or of the acknowledgement of human rights(Committee on the elimination of racial discrimination. and United Nations 2000) which make taking the New Zealand approach and applying it in Australia problematic. For us to start even talking about implementing the principles of cultural safety in Australia we must first act to achieve a rights-based reconciliation process as described above. Further to this, for example, there is the conflict between present day Commonwealth abnegation of self-determination as it is recognised internationally\textsuperscript{132} versus its affirmation by the NSW Government.

The right to self-determination and the principle of effective participation are founded in Article 1 of ICCPR and ICESCR. These conventions(Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003) state that people have a right

to self determinations and that people may “freely determine their political status and freely pursue their economic, social and cultural development.”

Of particular importance is the relationship between self-determination and land tenure and the fact that very few people in NSW have had their native title to land recognised. For example, native title in the area held under Western lands leases comprising 96 percent of the Western Division, NSW, (which in turn covers approximately 43 per cent of NSW(Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003)) was effectively extinguished in 2002.\textsuperscript{133} With rights to land all but denied, the question of how to guarantee the principles of effective participation and the achievement of negotiated outcomes with informed consent in the pursuit of partnerships and regional agreements between Aboriginal peoples and others is raised. For as the Aboriginal and Social Justice Commissioner writes\textsuperscript{134}(Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003:Chapter 4)

\begin{quote}
\ldots these findings of extinguishment or non-recognition under the NTA will not, in practice, result in the extinguishment or non-recognition of Indigenous laws and customs, within an Indigenous framework.\textsuperscript{134}
\end{quote}

Indigenous law […] continues[s] to operate regardless of the intrusions of Australian law. It continues to allocate rights and interest in country, dictate the nature of social interactions and acts as the basis of Indigenous social, cultural and political identity.\textsuperscript{134}(Muir K 1998)

Before appropriating any of the Māori model, Aboriginal people also need to be very clear about what a cultural safety model could look like in the provision of services to their actual community.

First, however, cultural safety needs to be distinguished from cultural awareness and cultural sensitivity.

Cultural awareness acknowledges that there are differences between people and that there is a degree of sensitisation to ‘formal ritual and practice rather than the emotional, social, economic and political context in which people live’.\textsuperscript{134}(Nursing Council of New Zealand. 1996) It encompasses, according to one source\textsuperscript{135}(South Australian Centre for Rural & Remote Health, Adelaide University et al. 2001:p2), the means of …

\begin{flushright}
\textsuperscript{133} Wilson v Anderson and or’s [2002] 29 (8 August 2002)
\textsuperscript{134} For more information see \url{http://www.hreoc.gov.au/social_justice/ntreport_02/chapter4.html}
\end{flushright}
...having knowledge and understanding of Aboriginal people’s histories, values, belief systems, experience and lifestyles. It is not about becoming an expert on Aboriginal culture; however it is about being aware of the cultural differences that exist, appreciating and having an understanding of those differences, and accepting them.135

Cultural sensitivity, on the other hand, supports a self exploration of ‘own life experience and realities and the impact this may have on others’. (Nursing Council of New Zealand. 1996) Although this definition gives a notion of understandable, albeit abstract appreciation of cultural sensitivity, there are no specific behaviours that could lead a practitioner into the ‘doing’ of cultural sensitivity. As one author notes...

...the rhetoric on cultural sensitivity in the cross-cultural literature continues to provide a limited definition of what it means to be culturally sensitive. Cultural sensitivity is often conceptualized in theoretical and abstract terms that challenge clinicians’ abilities to translate these conceptual definitions into actual, concrete, culturally-sensitive interactions between them and their patients. Some argue that cultural sensitivity is an “art”, while others may argue that it is a skill that can be taught and learned like any other clinical skill. (Angelica Maria Perez 2003:Abstract number 43264)

Although the concepts discussed previously are very important, there are often a series of behaviours, actions and competencies that define a culturally sensitive or culturally aware person. The combination of these competences makes one aware of the culture of safety.

The culture of safety.

We have reviewed in the previous chapters some of the reasons behind why Aboriginal health remains the poorest of any colonised peoples today. The cultural diversity of Aboriginal people is a major factor in the planning of health services and delivery of care into communities and to individuals. Further, the accessibility of services makes a difference to how a community or individual views or makes use of services. For example, an appreciation of the circumstances of the population, including education (both in traditional and contemporary modes), employment and socio-economic circumstances, demographic relationships, faith and health expectations and experiences, along with an understanding of the effect of stereotyping, prejudices and institutionalised racism upon the individual and the environment, will help all involved in the interaction.

In New Zealand, concepts and needs similar to these drove the creation of the model of cultural safety, building upon cultural awareness and cultural sensitivity. Nowadays, cultural safety is as important as physical and emotional safety, requiring the health professional, amongst other factors, to be aware of their own culture and the impact of that culture on the health care interaction.

To achieve long-term change in the plight of Aboriginal people in this country, a cultural safety model cannot be applied until there is formal recognition of their inherent rights.

To date, the lack of any constitutional recognition or treaty contracts makes this application difficult. In the absence of these, there are international covenants that can be used to support the making of a model of cultural safety in Australia. Until there is acknowledgment; then it is up to individuals to incorporate into their practice an ethic to become aware of the influence of their own culture on the health interaction between themselves and others. This also includes awareness of the shared history of this land, and to take stock of the truths about the colonisation process and invasion of this country.

There is no dispute that the principles of cultural safety must be applied here in Australia, and there have been a number of people exploring its application to the health of Aboriginal people specifically. (Eckermann 1992) One example of developing an appropriate model was the Community Survey Method (CSM) project, conducted by the present author LJP.

The following is a short example of a CSM project, showing what can be achieved when a human rights-based approach is taken as a health imperative. It outlines the original model, and how this was taken from the Far North Queensland area and adapted into another remote area in Australia. Although the
author takes no credit for the development of the Queensland program, the author is responsible for
driving the pilot of the adapted version. The name of the community has been withheld, as are specific
findings, in the name of respect and confidentiality. A short discussion will follow the model and
elaborate some of the specific health states found in this community.

The *Well Person’s Health Check* in Far North Queensland

The *Well Person’s Health Check* was originally developed in Far North Queensland following the
publication of the *National Aboriginal Health Strategy* (NAHS) in 1988. (National Aboriginal Health
Strategy Working Party. 1989) Findings of the NAHS confirmed that many undiagnosed and untreated
diseases such as sexually transmitted infections, diabetes, renal, cardiovascular and respiratory disease
contribute substantially to excess mortality and morbidity in Indigenous populations. Further, NAHS
found that the treatment of these diseases in the early stages can result in a cure or a reduction in
morbidity. Unfortunately, because many of these diseases are initially asymptomatic, diagnosis usually
occurs at a later stage, when simple curative interventions fail.

To promote community-based primary health care, a partnership was formed during 1997 with the
Apunipima Cape York Health Council (a community-controlled Indigenous health organisation) and the
Tropical Public Health Unit in Cairns. One of the outcomes of this partnership was the development of
the Far North Queensland *Well Person’s Health Check*. This intervention, originally targeted at remote
communities, was an endeavour to establish the extent of certain diseases in remote communities; to
provide early treatment and referral and to use the data collected to inform service delivery and address
local health issues.

It was from a visit to the Pormpuraaw community on the west coast of Cape York to study the Health
Check during 1999 that the researcher gained hands-on experience of this programme. The researcher
was able to work closely with the team responsible for creating and implementing the program during the
development of the Community Screening Methodology (CSM) programme.
A Community based project example: Community Screening Methodology using a ‘Culturally Safe’ method

While participating in the Public Health Officer Training Programme (NSW Department of Health), the researcher was able to apply some principles of cultural safety to a specific CSM project for 13 months while placed in an area health service in a remote region of Australia.

Some of this work was published in (Jackson L, Mayne D et al. 2001)

Acknowledgment

I would like to acknowledge the invaluable assistance and support of the elders and residents of community in which this program was held, the Apunipima Cape York Health Council, the Tropical Public Health Unit in Cairns; the members of the Far North Queensland Well Person’s Health Check Team, Pormpuraaw; the members and representative organisations of the steering committee in Broken Hill, and the dedicated team of the Far West Well Person’s Health Check.
The Community Screening Methodology in Remote New South Wales

Our people die earlier than other Australians. People die from things that can be prevented. It is not fair. We need proper support to stop this from happening. It’s not about research; it’s about the stuff we can do to get what we need, not what others think we need.

Elder commenting on how the health services treated his community in the past, 2000.

The brief for the placement was to develop a new, or implement a modified, community screening methodology in order to better inform the area health service of the health needs of people residing in remote Aboriginal communities.

A review and needs assessment was undertaken using the following guidelines:

- Systematically review other community-based programmes in health, housing and education, and critique each in the context of the needs of a remote community.

- Design a pilot to instigate a CSM project in a remote Aboriginal community to include:
  
  consultation with community appointed people, including non-Aboriginal people who reside in the community;

  a questionnaire, interview, physical examination and opportunistic one-on-one education to the participants;

  community feedback via letters to each household prior commencement, an evaluation process to follow-up, and the delivery of a community report (both oral and written).

  prepare and train a team of local workers to transfer the skills of conducting a CSM style of programme to the local community.

- Review the pilot and trial the process in situ.

- Evaluate the programme and feedback results to the health service and to the community and individuals within that community.

The CSM project was to become a joint venture between a major university department of rural health, the representative Aboriginal Community Controlled Health Organisation of the community concerned and the area health service. A working party, consisting of representatives from each of the organisations...
listed above, was convened to guide the adaptation of the CSM to suit the needs and resources of a remote Aboriginal community. The working party decided to pilot a programme in a community that fulfilled the following criteria:

- a remote community;
- a majority population (75 per cent) of persons of Aboriginal descent;
- the presence of a health service, hospital or multipurpose health facility;
- the presence of a general practitioner in residence or access to regular Royal Flying Doctor Service clinics and services.

Further, the CSM was to be offered as a service to the community and not intended to replace any current programmes or services. It would act outside existing services to provide a baseline of health information to the community and the organisations that serve the members of the community. The CSM was to be conducted in the community; the involvement of all participants voluntary. The programme was to be done in consultation with the local health services, community representative organisations and councils. The CSM will be made available to all teenagers and adults in the community, with the emphasis on people aged 15 years to 45 years of age.
Community Consultations

Community consultation was held in two remote communities, one in the southern area of the region, the other some 1,200 kilometres away in the north. Members of each community were given letters outlining the project, as well as the opportunity to come to a series of community presentations. Further, members of the communities were visited and the researcher was able to listen to feedback in a confidential manner.

If you don’t talk to the community and listen to them then no one will come. It does not matter how good a programme is, if they don’t come… nothing matters. Talking to the community gets the relationship going…that will drive the entire check.

Well Person’s team member from TPHU commenting on the importance of community ownership, 1999.

All aspects of the CSM were explained to health staff, health advisory council members, and community groups including the elders, the justice committee and others. Discussion included the roles of collaborating organisations, the process of community consultation, perceived time-line, outcome expectations and programme logistics.

Both the southern and northern communities wished to host the pilot programme. The southern community withdrew their decision because another programme, sponsored by a neighbouring state’s Aboriginal Community Controlled Health Organisation was about to commence a sexual health screening in the local area, the committee deciding it best not to offer two screening programmes, of a similar nature, in the same year. It was decided the community in the northern region would therefore host the CSM pilot programme. Specific objectives and expectations of outcomes arose from community discussions during the initial working party presentations.
Objectives and expected outcomes

These included:

- detection and early intervention in diabetes, renal disease, hypertension, and sexually transmitted infections;
- performing a brief dental examination;
- providing health information to those at risk of disease;
- achieving a reduction in the prevalence of preventable disease;
- focussing community attention on health and related issues;
- assisting future planning by providing baseline data for service delivery throughout the region;
- building capacity of health workers, community members and local health services;
- detection and treatment of some asymptomatic diseases;
- referrals to clinics and providers for ongoing treatment for those detected with disease;

and the

- provision of brief interventions for smoking, nutrition, alcohol and sexual health matters.

The programme was then created with these objectives in mind, and can be described in the following stages.
Stage One: November 1999 to April 2000

Community consultations

The local Health Advisory Council, Working Party, staff of the Health Service and community members, worked together to ensure the community consultation was thorough. This took over four months, from the first contact to the first day of the CSM. Further, many residents were visited in their homes and the CSM presented to them in order to gain their feedback.

Community survey

A community survey involving a simple questionnaire was done some weeks before the CSM. Each household was given a community information booklet and a large poster to keep. Individuals in the target age group (15 to 45) were identified and compared to the most recent census. This became the secondary screening denominator. The census, inaccurate as it was, became the primary screening denominator.

Artwork competition

An artwork competition valued at $250 was held for the design of a t-shirt, which also served to galvanise community interest. The winning entry became the official artwork of the CSM in the area.

Development of protocols and supporting documentation

A protocol for each and every station was created for the CSM by this author. The pathology manual was prepared using materials supplied by the collaborating laboratory.

This documentation became the basis of the training manual for staff in community screening methodologies in the area health service.

Training and staff preparation

In preparation, all people working on the CSM attended a specially designed two-and-a-half day course at the health service developed by the local university department. Attendees included the dentist, registered and enrolled nurses and other professionals. This enabled a minimum baseline of training to be

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136 There where many entries to the competition. One collaboration, by four locals, was the eventual winner and became the artwork for the t-shirt.
given to all. The emphasis was on developing the practical skills of staff and community members of the local area. Sessions covered nutrition, diet and basic food preparation, oral and dental health, the taking of blood pressure taking and basic interpretation, anthropometry and calculation of BMI and WHR, alcohol and lifestyle questioning, amongst others. A certificate of participation was awarded to each person who attended the training programme.

**Prior held Community event**

A community event was held immediately before the CSM, which included a talent quest, ball games, races, and a band performance. Other groups, including representatives from ATSIC, the police, fire brigade, and the local school donated services and prizes to the talent quest. Elders prepared bush foods including *Emu in the Hole* (traditionally prepared bush tucker) and *Johnny Cakes* (a damper style bread). Members of the CSM team handed out brochures, leaflets and other health-related materials, and answered any questions people had about the CSM. The event was on a Saturday and was maintained as alcohol and drug free.

**Data-base development**

Some of the screening tests for the CSM were the same as the TPHU programme, which allowed us to use the TPHU’s *Access* database. However, many other observations not included in the TPHU’s screening, needed to be recorded and compared in the database. This necessitated extreme changes to the database code. These changes took six months to complete, despite the volumes of support given over the time by the TPHU.
Stage Two: May 200 to June 2000

The CSM screening program

The CSM was set up in a separate, demountable building next door to the Health Service building. The demountable had a number of entrances, two toilets, two small clinic rooms (one became the blood taking room, the other the oral check room) and a larger room. In the larger room, stations were separated from each other by the use of movable screens, temporary curtains and items of furniture. Participants were facilitated through the nine stations, each of these focusing on different health related questions and examinations. The nine stations are:

1. Consent: Written consent was obtained from each person. Consent could be withdrawn at any time, for all or part of the remaining stations.

   Because of some degree of illiteracy in the community, it was decided that each person had the full consent form read to them by a CSM staff member. No assumptions were made about someone’s ability to read or understand reading material. Time was taken to make sure people were clear on what they were agreeing to, and how they could withdraw consent without “loosing face”.

2. Registration: Each person’s contact details were checked so that staff could follow up on the results once they became available.

   Some people were shy about any results going to their home, and were able to leave contact details for staff to use only in the context of this CSM. Sometimes people had multiple contact details, each of these were recorded.

3. Blood Pressure: Blood pressure was taken three times to calculate the average systolic and diastolic blood pressure.

   Although the staff of the CSM were taught the use of manual sphygmomanometers and stethoscopes, an automatic machine was used to reduce the chance of operator variability and error. In the event of power failure, manual equipment was available for back up purposes.

4. Anthropometry: Body Mass Index (BMI) and Waist Hip Ratios (WHR) were calculated from height, weight, waist and hip measurements.
Staff were taught how to do ‘hands off’ reading of waist measurements, by either asking the person to hold one end of the tape measure and turn around or by instructing the participant on taking their own measurements. Further, some of the participants were quite large, needing scales to be accurate over the 130 kilograms (286 pounds) mark. Height recorders of over 1.9 meters (6 foot 3 inches) also had to be made available. Additional sensitivity had to be shown with the names of some of the measurements, with terms such as ‘belly fat’ being used instead of WHR. Finally, some of the men who were muscly had minimal body fat and, under the standardised body mass indices, would have been considered ‘obese’ or ‘overweight’. This resulted in some flexibility in interpretation.

5. Oral Health: Visual assessment of oral hygiene, including the examination of teeth, gums, mucosa and tongue.

For many, a visit to the dentist was for emergency and (usually) painful treatments. Not many of the participants had ever had the opportunity to have a non-procedural check-up, question treatments or ask questions about their oral health. This style of screening allowed the dentist to give opportunistic feedback, toothbrushes and toothpaste and demonstrate their use in a safe and painless environment.

6. Blood Collection: Fasting blood glucose levels, liver function, total cholesterol and triglycerides, full blood count, serum folate levels and an examination for syphilis were conducted on the 25 ml of blood taken from each individual.

The collection happened in a discrete room. Very few people declined to have blood taken. All bloods were prepared to a standard protocol for shipping to Adelaide or Sydney. Some bloods had to be spun in a centrifuge and an aliquot tube prepared on site. Other samples had to be spun within 60 minutes of collection.

7. Urine Sample: Mid-stream urine was collected to conduct a polymerase chain reaction (PCR) test for gonorrhoea and chlamydia and to do a albumin creatinine ratio (ACR).

Separate rooms were available for the men and the women. The jars were distributed in small brown paper bags.

8. Lifestyle Interview: Questions were asked about cigarette smoking, alcohol consumption, fruit and vegetable intake, and daily exercise.
Questions about cigarette smoking included both manufactured cigarettes and roll-your-own. Information on marijuana and other inhalants was not asked. Questions about drinking were asked using prompts, including empty bottles of commonly available alcohol, pictures of quantities (slabs and glasses) and questions such as “How many people shared this with you?” and “Did you share anyone else’s grog?” This enabled a fairly informed answer on behalf of the participant.

9. Exit Interview: Questions about medical background and medication regimes were asked; and assessments were made as to whether the person would be eligible for vaccination or required referrals to other health-related services. Some feedback on the anthropometry, blood pressure, alcohol and smoking were given.

This was particularly important in evaluating known diabetic and hypertensive people. Other history collected included medicines taken and brief family medical histories. A protocol was created specifically for this station that would enable the immediate treatment of people through the health service for conditions warranting such attention. A number of people were very unwell on presentation to this station and were evacuated out of the community for urgent medical care.

The CSM was open for 10 days from 5.00 or 6.00 a.m. to midday each day. All people over the age of 15 years were invited to attend. Between 25 and 35 people were screened each day.

Following completion of the check, each person received a healthy breakfast of vegetable stew, fresh fruit, cereals, breads and juices. They also received a t-shirt featuring the artwork of the CSM. All food was prepared by community members on a volunteer basis. Further, all food was purchased locally. The Café was under the watchful eye of a respected community elder, keen to share her expertise of food preparation.

137 The Café was open from 5am till 1pm each day. The tent became a safe place for people to go to find out about the check over a cuppa and a feed.
Stage Three: June 2000

Clinical follow-up

The majority of people who attended the CSM attended the clinical follow-up. Two confidential consultations with a clinician were provided, and immediate treatment or further investigation was offered to those with equivocal fasting blood glucose levels, or to those with any sexually transmissible infection. Vaccination against influenza and pneumonia where offered where indicated.

An individualised booklet outlining both self-reported and observed information (other than information related to sexually transmissible infections) was provided for each participant. Each booklet contained self-reported fruit and vegetable intake, smoking and alcohol use, and amount of exercise; observed weight, body shape, blood pressure, and oral health status; laboratory results of red cell folate, blood fats, blood glucose levels, and liver and kidney function; as well as other health information, including nutrition and exercise tips. A small dilly bag, containing other health-related information; fresh fruit, oral care products and follow-up cards, was given to each person. People who could not attend this session were offered alternative sessions by the health staff who conducted the CSM programme.

Nutritional session

A nutritional session, conducted by a qualified nutritionist, was offered to each person who attended the CSM. Included was a short session on food preparation using locally acquired products, as well as a short presentation on the special food needs of people who are overweight and who are diabetic.

Diabetic morning tea

A special diabetic morning tea was held for those interested, including newly-diagnosed diabetics, and people with equivocal blood glucose levels. An informal discussion about food, eating, exercise, and alcohol occurred, while participants made snacks and lunches from locally-acquired foods.

Community report and subsequent interventions
Aggregated data about the community was presented to the community both as a written and oral report during August, 2000. This information has since been disseminated through the local Health Advisory Council.

A number of short, community-based interventions have started locally in response to the findings of the CSM, including a walking group, shopping group (who go to the nearby regional centre to buy some products in bulk) and a support group to help lobby for services.

**Stage Four – The future of the check**

*The future*

Information gathered during the CSM provides a base-line of the current state of health and wellbeing of the community. The community uses this data to lobby for additional services and funding for specific projects. Service providers and the community use this information to better plan and implement appropriate health programmes.

Many consider this type of programme to be a very important step in health service planning and delivery.

*Our people die earlier than other Australian’s. People die from things that can be prevented. It is not fair; we need proper support to stop this from happening*

*(Community member, during the consultation stage of the CSM, in summing up his reasoning for supporting the programme, 1999).*

Programmes like the CSM are an important step in supporting our health services in knowing what services, both urban and remote communities need to stay well.
Results of the check

Overview of the all participants:

Of the 204 attending the check, 46% (n=94) were male and 54% (n=110) were female. 65% (n=133) of these people identified as Indigenous, all of whom identified as Aboriginal. This was 75.9% of the target Indigenous population (based on census estimate). All participants attending were over 15 years of age, 56% (n=115) were between 15 and 45, 44% (89) were 46 years of age and older. The oldest participant was 91 years of age. Of the local residents attending the check (n=149), 49.6% (n=74) were male and 50.4% (n=75) were female. Of these, 60% (n=90) were between 15 and 45, while 40% (n=47) were 46 years of age and older. Eighty percent (n=119) of local residents attending the check identified as Aboriginal.

Most of the following results pertain to the Aboriginal participants of the community screened, unless otherwise stated.

Overview of the local Aboriginal peoples attending the check:

Of the Aboriginal residents attending the check (n=119), 51% (n=61) were male and 49% (n=58) were female. Of these, 66% (n=79) were between 15 and 45, while 34% (n=40) were 46 years of age and older. The oldest Aboriginal participant was 77 years of age.

All other results of this check have been removed from this thesis. The author can be contacted directly for any other information on this check.

Overview of the results

In attending this short, brief CSM program, and attending the three-hour community report, the community was able to appreciate the following:

- Well over two thirds of the community are either overweight or obese.

- Well over two thirds of people have too much “belly fat”.

- About half of the population smoke tobacco. Very few chewed tobacco.
• Although half the community exercise regularly, very few older women do any exercise at all. Many of the younger people stated that ‘housework’ comprised exercise. Few people admitted walking to the post office (in a community where nearly every household is within half a kilometre of the post office) or walked to health post. Those who attend the hotel tended to walk.

• Most of the people in the community consumed alcohol in the weeks previous to the CSM, although older women tended to drink less than others. There are few people who drank during this time to safe levels and most people drank around the community ‘pay days’.

• Very few people eat enough fresh fruit. Many people who said they ate fresh fruit considered fruit flavoured milks, confections and breakfast foods (fruit loops and sultana bran for example) as part of their intake.

• Very few people took any vitamins at all. Folate tablets were not mentioned by any woman.

• Women, particularly those in the reproductive years, had less cellular and red blood cell folate than others in the community.

• Because of a logistical error, not all blood samples had iron studies performed. There was a small proportion of people with lower than usual readings.

• Blood pressure readings showed that one third of the young men and two thirds of the older men had BP levels consistent with hypertension. A smaller number of women in both categories (12% and 44% respectively) had the same, alarming levels of BP.

• Blood glucose testing and subsequent oral glucose tolerance tests picked a number of people with either impaired glucose tolerance or undiagnosed diabetes (type II). Most of these people were in the “young” category.

• The fasting cholesterol and triglyceride tests showed a significant number of people with abnormal levels.

There was a reasonable degree of Hep B immunity in the community.

The oral health of the community reflected some of the issues associated with access experience by the Aboriginal people in particular. For example, untreated decay rates were higher for Aboriginal people
whilst missing and filled teeth were more frequent in non-Aboriginal people. Aboriginal people tended to have more need for dentures, especially those who experienced full clearances previously.

As expected, it was found that there was a direct correlation between low vegetable intake and with low folate levels. Similarly, a direct correlation occurred with blood pressure/BMI and blood pressure/WHR. Reviewing the raised blood glucose levels, direct correlations were found with both BMI and WHR.

When reviewing the results of alcohol intake by gamma-glutamyl transpeptidase, interestingly over a quarter of both men and women in the ‘non-drinker’ category showed increased levels of GGT. The category included both never-drinkers and non-drinkers. Of the non-drinkers, most were drinkers previously. The levels to which they consumed alcohol in the past were not recorded. It is expected these results reflect residual effects of an earlier drinking lifestyle. Throughout the examination of GGT and drinking, results reflected a significant proportion of people with raised GGT who self disclosed current drinking habits.

Conclusions

The community was able to give us feedback as well, with most of the comments being of a positive nature about how the program was set up and conducted. For example, the community told us that during the implementation this programme, it was important that the majority of people from the community attended community meetings and support the programme, both in the consultative and in the implementation stages.

One measure of community acceptance of this program is to determine what proportion of the community attended. By using inaccurate screening numerator information from the 1996 census, 75.9% of the target population attended. According to a short census taken by the CSM workers two week prior to the program, it was found that over 82% of the target population attended the first stage of the program. Some of the local health workers reported that

   Everyone would have come if the men weren’t away in the [shearing] sheds.

The importance of using local health workers, and the transfer of skills into the local community was commented upon. One important support mechanism for community health workers was the creation of procedure manuals for each of the stations. These covered all aspects of the stations, rationale of why each was included, specific ‘how to’ guidelines for each examination, as well as literature on each test.
Staff felt better equipped to deal with running the CSM, and spoke of being more confident in following up people in the community.

By using a CSM that is appropriate, flexible and easy to understand, communities can gain the validatable base-line data to ensure that health service needs are met in an empirical manner. For too long many health service professional (as explored earlier in this document) have made decisions on need, in the absence of evidence or specific, community-based information. For example, what is good for the south coast of NSW will not automatically segue into Tasmania.

This CSM is a simple tool to use, that when done in collaboration with a community, can provide the feedback and data to lobby for additional services and for funding for specific projects. Service providers and the community can use, and have used this information to better plan and implement appropriate health programmes, and to allocate resources more effectively. It is expected that a second CSM will occur in the next two years or so to compare and evaluate the effectiveness of programmes implemented following this check.
Chapter Seven

Towards cultural safety in health services.

What would be worse than to have never seen?
To be born with sight and to have no vision.

What is worse than a person without a heart?
One without a conscience

(Graffiti in Newtown and Enmore, 2001).

We know that ill-health is more than physical illness; it is a manifestation of other factors, including spiritual and emotional alienation from Land, family and culture. Land is at the crux of Aboriginal health and wellbeing. Aboriginal people have a spiritual link with the Land which provides a sense of identity, and lies at the centre of spiritual beliefs. (Aboriginal Land Rights Commission and Woodward 1974)

We know also, that for … Aboriginal society there is no word, term or expression for ‘health’ as it is understood in western society. The word as it is used in Western Society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as ‘life is health is life’. (National Aboriginal Health Strategy Working Party. 1989:p ix)

We also know that, as NAHS(National Health and Medical Research Council 1996) reiterated in 1990, health is not only about the physical well-being of the individual, but also of their community [emphasis added]; and the community’s social, emotional, spiritual and cultural wellness is part of that.

We know that the Aboriginal peoples of Australia are an inter-dependent people whose lifestyles and cultures were, and are dynamic, complex and sophisticated and have been for at least 60,000 years. We know that in 1770, when James Cook charted the east coast of Australia, Aboriginal people were healthier than the average person in Britain or other parts of Europe.(Clark 1966:p51; Australian Institute of Health 1988) We also know that the European settlers were taught to use the local flora and fauna as a means of healing and feeding themselves.(Cribb and Cribb 1981; Watt 1989:n138)
We know that the Aboriginal population was decimated by disease and violence introduced and perpetrated by many of the Europeans. The establishment of settlements and grazing runs displaced the local people and denuded their sources of food leading to starvation and illness and despair. Many Aboriginal people were also subjected to virtual imprisonment on reserves and/or the dismantling of their family structures through the forced removal of their children. Collectively, these facts amount to a genocide that continues in subtle forms to this day.\footnote{138} This situation is not unique to Australian Indigenous peoples, as a senior official of the World Council of Indigenous Peoples makes plain:

> Next to shooting indigenous peoples, the surest way to kill us is to separate us from our part of the Earth. Once separated, we will either perish in body or our minds and spirits will be altered so that we end up mimicking foreign ways, adopt foreign languages, accept foreign thoughts and build a foreign prison around our indigenous spirits, a prison which suffocates rather than nourishes as our traditional territories of the Earth do. Over time, we lose our identity and eventually die or are crippled as we are stuffed under the name of ‘assimilation’ into another society.\cite{World Congress of Indigenous Peoples 1991:xi}

Today there is little formal recognition of the profound spiritual links of Aboriginal peoples to their Land. The common law principle of *terra nullius* – a territory belonging to no one - was applied unilaterally. The British took possession of the land because they considered it to be unoccupied and assumed a ‘supreme and exclusive’ sovereignty which originates from an assumption that the nature of the power asserted by the colonizing state is singular, total and all-encompassing \cite{Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003:p24}\footnote{139}

The stark legacy of this presumption was outlined recently by Dr Bill Jonas:

> The implications of the Mabo decision, that native title does not give recognition to the economic political and legal systems of Indigenous people as a people, are fully realised in the Yorta Yorta decision.\cite{Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003}\footnote{140}

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\footnotemark{139} For more information see http://www.hreoc.gov.au/social Justice/native_title/index.html.

\footnotemark{140} For more information see http://www.hreoc.gov.au/social Justice/native_title/index.html.
“[W]hat the assertion of sovereignty by the British Crown necessarily entailed was that there could thereafter be no parallel law-making system in the territory over which it asserted sovereignty.”

This legal treachery is at the foundation of the overwhelming inequities Aboriginal peoples face today. Unlike the experience of Māori in Aotearoa (New Zealand) or the indigenous peoples in both the United States and Canada (countries where there is no assumption of exclusive sovereignty), (Aboriginal and Torres Strait Islander Social Justice Commission and Human Rights and Equal Opportunity Commission. 2003:p26) in Australia there has never been a formal treaty between Aboriginal peoples and all the newcomers since 1788.

It has been argued that the absence of a treaty with Aboriginal peoples is causally associated with poor health and social disadvantage. (Ring IT and Firman D 1998) Disempowerment is accepted as a causative factor by the Royal Australasian College of Physicians which, in its Darwin Declaration (Royal Australasian College of Physicians 1997) states:

… that the health of Aboriginal and Torres Strait Islander Australians is disastrously poor compared to other Australians, and that the fundamental cause is disempowerment, due to various factors including continued dispossession from land, cultural dislocation, poverty, poor education and unemployment. 142

This places the ongoing health crisis in Indigenous health squarely within the context of Australia’s shared history. To begin to remedy the situation, there must first be acknowledgement of the impact of the dispossession, of the theft of Land and our right to our own lives, of the dead, the lost and the stolen generations of Aboriginal and Torres Strait Islander families.

This fact is reiterated in the recent Inquiry into Indigenous Health: (House of Representatives Standing Committee on Family and Community Affairs 2000:pxiii)

In view of the unacceptably high morbidity and mortality of Aboriginal and Torres Strait Islander peoples the House of Representatives Standing Committee on Family and Community Affairs has been asked to report on:

a) Ways to achieve effective Commonwealth coordination of the provision of health and related programs to Aboriginal and Torres Strait Islander communities, with particular emphasis on the regulation, planning and delivery of such services;

141 Members of the Yorta Yorta Aboriginal Community v Victoria & o’rs [2002] HCA 58 (12 December 2002) (‘Yorta Yorta’) per Gleeson CJ, Gummow & Hayne J at [44]

142 For further content, see http://www.racp.edu.au/indig/cottrell.htm
b) Barriers to access to mainstream health services, to explore avenues to improve the capacity and quality of mainstream health service delivery to Aboriginal and Torres Strait Islander peoples and the development of linkages between Aboriginal and Torres Strait Islander and mainstream services;

c) The need for improved education of medical practitioners, specialists, nurses and health workers, with respect to the health status of Aboriginal and Torres Strait Islander people and its implication for care;

d) The extent to which social and cultural factors, and location, influence health, especially maternal and child health, diet, alcohol and tobacco consumptions;

e) The extent to which Aboriginal and Torres Strait Islander health status affected by educational and employment opportunities, access to transport services and proximity to other community supports, particularly in rural and remote communities; and

f) The extent to which past structures for delivery of health care services have contributed to the poor health status of Aboriginal and Torres Strait Islander people.

There were 35 recommendations handed down in this report ranging from the delivery of primary health care and environmental health services; the formation and reporting mechanisms for an ‘independent National Council for Indigenous Health’; improving the coordination, planning and delivery of services; Indigenous health services and community control; improving housing and infrastructure services; cultural, educational and employment issues (health); health professional issues; research and data collection as well as ‘other important health issues’.

The most interesting of the recommendations was of the “Australian Governments continue in their earnest attempts to conclude a meaningful reconciliation with Indigenous Australians”(House of Representatives Standing Committee on Family and Community Affairs 2000:pxv). Despite the words and the approach, what seems agreed, however, is that for health to improve there needs to be something done.

A number of other reports including the Royal Commission into Aboriginal Deaths in Custody (RCIADIC)(Aboriginal and Torres Strait Islander Commission and Royal Commission Government Response Monitoring Unit. 1994; Aboriginal and Torres Strait Islander Commission. Royal Commission Government Response Monitoring Unit. 1995; Aboriginal and Torres Strait Islander Commission. Royal Commission Government Response Monitoring Unit 1997) and Bringing Them Home (Amnesty International. and Amnesty International. International Secretariat.; Human Rights and Equal Opportunity

The two reports mentioned above together are as close as this country has come to a Truth and Reconciliation Commission. Both admit to past wrongs and suggest or agree to a path forward. The most important aspect of these two inquiries has been the opportunity for survivors from all sides of the injustice to come forward and be heard. Bringing Them Home in particular suggests a path to restitution so essential to new state of well-being.

Bringing them home


… in accordance with international laws, States have the duty to adopt special measures, where necessary, to permit expeditious and fully effective reparations. Reparations shall render justice by removing or redressing the consequences of the wrongful acts and by preventing and deterring violations. Reparations shall be proportionate to the gravity of the violations and the resulting damage and shall include restitution, compensation, rehabilitation, satisfaction and guarantees of non- repetition.\(^{143}\)\(^{144}\)

This area was examined closely in the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (‘Bringing Them Home’) and Recommendation 3 states:(Human Rights and Equal Opportunity Commission 1997:p282)

… for the purposes of responding to the effects of forcible removals, ‘compensation’ be widely defined to mean ‘reparation’; that reparation be made in recognition of the history of gross violations of human rights; and that the van Boven principles guide the reparation measures.

Reparation should consist of,

- acknowledgment and apology;
- guarantees against repetition;

\(^{143}\) More can be viewed on [http://www.unhchr.ch/](http://www.unhchr.ch/)

• measures of restitution;
• measures of rehabilitation; and
• monetary compensation.

A 2002 survey of progress into the implementation of the *Bringing Them Home* recommendations reports that (O'Brien P and with the assistance of Bond J 2002):

The Federal Government has refused to consider any alternative to litigation in the Court system for stolen generations people who seek compensation. There are alternatives, and last year the National Sorry Day Committee was involved with the Public Interest Advocacy Centre (PIAC) in carrying out consultations on a Reparations Tribunal throughout Australia. PIAC’s recent publication, *Restoring Identity*,(Cornwall A. 2002) sets out the case for a Tribunal. The National Sorry Day Committee stands with the Public Interest Advocacy Centre in its view that a Reparations Tribunal would do much to heal the wounds.

It would be valuable to review each of the van Boven principles within the broad Australian context, however, given the scope of this thesis, only a review of the first, ‘Acknowledgment and apology’, will be made in the context of Aboriginal health.
Acknowledgment and apology: Finding out the truth

Government attitudes

As concluded in Chapter 13 of *Bringing them home*:(Human Rights and Equal Opportunity Commission 1997:p275)

Official policy and legislation for Indigenous families and children was contrary to accepted legal principle imported into Australia as British common law and, from late 1946, [following a United Nations Resolution] constituted a crime against humanity. It offended accepted standards of the time and was the subject of dissent and resistance. The implementation of the legislation was marked by breaches of fundamental obligations on the part of the officials and others to the detriment of vulnerable and dependent children whose parents were powerless to know their whereabouts and protect them from exploitation and abuse.\(^\text{145}\)

At the time of writing, the provisions of the 1948 Genocide Convention have not been incorporated into Australian law. According to the *National Inquiry* (Human Rights and Equal Opportunity Commission 1997:p295)

The *Genocide Act 1949* (Cth) merely approved ratification of the Convention and extended its provisions to external territories […] In 1992 the Human Rights Sub-Committee of the Joint Parliamentary Committee on Foreign Affairs, Defense and Trade recommended that the Australian Government introduce legislation to implement the Genocide Convention fully. The effect of implementation would be to create a criminal offence of genocide, including attempting to commit genocide, complicity of the crime of genocide and inciting others to commit genocide […] Implementation would establish a right to compensation for victims of genocide.\(^\text{146}\)

Since the late 1990s, the proposal for acknowledgement and formal apology at a national level has inspired the passions and vitriol of numerous Australians. For example, at the inaugural Australian Reconciliation Convention the incumbent Premier of Victoria, Jeff Kennett, rather than talking directly about the apology issue, stated:

> It is important we come to terms with the past, and work together for the future, rather than endlessly pursuing recriminations and seeking redress, particularly in our courts.


We heard, a moment ago, Mr. Dodson say that he did not find the Wik 10 point plan acceptable. And I can understand you, sir, and your community having some concern with that, but can I make a plea today, for all of us, that if we are not going to lose those things that have been gained in the process of reconciliation over the last few weeks, we've got to be very careful that we do not arm those who are simply opposing every proposition that is being put forward, on the basis of commonsense to bring about greater unity and greater understanding among all Australians.

Kennett went on to make some comments about the options and consequences if we chose not to accept the later-to-be-discredited amendments to the Native Title Act (the *Wik amendments*)\(^{147}\)

You may not agree that the 10 point plan goes as far as you would wish, but I say, having a look at all the options at the moment, it is the best thing we have going for us, all of us. I understand your response, but can I say this, if you are not prepared to work with it, then you run the risk of losing Wik and you run the risk of giving to [Pauline] Hanson and others the power that they do not have today.

His conclusion to the now quite hostile audience was:

Well ladies and gentlemen, ultimately we are all trying to work towards a peaceful resolution. The trouble that we have is to make sure that what we put forward is based on commonsense, is reasonable and has a chance of working. If we destroy the opportunity for a program to work, then it will not just be the Aboriginal community that misses out, it will be fundamentally the majority of Australians.(Kennett J 1997)

Mr Kennett is gone now, voted out by the Victorians in 2001. He did, however, contribute the following to a debate on changes to the preamble of the Australian Constitution:

We commit ourselves to the Commonwealth of Australia as a sovereignty founded on the values of equality and dignity.

We hold inviolable the rights of a free people - to speak freely and to make our own choices in the pursuit of knowledge, opportunity and fulfillment.

Australia's distinctive identity and lifestyle are to be prized and cherished.

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We celebrate difference, and are united by the heritage of a harmonious indigenous and international culture, and the custodianship of an ancient, fragile land.

The future is our frontier and our destiny is to claim Australia's place in the world.

Our democracy is vested in every individual and confers the protection of the rule of law; and government serves the common good.

In this spirit the Constitution defines Australia's charter for all generations. (Kennett J 1999)\(^{148}\)

It is not hard to surmise that the notion that we are “united by the heritage of a harmonious indigenous […] culture” is one that is highly ideal. It is certainly untrue by any empirical standards.

The Prime Minister followed on from Mr Kennett at the Reconciliation Convention.\(^{149}\) He made no direct apology, instead stating a series of statements confirming his belief that the work of his Government in Reconciliation has made progress. (Howard J 1997)

Since the inception of the Council [for Aboriginal Reconciliation] in 1991, the Coalition Parties have committed themselves to the reconciliation process and today, on behalf of the Liberal and National parties, I reaffirm that commitment.

At the heart of this reconciliation process among Australians lies three fundamental objectives:

- the first is a shared commitment to raise the living standards and broadening [sic] the opportunities available to the most disadvantaged group in Australian society and that is indigenous Australians and that must be done as part of a broader commitment to providing equality of opportunity to all Australians

- a second objective is a realistic acknowledgment of the inter-related histories of the various elements of Australian society;

- and a third is a mutual acceptance of the importance of working together to respect and appreciate our differences and to ensure that they do not prevent us from sharing the future.

\(^{148}\) More information the preambles, see [http://www.home.aone.net.au/byzantium/constit-preamble.html](http://www.home.aone.net.au/byzantium/constit-preamble.html)

I am an optimist because I believe that the Australian people respect the right to a 'fair go' for all irrespective of colour, background or belief; and I am an optimist because I believe that these attributes have made Australia one of the fairest, most egalitarian and tolerant societies in the world.

Much of his speech continued in this manner referring to the importance of, ‘all Australians indigenous and otherwise need to acknowledge realistically the interaction of our histories’. He also spoke of, ‘our purpose in doing so should not be to apportion blame and guilt for past wrongs’ and that ‘we need to acknowledge openly that the treatment accorded to many indigenous Australians over a significant period of European settlement represents the most blemished chapter in our history’.

The speech included his now famous personal acknowledgement:

I feel deep sorrow for those of my fellow Australians who suffered injustices under the practices of past generations towards indigenous people. Equally, I am sorry for the hurt and trauma many people here today may continue to feel as a consequence of those practices.

Note that he does not refer directly to Aboriginal peoples and Torres Strait Islanders, yet subsumes them within the greater Australian population. He continued:

In facing the realities of the past, however, we must not join those who would portray Australia's history since 1788 as little more than a disgraceful record of imperialism, exploitation and racism.

Such a portrayal is a gross distortion and deliberately neglects the overall story of great Australian achievement that is there in our history to be told, and such an approach will be repudiated by the overwhelming majority of Australians who are proud of what this country has achieved although inevitably acknowledging the blemishes in its past history.

Australians of this generation should not be required to accept guilt and blame for past actions and policies over which they had no control.

However, we must acknowledge past wrongs, understand that they still cause a great deal of personal distress and resolve to improve areas of indigenous disadvantage both now and into the future.

So, although there are clear and unmistakable statements of sorrow and regret on a personal level, there was a gulf created at this Convention, between the Coalition Government and Indigenous leaders following Howard’s vitriolic defence of the Wik 10-point plan to partially extinguish native title property rights and the refusal by his government to offer an apology to the Stolen Generations. This impasse
remained until Democrat Senator Aden Ridgeway was able to open up lines of communication during negotiations over the constitutional preamble some time later. (Beams N 1999)\textsuperscript{150}

If we examine Howard’s draft constitutional preamble we see a continuation of the attitude that good shall outweigh the bad: (Howard J 1999)\textsuperscript{151}

> With hope in God, the Commonwealth of Australia is constituted by the equal sovereignty of all its citizens.

> The Australian nation is woven together of people from many ancestries and arrivals.

> Our vast island continent has helped to shape the destiny of our Commonwealth and the spirit of its people.

> Since time immemorial our land has been inhabited by Aborigines and Torres Strait Islanders, who are honored for their ancient and continuing cultures.

> In every generation immigrants have brought great enrichment to our nation’s life.

> Australians are free to be proud of their country and heritage, free to realise themselves as individuals, and free to pursue their hopes and ideals.

> We value excellence as well as fairness, independence as dearly as mateship. Australia’s democratic and federal system of government exists under law to preserve and protect all Australians in an equal dignity which may never be infringed by prejudice or fashion or ideology nor invoked against achievement.

> In this spirit we, the Australian people, commit ourselves to this Constitution.

Despite the acknowledgement that ‘our land has been inhabited by Aborigines and Torres Strait Islanders, who are honoured for their ancient and continuing cultures’, this is again not represented by empirical evidence of policy, legislation, government, or in directed action. The idealistic approach does not work.

The Federal Coalition’s next and only step toward acknowledgment was a motion of ‘deep and sincere regret’ and commitment to reconciliation made in August, 1999. The motion did not gain unanimous support; the Labor party opposing it ‘after amendments incorporating an unreserved apology and compensation’, moved by ALP leader Kim Beazley, were defeated. [Beazley declaring] it did not go far enough to “put the issue behind us”. (Beams N 1999) By and large, the motion was seen as a cynical political exercise to put controversy to rest prior to the Sydney Olympics.


\textsuperscript{151} Additional material on the preamble can bee seen at [http://www.pm.gov.au/media/pressrel/1999/preamble.htm](http://www.pm.gov.au/media/pressrel/1999/preamble.htm)
Meanwhile, delegates at the 2004 Labor Party conference upheld their commitment to reconciliation and resolved the following: (O'Brien 2004)

Labor:

- Commits to extending a national apology to Indigenous Australians for the lasting economic, social and cultural legacy of dispossession, including the forced separation of Indigenous Australian children from their families.

- Recognises the right of Indigenous Australians to exercise self-determination within the Australian nation and resolves to work with Indigenous communities to strengthen their sense of responsibility

- Apologises for our Party’s role in the development, administration and promotion of past practices and policies that caused profound grief, loss and damage to Indigenous Australians

- Condemns the Howard Government for denying the consequences of dispossession, failing to deliver its self-defined and limiting “practical reconciliation” agenda and abandoning genuine reconciliation between Indigenous and non-Indigenous Australians - Commits to work towards the elimination of the discrimination and disadvantage experienced by Indigenous Australians

- Celebrates and values the enduring contribution of Indigenous Australian culture, society and spirituality to our nation

- Commits to providing national leadership on reconciliation and adopt the six recommendations contained in the Final Report of the Council for Aboriginal Reconciliation.

Truth and Reconciliation

Beyond the storytelling and their acknowledgment, the next step in the healing process is forgiveness. At the abovementioned 1997 Reconciliation Convention, Mr Alexander Boraine, Vice Chairperson of the Truth and Reconciliation Commission South Africa, made the observation that:

… a vision [of reconciliation] must be grounded in reality, it must deal with the past, it must speak eloquently and powerfully to the present and it must begin to give us light and warmth and hope for the future. (Boraine A 1997)

He spoke of the capacity for forgiveness by those who suffered most under apartheid. He made particular reference to coming to terms with the truth:

The first of these anchors, that we have discovered for ourselves in South Africa, and it may be of some help to you is the exercise, the experience of truth – of telling, of coming to terms with the truth of our past, and truth understood in this way transcends lies – and the more dangerous lie, a half truth, the cover up […]

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But this truth telling is extremely costly because it means facing up to knowledge of one's self, about one's past, about one's history, about one's country. And that is painful. It is not all glory, it is painful. But more than that, it is not only an awareness of knowledge but also of acknowledgment, of accepting my role, my part, my responsibility. We in my country at least had to stop and we had to start listening. To stop analyzing and to listen to the very heartbeat of people who have endured unbelievable atrocities. To listen to the victims and survivors in South Africa's dark night of sorrow.

And we have listened and they have told us again and again the depths of depravity which people can go. The violence of murder, of assassination, of rape, of abduction, of torture, which characterises so much of their daily experience. We have also listened with exquisite pain to the confessions of those who were directly involved as members of the security forces of the police who participated in these gross human rights violations which today still haunt our land. Because you see, it's not only the victim, it's not only the survivor, but it's also the perpetrator who must be healed.

Mr Boraine concluded his presentation thus:

Roberto Canas from El Salvador, when they also went through a very similar experience and journey, put it this way: "Unless the society exposes itself to the truth, it can harbor no possibility of reconciliation, reunification and trust. For a peace settlement to be solid and durable, it must be based on the truth."

Pepe Zalaquett, the well known human rights lawyer who spent time in prison, was exiled by his own government and came back, has now participated in their Truth and Reconciliation Commission, said this: "Society can not simply black out a chapter of its history. The unity of a nation depends on a shared identity, which in turn depends largely on a shared memory. The truth also brings a measure of social catharsis and helps to prevent the past from re-occurring."

State sanctioned ‘truth telling’ is yet to be a reality in Australia, although it has been proposed and experienced, as mentioned above, in inquiries such as Bringing Them Home. To some degree there has been acknowledgement especially by individuals who together filled hundreds of Sorry Books, and there has been a realisation by some at least that the benefits now enjoyed have been at the expense of incalculable suffering by others(Jackson and Ward 1999) The truth of our history is the unresolved ‘sorry business’ for our nation. Ms Tammy Williams in her speech to the Reconciliation Convention stated:(Williams T 1997)

The truth of the matter is that time does not stand still. We do not have the time, and now is not the place for bitterness and racial hatred.
Undoubtedly there are a number of steps to reconciliation, but especially our part of the most important step, I believe, is that all Australians must adequately address and acknowledge the atrocious events of our past.

Only after this has been achieved can we all begin to live and focus upon our future.

Archbishop Desmond Tutu of South Africa (Tutu D 1997) at the opening ceremony of the Reconciliation Convention spoke of the willingness of people to forgive and move on:

Now the world watches again and marvels at what it beholds. South Africans telling stories of horrible atrocities that were perpetrated in the past. And the world marvels at the victims, instead of being filled with hatred and bitterness and a desire for revenge, incredibly the victims are willing to forgive.

Not everyone shares such an idealized view of truth and reconciliation, however. One view from the Left is:

There is a saying that when the ruling classes decide to apologise for the crimes of the past, it is only to better carry on those of the present. The ever-worsening position of the Aboriginal population – a life expectancy 20 years less than the average, increasing rates of imprisonment, rising drug abuse, overcrowded housing, lack of basic facilities, to name but a few of the current social ills – testifies to its truth.

The program of reconciliation has got nothing to do with overcoming past or present injustices. It has a different purpose: to reconcile a thin layer of Aboriginal politicians, bureaucrats, community leaders and aspiring businessmen to the capitalist state and the “free market” agenda, while the more than 200-year oppression of the overwhelming majority of the indigenous population continues. (Beams N 1999)

In 2003, the Aboriginal & Torres Strait Islander Social Justice Commissioner, Dr Bill Jonas, summed up how the lack of acknowledgement of Aboriginal and Torres Strait Islander peoples’ inherent rights will continue to affect the people of Australia.

The recognition of native title came from an acknowledgement of important truths about our past and their need to reconcile these truths with contemporary notions of justice. But it also brought to the fore a fundamental conflict arising at the time of the establishment of Australia as a colony; that is the conflict between the assertion on the one hand that the settlement of Australia gave rise to exclusive territorial jurisdiction by the colonial power and, on the other hand, the illegality and immorality of asserting this right without an agreement from those who previously occupied that land and who continue to maintain their deep

152 More can be viewed on http://www.wsws.org/articles/1999/aug1999/reco-a30_prn.shtml
spiritual economic and social connection to the land. *Miriwung Gajerrong*\(^{153}\) confirms that native title, while valuable in first giving recognition to inherent rights, is not able to resolve this conflict.

The *Yorta Yorta*\(^{154}\) decision demonstrates how the High Court’s construction of sovereignty continues to limit the recognition that native title is able to give to the profound relationships between Indigenous people and the land. This is not a just resolution of our nation’s fundamental conflict. Rather, it must be resolved through a process which emphasises co-existence and mutual benefit. Negotiation based on consent and equality can transform what was a contradiction at the foundation of our nation between the conflicting claims of Indigenous and non-Indigenous people to the jurisdiction of traditional lands, into an agreement as to the basis of our coexisting sovereignty. Within the framework of such an agreement native title can break out of the shackles that continue to restrain its evolution.\(^{155}\)

**Sorry: Its absence and disease**

*The diseases of anger and despair which wrack Aboriginal communities in Australia clearly have many of their roots in childhood.* (Bartlett and Legge 1995)

Hypertension and other anxiety related diseases, which bedevil Aboriginal communities, are testimony to the prevailing anxiety experienced over at least four generations. Layered upon these are the psychological and physical effects of the endemic racial discrimination which affects Aboriginal and Torres Strait Islander peoples, not only in day to day living, but which, as this thesis shows, has been and continues to be condoned at the highest level by governments in discriminatory legislation.\(^{156}\) All of this has been going on since the first white foot fell upon these shores.

If contemporary Aboriginal health is accepted to be a manifestation of a population dying of despair, anger and disillusionment, then an approach that upholds the abovementioned principles of reparation is fundamental. To recognise the link between Aboriginal peoples’ burden of illness and cultural destruction and genocide is the first step toward significant and lasting change. Without this, it is difficult

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\(^{153}\) Western Australia v Ward & or’s [2002] 28 (8 August 2002) (‘Miriwung Gajerrong’)

\(^{154}\) Members of the Yorta Yorta Aboriginal Community v Victoria & or’s [2002] HCA 58 (12 December 2002) (‘Yorta Yorta’)

to see how this nation can become the place where Land can be truthfully called ‘ours’ and the First People be ‘honoured for their ancient and continuing cultures’. (Howard J 1999)\(^{156}\)

Reconciliation means the actions of reconciling…

Reconciliation will only ever be a framework enabling communication between Australia’s First Peoples and wider Australia. Late in 2000, as the term of the Council for Aboriginal Reconciliation came to a close, the Social Justice Commissioner put forward four basic human-rights principles ‘as the necessary basis for the realisation of reconciliation’ during its next phase: (Aboriginal and Torres Strait Islander Social Justice Commissioner. and Human Rights and Equal Opportunity Commission Australia. 2001)

- **No discrimination**, that is, a guarantee of equal treatment and protection for all. Equal protection includes recognition of distinct cultural characteristics of particular racial groups (substantive equality), and can require temporary special measures of assistance to overcome inequalities;

- **Progressive realisation**, that is the commitment of sufficient resources through well targeted programs to ensure adequate progress in the realisation of rights over time;

- **Effective participation**, that is ensuring that individuals and communities are adequately involved in decisions that affect their well being, including the design and delivery of programs;

- **Effective remedies**, which is the provision of mechanisms for redress when human rights are violated.

The Social Justice Commissioner continued:

These four principles are more than a statement of objectives or goals to be met as and when governments feel it is appropriate or practical to do so. Rather, they are a distillation of the human rights principles and norms which make up the international law of human rights. They are contained in various international instruments to which Australia is party and which consequently are binding on Australia. And while the particular application of these norms may take account of local circumstances and the constraints that may exist, there is no discretion as to whether these norms are to be applied to the fullest extent possible. This is an obligation of international law, and a nation fails to meet these obligations at the peril of its international reputation and standing. The process of reconciliation should be seen as part of the realisation of human rights. Thus, as the scope, content and meaning of these rights have to a large degree been elaborated in

\(^{156}\) More can be downloaded from [http://www.pm.gov.au/media/pressrel/1999/preamble.htm](http://www.pm.gov.au/media/pressrel/1999/preamble.htm)
international forums, it is important to see reconciliation as having both domestic application and an international dimension.

This rights-based reconciliation discourse also informs the work of social justice advocate, Dr Larissa Behrendt, who argues for these four principals to underscore intersectoral institutional change, guiding policy-makers to consider ‘not just short-term solutions but strategic long-term goals’. She offers a model where ‘various options for long-term structural change’ work alongside ‘the continuing targeting of policy areas of urgent and pressing need for Indigenous communities – health, education, employment, reduction of violence levels’. (Behrendt 2002:p125)

Notwithstanding the repeated calls by the Social Justice Commissioner to uphold these principles, there was little response from the Coalition Government beyond the rhetoric of ‘practical reconciliation’. The Coalition have abrogated their responsibility to uphold the bargain hammered out during Native Title negotiations of a ‘Social Justice Package’ as described in Recognition, Rights and Reform. (The Native Title Social Justice Advisory Committee 1995)

However, responsibility lies not only with governments, the onus is on all of us.

In order for Australia’s First Peoples to achieve ‘the highest attainable standard of health’, not only will the process of communication in terms of Reconciliation be important, especially as discussed in the context of compliance above; but of course, the efficacy of that communication to translate into action. In the context of health, a significant first step would be the establishment of a set of national protocols for health professionals and other related agents to enable the process of achieving negotiated solutions based on human rights principles. Further to this will be the provision of adequate resources;

The process of reconciliation would be incomplete without the provision of substantial additional resources for indigenous health. (Australian Medical Association 1999)

There is also a concerted need for continuing education in the broader community, as described here in the words Professor Jim Hyde157:

The most important thing, however, that we must do is to change community attitudes and to do that politicians and health leaders must show a good deal more leadership than has been demonstrated to date in Australia. (Hyde J 2003)

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157 At the time of writing Professor Jim Hyde is president of the Public Health Association of Australia (NSW branch), and director, Health Policy Unit of the Royal Australasian College of Physicians
In the past, however, it has not only been individuals and Governments who have had responsibility for health care. For instance, vast tracts of the Northern Territory were ‘owned’ by Vesteys and Bovril ‘with the opportunity to simply treat the land and people as they pleased’. (Katherine West Health Board 2003:p11)

In recognising the utility of Aboriginal labour while refusing to provide humane working conditions, companies such as Vesteys were of course setting the scene for their own long-term demise. The lack of logic was breathtaking. In the one hand, in order to establish the pastoral properties, traditional small-group nomadic society had been decimated. On the other hand, it was expected that the Aboriginal labour force, now living in the large sedentary groups in alienated country could maintain their traditional lifestyles to such an extent that the colonisers were not responsible for the provision of food, clothing or sanitary living conditions. (Katherine West Health Board 2003:p8)

Further, the experience of the Kimberley mob is not unique. Developer and pastoral interests riding roughshod were examined decades ago by Rowley. (Rowley 1971:p10) In his review, Rowley brings our attention to a right to compensation due from mining, timber and pastoral industries as a result of a concession to the prior occupants made by the Commonwealth in the Northern Territory (Administration) Act 1959. The Act provided that royalties from the mineral and timber exploitation of reserves be spent on Aboriginal welfare. Rowley contends that there yet remains the question of unresolved claims to shares and royalties as well as those of employment and training.

Corporations, be they Australian or foreign, are implicated as major beneficiaries of resource exploitation at the cost of Aboriginal well-being, not only in the example mentioned above, but also through their under or non-payment of wages and entitlements.

Ultimately, gains against the current deplorable health indicators will not be made without the cooperation of government, bureaucracy, Aboriginal organisations and the corporate sector. Coordinated Care Trials such that by the Katherine West Health Board have already provided evidence of this. As the trial at Kath West has shown, the people then will determine their own way to becoming well. (Katherine West Health Board 2003) The domain of community control (self management), is important in this regard. (Lovesey 2003:p3)

**Actions rather than words**

At a local level, this researcher puts forward ten strategies that stem from literature published by the Council for Aboriginal Reconciliation (Aboriginal and Torres Strait Islander Commission 1998) which
were re-worked by Jackson & Ward for an article in the *MJA* (Jackson and Ward 1999). These have been updated since and included here.

The strategies provide ways for individuals and organisations to implement their own processes for reconciliation. Health professionals in particular are encouraged to do something in their own practices. The original literature indicates that these issues, amongst others, are considered critical in appreciating Aboriginal community and cultural life (Jonas and Council for Aboriginal Reconciliation (Australia). 1995).

The Strategies are:

1. Understanding Country

*Understanding the significance of Land and sea to Aboriginal and Torres Strait Islander societies.*

   i. Ensure that the organisers of all meetings, seminars and conferences you attend in Australia are aware of the cultural protocol of ‘Welcome to Country’ and of ‘Acknowledging Country’.

   ii. Accept that, for Aboriginal peoples and Torres Strait Islanders, cultural identity is bound to the Land and Sea and to what belongs there.

   iii. Acknowledge that Aboriginal peoples inhabited Australia for at least 50,000 years before the Europeans came and that people have a continuing and enduring link to Land.

2. Improving Relationships

*Building new relationships between Aboriginal and Torres Strait Islander peoples and all other Australians.*

i. Learn about Aboriginal peoples protocols for visiting and working.

ii. Invite Aboriginal or Torres Strait Islander people to give talks to professional and community groups to which you belong.

iii. Ensure the people with whom you work do not have preconceived notions of Aboriginal people.

iv. Ensure all your written materials and personal communications provide information in such a way as they can be clearly understood.

v. Allow staff to attend cultural awareness and historical sessions presented by Aboriginal and Torres Strait Islander people.
vi. Ensure staff, as a part of their annual performance reviews, are up to date on EEO protocols, including those around racism awareness and horizontal violence.

vii. Ensure that, when working in partnerships, collaborations and consultations, people have the opportunity to give appropriate input and that all outcomes are negotiated in a favourable environment.

viii. Join a local study circle or Local Reconciliation Group. Join the mailing list for Reconciliation Australia.

ix. Work with local Aboriginal people in your area toward a statement of commitment to reconciliation for your external communications (e.g.: an appropriately worded sentence on faxes and letterheads).

x. Find out if your local hospital has an Aboriginal Liaison Health Worker, if not; give your written support to the organisation to employ one. Further, ensure you have connected with the local AMS in your area and introduced yourself.

3. Valuing Cultures

*Indigenous people must be recognised for the valuable contribution their cultures make to the Australian heritage*

i. Acknowledge the strength of Australia’s Indigenous cultures and their importance to our national pride and our international image and trade.

ii. Find out the name of the traditional owners of the land where you live and work.

iii. Attend cultural events where the focus is on Aboriginal and/or Torres Strait Islander peoples and their lifestyles.

iv. Obtain a copy of the *Aboriginal Australia map*, published by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS).

v. Borrow or buy a copy of the *Encyclopedia of Aboriginal Australia* (Horton and Australian Institute of Aboriginal and Torres Strait Islander Studies 1994).

vi. Read works by Aboriginal authors such as Sally Morgan, Monty Prior, Ruby Langford Ginibi, Oodgeroo Noonuccal, Kevin Gilbert, James Miller or any of the works by Health Boards such as Katherine West(Katherine West Health Board 2003).
vii. Understand that Aboriginal people have had, and some continue to have, a strong traditional health practice that informs beliefs and values.

viii. Display literature about Aboriginal and Torres Strait Islander peoples and their culture in your workplace and waiting rooms.

4. Sharing History

Understanding that the history of Australia began long before the arrival of Lieutenant Cook in 1770

i. Read a general text about Aboriginal history: *A Secret Country, Unfinished Business, Six Australian Battlefields, The World of the First Australians, Broken Circles, Crossed Purposes, Trauma Trails* or *Invasion to Embassy* (amongst others).

ii. Read the summaries of the *Muirhead Royal Commission into Aboriginal Deaths in Custody* and *Bringing Them Home* (report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families) and the recent Senate Legal and Constitutional References Committee inquiry into national progress towards reconciliation, *Reconciliation: Off Track*.

iii. Read information documents about contemporary Aboriginal issues such as *As a Matter of Fact; Rebutting the Myths; Roadmap for Reconciliation; Recognition, Rights and Reform*.

iv. Encourage Aboriginal and Torres Strait Islanders to share their knowledge and perspective of history.

v. Ensure schools and other places attended by your children have Aboriginal and Torres Strait Islander resources in their classrooms and libraries and celebrate significant dates in the Aboriginal calendar (see Point 10 (ii) below).

vi. Watch videos that tell the story, including *Women of the Sun, Lousy Little Sixpence, Around the Kitchen Table, White People’s Business, Sorry-proof Country, Message from Moree* (to name just a few), or see movies such as *Tracker, Rabbit-proof Fence* or *Radiance*.

5. Addressing Disadvantage

Acknowledging that Indigenous people are the most disadvantaged group in Australian society
i. Acknowledge that inequities in areas such as education, health, housing and the justice system are very real to Aboriginal people.

ii. Having learned from reading, watching and listening, speak up when others voice myths, errors and prejudices about Aboriginal and Torres Strait Islander peoples.

iii. Do not allow people speaking untruths to ever believe that your silence means agreement.

iv. Support your children when they make friends with Aboriginal and Torres Strait Islander children.

v. Favour businesses that support Reconciliation.

vi. Encourage affirmative action in your work place.

6. Custodial Levels

*Drawing attention to the fact that Aboriginal and Torres Strait Islander people continue to be arrested and imprisoned at a rate far above that of the wider community*

i. Find out what has been done in your State or Territory to implement the recommendations of the *Muirhead Royal Commission into Aboriginal Deaths in Custody (RCIADIC)* or the *National Inquiry into the forced removal of Aboriginal and Torres Strait Islander children from their families* (‘Bringing Them Home’).

ii. Support efforts by the healthcare sector to implement the recommendations of RCIADIC and Bringing Them Home.

7. Destiny

*Supporting empowerment of Indigenous peoples – giving them greater control over their own destiny and a right to self-determination.*

i. Join a study circle, Local Reconciliation Group or attend local community consultations to discuss ideas and initiatives for self-determination in the spirit of partnership.

ii. Phone your local members of Parliament, local councillors and the Mayor to let them know of your support and that of your organisations. Ask what specific actions they have taken during their term in office to further Aboriginal Reconciliation and rights. Ask them their views on a treaty.
iii. Invite Indigenous people to participate and ensure their voices are heard in the formulation and implementation of any policy decisions and community planning.

8. Formal document(s) of reconciliation

_Determining whether reconciliation would be helped by a formal document(s) of reconciliation_

i. Support recognition of the unique position of Aboriginal and Torres Strait Islander peoples as the Indigenous peoples of Australia.

ii. Put into policy in your organisation a process of reconciliation with clear steps and review dates.

iii. As documents towards reconciliation become available, for example the _Roadmap towards Reconciliation_, adapt them for your practice and ensure they enter as policy for your organisation.

iv. Ask your local member to send these documents to you as they come available.

9. Native Title

_Reognising the implications of the Native Title debate_

i. Realise that matters such as the current Native Title legislation have significant implications in areas (other than land usage), such as health and social justice.

ii. Recognise that attempts to extinguish Native Title have severe consequences on health and wellbeing of individuals and communities.

iii. Learn more about Native Title and what it _really_ means.

iv. Acknowledge there is a component of restitution, as documented in _Bringing Them Home_, which allows Native Title holders the authority under traditional law to define the content and scope of that title.

10. Stolen Generations

_Acknowledging the injustice and the trauma of forcibly removing Indigenous children from their families and communities, as has been done since the earliest days of European colonisation in Australia_
i. Recognise and acknowledge the consequences of the past and seek ways to make amends.

ii. Participate in Sorry Day, Survival Day (sometime known as Australia or Invasion Day), National Aboriginal & Islander Observance Committee (NAIDOC week) and National Reconciliation Week activities.

iii. Speak out against prejudiced views.

iv. Support programs that help Aboriginal and Torres Strait Islander individuals and families overcome the trauma they are still suffering.

v. Recognise that trauma is not culture. Understandings gained, say in cultural awareness, will not necessarily translate into full appreciation of the effects of trauma.

vi. Listen to Aboriginal and Torres Strait Islander people about what has happened and ask what you can do.

Doing what we have always done to improve Aboriginal health will only give us the same health outcomes we have had for a long time and the statistics will continue to show the same shameful morbidity and mortality rates of Australia’s First Peoples. Although the Council of Aboriginal Reconciliation was disbanded at the end of the year 2000, the process of Reconciliation itself will not cease. As many Aboriginal people currently are saying, ‘Now is a time for building bridges’. All people are in a position to start implementing at least some of the above suggestions, in their homes, workplaces, schools and communities.

There will, at this point in time, not be a formal apology or congruent process instigated by the Commonwealth. There have been some acknowledgments, apologies and strategies implemented by the states and territories. Many groups are moving ahead in processes of acknowledgement and ‘reconciliation’. Waiting for governments to act will waste the little time left to make the type of change that could make a substantial difference. Ultimately, it is the people that will make the change. It is the local businesses and organisations, the state services and some of the Commonwealth departments. These organisations are made up of individuals; the culture of the bureaucracy is determined by the bureaucrats themselves, not by any mysterious ‘force’ sent from up high. Bureaucrats are people, with families, hopes, dreams and (mostly) opportunities. It is these people that will make the cultural shift. And it all starts with an individual and the choice they make to re-dress the wrongs of the past.
Although a lot of this thesis has been on reviewing the past, there is a strong understanding that those events are a part of the lives of every Aboriginal and Torres Strait Islander person today. These events will continue to remind us and, in some instances, harm us, until there is a strong process of change.

Sir Ronald Wilson (Human Rights and Equal Opportunity Commission 1997:pp3-4) writes in the introductory chapter of *Bringing them home*:

> The truth is that the past is very much with us today, in the continuing devastation of the lives of Indigenous Australians. That devastation cannot be addressed unless the whole community listens with an open heart and mind to the stories of what has happened in the past and, having listened and understood, commits itself to reconciliation.

He goes on to quote the former Governor General Sir William Deane:

> It should, I think, be apparent to all well-meaning people that true reconciliation between the Australian nations and its indigenous people is not achievable in the absence of acknowledgement by the nation of the wrongfulness of the past dispossession, oppression and degradation of the Aboriginal peoples. That is not to say that individual Australians who had no part on what was done in the past should feel or acknowledge personal guilt. It is simply to assert our identity as a nation and the basic fact that national shame, as well as national pride, can and should exist in relation to past acts and omissions at least when done or made in the name of the community or with the authority of the government …

> The present plight, in terms of health, employment, education, living conditions and self-esteem, of so many Aborigines must be acknowledged as largely flowing from what happened in the past. The dispossession, the destruction of hunting fields and the devastation of lives were all related. The new diseases, the alcohol and the new pressures of living were all introduced. True acknowledgement cannot stop short of recognition of the extent to which present disadvantage flows from past injustice and oppression …

> Theoretically, there could be national reconciliation without any redress at all of the dispossession and other wrongs sustained by the Aborigines. As a practical matter, however, it is apparent that recognition of the need for appropriate redress for present disadvantage flowing from past injustice and oppression is a pre-requisite of reconciliation. There is, I believe, widespread acceptance of such a need.(Deane August 1996:pp19-21)

It will take an insightful and committed group of people to take on the challenge of restoring the justice that is long overdue. It starts with us, now.
Land and Spirit

Words alone cannot convey the suffering.

Words alone cannot prevent what happened here from happening again.

Beyond words, lies experience.

Beyond experience, lies truth.

Make this truth your own.

(Star Trek Voyager 2000)

_Terra nullius_, massacres, removals and denial of access to traditional ways and spiritual practice has eroded cultural support systems that had been in place for tens of thousands years.

This has affected severely the health of Aboriginal Australians. The Land is a strong factor in the lives, culture and health of people. Matters such as the current Native Title legislation have significant implications not only for land usage, but also for health.

The Public Defender, in a talk given in November 1997, explained this clearly.

The Nation’s soul is at risk. Extinguishment of Native Title is extinguishment of indigenous culture and ultimately the cause of sickness and death of indigenous peoples. (Flood 1997)

It is obvious that many non-Aboriginal people realise the link between Aboriginal peoples’ burden of illness and cultural extinguishment. Many of these people are within the health system; but for there to be a significant and lasting change, there will need to be some perceptual shift in the thinking and organisation of the system and associated agencies.

There also needs to be an acceptance that there is goodwill in all the stories that make up the whole in Australia. There needs to be the acknowledgement that failure, like success can be short lived. We are a competent and cultured society regaining its lost ground.

A paradigm of mutual competence also promotes a shift away from a focus on accountable equality to one of providing equal opportunities for its achievement, in a partnership of peers. (Folds 2001:p181)
Conclusions

This work has illustrated, through its many pages, that there have been significant differences between the Aboriginal peoples and the waves of settlers to the shores of Australia.

I have identified many of the events and circumstances, post 1788, which have influenced the way Aboriginal people react to the delivery of health care and services.

The way health statistics are recorded and interpreted has been reviewed, as have the relationships between people working in the system and the recording of key points of data, including key principles of culture and safety.

A series of study examples and research projects have been included to illustrate arguably safer protocols and methods.

Finally, the purpose of this thesis is not to underline the numerous (and arguable) irreconcilable differences between our cultures. The one true purpose of this was really to acknowledge the collision that has happened here, describe some details to help us all understand some of the truth, in the hope that we can together act to challenge its terrible effects that threaten to continue on and on and on. *In perpetuum.*
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