Culture and Country: Improving Aboriginal Health

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Work at the Desert Knowledge Cooperative Research Centre is informed by the importance of ownership and control to Aboriginal people, and their culture of "country".

Little more than 100 years ago, an anthropologist and a policeman photographed Aboriginal people at a very early stage in the history of their contact with European settlers. In the 1890s and the early 1900s, Walter Baldwin Spencer extensively documented the lives of the peoples of Central Australia and Constable Paul Foelsche photographed the *Larrakia* people of Darwin.

In the 1930s and 40s – still well before there had been much sustained contact with Europeans – another anthropologist, Donald Thomson, recorded the lives of the *Yolngu* people of Arnhem Land. You may be familiar with Thomson's photographs of goose hunters in the Arafura Swamp. They are replicated in several scenes from the film *Ten Canoes*.

Both Spencer and Thomson photographed people in the bush as they went about their daily lives, while Foelsche's photographs are often stiffly posed studio works.

But whether the people were in Arnhem Land, Darwin or Central Australia, the photographs have something in common: the people generally look strong and healthy. Their eyes and skin are clear and they are mostly lean but, particularly in the north, looking as if they have a good diet.

A random sampling of Aboriginal people from the same three regions today would be likely to show a very different picture. You will probably be familiar with the depressing statistics of Aboriginal health:

- a life expectancy still around 17 years less than non-Aboriginal Australians;
- a significant incidence of obesity;
- a high incidence of type 2 diabetes;
- a very high incidence of renal disease, with the Barkly Tablelands the highest in the country and extremely high by international standards;
- high rates of cardiovascular disease;
- high rates of smoking – in some communities up to 75% of people smoke – and other substance abuse; and
- a significantly high incidence of infectious diseases.

Although we don't have a detailed health profile of Aboriginal people from 100 years ago, we can infer that they led healthy lives. The bush in the tropical north has aptly been described as "nature's supermarket". While in the desert regions good food may have been more intermittently available, people had ways

Two boys from Walkatjurra Cultural Centre in Leonora, Western Australia, hold a *papinmaru* (goanna).

of coping. No matter where they lived, they did a great deal of physical exercise in the pursuit of food sources, in carrying out their cultural responsibilities towards country and in congregating for ceremony and trade with other groups. They lived, as some continue to do, in small extended family groups and their lives were defined by their culture.

It was a life in which people had a greater degree of control over their lives and in which they played a productive role in maintaining their societies. Health is not simply a matter of biological processes, but is determined by social and economic factors, so control is an important difference between the lives of Aboriginal people then and now.

So what happened over the past 100 years or so? In short, we did. The impact of non-Aboriginal settlement has been catastrophic everywhere. While there were some cold-blooded massacres, the alienation of land, the intervention of government policy and negative social attitudes have had a much deeper effect. They have led to dramatic changes in Aboriginal people's lives

Many Aboriginal people throughout Australia were moved off their land principally because they were seen as economic competitors in an emerging country that was hungry for land for farming, pastoral development and towns and cities. Others were moved into government-run settlements and missions close to their traditional country. They were in effect forced to live on someone else's country without asking their permission, which greatly offended the norms of behaviour and created stress.

Cutting the link to country compromised lines of traditional authority and eroded social control. Most Aboriginal people effectively lost control over their lives.

Later in his career, Thomson gave evidence to a Royal Commission in the early 1950s that investigated the establishment of a nuclear weapons testing range in Central Australia. Thomson stated categorically that removing people from their country would kill them just as surely as dropping a nuclear weapon on their country. His advice was received and ignored.

Desert regions were not immune to the policy of taking children of mixed descent from their Aboriginal families and putting them in homes, a practice that continued until the 1960s. In the same era Aboriginal people were moved off their lands when the equal wages

decision made their labour too expensive for the pastoral industry. And in the late 1960s *Yolngu* people had to stand aside while a mine and a town were built on their estates by government decree, despite *Yolngu* leaders appealing to the Parliament and the courts to respect their title to their lands.

So the trauma is very recent, well within living memory, and there has been little time for the personal and social impact to be dissipated. Aboriginal people are reminded of these policies daily, even in the generally well-meaning actions of government.

Aboriginal people are caught up in rapid social and cultural change; too rapid for people to be able to function effectively at the individual and social levels. The accompanying loss of control and a low place in the social hierarchy is generally recognised as a predictor of poor health. Health researchers describe Aboriginal people as being in high stress, high-anxiety, low-control lives, which does not offer a positive health outlook.

The health effects of dislocation and loss of control have been compounded by poor living conditions, among them:

- overcrowded housing, often in disrepair;
- low levels of education;
- poor diet, with limited access to healthy foods, particularly in remote communities;
- the effect of introduced stock and pest species on the environment, and specifically on local bush food supplies;
- difficulties in cross-cultural communication;
- infrastructure programs that have been developed elsewhere and without any local Aboriginal involvement; and
- lack of access to appropriate health care.

The outlook appears overwhelmingly bleak. But there is plenty we can and should do.

Regaining a sense of control has begun to happen in the health and environmental spheres. The Alice Springs-based Central Australia Aboriginal Congress, for example, is among the oldest community-controlled health services in the country. For 35 years it has been pioneering the culturally appropriate delivery of health services, from clinical care to preventative health and social and emotional well-being work. Similar services operate out of Darwin, Katherine, Nhulunbuy and Tennant Creek.

On a smaller and more specific scale, the Western Desert people raised more than $1 million dollars through an art auction to pay for a renal dialysis service at the remote community of Kintore. This meant people did not have to leave home and go alone to Alice Springs for treatment, but could stay in their own country with their families. And it was their decision to do it.

The Desert Knowledge Cooperative Research Centre's research is about making life sustainable for desert people and desert communities, and promoting sustainable livelihoods in thriving desert region economies. Aboriginal people are significant contributors to our research program and we work extensively with people in remote Aboriginal communities on projects researching sustainable housing, water use, infrastructure and business development as well as natural resource management. The sense of ownership and control by Aboriginal people and respect for their knowledge is integral to our relationship.

As part of our Livelihoods in Land™ project, we have been looking at factors influencing improvements in health. Medical researchers have long considered country to be a critical element in improving health. In the 1980s the eminent medical scientist Professor Kerin O'Dea documented how eating bush foods for a sustained period helped improve the symptoms of people with diabetes. Improving diet is a feature of diabetes treatment, but O'Dea's approach linked diet with a traditional cultural, social and economic activity: food gathering. The change in diet was accompanied by a valuing of knowledge, leading to greater self-esteem, and a great deal of physical activity in gathering the food itself.

Our project teams have worked in parallel with other work in the tropical north, notably by Dr Paul Burgess, which links health improvement with purposeful activity on country.

This is not to suggest that Aboriginal people need to go back to a pre-contact life, however. What it does reinforce is the importance of active links to country.

In Central Australia today Aboriginal people express their relationship to land as ways of "being on country". Some people are living on their traditional lands, and may actively engage in traditional customs and manage the land in the traditional way. Others may live

elsewhere and visit occasionally. That link to country can mean they engage in collaborative environmental or pastoral management of their country. It might offer the chance to enter the commercial world in a large variety of ways, including control of feral pests and weeds, fencing and cleaning waterholes, rehabilitating eroded areas, carbon trading through low-intensity burning, ecological and cultural tourism, and bush food harvesting.

A number of significant benefits come from this. Aboriginal people's health can improve because they regain access to good bush food and they exercise while they're doing it. Their emotional health and well-being is likely to improve because their traditional knowledge is valued by other people, both Aboriginal and non-Aboriginal, and therefore they gain status. This is not solely respect and recognition: traditional knowledge can have a significant economic value too. This can also lead to Aboriginal people asserting control over their lives.

There is significant benefit for the wider Australian community, too. For example, patch burning mitigates intense, more destructive fires, which pose greater risks to fire-sensitive habitats and will generate relatively higher rates of release of greenhouse gases. It also promotes habitat diversity and contributes to the maintenance of biodiversity and the regeneration of fire-adapted vegetation.

More broadly speaking, improved Aboriginal health is likely to have a direct financial benefit. Overseas studies predict that increasing the life expectancy of people in low-income developing countries from 59 to 68 years of age can lead to economic growth of 0.5%. The Canadians estimate that marginalising Aboriginal peoples costs the country 1% of gross national product. Applying this methodology to the Northern Territory, researchers estimated the annual social opportunity cost of Aboriginal ill health as $1.4 billion in 2001.

The solution is not as simple as supporting Aboriginal people's desire to remain on country or supporting them in regaining a sense of control. We have to consider other factors as well. The Australian Bureau of Statistics has begun to measure the factors influencing well-being, which it identifies as family and community, education and training, work, economic resources, housing, crime and justice, and culture and leisure.

This reinforces the implications of studies into the social determinants of health. Clearly we need improved medical and allied health infrastructure and staffing for Aboriginal health. Equally clearly we need to address the psychosocial, cultural and economic factors as well. A remote regional dialysis service, for instance, needs to be supported by clean and airy housing, a consistent power supply, consistently high-quality water supply, access to good food, specialised training for people to offer buddy support to people on dialysis, and trained medical personnel. It also needs to be complemented by appropriate action to combat scabies in children and adults and therefore minimise the risk of chronic infections, a key element in the development of renal disease.

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Understanding the economics of improved Aboriginal health is critical. Our research suggests that it is more appropriate to think of improvements in Aboriginal health as a result of complementarities. To use the "being on country" example, the cost of supporting homelands and land management programs may be offset by reduced costs in health services because people are healthier medically and socially. Similarly an all-out effort to reduce or stop scabies will eventually lower the cost of treating renal disease by reducing the number of people who progress to its later stages.

Improving Aboriginal health will still take money, of course. But there will be savings, and if we truly close the gap and Aboriginal people enjoy the same kind of health as we do, then the wider community will see the benefits. It takes a combination of lateral thinking, determination and a willingness to make systems work for people to see it through.