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# Editorial

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The first item of business for Australia's 42nd Parliament was the National Apology. Prime Minister Rudd concluded his "We apologise" statements with these words:

*And for the indignity and degradation thus inflicted on a proud people and a proud culture, we say sorry.*

In this edition on Indigenous Health, Jan Ferguson of the Desert Knowledge Cooperative Research Centre (p.4) explains that the cultural notion of "country" – a relationship to the land – is an important historical and contemporary factor in Aboriginal health. Although there were some "cold-blooded massacres" at the time of non-Aboriginal settlement, she says that "the alienation of land, the intervention of government policy and negative social attitudes have had a much deeper effect... Cutting the link to country compromised lines of traditional authority and eroded social control." Conversely, she says, re-establishing the link "can mean they engage in collaborative environmental or pastoral management of their country".

Eddie Mulholland at Miwatj Health Aboriginal Corporation (p.8) concurs with Ferguson's reference to "country": "The connection of this to health lies in the fact that *Yolngu* see good health as dependent on the proper functioning of their kinship and related social systems. And kinship, language and all proper social structures come from the land. If the land is disturbed and damaged, social relationships must be disturbed and damaged. If social relationships are damaged, people get sick. For many *Yolngu*, this obvious formula has more relevance to their illness today than any number of epidemiological papers or any number of chronic disease plans."

The National Apology was primarily in the context of the stolen generation, but Prime Minister Rudd, in his apology for "the laws and policies of successive parliaments and gov-

ernments that have inflicted profound grief, suffering and loss on these our fellow Australians" was presumably partly referring to grief, suffering and loss due to inadequate health outcomes such as reduced life expectancy.

Since the National Apology, much media interest has focused on "closing the gap", a reference to reducing the life expectancy difference between indigenous and non-indigenous Australians. As Yuejen Zhao and Rosalyn Malyon from the Northern Territory Department of Health and Community Services tell us, it continues to be around 17 years (p.12).

Major contributors to the gap have changed over time, but the latest figures show non-communicable diseases (e.g. diabetes) constituting 77% of the gap. To close the gap in life expectancy, Zhao and Malyon say "we must address not only health issues, but also other inequalities such as education levels, living conditions, employment and social opportunities".

Ferguson agrees, saying that poor health outcomes have been exacerbated by additional factors such as low levels of education, lack of access to health care and, particularly for remote communities, to healthy foods.

"Indigenous Australians are using primary care services at much lower levels than non-indigenous Australians despite having a greater burden of ill health", Zhao and Malyon explain.

Janelle Trees discusses the many barriers facing indigenous women who seek sexual health care and information. Again, history plays a role. Referring to the institutionalisation of Aboriginal children and the use of rape to conquer and control, she says: "This legacy of rape, indiscriminate abuse and subsequent disease has had a huge impact ... however difficult to quantify, in the avoidance by Aboriginal women of Pap tests and treatment for sexually transmitted and other diseases of the genital organs".

This reluctance to interact with medical professionals is captured well in the situation presented by Chris Thompson, a pharmacist academic at Spencer Gulf Rural Health School. He describes the relatively straightforward scenario of a visit to the GP by a person of European descent and then describes the same visit by an indigenous person living in a remote community. The contrast is stark. To cite just one potential obstacle, he explains that “few traditional remedies involve oral ingestion of medicines. Most involve topical application or inhalation, so to you [an indigenous person] the idea of taking a tablet by mouth to cure a headache simply may not make sense” (p.21).

The National Apology was broadcast nationwide on 13 February. Some people watched or listened at home, while others gathered at outdoor broadcast venues such as the lawns of Parliament House. Australians living in remote areas may have tuned in by satellite television.

Geographical distance affects all Australians living in remote communities, and it can be a barrier to the delivery of health services. In some aspects of health care, technology has the potential to abate the tyranny of distance. Telehealth is not a new technology but it has only recently been applied to critical care situations. For example, the virtual critical care unit (ViCCU) provides “effective telepresence” by Sydney West Area Health Service (SWAH) to Blue Mountains District Anzac Memorial Hospital in New South Wales. ViCCU provides “rapid access to specialist-level decision support to clinicians at the peripheral hospital, including critical clinical situations up to and including the distant management of a cardiac arrest,” explains Patrick Cregan of SWAH (p.25).

Non-acute health care is also challenged by distance. The residents of Shark Bay, a remote community in Western Australia, were dissatisfied with their state-funded visiting health service. Carmen Morgan of Silver Chain, a contracted isolated nursing service to the area, says: “Many Shark Bay survey respondents utilised our 6-monthly surveys to highlight issues about the lack of continuity in their doctor–patient relationships” (p.28). The idea of a “family doctor” is something that many urban residents take for granted.

Indirectly related to but equally important for longer-term health (and a reduced life expectancy gap) is a reliable supply of safe and

nutritious food. Cold chain logistics consultant Ian Lovell describes the multitude of errors that can blight perishable foodstuffs as they are transported to remote communities. Time and temperature are two of the main enemies. “There is little point in expecting people to eat healthy food that is unappealing,” he says (p.32).

Physical distance can be virtually overcome to some extent by technology, but not so the cultural divide. Listening is essential, as Creswell advocates, but the “dearth of indigenous science students” also needs attention according to Diana Day of the Koori Centre at the University of Sydney. Her research shows that “indigenous high school students need culturally targeted materials and exposure to indigenous undergraduate science ambassadors”.

An encouraging program in this vein involves mental health training to indigenous students. Elissa Roberts of the Royal Flying Doctor Service says RFDS-trained local mental health workers will provide “a range of skills including community work, advocacy, family violence and suicide prevention” to Cape York communities.

Some non-indigenous Australians, including Jacinta Spry and Claire Seiffert (p.38), elect to undertake some of their medical studies in remote parts of Australia. Their exposure to the harsh reality of health challenges in remote and indigenous communities has motivated them to be part of a positive change.

*Youthbeyondblue* is also supporting a mental health initiative delivered through dance and movement. The project, a mix of indigenous dance and hip hop, is about promoting self-confidence and awareness, and strengthening community. Such a forum also eases the delivery of messages about mental health. Project artistic director Dion Brownfield says: “It’s very rewarding to go to a community, work with the young people and leave them with the skills to develop their own events and eventually see themselves – and not us – as role models”. The dance equivalents to Day’s “science ambassadors” are in the making.

Subsequent to the National Apology, the Australia2020 Summit also made reference to indigenous health, incorporating an indigenous stream focus group. The ensuing online National Conversation ([www.australia2020.gov.au](http://www.australia2020.gov.au)) invited all Australians, regardless of culture or distance, to voice their opinion on this and other issues, including remote health (p.46).