2007 Garma Festival
Indigenous Health: Real Solutions for a Chronic Problem

(Garma = 2-way learning)

Report by John & Judy Hodgkinson

For

Dare to Lead
Location of the Garma Festival:

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Notes:

1. Text in quotation marks, e.g. “This starts here” are the verbatim words of the speaker. Text not in quotation marks is a summary of the speaker’s information.

2. The program is on page 36 and the following pages.

3. Appendix 1 is a newspaper article by Fiona Stanley, referred to by one of the forum presenters.
The 9th Garma Festival, 3-7 August 2007

The Garma Festival (www.garma.telstra.com.au) is a celebration of Indigenous culture, ceremony and arts, focusing on the Yolngu people of Northeast Arnhem Land, combined with a forum on an aspect of Indigenous life, e.g. education, health, culture, or law. It is organised by the Yothu Yindi Foundation, and it is staged in the stringybark forest at Gulkula, south of Nhulunbuy, in Northeast Arnhem Land, Northern Territory.

The 2007 Festival had several strands:

- **Key Forum** a 3-day event. The theme for the 2007 forum was “Indigenous health: real solutions for a chronic problem”. The program for the forum was organised by the Charles Darwin University. Presenters were drawn from all parts of Australia, plus Canada, New Zealand, and Samoa.

- **Cultural Tourism**, in which participants were involved in activities that focused on aspects of the culture of the Northeast Arnhem Land Aboriginal culture – including food gathering, spear making, art, music, ceremony, and medicine.

- **Youth Forum**, in which young people from the local area and elsewhere participated in activities designed to increase their knowledge of Indigenous culture and ceremony, including sessions on bush medicine, Yolngu culture, lino printing, and health and fitness topics.

- **Indigenous Dancing** – each evening, several groups from the region performed Bunggul – traditional ceremonial dance.

- **Indigenous Bands** – each evening, several bands from the Contemporary Music Training Program performed on a professional sound stage. Performances included Yothu Yindi and William Barton (a leading didgeridoo player and composer in the classical music world – www.williambarton.com.au).

About 2,000 people attended the Festival in 2007, from all parts of Australia and overseas.

In the evening on the first day of the Festival, the Gapan Gallery was opened among the stringybarks. This gallery displayed a range of prints – including lithographs and Japanese woodblocks – by printmakers from the Buku-Larrnggay Mulka Art Centre.

In addition to the events held annually at the Garma Festival, participants this year were able to be present at two significant events for Yirrkala, the closest community to the festival site:

- Opening of the extension of the Yirrkala Art Centre – the Mulka project, a multimedia centre. This was held on the afternoon of 2 August, in the presence of Clare Martin, Chief Officer of the Northern Territory, other visiting dignitaries, and Dr Gawarrin Gumana AO, who officially opened the new building.

- Signing of the first Remote Learning Partnership between the Yambirrpa School and the NT Department of Education, Employment and Training. Chairperson of Yambirrpa School Council, Wali Wunungmurra, said: "We do care about our children and our children's education ... Our custom is we have always loved our kids and looked after them till they are free to go ... but still under the watch of their elders and parents." The partnership is a direct outcome of the 2006 Garma Key Forum on Education.
Photographs © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson
Garma Forum Opening

Cultural Induction
Directors Yothu Yindi Foundation: Raymattja Marika, Mandawuy Yunupingu, Yalmay Yunupingu, Dhangal Gurruwiwi and Witiyana Marika

Welcome
Galarrwuy Yunupingu, Chairman YYF and Professor Helen Garnett, Vice Chancellor, Charles Darwin University (CDU)

Mandawuy Yunupingu:
- “This place (Gulkula) is where it all began.”
- He talked about the vision for the future, “which starts here.”
- “You are away from the busyness of your world. This is an opportunity for you to be part of our world and learn about our world and our culture.”
- “Gulkula is our ceremonial, spiritual place – our country. Gulkula welcomes you with open arms.”
- Gulkula is also a spirit.
- Garma country – learning through song cycles and spiritual reaching-out. “It is about something bigger than we are – life itself.”
- “It’s a human thing to appreciate life. Animals and birds appreciate it in their own way.”
- “Health is a security thing – it allows us to move around enjoying life.”
- “We need to be aware of the dangers around us. The worst ones are the ones we don’t see – we don’t know the unseen.”
- “We only have one life; we can’t replace it.”

Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson
• His sisters run the healing centre on the site.

• “We all have some ideas about how to live healthy lives.”

• “This government is a worrying government. It is worried about itself and its friends who put it back into power. It will now dispossess us of our land and everything else.” “Worrying and sickening.” The policy of the government is one of assimilation – everyone must become white people.

• “We come from a race of survivors – part of Australia.” We have survived all sorts of things in the past, mainly environmental and conflicts – but have always wanted to live on our lands.

• “Some of us are not enjoying this forum. We are worried sick about the political agenda. We want you to stand beside us in our struggle to survive. This threat is bigger than any in the past, and it might be the final one. We want to share Australia with everyone – to live in unity and balance for everyone.”

*View from the dining area to the eastern coast of Arnhem Land. (Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)*

*The Bunggul ground, where the Indigenous dancers performed each evening. (Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)*
Opening Plenary 1 – Forum Theme – Indigenous Health: Real Solutions for a Chronic Problem

CHAIR: Professor Helen Garnett, CDU

- Professor Helen Milroy
- Jackie Huggins, Reconciliation Australia
- Justice Murray Wilcox

(Photographs © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)

Introduction – Helen Milroy:

- She talked about being “worried sick” – the government is making us sick! And she talked about the cultural aspect of healing.
- Health and education go together. Young people can’t participate as well in school if they have health issues.
- This forum is not about mainstream medical issues – they are dealt with in mainstream medical conferences. It is about sharing our successes and failures – the what, the how, and the why.
- Holistic knowledge, now taught in many health courses, is good for everyone, not just for Indigenous people.
- “No one cares more about Aboriginal children than Aboriginal people.”
- “There is no evidence that taking over land reduces child abuse. Drug and alcohol abuse is across society, not just in Aboriginal communities.”
- “Even if we cured chronic disease, it would not change the population structure, but we have to grow a healthy population.”
- “We know how to bring up healthy children.”
- She was educated about health for many years, but she learned about healing from her grandmother. The medical system uses knowledge, but it is not about healing.
- There are four aspects to healing:
  - Physical – a whole view of what the body is and how it all connects; it is affected by the environment. “Health comes from earth and goes back to it – this is the way the body is connected to everything else.”
  - Psychological – experience from all sides; self-image and identity; national identity with Australian children’s image of themselves.
  - Social – community, family, whole history; a strong community protects everyone and brings joy and happiness; “take away one child, and more than one heart breaks.”
  - Spiritual – cultural dimension. Law/healing.
- Family is essential in the healing process.
- The spiritual element must be part of the healing process as well. It connects the universe to the earthly realm. Everyone is unique but essential to everyone else. It is about being “connected to eternity.”
- The cultural element = the Lore/Law – two parts – healing and ceremony. Example: in the smoking ceremony, the smoke from the fire cleanses us.
• The “Dance of Life” brings all dimensions together. “We need to break free of our shackles and dance through life.”

• Healing is about restoring balance and harmony.

• Indigenous people need to add some of their ways to modern methods of health care.

• “Our language is the voice of our land” and it does not speak English. So we must not lose the translators. If that happens, we will never have a healthy country.

• “We must be part of the decision making, otherwise our children will not see that they can have control over their own lives.”

• Solutions include a better accountability for health and culturally-secure healing services and methods. To be real, it needs a real agenda – long-term, sustainable, with elements of traditional medicine.

• “We need good governments within our communities rather than having government telling us what to do.”

• “We heal with our hearts and spirits.”

Jackie Huggins:

• Great attention has been paid lately to Aboriginal disadvantage. Some people are optimistic. But it has to be done with the Aboriginal people, not for them.

• The release of the Anderson / Wild report “Little Children Are Sacred” showed how little had changed since 1967. Most elements of the report have been ignored. It laid out the rules of engagement with Aboriginal communities and the principles for that.

• There is a 17-year gap in life expectancy between Aboriginal and white people in Australia. That is a waste of lives (the young people) and of knowledge (the old people).

• Aboriginal parents want the same for their kids as anyone else does.

• “We have a 20-year history of 6-month programs.”

• Action must be taken on the report’s recommendations. Number 1 is about consultation and engagement.

• We know what does not work – centrally-developed, imposed, top-down, repeat programs.

• “We are at a crossroads in our history. We need a long-term development plan to combat the underlying issues in communities.” And there must be public reporting on the progress of the implementation of that plan.

• “And don’t be gamin’.” (gamin’ = gaming = fooling around; mucking about)
Jenny Macklin, Shadow Minister for Indigenous Affairs:

- Spoke about the critical role of trust in developing and implementing national policy and the trust in the parent-child relationship.
- Everything possible must be done to deal with child abuse.
- Must look to long-term resourcing solutions.
- Early childhood learning + safety = better lives for young people.
- Must start with the young people being born now. We know how to look after them = universal maternal and child welfare / care / health services under a national Labor government.
- Must add to that early childhood education for every 4-year old child. 100,000 children now miss out on that.

A new rheumatic fever program, with a focus on improvements on medical services for that and better housing.

The legislation related to the Commonwealth Intervention in the Northern Territory will go to Parliament on Tuesday. This legislation is aimed at improving the safety of children.

Ex-Justice Murray Wilcox:

- Quoted from Fiona Stanley’s article in the “Sydney Morning Herald” – refer to Appendix 1.
- We need restorative justice, not just more resources. The psychological effects of the stolen generation have led to drinking, violence, loss of identity, … So we must overcome those effects as well.
- He told the story of the Noongar people’s land claim in Western Australia – it was his final case as a Judge. They suffered from a loss of sense of community, but they had maintained their language, their knowledge of family relationships, and the rules of ‘land’. His decision was that the connection between the people and their ‘country’ had been maintained. That decision is now being appealed. His decision caused great emotion among the Noongar people. It did more for their psychological health than anything else in the previous decade.
- There have not been any studies carried out to investigate the relationship between the granting of land claims and the health in those communities. Intuitively, plus some evidence from overseas, the relationship between health and mastery of one’s own life is always positive.
- The Wilson / Dodson report on the Stolen Generation in 1995 was rubbished in Parliament. Saying ‘sorry’ will not render the government liable to litigation. The report’s authors suggested that $20 million be set aside to help people find their parents / family. Nothing was actually spent on that. Fighting the first two cases of damages against the government cost $20 million. These cases failed because the complainants could not prove conclusively what the mother said or did at the time of removal.
- The Yolgnu people in Northeast Arnhem Land have retained their land throughout the years – different from most Aboriginal people.
- There are 700 land claims still in the NSW court lists. But the plaintiffs have to prove their lineage back to the date of the first permanent European settlement in Australia (1788), not just to the date of the first permanent European settlement in their lands (e.g. the 1820s in the Brisbane area). Most can get the proof back to the 1830s, but that is not good enough for the courts under current law.
**Plenary 2 - Traditional Healing**

**CHAIR: Professor Jan Reid**

- Mick Gooda, Cooperative Research Centre for Aboriginal Health (CRCAH)
- Pattie LaBoucane-Benson and Alan Benson, Canada
- Andy Tjilari and Rupert Peters, Ngangkari (Traditional Healers)

**Jan Reid:**

- Complementary medicine courses are now very popular in universities, especially Chinese medicine and naturopathy.
- Most medical people are not aware of Indigenous medicine, even though it is much older than both Chinese medicine and naturopathy.

**Mick Gooda:**

- The living of traditions might change, but the underlying values do not change.
- Indigenous people always need to be involved in projects in their communities. “Not everyone needs a bit of paper to be a researcher.”
- Holistic approach = being at one with the land and country. Holistic approach to healing includes the following four elements – Physical; Emotional; Mental Thoughts; Spiritual Life Force.
- “Health is more than what happens in a doctor’s surgery” – e.g. housing, education, …
- Must show respect to both the European and traditional methods and take the best of both. It is the only way forward.
- Anger management – very limited (it’s a feeling).
- Healing was part of heritage – dance, song to ease grief – whole ceremonies to deal with death.
- “Spiritual beliefs are still with us, but not the cultural ways.”
- Healing – needs to be – Thoughts, Heart, Body, and Spirit.

**Alan Benson (Standing Bear):**

- “We know how; we just need the chance.”
- Alan is the CEO of the largest Aboriginal organisation in Alberta, Canada. It was established 37 years ago and is self-managed and free of government influence. Its operation is guided by the traditions of their cultures and by the elders. It is accountable to the community and to the government. It has a commitment to staff capacity building. Their people look after their own justice
and child welfare. They have their own First Nations prison, which they regard as a healing centre. Their organisation is run like a business – they get paid for their services.

• “We do it better than the government could. Our projects are developed from the bottom-up.”
• “The solutions to our problems are in our communities. … The solutions start in our own culture, and then we look outside for other things that can help.”
• “We welcome partnerships.”

There are three levels of self-determination:

• Individual – making personal decisions to make our life better.
• Organisation – making a commitment to the long haul; making decisions to do the best possible; not waiting for the government to give approval or funding.
• Family & community – reason that they are succeeding is that they have decided to set the norms on things like behaviour for their young people; collective responsibility and accountability.

• Research supports the positive link between self-determination and good health in the individuals and the community.
• The best indicator for preventing suicide is self-determination.
• Governments need to take advice from those who understand Aboriginal culture.
• Discussed spirituality – drinking and drink-driving was rife within the Aboriginal communities. He talked about the Canadian community – everyone was drinking, even down to the 8 year olds. Now 20 years down the track, 95% are drink free. The problem of alcohol was solved from within the communities (e.g. voucher system at the supermarket).

Patti LaBoucane Benson (Spirit Speaking Woman):

• Healing is a holistic construct of renewal, reconstruction and recovery to overcome trauma from “residential school”, lateral violence, racism, etc.
• Mental health means different things in the West and in the First Nations.
• Healing is a verb in the Cree people’s culture. = seeking the good life. No one ever finishes the “seeking” process. It is also about being good to everything and everyone. It is done through ceremony.
• The “Search for Your Warrior” program is one of the programs that they run as part of their holistic healing commitment. The elders set up the conceptual framework of the program, and then the counselling group drew on other processes and therapies. But the healing is the responsibility of the individual in the program.

Andy Tjilari (Ngangkari = Traditional Healer):

• He spoke through an interpreter. He is from the north of South Australia, from the Pitjantjara lands. He grew up in a place (and at a time) where there were no schools and no paper to write things down.
• He learned from his grandfathers, and he holds the knowledge in his head even today.
• He wants to educate people about, and advocate for, the work that the traditional healers do.
• In the last 2 weeks, he worked in the jail in Port Augusta to reconnect the men in there with their spirit, to bring balance back to their minds.
• The role of a Ngangkari is to care for the health and wellbeing of their people – all day, every day.
• They also work with non-Aboriginal people.
• An important part of their role is to work with people who are sad / depressed, whose spirit is displaced. “We put their proper spirit back in its place.”

• They have a responsibility to work with family problems – violence, drinking, …

_Rupert Peters (Ngangkari = Traditional Healer):_

• He spoke through an interpreter. He is from the north of South Australia, from the Pitjantjara lands. He grew up in a place (and at a time) where there were no schools and no paper to write things down.

• He learned from his grandfathers, and he holds the knowledge in his head even today.

• He has traveled all over the Northern Territory, South Australia, Western Australia.

• A lot of his work has a focus mental health.

**Workshop 1 – Resilience of a people whose lives have been diminished**

_Gulumbu Yun_

• Gulumbu is an artist who is collected and commissioned nationally and internationally. Much of her work reflects universe and space. (She spoke in her language, and it was translated by her sister.) Also a healer and Director of Yothu Yindi Foundation. Senior elder. Has won Telstra Award. Involved in night & community patrols. Working on translating the Bible.

• Art is of space and stars far away – we are like stars living here on earth. She has been a healer for many years; learned western ways. 7 years of healing with traditional healing, elders taught her – to use bark, leaves, and pandanus.

• There have been talks for about 2-3 years to start the Healing Centre.

• Have lots of problems with young people, substance abuse, & alcohol – dying young.

• She is under a lot of grief, stress – (her son had died in past few weeks), but put aside grief to come and show how strong and resilient she is. Healing is in the bush.

• Drugs are available in Nhulunbuy nightclub.

• Women’s night patrol service has been going for approximately 2 years.

• Core of Life Program – Midwives – Debbie Patrnick & Tracy Smith – train health workers and help mothers with education and birth.

• Recommendation – healing centres to be established throughout Australia.

(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)
Workshop 3 - Preventing health problems before it's too late

CHAIR: Professor Marcia Langton, Melbourne University

- Dr Mark Wenitong, Cairns
- Dr Ngaire Brown, Darwin
- Irene Fisher, Sunrise Health, east of Katherine.

Irene Fisher:
- She works in an environment where there is a huge circle of grief because of the high mortality rate among the local people.
- 45% of the local population is under the age of 16 years.
- They provide Western health services. Since 2002, they have been trialing a coordinated care program, which has been under their own control.
- Sunrise Health is a high-achieving health service provider. It is now under serious threat from the Commonwealth Government’s intervention model.
- The quarantining of welfare payments to parents will lead to lower nutrition levels, lower standards of clothing, and lower levels of hygiene. The removal of the requirement to obtain a permit to enter the lands will lead to increased pedophilia. That removal will also lead to larger numbers of grey nomads moving into the area and using the limited camping facilities and then demanding more and better facilities, including medical services. The ban on the sale of alcohol will lead to a drift of the population to the towns, which will increase the violence. It will also decrease the income to community stores.

Mark Wenitong:
- His definition of preventive medicine = “think of all the things that you like doing, and then stop doing them.”
- Health service provision usually uses a bio-medical approach, but it also has social and cultural effects as well, e.g. systemic racism, cultural disrespect.
- A lot of the recent media reports have been damaging and hurtful.
- At the national level – need good policies, such as immunisation, wearing of seatbelts. There needs to be a whole-of-government approach to areas like housing. Need good moral and ethical leadership. Need better health literacy. Need to make people feel better about themselves.
- At the community level – need a safe environment (e.g. for walking home). Stress leads to poor mental health, which leads to suicide and depression.
- Both urban and remote locations need access to services, recreation, education, food, and health services.
- Need cultural continuity, self-determination, traditional healers.
- At the individual / family level – major risk factors are genetics and family.
- They are able and willing to take responsibility for their own (and their children’s and family’s) health, but they have to be in an environment in which they can do it. Need to set up a self-management plan negotiated with the person.
• The elders say that those who buy and cook the food have a responsibility.
• The perception of a lack of control over their own lives leads to poor health.
• So there should be coordinated interventions at all three levels. That must celebrate Indigenous knowledge and fit in with the way Indigenous people live together and with the land.

Ngaire Brown:

• Grew up on the south coast of New South Wales; now lives and works in Darwin – human rights issues and the rights of the child.
• “You don’t empower people by removing their assets.”
• She has been in some of the communities that the Commonwealth teams have gone into. The people there know what works to make kids safe – education and primary health care services. They are not good at implementing the needs.
• “We tend to manage dysfunction, rather than supporting effective programs.”

(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)

• The Anderson / Wild report recommended community empowerment and that education, Family & Child Services, and police work together, with the establishment of a Commissioner for Young People – alcohol rehabilitation and support.
• All the recommendations have been ignored by the Commonwealth Government when they announced their intervention program. The legislation will be passed next week. How will this make children safer?
• Cultural survival is in the hands of the children, so the kids must be kept safe.
• The Commonwealth Government’s program is unsustainable. It paints everyone as an abuser and a neglectful person. The clinical teams have not been trained in cultural knowledge. Business Managers have been appointed; they arrived in communities without identification or documentation or role statements; they have been seeking access to clinic files – no chance that will happen.
• To improve the program: use existing frameworks and programs and WHO crisis response principles and plans.
• The Commonwealth Government has ignored all the reports from the past 30-40 years.
• Their medical teams must be culturally-trained.
• Many communities are up-to-date with their child health checks.
• The Army could build / rebuild facilities.
• A significant long-term commitment is needed, with initial funding of programs such as home visitations.
• Early childhood development programs are essential, e.g. following UNICEF principles.
• Need a rights-based approach to the problem.
Plenary 4 - Maternal and child health

CHAIR: Patricia Anderson

- Pele Stowers, Samoa
- Boyan Yunupingu, Aboriginal Health Worker
- Mosiana Taufalele-Johns, Tonga

Pele Stowers:

- “We have to work with what we’ve got.”
- She works with Traditional Birth Attendants. They are paid in kind, not with money, because they believe that it would not be traditional if money changed hands.
- Health system is important to all of Samoa. The system is one of a nurse-led rural health system (not with doctors). All decisions relating to the health system are made within the community.
- Children belong to the family as a whole and not necessarily to the parents. Samoans share and reciprocate – pain, grief, wealth etc.

The death rate at birth dropped from 50 per 1,000 to 15 per 1,000 to 10 per 1,000 in the past 30 years.

There is concurrent work on upgrading nurse and midwife training. They have moved to a university-based model, as in Australia.

People in Samoa have no access to highly technical hospitals. The Northern Territory people are much better off in that way.

In the Northern Territory, “birthing in-country” is not permitted. Most do not need to go to Royal Darwin, but they are sent or taken there.

Boyan Yunupingu:

- She talked about how she became an Aboriginal Health Worker.
- She worked in several homelands.
- She is now completing her Bachelor’s degree in Aboriginal Health.
- She is now an Aboriginal Health Promotion Officer.
Mosiana Taufalele-Johns:

- She has worked with the Yolngnu people in the local area for 23 years. She is an East Arnhem health worker.
- She has implemented successful programs of school age children’s health checks – a partnership between the programs, the schools, and the communities – they work well.
- The challenges include:
  - Funding for health promotion projects; and
  - Human resources support.
- Need to have trainees (understudies) with the health workers – to train the Yolngnu to take over. “We want to train ourselves out of our positions.”

Pat Anderson:

- “Jenny Macklin fobbed us off” by not at least saying that the ALP will vote against the Commonwealth legislation when it is debated in parliament and at least proposing some amendments.

Murray Wilcox:

- If the Indigenous community wants it, could a small group look at the possibility of using the Samoan model, as described by Pele Stowers, in Australia for the Indigenous community and for all communities. Start with a pilot program, maybe.
Workshop 5 - Building cultural security into health delivery services

CHAIR: Greg Phillips, Melbourne University

- Professor Colleen Hayward, Manager, Kulunga Research Network, Telethon Institute for Child Health Research
- Henare Kani, New Zealand
- Professor Shane Houston, DHCS, NT

Colleen Hayward:

- Aborigines die younger than the white population, and they have less good health.
- Human Development Index (factors of longevity, adult literacy rate / GDP per capita) = 4th in the world for the total Australian population but 103rd for the Aboriginal & Torres Strait Islander population.
- Cultural Security = recognition and response to the impact of cultural diversity on the design and delivery of services = not compromising on Aboriginal rights and values.
- Cultural Security in practice =
  - Consulting on all aspects of strategies;
  - Adjusting to suit the diversity of culture;
  - Programs and funding to reflect the population distribution; and
  - Building the capability of kids and families.
- Northern Territory women are 28 times as likely to die from homicide as the rest of the population in Australia.
- In the Northern Territory and Western Australia, Aboriginal men can still take children as a wife.
- But bashings, rapes, and murders are NOT part of Aboriginal culture.
- “We have to work out what is acceptable and what is unacceptable as far as culture is concerned. Then we can move forward.”

Henare Kani, male midwife:

- Of the 60,000 births annually in New Zealand, 16,000 are in the Maori population. Of these, 1,500 are assisted by Maori midwives. Only 150 of the 2,500 midwives in New Zealand are Maori. Within 20 years, 2/3 of all births in New Zealand will be Maori. So they are further behind in the level of need for training Maori midwives than they were 20 years ago.
- Maori can learn from the Australian Aborigines, especially in areas such as the use of dance in health promotion.
Shane Houston:

- In the Northern Territory, Aboriginal people comprise 30% of the total population. 75% of them live outside the towns. English is the 4th or 5th language among Aboriginal people, not the first.
- “Numbers of Aboriginal people take part in ceremony in business.”
- Aboriginal people are place-oriented, not time-oriented. He gave as an example of this the fact that white people celebrate Christmas on 25 December each year wherever they are, whereas Aboriginal people will always celebrate an important event at the same place, but with flexibility in the timing.
- In the Northern Territory, there are 73 remote communities and over 500 smaller living groups. There are 6,000 workers in health services, with most being in public health.
- Culture = a foundation of values, of belonging. “It allows us to see things that are not part of the culture, for example violence.”

Cultural Security gives Aboriginal people the right to get the same health and wellbeing services as the rest of the population. Cultural Security reduces risk, increases strengths, and reduces the costs. In the USA, it lowers insurance premiums for those health services that provide cultural security to its clients.

WORKSHOP 6 – Health Knowledge through cultural awareness

Chair – Ms Suzanne Plater (Qld Dept of Health)

- Discussed the issue of otitis media – ear disease – prevents children from hearing properly, therefore leads to not hearing teachers, etc., and not being able to understand – interferes with their learning to read as well.

Ms Theresa Roe – has worked with Fred Hollows Foundation.

- She learned protocol from working with the community council looking after town camps and some houses. She told a story about buying new furniture for one household, thought the people would be pleased with these items – the men who lived in the house said “good for firewood”.
- Northern Territory Government doesn’t have an Aboriginal advisory council.
- When worked with Fred Hollows Foundation – Ian Thorpe Foundation donated $1 million to help with literacy; helped develop strategies; Jawoyn Community, east of Katherine – provided incentives/prizes to encourage kids to come to school – e.g. breakfasts provided, reading programs.
- Have to build up good relationship and trust within communities before trying to implement programs and/or changes.
- Sometimes have to have different meetings in a community because of different kinship groups.
- Howard government hasn’t engaged the people in consultation re cultural aspects that need to be addressed.
• There is a need to train the dominant culture to learn how to respect Aboriginal culture. Theresa stressed teaching whites to know aborigines but also to get aborigines to understand white Australians too.

**Marlene Liddle – Strong Women, Strong Baby, Strong Culture group.**

- Program being going since 1995, supports the Grandmother Law.
- Girls are encouraged to use Imp lemon (contraception rod inserted into arm) – but girls made aware that this contraception doesn’t stop STDs.
- Encourage young girls and pregnant young girls to gather food – eat bush tucker – they also get exercise while gathering bush tucker.
- Marlene talked about aborigines being shy and frightened – dominant people and/or whites often will come into towns/communities and over-ride Aboriginals and not listen to them.
- She talked about the need for girls/young women to know about bush tucker; some of the girls try to keep up the traditional ways of gathering/eating. Marlene came from desert areas around central Australia – to her, East Arnhem is like land of milk and honey – throw a lime seed into ground and a plant grows. There is still traditional food on the menus – e.g. wombats in some areas, turtles and dugongs in Thursday Islands. Around Darwin, unfortunately, lots of the bush tucker areas are now being fenced off and not available to Aboriginal people, and seafood is not as easily available now. Cane toads are doing a lot of damage to the lizards, goannas, etc. All foods are not available at all times – with bush tucker, need to go by the seasons; mud crabs, mussels and turtle eggs not always available; bush honey available when eucalypts are flowering.

**Nova Peris:**

- Promotes child health checks.
- Works with other sporting people and singers, etc. (people well-known to the children). Does about 40 of these visits/health checks per year. Goes to carnivals, etc. Contact is made with the communities, and they are asked how they want the checks done.
- These health checks started in May 2005.
- “No 1 protocol for getting Aboriginal people together – gotta have food!”
- Promotes positive role models – back to eating what grows in the garden. “No coke – drink water!”

*(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)*

- The health team visited Mareeba, in Queensland, after a death in custody followed closely by 2 suicides – team went out; this was a positive role model – 250 kids came for the day! One grandmother drove her grandkids in from miles away.
- At Kununurra – Kookaburra team – playing AFL – for at-risk kids. They train three mornings a week, and play on weekends. They also go to outlying communities, and kids flock in from everywhere.
WORKSHOP 7 – Can we positively affect outcomes for infants and mothers with some consistency?

Chair – Lesley Barclay, CDU.

- Groups working towards healthy beginnings - Strong Women, Strong Babies group; “Mums and Bubs” group in Townsville, Qld; one other group in NSW.
- Similar system to the Inuit in North Quebec, Canada.
- Women of the communities have reclaimed birthing – community birthing – locally based employment is a key factor. Historically cultural for safe birthing – medical and cultural together. There is and needs to be a partnership approach – blacks working side by side with whites – this is educational and provides employment.

(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)

- 95% of women in remote communities come to town to give birth.
- There will be a 3-year course – Bachelor of Midwifery – starting in 2009. Also there is Graduate Diploma in Child Health.
- The Future – Birthing and maternity services are not right – need to bring it back to the land. This is a recommendation that needs to come out of Garma.

Annie Mcdinney & Rhonda Simon (Maternal, Child & Youth Health team)

- Annie Mcdinney is a senior health worker – special interests immunisations, Health Clinics, remote outstations work with children’s services. She works with doctors, Specialists – helping babies to grow – involved with pre-schoolers and school camps.
- This group discussed the Strong Teeth, Little Kids program – many dental health issues – affects learning – can’t read if in pain, etc; affects all other aspects of health. Kids need to learn “old” ways of cleaning teeth from elders. There needs to be an increase in dental health education on all levels – to kids, to parents and to the medical community. Also need to include fluoride in water – small doses would be of enormous benefit to dental health of the children. There are two trial fluoridation programs – Maningrida and 1 other community.
- Bachelor Institute is training health care workers. Developing pathways – new national health worker training.
- A recommendation will come out of Garma to expand fluoridation throughout Northern Territory.
Workshop 9 - Healthy beginnings - Tackling the crisis in Indigenous community health

CHAIR: Dr Ngaire Brown, MSHR

- Dr Marlene Kong, Australian Indigenous Doctors Association (AIDA)
- Debbie Smith, Palmerston Community Care Centre

Ngaire Brown:

- We need to highlight the importance of personal stories in our work.

Marlene Kong:

- Need to start with healthy beginnings.
- “Tackling inequities starts with education.”
- Need to get a level play field, and this will involve positive discrimination.
- Need to promote self-determination and self-governance for Aboriginal communities.

Debbie Smith:

- She is an Aboriginal Health Worker, the only one at the centre.
- But not many Aboriginal people came through the health centre where she works.
- She found it very hard to put her ideas to improve the service to Aboriginal people forward to the people who managed the centre.
- She was put into the Child Youth & Family Team, so she went to visit the people in their homes. This built their trust of her and of the centre.
- She is now doing a training course – culture and practice, evidence-based practice, self-development of awareness.
- Must support families more.
Special plenary – Reducing the risks to the health and safety of children

CHAIR: Carolyn Richards, NT Health Complaints Commissioner and Ombudsman for the Northern Territory

- Pat Anderson
- Rex Wild QC

They are the two authors of the “Little Children Are Sacred” report.

- “The report’s title fits the feelings of Aboriginal people for little kids. The report will be translated into at least 10 Aboriginal languages.”
- The purposes of the study which led to the report were:
  1. How and why child abuse occurs;
  2. What are the problems in the way that government responds;
  3. How can the community work better to protect kids; and
  4. How to protect children from sexual abuse by working with communities.
- “We were told that people would not talk to us about these things, so we prepared carefully.”
- They sent out messages to communities explaining what they were doing. They talked in small groups wherever people would talk with them. They went to 45 communities and had 265 meetings with people. They received 61 written submissions. They established an expert reference group.
- The information that they gathered ended up as leading to 97 recommendations.
- Children’s problems result from dysfunction in many communities.
- Aboriginal people are not the only victims and perpetrators, but they were limited by the terms of reference of their investigation.
- “Child sexual abuse is serious, widespread, and often unreported.”
- Most Aboriginal people are willing and want to help their children.
- Poor health, alcohol and drug misuse, lack of education, poor housing, loss of identity, plus others – all lead to violence and poverty and child sexual abuse.
- Need more cooperation among agencies; need more funding; and need a long-term commitment.
- “Nothing in the report is new. It has all been known for a long time.” So why has there been such a lot of publicity for this report; why not the same sort of publicity for the NSW report or for Sue Gordon’s report?
- The first recommendation in the report talks about “genuine consultation” with Aboriginal people: “That Aboriginal child sexual abuse in the Northern Territory be designated as an issue of urgent national significance by both the Australian and Northern Territory Governments, and both governments immediately establish a collaborative partnership with a Memorandum of Understanding to specifically address the protection of Aboriginal children from sexual abuse. It is critical that both governments commit to genuine consultation with Aboriginal people in designing initiatives for Aboriginal communities.”
- Common threads emerged through many of the 265 meetings with people.
- The recommendations covered a wide range of issues.
- Schools have to be ready to receive the children who come to them – language issues for many children whose first language is not English.
• Need for access to early childhood development centres – there are only 2 such centres in remote communities.
• There is no systemic sex education in the schools.
• There are problems of young Aboriginal people not having sufficient education.
• There are problems with the legal definitions of abuse and sexual abuse.
• Need to find a careful and appropriate way to return power to communities, family, parents, and the extended family.
• Need for the setting up of a Young Person’s Commissioner, with the task of monitoring the implementation of the recommendations.
• “Everything in the report came out of what people told us.”
• “The Commonwealth Government has done nothing that is aligned with any of the recommendations in the report.” But it is acknowledged that Commonwealth Government assistance is needed, to work with the Northern Territory Government and the communities.

Q&A / Comments:

• Has there been any response from the Northern Territory Government to the report?
  • “We don’t know if there has or not. We understand that there will be a Commissioner for Young Persons, but we don’t know when.” The report’s authors had general support from the government departments in the Northern Territory during the stages of the development of the report, but “we don’t know about the politics since then.” “Some things are happening, but we don’t know any details.” “It is very hard to get data on child sexual abuse from anywhere in Australia.”

• From a Principal: “We are resourced to cope, not to succeed.”

• “It will take a generation (at least 15 years) before we see a significant level of change.”

• Maningrida has a night patrol; it has an average of 17.9 people living in each house.
Plenary 6 - Social and emotional health and wellbeing

CHAIR: Professor Fran Baum

Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner and acting Race Discrimination Commissioner:

- Social and emotional health are the foundations for strong communities and for good physical and mental health.
- The basics of survival need to be in place – food, shelter, income, safety, freedom from violence, control over own life.
- Stressed the importance of culture and of passing it on to the next generation.
- Negatives for people include unemployment, illness, and death in their family.
- Human dignity and human rights (e.g. to education, housing, etc.) are a good way to look at social and emotional health.
- “There is nothing new in all this.” There was an Indigenous Health Strategy back in 1989.
- We don’t know enough about social and emotional health. In a 2004 report on health, 10,500 people were surveyed. It included social and emotional health data. More than half of the respondents reported being happy. 56% reported being calm and peaceful. The people in remote areas were more positive in their responses.
- 15% of respondents were at the opposite end of the scale. 7% reported feeling hopeless all the time; 10% reported feeling nervous all the time; and 17% reported feeling that everything was an effort all the time.
- 82% reported that they had suffered one of the serious life stressors in the past 12 months – 46% had a death in the family; 31% had been seriously ill.
- A Western Australian report concluded that 1 in 4 Indigenous children were at risk in the area of social and emotional health – 1 in 7 in the non-Indigenous population.
- The problems were lowest in the most remote locations.
- This confirms what the elders say – children need to grow up in culture and need to be protected.
- The top 2 life stressors are the death of a family member and personal illness or personal disability. Unemployment and overcrowding are ranked 4 and 5.
- There is a campaign to close the gap in 25 years.
- Social and emotional health is increased with remoteness – strong culture and strong families in those areas.
- Aboriginal people are twice as likely to suffer from psychological distress as the rest of the population.
- Major issues include being moved off their country to other places and the effects of the stolen generation (40% of the Indigenous population was affected by this government policy; they are twice as likely to suffer from drug and alcohol abuse).
- 25% of the Indigenous population has suffered from racism in the past year – also associated with drug and alcohol abuse.
- Lack of control over their own lives and the lack of decision making power also lead to poor social and emotional health.
- A positive factor is access to their traditional lands.
• Policy responses – how do they measure up? There have been several strategies and frameworks. All support self-determination and a human rights-based approach. The program implemented have been at odds with these.

• “I support the idea of the intervention to protect children. But the current approach raises human rights issues. There has been no consultation.” Administrators have been appointed without planning. “This hurts the high achieving communities and the good individuals.” The proposal to take over of control over land is a negative; it can not be linked to child abuse. The scrapping of the permit system can not be linked to child abuse; everybody has the right to denial of entry to their land. The alcohol bans are not supported with rehabilitation or counselling, and the proposed treatment will not work. Most communities are already dry; many use kava.

• “Policies need to be holistic and best practice and work to progress the social and emotional health of Indigenous peoples.”

• “Even the COAG trails have been ignored in the latest methods.”

• He commended the work of health workers in difficult circumstances.

**East Arnhem health service workers:**

• In the North East Arnhem area, a doctor was appointed for the first time in January 2007, under a government-funded program. A full time midwife was appointed in April 2007 for the first time. Now there are 4 clinical staff. There is a women’s health group to advise on local policy.

• In February 2007, 6 clinics were opened in the homelands – no longer had to work on school verandas.

• 10 Aboriginal Health Workers were trained and are now working in the homelands; this frees up other workers from the constant traveling to the homelands.

• They have established links with other health services in the region and with Flinders University.

• The uncertainty about the future government practices is a worry. There is a need to maintain respect for the local workers’ knowledge and achievements.

**Eddie Mulholland:**

• Human health and the health of their country are intertwined. “Destroy the country, and you destroy the people.” This has happened as a result of the mine operations, as predicted by the elders in the early 1970s. The land was taken from Indigenous people and leased to the mine.

• People on their own country are healthier, and kinship relations are done properly, e.g. marriages.

• The government has frozen funding for the homeland health centres.

• Specialist health services are not provided, e.g. dietician for diabetics (a high proportion of Indigenous people suffer from diabetes).

• Need $450 million to fund the health services adequately.

**Alan Benson:**

• He talked about the problem of Lateral Violence = gossip, put-downs, backstabbing, internal racism.

• “Gossip is the biggest killer of a person’s spirit. It affects the speaker and the listener.”
Workshop 11 - Addressing the social factors that lead to poor health

CHAIR: Professor Marcia Langton

Fran Baum:

- She is a member of the World Health Organisation’s Commission on Social Determinants of Health - http://www.who.int/social_determinants/strategy/meetings/2007/geneva/en/index.html
- This commission is about looking at “the causes of the causes” of different levels of health.
- In general, more power and control over one’s own life will lead to better health.
- Need to put health aspects into all policies.
- It’s about how the health services are distributed, as shown by the following table:

<table>
<thead>
<tr>
<th></th>
<th>USA</th>
<th>Costa Rica</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Income</td>
<td>$41,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Health Care Expenditure</td>
<td>$6,000 per head</td>
<td>$350 per head</td>
</tr>
<tr>
<td>Life Expectancy</td>
<td>X years</td>
<td>(X+2) years</td>
</tr>
<tr>
<td>Health Care</td>
<td>“Elitist”</td>
<td>“Universal”</td>
</tr>
</tbody>
</table>

- How do you intervene? How do you distribute the resources for health, housing, environment? What is the best way for that individual country? “How can you make people less vulnerable when something goes wrong in their lives?”
- “If you base services on primary health care, you get better outcomes.”
- How do you get a country to take social determinants seriously, as they do in Scandinavia, for example? That needs a policy driven by equity and social justice.
- From studies done in Britain after World War 2, it was shown that the people in power in society need a real partnership with people with less power, in other words, there needs to be linking social capital, with interactions across power gradients in society.
- In Australia, there is now a conflict between mainstream Australia and Indigenous people, with no trust lack of control over land, with paternalistic government agencies rather than partners. This is not building social capital in Australia.
- People’s Health Movement - http://www.phmovement.org/en/ - developed a People’s Charter for Health at the first People’s Health Assembly in Bangla Desh in 2000 and updated it in 2004. The 2nd Assembly was held in Ecuador in 2005, with a focus on Indigenous people’s health.
**Ian Anderson:**

- Talked about the social factors that determined whether a community did well or not = level of self-government, history, land claims/ownership, etc.
- “15% of the life expectancy gap between Aboriginal people and white people in Australia would be closed by fixing the alcohol and drug misuse.”
- Lack of control over own health leads to poorer health.
- He referred the audience to the book by Amartya Sen – *Development as Freedom*, in which he argues for defining development not in terms of GDP but in terms of “the real freedoms that people enjoy.” (He is an Indian-born Cambridge economist, who won the 1998 Nobel Prize for Economic Science.)

- AIDA’s contribution to government policy development is limited to mid-level bureaucrats; they want to advise at a higher level. He highlighted the difficulties of negotiating with the government.
- Must link social factors to the final policies.

**Workshop 12 – Growing Healthy Kids into Health Adults – Changing the Outcomes**

**Andrea Goddard – Clontarf Foundation:**

- Significant importance of education in health. Foundation works in schools – for boys.
- Started 7½ yrs ago in Perth – not-for-profit organisation. Now in 9 locations, plus into Alice Springs this year. There are 850 boys in W.A. and Alice Springs in the program. Has increased the average attendance at school to 80% - runs in less than 1% of schools. 12% of the Indigenous students now attend through to year 12.

- In Geraldton – 7 feeder primary schools – 50 boys per year go to high school. About 20 Indigenous boys complete high school each year. Clontarf encourages men to work in schools. They use sport – usually football (AFL) to encourage boys to attend school. They are called Clontarf Academy or football Academies. Boys are attracted because they feel special and part of a team – they don’t necessarily need to be good at football – can find other roles – e.g. assistant to coach, manager’s assistant, etc. Part of the program involves morning training and a breakfast program. Workers from Clontarf Academy are there before, during and after school, attend lots of camps with the boys. There are 3 football training sessions per week, this develops routines and disciplines them. Also other members of community and family, etc. see the boys attending sessions.
- School runs the education curriculum, and Clontarf supports the kids.
• Alice Springs – 160 kids – 3 schools. 2 schools are years 7-9; 3rd school is boarding school Yurara (Lutheran boarding school).

• The first interschool session arranged between 3 schools – lots of fights – they thought someone was going to be killed! 6 months later – there was regular attendance and better behaviour. At the boarding school, attendance is much better – 83 stayed out of 96.

• Parents/carer feedback – participation in breakfast and other activities; much better behaviour at home.

• Survey at end of Term 2 – heartening response – making a great difference.

• The Clontarf Academy won’t go into schools that are not totally committed to the program.

• At Kununurra there were 25 boys in “special class” of mixed ages – different levels of reading, etc.

• 7 Clontarf boys from WA drafted to AFL clubs in SA/Vic next year.

**Jimmy Little Foundation – Buzz Bidstrop & Dan Palmer**

• Buzz is a drummer with Angels & Gangajang – rock music groups.

• Part of Jimmy Little foundation. Buzz met Jimmy through music, touring etc; then Jimmy Little had kidney failure, dialysis, etc., and Buzz supported him through music & with the touring side with music – overseas etc.

• The logo on their shirts looks like dropping a pebble onto a pool of water in the middle of Australia.

• The Foundation works towards kidney health. They had to find out what the communities wanted from them. Jimmy is an ambassador with Fred Hollows Foundation.

• Some of the aborigines believe that “if sick then sick soul”.

• The traditional healers say that the kidney is the only thing they can’t fix. There is 30-50 times the incidence of kidney failure in central Australia as compared with the rest of Australia.

• With no sense of hope, then nothing else is any good.

• Funds come from Pratt & Lowrie families – and concerts. There will be a concert in Darwin in September to help the foundation – Buzz will be the drummer for all the bands playing. They are also partnering up with Fred Hollows & Diabetes Foundation.

• Their main program is called “Return to Country” – patients who are in main hospitals are transported to their communities at times when there is a grief/death/burial or a celebration – a few days at home makes such a difference to the health of a patient on dialysis. The Foundation will also be working with kids to prevent kidney failure.

- David was a human rights lawyer. Talked about marginalised communities, community based programs, run by communities and to benefit communities.

- There is a failure to take approach from the view of the oppressed.

- Most successful programs come from community based programs – connection to spirit and land.

- US Mob – editorial final cut taken away from the network bosses and given to the community. It employed 30 story tellers, 19 elders and about 70 workers for the program.

- David’s method of negotiating with the elders and community – come and talk to the elders and ask them their advice and explain why they would like to change.

(C Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)

- Croc Festival. Push every kid to the school gate – but can’t guarantee the program they will go into once through the door.

- Must have:
  1. cultural maintenance; and
  2. an educational standard compatible with mainstream.

- In Yirrkala school – this was the first group of directors and producers trained to industry standards. There is an increased maturity of the young people doing the filming and work with the filming.

- The national government gave NITV $48million – this was not going to encourage new talent. (doesn’t think its sustainable).

- Drummer group – struggles to keep town camps running; makes drums and performs songs – cultural songs – cultural involvement is central plank of any educational program.
Workshop 13 – Substance abuse – Detriments to quality of life

CHAIR: Allan Benson

- Greg Phillips
- Dr Tricia Nagel, Psychologist, Menzies Research Institute
- Stephen Johns and Marpalawury Marika, DHCS

Greg Phillips:

- Carried out research in Big River in Cape York. The people there were not used to running their own affairs - their community was set up as a church mission and later it was run by the government. Major problems of alcohol misuse, marijuana, and gambling, which led to "humbug". Why did this happen? Boredom; they kill the memory of the effects of the stolen relatives; wrong kinship marriages, etc.
- He took one of the community leaders to Canada to see what Canadian Aborigines do in their own environment, especially in the area of native spirituality.

- “Aboriginal drinking is highly politicised.”
- “The attitude of the health workers is critical to the success of the health programs.”
- “Harm reduction works better than anything else.”
- “Treatment centres work better than rehabilitation centres.”
- Have to deal with the emotional causes as well.
- Need safe communities and safe houses, instead of sending them back into the environment that made them sick.
- Need prevention, intervention, and post-vention. The health workers need to model the good behaviours.
- “In Alcoholics Anonymous, you are not a bad person trying to get good; you are an unwell person trying to get well.”

Tricia Nagel:

- She is working on the AIMHI project in the Northern Territory, a 5-year project, with 3 Aboriginal researchers. The aim of the project is to improve the mental of ATSI people. They have shown that there is a strong link between substance misuse and abuse and mental health status.
- If Indigenous have both problems, they go into hospital at three times the rate of non-Indigenous people.
- Factors involved include language, literacy, holistic view of health, and the importance of country to Indigenous people.
- The mental health workforce are non-Indigenous, and there is a problem of perception and communication.
• They devised a two-part process to work with the people in the communities:
  o “What makes us strong?” – cultural experiences.
  o “What takes away our strength?” – violence, alcohol, drugs, etc.
• What treatment that can be delivered by primary care – needs to be quick, simple, able to be used without much training.
• In a trial on the Tiwi Islands, they used a four-step treatment procedure with 49 people:
  o Talk about family – always have a yarn before getting into the problem.
  o “What keeps us strong?” – e.g. going to country.
  o “What takes away our strength?” – e.g. grog and ganja; worried families and worrying their family.
  o A goal- and step-setting process.
• 80% of the 49 people are making progress towards their goals.
• Use the family and the strengths as motivators for change.
• The treatment plan must be client-centred and client-owned.
• The most common goal in the Tiwi Island trial was to stop the misuse of drugs and alcohol, and the second most common goal was to stop the family worry.

**Steven Jones (substance educator):**
• 1 value in common = the more we give away, the more we have.
• “It’s a world-wide problem; it’s a world problem. But non-Indigenous people do it behind their curtains, their closed doors. Indigenous people do it in public.”
• Discussed what was needed with communities. “It was good to understand what we did not know that they did not know. We make too many assumptions about what they know and do not know... we need to have more trust in what they know. Sometimes we need to refresh what they know and draw it out. They have the heart to do it, but they lack the confidence.”
• “Respect works!”

**Workshop 15 - Does control follow the dollar?**

**CHAIR: Shane Houston:**

• Tony Stubbin, Assistant Under Treasurer - Economics, Northern Territory Treasury
• Tim Marney, Western Australian Deputy Treasurer
• Dr Gavin Mooney, Health Economist, WA

**Shane Houston:**
• What is the golden rule? This is the rule of the king in the Wizard of Id – whoever has the gold makes the rules.
• Needs a nurse-led health care (same as Samoa).
• 80% of Northern Territory funds come from the Commonwealth.
• How much spent on Indigenous health care – 49.7% of expenditure relates to Indigenous people.
• Schools say: “We are resourced to cope not to achieve.”

Tony Stubbin:
• Talked about the relationship between the Commonwealth Government and the Northern Territory Government in the area of grants, etc. The grants are set at a level calculated to be enough to deliver a set of services to a national standard – funded to cope, not to succeed. The issues unique to the Northern Territory are not factored into the calculation to a great enough degree.

Tim Marney:
• Control does not follow the dollar.
• “If we do what we have always done we will get what we always get.”

Gavin Mooney:
• Made a passionate plea for decency and compassion in Australian health policies.
• Government has no respect for Aboriginal control or autonomy.
• Leaders must respect culture, unlike a recent Minister, who advised Indigenous people to: “Give up sorry business and develop a work ethic.”
• Poor will have little control.
• AMA does not care about Aboriginal health care.
Summary of some of the other workshop sessions:

Men’s Health:
- Positive aspirational programs – uncommon to hear about, but great.
- It’s about getting men together and looking at their own health – men do not generally do this.
- Empowerment of the men.
- Community-based, bottom-up planning.
- Importance of culture in developing and maintaining health.
- Men’s and women’s groups working together in some cases.

Health through the power of cultural restoration
- There is a more complex way of looking at culture than the way its contribution to health and health policy is treated at present.
- Need to restore Indigenous rights as things already held.
- Talked about narrative therapy = an approach to therapy that places the experiences of the person coming to therapy in a central position of importance. It builds on the idea that people live their lives according to stories they construct about who they are, and what their lives are, (and can be) like. These stories can act like a lens, filtering out new and different stories which don't fit the main story. Narrative Therapy uses the stories people bring about themselves and their lives, to re-shape new lenses, new stories, new experiences and new futures.

(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)
Concluding summary

by Tom Calma, in which he made the following points and mentioned the following as being significant points made by presenters at the plenary and workshop sessions:

- We must have accountability to the communities.
- Cultural security.
- Must engage the Aboriginal Health Workers in meaningful ways.
- Language gives resilience.
- Western and Indigenous health systems both have their roles.
- Traditional healing and healers.
- Respect and trust in relationships.
- Reform the curriculum in health professional education.
- Support cultural knowledge in the health systems.
- Healing / treatment centres.
- Traditional culture can contribute to maternal and child health.
- The recommendations in the Anderson / Wild report must be implemented.
- Strengthen the leadership of the elders.
- Better coordination among agencies.
- Traditional birthing centre network.
- Fluoridation of water in all communities.
- Sustainable funding, not short-term projects.
- More Indigenous leaders in the agencies.
- Oral health must be an element in primary health care.
- Self-determination in all aspects of Indigenous life.
- Land and health are intertwined.
- More focus on success stories.
- NGO and donor sectors will continue to be important in the future.
- Need to educate the media about the facts – the media are selective.

Other concluding speakers:

- We have to decide what sort of an Australia we want for the future, and then work to achieve that.
- There are 3 milestones which are important in carrying this forward:
  - When the Commonwealth intervention legislation is passed;
  - The 2007 Federal election date; and
  - Garma in 4 years time, when the new government has been in power for 3 years.
- So what do we do before the election?
• What will be done about that legislation if the ALP wins the 2007 election? He has said that he will be an alternative Prime Minister, not an echo.
• What happens if John Howard’s government wins the election?
Program

PROGRAM - KEY FORUM DAY 1 (Festival Day 2) Saturday 4 August 2007

8.45-9.15
Garma Forum Opening
Main Forum Shelter
Cultural Inducation - Directors Yothu Yindi Foundation: Raymattja Marika, Mandawuy Yunupingu, Yalmay Yunupingu, Dhangel Gurruwiwi and Witiyana Marika
Welcome - Galarrwuy Yunupingu, Chairman YYF and Professor Helen Garnett, Vice Chancellor, Charles Darwin University (CDU)

9.15-10.30
Opening Plenary 1 - Indigenous health: Real solutions for a chronic problem
Main Forum Shelter
CHAIR: Professor Helen Garnett, CDU
   * Professor Helen Milroy
   * Jackie Huggins, Reconciliation Australia
   * Justice Murray Wilcox
RAPPOREUR: Scott Winch, Menzies School of Health Research (MSHR)

10.45-11.00  MORNING TEA

11.00-12.30
Plenary 2 - Traditional healing
Main Forum Shelter
CHAIR: Professor Jan Reid
   * Mick Gooda, Cooperative Research Centre for Aboriginal Health (CRCAH)
   * Pattie LaBoucane-Benson and Alan Benson
   * Andy Tjilari and Rupert Peters, Ngangkari (Traditional Healers)
RAPPOREUR: Kathleen Martin, CDU

12:30-1:30  LUNCH

1.30-2.30
Workshop 1 - Resilience of a people whose lives have been diminished
Forum Shelter 1
CHAIR: Olga Havnen
   * Debbie Pattrick and Tracy Smith, Core of Life

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* Dilthan Yolngunha, Raymattja Marika-Mununggirritj, Dhangal Gurruwiwi and Gulumbu Yunupingu, Yothu Yindi Foundation Healing Place

* Greg Phillips, Melbourne University

RAPPORTEUR: Professor Wendy Brady, CDU

Workshop 2 - Building a culture of caring and healing - Where is the support?
Forum Shelter 2
CHAIR: Professor Helen Milroy

* Richard Wilkes, Centre for Aboriginal Studies, Curtin University
* Kathy Abbott and Michelle Sweet
* Bev Derschow and Simon Murphy, Palliative Care and Rural and Remote Health

RAPPORTEUR: Dr Peter Beaumont, President, Australian Medical Association (AMA) NT

Workshop 3 - Preventing health problems before it's too late
Forum Shelter 3
CHAIR: Professor Marcia Langton, Melbourne University

* Dr Mark Wenitong
* Dr Ngiare Brown
* Irene Fisher, Sunrise Health

RAPPORTEUR: Professor Jonathan Carapetis, MSHR

2.30-3.00    AFTERNOON TEA

3.00-4.00
Plenary 3 - Traditional healing
Main Forum Shelter
CHAIR/FACILITATOR: Professor Colleen Hayward
Workshop Reporting Panel
RAPPORTEUR: Melissa Sweet

KEY FORUM DAY 2 (Festival Day 3) Sunday 5 August 2007
9.00-10.30
Plenary 4 - Maternal and child health
Main Forum Shelter
CHAIR: Patricia Anderson

* Pele Stowers, Samoa
* Olga Havnen
* Boyan Yunupingu and Mosiana Taufalele-Johns

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RAPPOREUR: Carolyn Richards, Ombudsman for the Northern Territory

10.30-11.00  MORNING TEA

11.00-12.00
Workshop 4 - Birthing: The importance of traditional midwifery
Forum Shelter 1
CHAIR: Professor Lesley Barclay, CDU
   * Felicity Cook, Hunter New England Health Service
   * Fleur Magik
   * Molly Wardaguga, Malambam Health Board, Maningrida
RAPPOREUR: Dr Sue Kruske, CDU

Workshop 5 - Building cultural security into health delivery services
Forum Shelter 2
CHAIR: Greg Phillips, Melbourne University
   * Professor Colleen Hayward
   * Henare Kani, New Zealand
   * Professor Shane Houston, DHCS
RAPPOREUR: Dr Jacqueline Boyle, CDU

Workshop 6 - Health knowledge through cultural awareness
Forum Shelter 3
CHAIR: Suzanne Plater, Queensland Department of Health
   * Therese Roe, Aboriginal Medical Services Alliance Northern Territory (AMSANT)
   * Marlene Liddle, Strong Women Coordinator, DHCS
   * Nova Peris, Office for Aboriginal and Torres Strait Islander Health (OATSIH)
RAPPOREUR: Dr Dan Baschiera, CDU

12:00-1:00  LUNCH

1.00-2.00
Workshop 7 - Can we positively affect outcomes for infants and mothers with some consistency?
Forum Shelter 1
CHAIR: Professor Lesley Barclay, CDU
   * Dr Sue Kildea, CDU
   * Iris Raye, MSHR
   * Annie McDinney and Rhonda Simon, Maternal, Child and Youth Health Team, DHCS
RAPPORTEUR: Kathleen Martin, CDU
Workshop 8 - NGOs - Public policy partnerships in the framework of Indigenous health
Forum Shelter 2
CHAIR: Michelle Parker, Anglicare, NT
  * Tricia Rushton, Smith Family, NT
  * John Willis and Michelle Winters, St. Vincent Hospital Mission, Victoria
  * Fiona Moore and Lisa Briggs, Oxfam
RAPPORTEUR: Dr Suzanne Belton, CDU

Workshop 9 - Healthy beginnings - Tackling the crisis in Indigenous community health
Forum Shelter 3
CHAIR: Dr Ngiare Brown, MSHR
  * Dr Marlene Kong, Australian Indigenous Doctors Association (AIDA)
  * Stephanie Yikaniwuy and Dorothy Wanamula, Remote Bush Clinic, Galuwinku
  * Debbie Smith, Palmerston Community Care Centre
RAPPORTEUR: Professor Diana Slade

2.00- 2.20
Gardasil roll out - Professor Margaret Davy
Main Forum Shelter
RAPPORTEUR: Dr Sue Kildea, CDU

2.20 – 3.00
Special plenary forum - Reducing the risks to the health and safety of children
CHAIR: Carolyn Richards NT Health Complaints Commissioner and Ombudsman for the Northern Territory
  * Pat Anderson
  * Rex Wild QC
RAPPORTEUR: Dr Naor Bar-Zeev, NYC

3.00-4.00
Plenary 5
Main Forum Shelter
CHAIR/FACILITATOR: Patricia Turner, CEO, National Indigenous Television (NITV) and former CEO, Aboriginal and Torres Strait Islander Commission (ATSIC)
Workshop Reporting Panel
RAPPORTEUR: Michelle Dowden, MSHR

KEY FORUM DAY 3 (Festival Day 4) Monday 6 August 2007
8.45-10.30
Plenary 6 - Social and emotional health and wellbeing
Main Forum Shelter
CHAIR: Professor Fran Baum
  * Pattie LaBoucane-Benson and Alan Benson
  * Commissioner Tom Calma
  * Eddie Mulholland and Donald Marawilli, Miwatj and Laynhapuy
RAPPOREUR: Professor Diana Slade

10.30-11.00  MORNING TEA

11.00-12.15
Workshop 10 - Men's health
Forum Shelter 1
CHAIR: Dr Mark Wenitong
  * Mick Adams
  * Jack Bulman
  * Father Leslie Baird, Yaba Bimbie Men’s Group, Bradley Baird, Gurriny Yealamucka Health Service, Yarrabah and Lyndon Reilly, North Queensland Health Equalities
RAPPOREUR: Dr Matthew Lewis, MSHR

Workshop 11 - Addressing the social factors that lead to poor health
Forum Shelter 2
CHAIR: Professor Marcia Langton
  * Professor Ian Anderson
  * Professor Fran Baum
  * Romlie Mokak, AIDA
RAPPOREUR: Michelle Dowden, MSHR

Workshop 12 - Growing health kids into healthy adults - Changing the outcomes
Forum Shelter 3
CHAIR: Olga Havnen
  * Andrea Goddard, Clontarf Foundation
  * Jimmy Little, Jimmy Little Foundation (JLF)
  * David Vadiveloo, Us Mob
RAPPOREUR: Dr Rhonda Cox, MSHR

12:15-1:30  LUNCH
1.30-2.30
Workshop 13 - Substance abuse - Detriments to quality of life
Forum Shelter 1
CHAIR: Allan Benson
  * Greg Phillips
  * Dr Tricia Nagel
  * Stephen Johns and Marpalawury Marika, DHCS
RAPPORTEUR: Dr Sheree Cairney, MSHR

Workshop 14 - Health through the power of cultural restoration
Forum Shelter 2
CHAIR: Professor Ian Anderson
  * Dr Brian McCoy
  * Jack Beeton, Messagestick
  * Barbara Wingard, Dulwich Centre/ Djapirri Mununggurritj
RAPPORTEUR: Dr Sue Kruse, CDU

Workshop 15 - Does control follow the dollar?
Forum Shelter 3
CHAIR: Patricia Turner, CEO, NITV and former CEO, ATSIC
  * Tony Stubbin, Assistant Under Treasurer - Economics, Northern Territory Treasury
  * Tim Marney, Western Australian Deputy Treasurer
  * Dr Gavin Mooney, Health Economist
RAPPORTEUR: Professor Shane Houston, DHCS

2.30-3.30
Plenary 7
Main Forum Shelter
CHAIR/FACILITATOR: George Negus, SBS
Workshop Reporting Panel
RAPPORTEUR: Dr Matthew Lewis, MSHR

3.30-4.00
Closing plenary: Summary and strategy
Main Forum Shelter
CHAIR: Dr Christine Tippett, President of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
* Commissioner Tom Calma

RAPPORTEUR: Susie Hopkins, MSHR

(Photograph © Yothu Yindi Foundation. Photographers – John & Judy Hodgkinson)
Appendix 1

Saving children's lives a matter of long-term will

Fiona Stanley

Sydney Morning Herald, July 31, 2007

I remember clearly a young Aboriginal boy who changed my life - certainly my career. He was just four and I was a young doctor working at the children's hospital. We were so proud of how we brought him back from the brink of death from gastroenteritis. Then we sent him home. Within a year, he was dead. Our modern medical miracles were no match for the horrendous living conditions and lack of resources in his community.

The child's death had a profound effect on me. It taught me the futility of patching children to send them back into the environment that caused their illness. It taught me that the profound disadvantage faced by Aborigines is complex, and not solved by a single course of action.

It also showed me that as much as I wanted to "save" a child, that child is part of a community. It's why I became interested in looking at the bigger picture - a pathway that led me into research.

Since the Federal Government announced its emergency response in the Northern Territory, there has been much debate about what needs to be done to protect the children. The fact is you can't protect the children without supporting and involving their community.

Like many others, I am anxious to see the detail of the Government's longer-term strategy for this intervention to make a real and sustainable difference. I certainly agree urgent action is necessary. I also know unless we start to address the complex causes, and not just the appalling manifestations of that disadvantage and dysfunction, many children will continue to be at risk. This must be done in a way that includes Aborigines. Measures that exclude the views and involvement of Aborigines will serve only to further diminish their capacity, exacerbate marginalisation and add to the damage in these vulnerable communities.

Virtually all populations with a history of social exclusion and marginalisation similar to the Aborigines of Australia have the same types of problems. However the evidence suggests Aboriginal populations such as Maori, Canadian and American fare far better. So what have they done differently?

For a start they have specialised, well-funded health services; effective partnerships and involvement of Indigenous people; and many more Indigenous professionals who are powerful advocates for their people. They also have dedicated programs for Aboriginal housing, water, electricity, transport and public health and better basic living standards for hygiene and nutrition. Treaty negotiations and land rights are linked to outcomes that ensure local resources, employment and community economic opportunities. And importantly, there is a recognition of history and past dispossession through processes that provide restorative justice.