

AUSTRALIA HOPES NEW STRATEGY WILL IMPROVE HEALTH SERVICES FOR ABORIGINAL POPULATION

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In Brief • En bref

Australia has embarked on a National Aboriginal Health Strategy that aims to give aboriginals equal access to health services by 2001. Although the harmful effects of colonization are now recognized, it is not possible to eradicate overnight the health problems resulting from 200 years of mistreatment and neglect, officials say. In implementing the strategy, the Australian government is spending \$1.3 billion over 5 years to improve the basic infrastructure of housing, water, waste disposal, roads and communications in aboriginal communities, enhance health services and encourage more aboriginals to seek careers in health care.

L'Australie a mis en œuvre une stratégie nationale sur la santé des autochtones qui vise à donner à ces derniers l'accès égal aux services de santé d'ici l'an 2001. Bien que les effets néfastes de la colonisation soient maintenant reconnus, il est impossible d'éliminer du jour au lendemain les problèmes de santé qui résultent de 200 ans de mauvais traitements et de négligence des autochtones, déclarent des porte-parole. Pour mettre en œuvre la stratégie, le gouvernement australien dépensera 1,3 milliard de dollars au cours d'une période de cinq ans pour améliorer l'infrastructure de base du logement, de l'aqueduc, de l'élimination des déchets, des routes et des communications dans les communautés autochtones, améliorer les services de santé et encourager plus d'autochtones à entreprendre des carrières médicales.

The sign mounted behind the reception desk of the Aboriginal Medical Service (AMS) in Redfern, a rundown area of inner Sydney, doesn't mince words: "Any staff member who gives out patient information to the police, government departments, media or individuals will be fired on the spot."

Founded in 1971 as a storefront clinic staffed by volunteers, the AMS has grown into a complex with an annual budget of \$2 million and 50 employees. Its success has spawned more than 70 similar aboriginal-run clinics throughout Australia.

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Although aboriginals still suffer the poorest health of any segment of Australian society, the growth of this community-run network is an example of how they are beginning to take back control of their own lives. That sign at the Redfern clinic is one indication of how serious they are about protecting their re-emerging autonomy, which is still fragile after two centuries of European domination.

To Australia's early British colonizers, the continent was "terra nullius" — uninhabited land — so they signed no treaties with the aboriginal hunters and gatherers who had lived there for 40 000 years, and initial friendly contact soon deteriorated into open conflict.

Warfare, vigilantism and diseases introduced by the Europeans devastated the aboriginal population, estimated to have been between 500 000 and 1 million people when the British arrived in 1788. (Today, there are about 230 000 aboriginals, 1.5% of the total population.) Dispossessed of their land and economic base, the survivors became dependent on their conquerors. Decisions were made for them and imposed upon them.

The consequences are still being resolved; only in the last two decades have aboriginal organizations arisen to provide health, legal, educational and other services. But despite the success of these services, aboriginals still live in appalling conditions. Death rates are two to four times higher than those of nonaboriginals, and infant mortality rates are three times higher. Aboriginals are admitted more frequently to hospital for virtually every cause in every age group. They are more likely to suffer from infectious diseases such as hepatitis B, tuberculosis, respiratory disorders and ear and eye problems. Also more prevalent are conditions such as obesity, diabetes and heart disease. High smoking rates and alcohol and solvent abuse contribute to the health problems.

[Recognizing similar problems in its native population, Canada established a Royal Commission on Aboriginal Peoples, which held public hearings during 1993. The CMA made a presentation about the need to overcome health-related in-

DISCIPLINARY ACTION FOLLOWS ABORIGINAL DEATH

The Royal Commission into Aboriginal Deaths in Custody investigated 99 cases. The chain of events for one of them began in a tiny outback hospital in Wilcannia, New South Wales, when a confused and disoriented aboriginal man was brought in by his brother and another male relative after 2 am. They told the nurse, who was on night duty by herself, that the young man was going through alcohol withdrawal and had been treated 3 years earlier for alcohol abuse. They asked if they could leave.

The young nurse, newly arrived from England, said they could. The man then began wandering confusedly around the hospital. Concerned about the safety of her other patients, including babies and children, the nurse left to make the man a cup of heavily sweetened coffee; when she returned, he was gone. She immediately called the town police to ask them to find the man and return him to the hospital.

Meanwhile, the man returned, carrying a piece of wood. The nurse persuaded him to leave the wood outside the door, then advised the police that her patient had come back. "They've already left to look for him," one of the police officers' wives told her.

After asking the nurse where the bathroom was, the man went outside and wandered off again. The nurse called the hospital's director of nursing to advise her she was having a management problem: she was alone, with sick children to look

after, and she was worried that the man might injure himself wandering around on his own. At that point the police arrived with the man in the back of their van. "What do you want us to do?" they asked.

The nurse called the Royal Flying Doctor Service in Broken Hill, and was advised to check the patient's blood sugar. After she found his blood sugar levels were normal, the doctor gave her permission to release the man to the police, who had offered to let him sleep overnight at the station.

The police took the man to their station, put him to bed in a cell and called to advise the nurse that the man was asleep. It was 3 am. At 8:30 am, when the nurse went off duty, she stopped by the police station to check on the man, only to be told that during the night he had hung himself in his cell.

After the coroner's inquest, the disciplinary committee of the Medical Registration Board reprimanded the doctor. The disciplinary committee of the Nurses' Registration Board deregistered the nurse for professional misconduct, although the decision has been appealed. No criticism was directed at the hospital, the authorities or the system that had placed the young English nurse in a remote area without proper support or education concerning the particular medical problems that Wilcannia's large aboriginal community might present.

equities affecting native people, and its concerns were incorporated in a report, *Bridging the Gap: Promoting Health and Healing for Aboriginal Peoples in Canada*, which is available from CMA Membership Services, 800 267-9703; the cost is \$26.75 for members, \$32.10 for non-members. The royal commission report is expected to be completed late in 1995 or early in 1996. — Ed.]

Although the harmful effects of colonization are now recognized, "it is simply not possible to eradicate overnight health problems that are a result of 200 years of mistreatment and neglect," stated Gary Foley in a 20th-anniversary pamphlet produced by Redfern AMS. Government services remain "inadequate, inappropriate and inequitable," according to a government-funded task force set up in response to pressure from aboriginal groups, which undertook the first national review of aboriginal health; 14

of its 19 members were aboriginals.

The task force's 1989 National Aboriginal Health Strategy aims to give aboriginals equal access to health services by 2001. To help implement the strategy, the federal government announced the following year that it would add \$232 million to the \$1.3 billion slated to be spent on aboriginal health over a 5-year period. But even with matching state funding, the total was estimated to be less than one-fifth of the amount needed to fully implement the strategy.

Three-quarters of the money is being spent on improving the basic infrastructure in aboriginal communities — housing, water, waste disposal, roads, power and communication facilities — to standards taken for granted in other Australian communities.

"That's seen as dealing with some of the fundamental causes instead of

coming in at the Band-Aid level," said Colin Banks of the health policy section in the Office of Aboriginal Health. His department was set up within the Aboriginal and Torres Strait Islander Commission, a relatively new federal agency comprising 20 aboriginal commissioners, who are responsible for aboriginal affairs.

Aboriginal health issues were also examined by the Royal Commission into Aboriginal Deaths in Custody, which spent 3 years investigating the deaths of 99 aboriginals while in the custody of police or prison officials between 1980 and 1989 (see sidebar).

The commission, which developed into the most detailed inquiry into the condition of aboriginal people since the arrival of Europeans, presented 339 recommendations, many related to health care. The government responded by earmarking \$400 million in 1992 to help implement the recommendations, in-



Dulcie Flower: too often decisions are made without input from those they affect

cluding \$71.6 million for substance-abuse programs.

Both the National Aboriginal Health Strategy and the commission stressed that aboriginal people must be allowed to make decisions about their own health. Too often these decisions — from government policy to individual treatment by doctors — have been made without input from those affected. "People live in a desert without running water," said Dulcie Flower of the Redfern AMS, "and some stupid public servant has installed a flush toilet."

A Council for Aboriginal Health and similar forums at the state and territorial levels have been formed to advise governments and monitor the strategy's implementation. State forums, for example, are responsible for ensuring that at least two aboriginals are appointed to hospital boards in areas with a large aboriginal population.

The strategy also calls for the establishment of new aboriginal-run health services, and for the upgrading of others. Even now, most of the federal money spent on aboriginal health goes to aboriginal-run services.

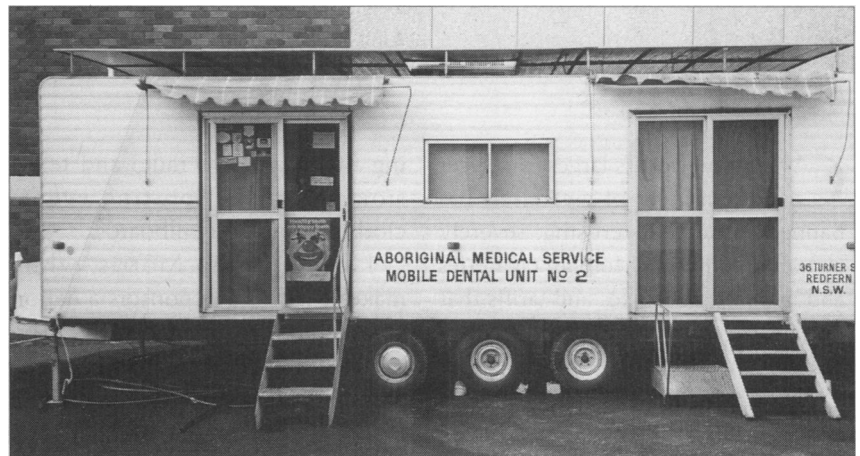
Because they are operated by the community, they are able to cater more accurately to real needs. They also use a broader definition of health than the mainstream system,

since poor aboriginal health can only be understood by taking into account social and economic circumstances.

Aboriginal people are often bewildered and uncomfortable in the mainstream health care system. Nearly 40% of Redfern's patients travel more than 12 km for treatment, even though they could probably find a closer clinic; some travel much further.

While Canada's native peoples suffer from similar patterns of poor health, no comparable network of community-run medical services has sprung up to serve them. In Canada, medical care for aboriginal people is usually provided by government under the terms of treaties. Without similar agreements, Australia's aboriginals were to a large extent left to their own resources.

Among the resources they urgently need are more aboriginal doctors and nurses. The 1986 census identified only 14 aboriginal doctors in the entire country. (Canada has about 50 native physicians.)



Mobile dental clinic operated by Redfern Aboriginal Medical Service in Sydney

Since 1985, the University of Newcastle in New South Wales has reserved at least four places each year for aboriginal medical students; more aboriginals study medicine there than at the country's nine other medical schools combined. To help students succeed, Newcastle

provides support staff and a curriculum that supports their culture, and there are other aboriginal students available for camaraderie. The university also encourages students to remain connected to their home communities and fosters links with the local aboriginal community.

Specially trained aboriginal health workers are helping to improve health in remote communities that may be 1000 km from the nearest hospital and have no resident doctors and nurses. Health workers take a 2-year primary health care course based on a World Health Organization model to learn to diagnose, suture wounds and run immunization and health centres. In the Northern Territory alone, about 300 aboriginal health workers serve approximately 35 000 aboriginal patients.

Aboriginals might also improve their own health by integrating traditional practices into modern life. Many researchers believe they have particularly thrifty metabolic processes that served them well when food was scarce but now pre-

dispose them to obesity, diabetes and heart disease. When researchers from the University of Melbourne persuaded a group of diabetic aboriginals in Western Australia to revert to their native hunter-gatherer diet for 7 weeks, their blood glucose levels fell dramatically. ■