

THE RELEVANCE OF HUMAN RIGHTS TO HEALTH STATUS IN AUSTRALIAN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

*Gracelyn Smallwood, MA, PhD, Colin White, BA
and Michael Kotiw, PhD*

"We took the children from their mothers."¹

With these words, Australian Prime Minister Paul Keating, while launching the Year of Indigenous Peoples at Redfern Park in Sydney in December 1992, officially acknowledged that in the process of colonization, white Australia had denied generations of Aboriginal children their most precious and fundamental right—that of a mother's love and family's care. He further stressed that the starting point in finding solutions to the problems that beset indigenous Australians is to recognize that the problem started with non-Aboriginal Australia.

It began, he said, with recognition that white Australia did the dispossessing, that white Australia took the traditional lands and smashed the traditional way of life, that white Australia brought the disease and alcohol, that white Australia committed the murders, that white Australia practiced discrimination and exclusion, and that white Australia took the children from their mothers. White Australia failed, the Prime Minister said, to make the most basic human response, and enter into the hearts and minds of the Aboriginal people.

Gracelyn Smallwood is Associate Professor and Director of the Kumbari/ Ngurpai Lag Higher Education Centre at the University of Southern Queensland. Colin White is a Research Officer with the Kumbari/ Ngurpai Lag Higher Education Centre at the University of Southern Queensland. Michael Kotiw is a lecturer in Microbiology at the University of Southern Queensland. Please address correspondence to the authors care of Kumbari/ Ngurpai Lag Higher Education Centre, University of Southern Queensland, Toowoomba, Australia 4350.

Already in 1984, Thompson, wrote:

The health status of Australia's Aborigines is far inferior to that of non-Aboriginal Australians. The factors underlying this low standard of health are complex, but relate to the gross social inequality experienced by Aborigines, even today. The social inequality, characterized by extreme socio-economic deprivation and relative powerlessness, is the end result of the European occupation of Australia, which caused Aboriginal depopulation and dispossession.²

And the World Health Organization at its 1978 Alma-Ata conference had declared that:

Health cannot be attained by the health sector alone. In developing countries in particular, economic development, anti-poverty measures, food production, water, sanitation, housing, environmental protection all contribute to health and have the same goal of human development.³

Yet, still today in Australia, poor coordination of collaboration between government departments has often meant that issues such as health, housing, education, welfare, and employment are treated as separate issues rather than being seen as integral to the totality of health and well-being. Further, as Ekermann, *et al* point out, ill health occurs when basic human needs are not met and health for Aboriginal people cannot be disassociated from self-determination, land rights, and "cultural vitality."⁴ Moreover, health cannot be neatly divided in to "wellness" and "illness" or mental and physical aspects. In a holistic approach, all factors that can impinge on health are considered interrelated.

Where are the Children?

As a child my father was playing in the Burdekin region when he was picked up by government authorities and sent to Palm Island, where he was raised by my grandparents. This reserve was notoriously known as a punishment settlement where 40 different clans were forced to live as one under the Aboriginal Protection Act. As Fourmile has recollected, "We used to all line up regimentally and start raking up leaves and sticks with our fingers, down on our hands and knees. We were just treated like animals."⁷

My father recalled the dormitories where young children had to sleep, as well as work very hard, long hours without pay. It was government policy for any half-caste children to be taken away from their families and many did not return. In 1957, my grandfather was one of six men who went on a hunger strike on Palm Island protesting for better conditions. All six were handcuffed, chained and separated from their families and sent to other reserves in Queensland. My grandmother is still alive today, with these memories.

Between 1883 and 1969, more than 5,300 Aboriginal and Torres Strait Islander children were sent to Cootamundra girls training school and Kinchele boys home near Kempsey in New South Wales (NSW), where they were given training as domestics and farmhands. It has been estimated that one in every seven Aboriginal children was taken from their families during this century, while the figure for white children was about one in 300. Swan notes:

Light-skinned children were forcibly removed from their darker parents and later this special treatment was extended to include the removal of children from rural towns and reserves as well. Among others, Aborigines have described this policy as a systematic attempt at cultural genocide, which has been the background for many years of horrific memories, distress and mental health problems that continue to this day.⁸

A 1995 publication by the Aboriginal Legal Service of Western Australia, *Telling our Story*, documents the histories of some 600 children or their relatives, who were directly affected by assimilationist policies pursued by a succession of governments in that state.⁹ Similar stories could be documented for every state in Australia. The report contends that “Aboriginal people who were removed from family and culture had their fundamental human rights in regard to association with land, family, tribe and culture violated and that religious organizations or orders were often complicit in successive governments’ breaches of fundamental human rights.”¹⁰

The Australian Genocide Convention Act of 1949

The United Nations Convention on the Prevention and Punishment of the Crime of Genocide (UNGC hereafter) was

adopted by the General Assembly of the United Nations on December 10, 1948, and was ratified by the Australian government on July 8, 1949. Article 2 of the Convention defines genocide as: "any of the following acts committed with intent to destroy, in whole or in part, any national, ethnic, racial or religious group, such as:

- a) killing members of the group;
- b) causing serious bodily or mental harm to members of the group;
- c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- d) imposing measures intended to revert births within the group; and forcibly
- e) transferring children of the group to another group."⁵

The Australian parliament passed the Genocide Convention Act in 1949 and, while this Act approved ratification of the UNGC and replicates nearly all provisions of it, it did not make breaches of the UNGC or breaches of the identical provisions of the Act enforceable by prosecution in the domestic courts of Australia.⁶ Given that the forced removal of Aboriginal and Torres Strait Islander children continued well into the 1960s, it is indeed fortunate for many bureaucrats and local governments that breaches of the Act were not enforceable by prosecution.

Equal Rights? Equal Status? Equal Health?

In 1967 Australian indigenous peoples were accorded recognition by the government as "legitimate" human beings and granted citizenship rights—even though evidence suggests that Aboriginal people have occupied Australia for over 40,000 years. Based on past neglect, local governments have attempted to redress many of the inequalities imposed upon Aboriginal culture and society during the period of dispossession and repression. Countless costly inquiries have been conducted from the early 1970s to this day, examining areas such as education, health, housing, employment, incarceration, deaths in custody, and social justice issues.

Despite the many findings and recommendations emanating from these inquiries, little has been achieved in improving the situation of Aboriginal people, and many still live in appalling conditions. Paternalism rather than genuine consultation appears to be the preferred strategy for dealing with indigenous issues. Aboriginal and Torres Strait Islander people are constrained by bureaucratic regulations and procedures that deny the right to self-determination or a real voice on matters pertaining to the survival of our culture. Aboriginal views and opinions in many vital areas are often put in the too hard category or not taken seriously because of constant negative stereotyping in mainstream society. Reid and Lupton state that: "Fourth World communities are characterized by their experience of being colonized, or of being a minority in relation of the dominant, encompassing state. Many have been forced to assimilate, losing most of their land their economic base, and therefore their autonomy."¹¹ And, Thompson states that "by virtually every health status measure, the health of Aboriginal people is much worse than that of other Australians."¹²

Statistics provided indicate that Aboriginal mortality is roughly two to four times that of the total Australian population and that Aborigines can expect to live many years less than other Australians (males 12 to 20 years less, and females four to 21 years less). Similarly, the mortality of Aboriginal infants remains approximately three times higher than that of non-Aboriginal Australians, with Aboriginal maternal mortality still three to five times that of other Australians.

Ring acknowledges the tremendous improvement in children's health since the 1970s when the ratio of Aboriginal and Torres Strait Islander mortality for young children was eight to 10 times than of whites. This rate has subsequently been reduced to two to three times that of the general population. During the same period however, "inequalities in the health of adults have stayed the same or increased somewhat in males and increased dramatically in females."¹³ Further, Ring contends: "Today an Aboriginal and Torres Strait Islander male in his forties has a risk of dying that is nine times that of his white counterpart and a woman in her thirties has a risk of dying that is 12 times that of her white counterpart...These are the peaks but for much of adult life

the differentials are four, six or more. In fact it is difficult to find any population in the world for whom statistics are available that have adult death rates at the level of Australian Aboriginal."¹⁴

In an open letter to the *Australian Journal of Public Health*, Ring also states that "the expectations of life for Indian populations in Canada and the United States and for Maoris in New Zealand are at least 10 years more than for Australian Aborigines, an enormous difference."¹⁵

He notes that on an international scale, the World Bank Report shows that there has been enormous improvement in adult mortality over the last 30 to 40 years and that improvements have occurred no matter what the disease pattern or the political system of the countries concerned. From these observations, he contends that no one can argue that it is not possible to make sizable and rapid improvements in the health of indigenous populations. The real question is: why this has not occurred in Australia when it has in other comparable countries?

Pondering what is different about Australia and why our indigenous population has not experienced the gains seen in New Zealand and North America, Ring offers a range of reasons. First he contends that:

Our history of forcible relocation, of separation of children from families and most importantly, of defining an explicit role for the Aboriginal population within Australian society, is much more recent. We have lagged up to 100 years behind New Zealand, for example, in according our indigenous population the vote, in training indigenous doctors, and in defining strategies for improving the health of the indigenous population.¹⁶

Second, he contends that the last 20 years has been a period of "duck-shoving" between the Commonwealth and the states, in terms of responsibility for Aboriginal health. According to him, the general response of local governments until well into the 1980s has been to avoid spending any of their own money on Aboriginal health, because in principle the Commonwealth has responsibility for Aboriginal affairs.

He offers other reasons, too, including the lack of concerted attention to infrastructure issues such as land, housing, water supply, education, and income. He further states

that despite the higher levels of illness and need for services for Aboriginal and Torres Strait Islander people, the rate of spending on Aboriginal health has been lower than for the rest of the Australian population.

The NSW Aboriginal Mental Health Report states unequivocally:

The underlying causes of the physical and emotional ill-health prevalent in Aboriginal communities lie in the continuing social, political and economic disadvantage that Aboriginal people experience. Until this disadvantage is addressed through political and social change and community development initiatives, the disparities between Aboriginal and non-Aboriginal physical and mental health status will remain.¹⁷

In a similar vein, Saggars and Gray contend that:

The ill-health of Aborigines is a consequence of the past policies and actions of colonial and Australian governments and their non-Aboriginal citizens. The high levels of ill-health among Aborigines are directly attributable to their dispossession, their marginalization, and the creation of their dependence on various government and welfare services.¹⁸

Mobbs has argued that issues of health and illness are inseparable from the daily processes that encroach upon Aboriginal society in the Australian environment.¹⁹ While the blatant racist attitudes that existed even a decade or so ago are no longer embodied by the new generation of health professionals, continuing outdated ideas and attitudes persist. Mobbs further claims that services largely continue to be provided with the assumptions that:

...Indigenous societies are grossly disadvantaged; our nation is culturally simplistic and primitive; and Western health and medical practices are superior to our holistic and traditional healing and health care.²⁰

Whereas, Reid observed that:

The Aboriginal approach to both prophylaxis and curing is a holistic one. It recognizes the physical, personal and spiritual dimension of life and health. In many ways the Aboriginal perspectives on health and illness is closer

than that of Western medicine to the World Health Organization's definition of health: a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.²¹

Unfortunately, since the colonization of Australia in 1788, there has been a major transition from holistic, healthy hunter-gatherer communities to one of unhealthy lifestyles. Many indigenous people have experienced or suffered loss of land, loss of culture, loss of identity, loss of children, loss of self-esteem and institutionalization, discrimination, isolation, abuse, violence and murder.

Conclusions

In the 207 years since European settlement, the indigenous people of Australia have experienced a major fragmentation of traditional ways. They have suffered a breakdown of their methods of social control and leadership and have been removed from their spiritual life. They have experienced systematic attacks on their self-esteem, become socially disintegrated, and been excluded by a majority of white society. Additionally, many have lost contact with their land, their self-reliance, and spiritual and cultural heritage. Racism and discrimination, while less overt than in the past, remains a common experience for many indigenous people in their daily life. We believe that indigenous individuals and peoples are free and equal to all other individuals and peoples in dignity and rights, and have the right to be free from any adverse discrimination: in particular, that based on their indigenous origin or identity. Until this right is recognized and respected by the dominant mainstream society, the health and socio-economic inequalities experienced by indigenous peoples will remain. It is not surprising that these changes have contributed to cultural conflict and stress in individuals and communities.

Australian indigenous people have been, and in many instances continue to be, deprived of human rights and fundamental freedoms. Dispossession of their land, territories, and resources have prevented Australian indigenous peoples from realizing their rights to development in accordance with their needs and interests. This alienation and enforced impoverishment have contributed significantly to the poor

health status of Aboriginal and Torres Strait Islander people and communities. While there have been some major improvements in health during the past 20 years, mortality rates are still far too high and life expectancy too low. Australian indigenous peoples have a fundamental right to expect improvements in their health status similar to that achieved in other countries throughout the world.

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