

2009). Although Arbon's reference is the Bachelor Institute of Tertiary Education, an Indigenous institution, it holds many lessons for how Indigenous students needs and aspirations can be incorporated into any tertiary establishment; in fact, how it could enrich the academic lives of all students and staff, Indigenous and non-Indigenous.

Some readers might find the constant use of Arabana language and terminology in the text to explain philosophies and practices a little distracting by having to continually return to the glossary and Arbon's previous explanations. However, I feel that the extra time needed to explore Indigenous worldviews is time well spent for a progressive decolonisation process and reconciliation generally. Often the crux of the problem between many stakeholders is the misunderstanding and therefore misinterpreting of differing ways of knowing and operating and is the obstacle to positive and effective communication.

Arbon sees "bothways" education as still difficult to achieve. Perhaps Western attitude is partly that the holistic nature of Indigenous ways removes the levelling field for universal comparison of approaches and standards. There is much nervous hesitation in moving out of the comfort zone and exploring alternate ways of achieving similar results, if not with exactly the same attitudinal slant on those results. If we have to change the world then the job is even more monumental than merely changing the institutionalised Australian attitudes and practices of academia; however, it is a fight that is occurring within many nations by both Indigenous and non-Indigenous stakeholders. Canada and New Zealand are two such countries that Australian scholars collaborate with and whose progress is keenly watched. Perhaps a somewhat pessimistic view might be that world-wide Western hegemony regarding formal education is impenetrable but the staunch battle for change is also untiring like a dog gnawing at a bone.

On a more optimistic note, I recommend this text to any person interested in this challenging and vital dilemma of instilling Indigenous authority. Arbon has approached a topic that although is "frighteningly difficult" begins at home, the ground roots of Indigenous knowledge. She has asked the question of herself and others "How do we take power and interpret for ourselves?" and then has proceeded to offer and demonstrate just how this might be achieved. It is a text that is much needed in the limited bank of research surrounding mainstream Indigenous tertiary education in Australia, in which Indigenous perspectives and knowledge continue to be largely ignored.

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BUREAUCRATS & BLEEDING HEARTS: INDIGENOUS HEALTH IN NORTHERN AUSTRALIA

Tess Lea

University of New South Wales Press, Sydney, 2008, vi+276pp, ISBN 978 1 921410 18 5

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Right from the beginning, *Bureaucrats & Bleeding Hearts: Indigenous Health in Northern Australia* cleverly captures the readers' attention when she describes the sacred experience that the Indigenous health bureaucrats undergo in their cross cultural training initiation process. You can almost feel the salt ocean spray on your face from Darwin Harbour, smell the muddy mangrove roots and visualise the camouflaged mud crabs crawling at your feet. The book is based on an ethnography of the Territory Health Services which is now known as the Northern Territory Department of Health. The key message of the book is that the Public Health Bureaucracy in the Northern Territory is peopled by health professionals, practitioners, researchers and policy officers who generate forms of bureaucratised information about Aboriginal health and welfare in that region.

Lea has presented the book in three major parts. In the first part Lea brings attention to the settings in which bureaucrats (called "the helping white") are fortified with cross cultural knowledge and expectations and then mobilised into action to play their part in improving the plight of Indigenous health and welfare in the region. In the second part Lea focuses on how these bureaucrats, when established in their areas of employment, are then trained in bureaucrat speak and taught how to be the right type of white person that will be well received in Aboriginal communities. All the while these new bureaucrats are supported by government

policy infrastructures and are coached in developing and mastering the expected heroic skills it takes to work in the oppressive and often difficult areas of Aboriginal health. In the third and final part Lea gives both professional and personal accounts about how in the Northern Territory Aboriginal, peoples' lives and relationships are intrinsically linked by professional service relationships with bureaucratic entities, and how this in turn makes each of them co-dependent while being juxtaposed in the communities in which they reside, even though they remain culturally distant from each other.

Lea states, "Welfare bureaucracies attempt to change the world, and do change it, by orientating the bureaucratic inhabitant so that she or he conceptualises the world in terms of reform and interventions" (p. 225). This is an apt description of interventions actioned by bureaucrats dealing with Aboriginal people in the Northern Territory throughout this book. Lea has compiled a notes section which has been provided for the reader to translate uncommon terminology used in the book. This notes section is helpful in interpreting bureaucratic jargon and brings a deeper understanding to those who are unfamiliar with bureaucrat speak in the Northern Territory. I urge readers to examine the notes section prior to reading the book to gain a stronger knowledge base and understanding of meaning.

In Part 1, Lea sets the stage by highlighting the strong endeavours and heartfelt commitment of bureaucrats as they participate dutifully in attaining the required cultural knowledge for their positions. The willingness for each of them to immerse themselves in a cultural marinade of Aboriginal cultural protocols to prepare for their anticipated interactions with future Aboriginal clients is evident. This involves the bureaucrats being provided with a crash course of intense cross cultural training prior to taking up their positions in their allocated area. They appear to meet this obligatory pleasure in authorised race relations with a respectful and almost mystical enthusiasm. After undertaking the cross cultural initiation process, each bureaucrat expresses his/her heartfelt gratitude for the opportunity to be a part of such an informative holistic Aboriginal cultural journey. Afterward they are left to ponder how they can make the necessary changes needed from their role as a government service provider which they feel contrasts dramatically from a community advocate.

Lea acknowledges the good intentions of bureaucrats entering this area of employment and that their purpose is to improve the social determinants of health and wellbeing of their Aboriginal clients. Although the motivation of bureaucrats wishing to work in Indigenous health is born out of honourable intent, Lea implies in

her book that these well meaning bureaucrats are probably doomed to failure, not through their own lack of motivation or cultural ineptitude, but because they have now, unknowingly become a very small cog on the wieldy machine of perpetual administration and self-replicating mindless rituals known as Territory Health Services (THS). This failure is cyclically imminent as THS receives a disproportionate share of national revenue in order to maintain sustainable and culturally appropriate health services and programs for Aboriginal clients.

Lea poignantly highlights the shocking statistics of Indigenous life expectancy in Australia and points to the fact that the THS expenditure on Indigenous morbidity and mortality accounts for almost 70% of the health care budget which is astronomically high. Lea states that despite noble efforts from those who work in Indigenous health such as policy officers, cross cultural trainers, medical staff and public health professionals, Aboriginal children are very sick and getting sicker, as one remote area doctor in the Northern Territory stated in the book, "dying like flies". This scandalous cycle continues with the THS having no real plans of addressing this situation now or even in the long term despite considerable investment of time and money.

Throughout the book, Lea almost becomes repetitive in her many accounts of the strong, well intentioned individuals who are determined to make the necessary changes to improve the health outcomes of Aboriginal people in the Northern Territory. These individuals make some contribution to changes in their immediate areas; however they rarely remain long enough to see the fruit of their hard work. They seem to be unable to sustain their initial enthusiasm and make the decision to move on for their own sanity. Lea constantly makes the reader aware that these bureaucrats are under unrelenting pressure to strive continuously to seek ways of doing more with less. The resounding phrase Lea uses in her book to describe them is "since departed" which refers to them leaving their positions. This indicates there is a high level of staff burnout associated with this type of work, due to thankless professional isolation, an unwavering reliance on optimism in the face of limited and so little hope of future progress.

Lea continues in the second part of the book to show how this initial cross cultural training provided for bureaucrats now extends to additional training where the bureaucrats' remote area health education in cross cultural matters is now taken to a new level. They are required to attend workshops where they are indoctrinated with the deeper meaning and purpose for them being there. They receive information on relevant occupational health and safety issues, protocols, strategies, and training opportunities. These workshops outline all the "bearing in mind" situations that may be common

occurrences in their work. They are prepared for possible cross cultural case scenarios in which it may become difficult for them to manage and learn about cross cultural protocols.

Lea notes, the bureaucrats are also reinforced with the concept of having a realistic view of things. They are told that Aboriginal health is not great and that some Aboriginal people are living in hopelessness and squalor with no washing machines, refrigerators or access to healthy diets. They are told this repeatedly to lower their expectations and understand that any changes will be slow. This also helps to desensitise their initial reactions to bad living conditions imposed on Aboriginal people. They come to realise the importance of being realistic with what can be achieved and what the limitations are. Lea refers to new buzz words that are imbedded in this training to anchor the bureaucrats into a cross cultural mindset, words such as “cultural competence” and “being culturally aware”. One example discussed by Lea is that bureaucrats are informed in these cross cultural workshops that Aboriginal people will say “yes” just to please them or alternatively to stop people from trying to penetrate their space, so a “yes” response, the bureaucrats are told, does not always necessarily imply informed consent.

The most sobering statistic in the book noted by Lea is the high death rates in the 25 – 44 year old category for Aboriginal people in the Northern Territory which stem from poor child health. These alarming statistics make it easy to estimate that the destiny of any Aboriginal child with limited access to culturally holistic health care in a remote community has entered a diabolical cycle which has already been set 25 years in advance. Lea also acknowledges that these most vulnerable people in our society are so commonly identified in terms of epidemiological rates reflecting death and disease, which are touted by health reports so often that they have no significant impact on the very people who are meant to be incited to act. There is a passive response to these scandalous statistics because the bureaucrats have become desensitised and powerless during their cross cultural training and practical work experience, this in turn contributes to the ongoing high death rates.

In the third and final part of the book Lea recounts her own lived experience of human richness in Aboriginal affairs and also brings attention to how Aboriginal people and bureaucrats personal lives and relationships are intrinsically linked by their professional relationships. They have become co-dependant, yet they remain so culturally distant from each other. Photographs and diagrams in this part throughout the chapters provide the reader with a visual interpretation. Lea notes that many of the bureaucrats who take up these postings in remote Aboriginal communities do so to somehow

make amends for the hard to bear conditions that have been inflicted on many Aboriginal people from Western society. Although these bureaucrats come into these communities with well meaning motives of improving the lives of Aboriginal people with whom they come in contact, their basic interactions in relation to service relationships with Aboriginal people are mostly unconsciously biased from a white perspective despite their intense cross cultural training.

Lea recognises the valuable part Aboriginal health workers play in the Aboriginal communities and the significant contribution they make in bridging the cultural gap between both worlds using their inert cultural knowledge. However, Lea also empathetically notes the harsh conditions that Aboriginal health workers work under in relation to long distance travel, internal politics, negotiating black politics, complex kinship systems and not having Aboriginal people behave like the stereotype because of dealing with the different tribal groups. The Aboriginal health workers state in Lea’s book, that even though they work for the government, they honestly believe that the government is not really concerned with doing things properly, but just want to shovel money out and pretend that it is addressing Aboriginal issues.

It becomes apparent to the reader that rather than a government initiated and coordinated full force effort to improve Indigenous health outcomes, throughout the book there appears to be only small pockets of fearless determined individuals that are making a difference. Unfortunately, as diarised in the chapters of this book they all have a use by date and expire eventually because of the intensity and emotional investment required by them to work and remain in this area. Lea describes the ongoing interactions between bureaucrats and Aboriginal people as a community being created by people who exist in the space between the pen and the paperwork of institutional embeddings, creativity, redundancy and repetition.

The current health status of Indigenous Australians is what many refer to as the country’s national disgrace which is obviously being one of Lea’s motivations for writing the book. The content of Lea’s book is certainly paramount in the future development of policy in the Northern Territory and should be regarded as a fundamental resource for bureaucrats and persons whose employment is in Indigenous health in that region. Anyone who finds it difficult to comprehend why our Indigenous health crisis in Australia continues to go unaddressed with no real long term solution on the horizon should read this book.

I believe that Lea’s work in this book has been extremely helpful in bringing together all of the major issues that impact on the wellbeing of

Aboriginal people in the Northern Territory as well as the non-Aboriginal people that spend a lifetime trying to make things right. *Bureaucrats & Bleeding Hearts* will be a book that is used by academics in education, politics, social, historical and health arenas and will also be used by Indigenous people for a plethora of reasons. While reading this book I became glaringly aware of how badly things have been managed in the past and how recurrent lack of coordination continues to stifle and prolong this catastrophic problem. This problem is seriously exacerbated by an almost non-existent or limited amount of community consultation with Aboriginal elders and persons about how the health and social issues that fundamentally affect their very existence.

There is no national outcry from Australians as a whole or our Australian government concerning our very own engineered Indigenous health crisis. It appears that the constant threat of terrorism and the inevitable event of global warming have sadly overshadowed our Indigenous health crisis. The Australian government has a lot to answer for with past policies that continue to impact on Indigenous Australians, but what's worse than the aftermath of these policies is the purposeful repetitious lack of planning by our current government for the future generations of Indigenous Australians. To continue as we are as a nation in failing to address appropriately the Indigenous health crisis is not good enough and is a violation of basic human rights. But allowing this to continue in a first world country when we have the economic power to dramatically improve this situation is diabolical and tragic leaving equal rights opportunities for Indigenous Australians a long way off.