



## Public Health Association of Australia:

### Policy-at-a-glance – Indigenous Health Policy

- Key message:**
1. The causes of the persisting poor state of Indigenous health are complicated but the continuing consequences of the colonial experience constitute an important dynamic in reproducing this poor health status.
  2. Improving the health status of Indigenous people, especially high young adult mortality, cannot be achieved simply through technical interventions but also requires a strengthening of family, community action, economic development and spiritual healing.
  3. Poor educational outcomes among Indigenous people, with illiteracy rates increasing in some jurisdictions, are a major barrier to better health.
  4. Community controlled health services and other community controlled organisations are the main community development vehicles through which Indigenous communities are working together for better health and from which they can build effective partnerships with mainstream institutions and practitioners.

**Summary:** The reduction of social and health inequities, including *Closing the Gap* in health outcomes for Indigenous Australians, should be an overarching goal of national policy and recognised as a key measure of our progress as a society. This policy seeks to outline a series of principles and tangible actions designed to achieve these goals.

**Audience:** Australian, State and Territory Governments, policy makers and program managers.

**Responsibility:** PHAA's Aboriginal and Torres Strait Islander Health Special Interest Group (SIG)

**Date policy adopted:** September 2010

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## **INDIGENOUS HEALTH POLICY**

### ***The Continuing Consequences of Colonisation***

The Public Health Association of Australia (PHAA) recognises the disastrous and ongoing consequences of colonisation on the health and well-being of the Indigenous people of Australia, and in particular notes:

1. The legacy of dispossession of country has a continuing impact on the economic, spiritual and cultural life of Indigenous people.
2. The Howard Government's Ten Point Plan on Native Title confirmed and continued the processes of dispossession, in particular, through the elimination of access rights associated with native title as discovered in common law, and the removal of the right to negotiate.
3. One of the manifestations of the dispossession and alienation of Indigenous people has been the over-representation of Indigenous people in police apprehensions, court appearances, incarceration and deaths in custody. This over-representation in the legal system, coupled with other racially discriminatory practices (both covert and overt), is part of a negative feedback dynamic which continues to reproduce the conditions for poor health among Indigenous communities.
4. Not only have Australian governments failed to fully implement the recommendations of the Royal Commission into Aboriginal Deaths in Custody but in some cases, notably in the West Australian and Northern Territory mandatory sentencing laws, have further entrenched the kinds of practices which produce this over-representation.
5. The emotional trauma and grief stemming from the systematic abductions of Indigenous children (as detailed in the Stolen Generation Report of the Human Rights & Equal Opportunities Commission<sup>1</sup>), has a continuing impact on the family, community and spiritual resources of Indigenous people. The policies and practices outlined in this Report, and the effects of them, were and are contrary to the standards of conduct expected of countries such as Australia who ratified the UN Universal Declaration of Human Rights of 1948, and the 1948 Convention on the Prevention and Punishment of the Crime of Genocide (ratified by Australia in 1949 and in force from 1951). These conventions and international law practice since the late 1940s, clearly state that policies, practices and effects of them, such

as those carried out in relation to forced removal of Aboriginal children from their families by government and non-government agencies under successive federal and state governments, constituted genocide.<sup>2</sup> These breaches of international convention were acknowledged by some government officers at the time.<sup>3</sup>

6. The refusal of previous Commonwealth Governments to acknowledge the genocidal intentions of these policies and to apologise to Indigenous peoples (in the sense of recognising the continuities between previous and contemporary governments and 'welfare' structures and expressing regret and responsibility for reparation in the context of those continuities) was deeply hurtful to many Indigenous people and harmful to the cause of Reconciliation.
7. The denial of family and culture implicit in the practice of removing children is a contributing factor in the excessively high rates of incarceration of Indigenous juveniles and the continuing court-sanctioned removal of children from their families. This cycle contributes to the conditions for continuing poor health at the community level as well as creating a new generation of stolen children.
8. **PHAA acknowledges:** that public health practitioners, health and welfare agencies and hospitals have all been party to the abductions of Indigenous children and that among practitioners and policy makers who were not directly involved in the abductions the vast majority failed to speak out against what was being done.
9. **PHAA expresses:** to the Indigenous people of Australia its deepest regret and sorrow in relation to the practices documented in the Stolen Generations Report and the continuing grief, heartache and ill health, which they have caused. We acknowledge our responsibility to look closely at our own ways of thinking, both professionally and personally, and our professional routines and institutional structures and how these affect our relationship with Indigenous people, and our concepts and practices of public health in relation to them. We need to ensure that the professional and institutional traditions of which we are part could neither actively participate in, nor implicitly condone, comparable policies and practices in the future. We apologise.

### ***Causes of Poor Health Status and Strategies for Health Development***

#### ***The PHAA recognises that:***

10. The causes of the persisting poor state of Indigenous health are complicated but the continuing consequences of the colonial experience constitute an important dynamic in reproducing this poor health status.
11. Improving the health status of Indigenous people, especially high young adult mortality, cannot be achieved simply through technical interventions but also requires a strengthening of family, community action, economic development and spiritual healing.
12. Poor educational outcomes among Indigenous people, with illiteracy rates increasing in some jurisdictions, are a major barrier to better health.

13. Community controlled health services and other community controlled organisations are the main community development vehicles through which Indigenous communities are working together for better health and from which they can build effective partnerships with mainstream institutions and practitioners.

### ***Policies for Progress***

The PHAA notes that governments at all levels have a major responsibility to put in place administrative systems and mobilise resources to support Indigenous communities and organisations in creating the conditions for better health.

14. It is a matter of record that the recommendations of the National Aboriginal Health Strategy<sup>4</sup> were not implemented.
15. However, all State and Territory governments (except the Northern Territory and Tasmania) subsequently signed Framework Agreements with the Commonwealth, which provided the framework for a collaborative approach to addressing Indigenous health needs, involving government and community organisations.
16. The Close the Gap coalition has congratulated the Council of Australian Governments (COAG) on taking substantial steps towards making health equality for Indigenous Australians a reality. At the COAG meeting in late November 2008, the Federal government committed an additional \$806 million over 4 years, with the states and territories also contributing matched funds of \$772 million totalling \$1.6 billion.
16. The National Indigenous Health Equality Council has been established and has the potential to mobilise leadership and support coordination amongst all stakeholders at the National level.

### ***The PHAA resolves that:***

17. The Executive, Branches and Special Interest Groups (SIGs) of the PHAA will pursue collaborative relationships with Indigenous community organisations (especially the community controlled health services) aimed at improving both the application of technical measures (such as immunisations) and the strengthening of community action required for better health.
18. The Executive, Branches and SIGs of the PHAA will lobby governments on issues impacting on health status; especially urging resolution of the issues concerning Native Title and the Stolen Generations in ways that are acceptable to Indigenous people so that healing can begin.
19. The Executive, Branches and SIGs of the PHAA will continue to advocate in line with the objectives of the Close the Gap campaign, calling on federal, state and territory governments to commit to ongoing action to close the life expectancy gap between Indigenous and non-Indigenous Australians within a generation.

20. The PHAA at all levels will consult with appropriate Indigenous groups (especially National Aboriginal Community Controlled Health Organisation - NACCHO - at the National level, and its regional affiliates) on further policy and program development for improved Indigenous health.
21. The PHAA President, on behalf of the Association, formally and publicly expresses the Association's deep sorrow for the trauma and grief experienced by Indigenous Australians as a consequence of the systematic and forced removal of Indigenous children from their homes and communities and our deep regret over the involvement of health and welfare agencies in these removals, including the failure of public health organisations to speak out against such practices at the time.
22. The PHAA communicate the text of this policy to:
  - Reconciliation Australia;
  - the National Aboriginal Community Controlled Health Organisation (NACCHO); and
  - the Aboriginal and Torres Strait Islander Social Justice Commissioner of the Human Rights and Equal Opportunity Commission.

***This policy should be read in conjunction with PHAA's Health Inequities Policy, which provides further context in terms of the social determinants of health.***

***References:***

1. Human Rights & Equal Opportunities Commission 'Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.' Commonwealth of Australia, Sydney, 1997.
2. Ibid, Chapter 13, International Human Rights, pp 266-275.
3. AR Driver, Australian Archives No AA ACT: CRS F1 1943/ 24 as quoted on page 270 of 'Bringing them Home' Report.
4. Evaluation Committee, 'The National Aboriginal Health Strategy: an Evaluation', 1994

**FIRST ADOPTED 1997, REVISED & REINDORSED 2010**

***First adopted at the 1997 Annual General Meeting (AGM) of the PHAA (replacing the policy on Aboriginal Health adopted at the 1989 Annual General Meeting). Revised and reindorsed as part of the policy revision processes in both 2007 and 2010.***