



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association

Policy Position Statement

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Health Improvements through a makarrata

There is little evidence of widespread illness or disease in the Aboriginal and Torres Strait Islander population pre-colonisation (Kunitz 1990, 1994), and it is unlikely that Aboriginal and Torres Strait Islander people suffered from the lifestyle diseases that are endemic today (AIHW & ABS 2005) – reported by the World Health Organization in 2010.¹

To understand loss of health among Aboriginal and Torres Strait Islander peoples since 1770 we must look to loss of spiritual connection to the land, theft or loss of ability to derive from the land, genocide, lost and stolen generations of families, social exclusion and the attempted decimation of cultures and languages.² Diseases of despair have to be healed with lifting of the spirits, only possible if there is a process allowing forgiveness. Such processes commence with truth telling, with acknowledgement of the causes of anger and despair, and continue through reconciliation and reparation.

Senator Patrick Dodson included in a Wentworth lecture in 2000.³ *From a cultural position, the only way that the mourning period can be ended is when the proper protocols and practical arrangements have been carried out. When the people who have had a wrong or an injustice done to them have been accommodated by the action of those responsible. Then we can come together as friends and mates.*

The Treaty Project (2003) stated: *Statistics show Indigenous life expectancy is far better in New Zealand, Canada and the United States, all countries as it happens where governments entered into treaties with Indigenous peoples.*⁴ A treaty would benefit health by structuring the way responsibility is shared: it would change the place of Aboriginal and Torres Strait Islander people in Australian society. The link between healing after colonisation and life expectancy can be understood by acknowledging the upstream factors, the social and cultural determinants contributing to health status.

There are several options being pursued or have been pursued to achieve forgiveness, an end to the mourning period and an end to disadvantage for Aboriginal and Torres Strait Islander peoples, such as a Treaty or a Makarrata^a, Constitutional Recognition, or the earlier Formal Declaration of Reconciliation. While the political options are as yet unresolved, we can nonetheless strive for the social attributes of Aboriginal and Torres Strait Islander peoples through all we do. We understand that better health will be achieved through empowerment, self-determination, connections to culture, and thus control over destiny in ways that are meaningful to Aboriginal and Torres Strait Islander peoples.

Our health is produced through the control that we can take over our lives. An example of another culture showing similar male high mortality can be found in Russia in the early 1990s and the similar factor was reduced control over their lives through economic and social instability, low employment and reduced income, high rates of tobacco and alcohol consumption, poor nutrition, stress and deterioration of the health care system.⁵

^a. Makarrata is a Yolnu word referring to coming together after a struggle.



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We need Indigenous priorities addressed with Aboriginal and Torres Strait Islander knowledge with Aboriginal and Torres Strait Islander people taking the consequences, good and bad. The root causes of ill-health will not be addressed if Aboriginal and Torres Strait Islander peoples are not engaged as the primary agents of change. Good health is sustained from within the community.⁶

The Hon Ken Wyatt AM, MP said in his maiden speech to Parliament (Federal House of Representatives): *Aboriginal and Torres Strait Islander people and the agencies of government need to jettison the old mindsets that embody Indigenous Australians as passive recipients of government programs and services, and to instead truly regard people as equals and allow them to be equal partners in developing their solutions.*

Community-controlled health services are pivotal to improvements in Aboriginal and Torres Strait Islander health by providing comprehensive primary health care. Other primary health care centres are also at the forefront of Aboriginal and Torres Strait Islander health care in Australia and have the potential to play a pivotal role in correcting health inequities if culturally safe. Primary health care services deliver care across the spectrum, from health promotion, prevention and early detection to intervention, quality treatment and rehabilitation support. Comprehensive primary health care emphasises community controlled social changes, focussing on the process of empowerment.⁷

Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are important for the process of empowerment and the associated building of community capabilities for developing their own solutions. For example, these professionals are in a prime position to improve health literacy among Aboriginal and Torres Strait Islander peoples so that they may apply information to health and healing. Health literacy depends not only on language but local worldviews for communicating meaning and allowing dialogue. Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners are important in key domains of fundamental literacy and numeracy, scientific literacy, community literacy and cultural literacy.⁸

NATSIHWA's position

With cultural safety inseparable from high quality and effective care, health services for Aboriginal and Torres Strait Islander people should employ Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners and undertake the appropriate structural and system changes, and ongoing reflection on their cultural competence, to maximise the benefits.

Josslyn Tully, NATSIHWA Chairperson
Endorsed by the NATSIHWA Board on

Please send any comments on this Policy Position Statement to policy@natsihwa.org.au.

References

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