

**“Closing the gap and healing the divide”**

**Speech presented by  
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## **INTRODUCTION**

Let me begin by paying my respect to the traditional owners and custodians of this country, and acknowledge the generous spirit in which they have shared this space and their culture for many years.

I would also like to thank the Brisbane Institute and its sponsors for the opportunity to speak here this evening.

Well, what a year it has been already in Indigenous affairs! We’ve commemorated the 40<sup>th</sup> anniversary of the 1967 Referendum and the 10<sup>th</sup> anniversary of the *Bringing Them Home* report. In April, Oxfam Australia joined with a diverse range of organisations across the country to launch the Close the Gap campaign, with the aim of securing commitments from all Australian governments to close the gap in Indigenous life expectancy within a generation. And, of course, in recent months Indigenous affairs has been front page news as the Commonwealth Government institutes unprecedented measures in the Northern Territory.

Although my main purpose in speaking to you this evening is to talk about the Close the Gap campaign and the pressing need to address the crisis in Indigenous health, it is impossible to discuss these issues in isolation from the current context. Indeed, many of the developments and debates we have witnessed in recent months provide useful insights into why, in 2007, we are still grappling with a crisis in Indigenous health.

Tonight, I want to explore some of the tough questions head on. Why *has* it taken so long to muster the political will to address the fact that Aboriginal and Torres Strait Islander men and women are dying 17 years younger than other Australians? Why do Indigenous people continue to experience disadvantage on so many fronts, despite the so-called prosperity Australia currently enjoys? What limits Indigenous people’s access to fundamental rights? What are the priorities for action if we are serious about preventing the status quo from continuing?

There are many possible answers to these questions. Tonight I will advance just two.

First, there is the continuing reality of deep seated racism and discrimination, directed against Aboriginal and Torres Strait Islanders peoples.

Let’s be honest. Despite the many great things to celebrate about this country, the sad reality is we are still struggling with discrimination and prejudice. Racism not only exists in this country, it is prevalent.

I think that we often don’t see this racism or prejudice because it offends our country’s self-image as the land of the fair go where everyone is our mate. But that is not the experience of many Aboriginal and Torres Strait Islander people. As New South Wales parliamentarian, Linda Burney, said in the Vincent Lingiari Oration last year: “The truth, my friends, is this. We are not all equal. And we are not all mates.”

Racism exists in many forms: the personal, the political, the historical and the institutional. It is important for those of us who are non-Indigenous Australians to acknowledge this, to own this, and to realise that it is within our power to change.

Let me give you just a few examples of the kind of discrimination that Aboriginal and Torres Strait Islander people face on a day-to-day basis. In 2000, the Indigenous Law Bulletin published a report which detailed the disadvantage experienced by Indigenous people in their pursuits to secure rental properties.

In 2007, the Australian Medical Association's annual report card detailed not only what they referred to as 'criminal underfunding' for Indigenous health, but also provided evidence of institutional racism. The report stated: "There is a great divide between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians in actually getting into the health system to take advantage of the care and treatment that is supposed to be there equally for all of us. Some of these barriers are financial, some are geographic, and others are personal and cultural". The report argued that now was the time to "to remove discrimination from our health system".

Then there is the example of Native Title. From the moment Native Title was first recognised, propaganda and misinformation have been rife. There were maps of Australia coloured almost completely in red, warning of the amount of land that Aboriginal People were going to take back from the rest of Australia. Unfortunately, Native Title is still viewed by some people as system for granting special rights to Aboriginal people, rather than recognising already existing rights. Yet, despite the symbolic importance of Native Title, the reality – as Professor Larrissa Berhendt pointed out in 2004 – is that "the Native title regime is set up so that any interest in land is an interest that will defeat an Indigenous interest."

Let me give you one last example of the impact of racism on Aboriginal and Torres Strait Islander people – one that's a little closer to home, having been relayed to me by a colleague at Oxfam. I want to share the story in the voice of the colleague who shared it with me.

"My mother, who is a well-travelled, accomplished and highly-respected Aboriginal woman, was visiting me from interstate at a time when I was living in Redfern. My non-Indigenous cousin was driving her to my place. When they reached Redfern and turned down my street, a police car came straight out of an alley in front of them, halting my cousin's car and a number of cars behind it. Two police officers jumped out and pointed their guns at the car.

"While the police were not looking for my mother or my cousin, my mother, who I was speaking with on the phone at the time, immediately dropped the phone, froze, and told my cousin not to move. In a starkly contrasting reaction, my cousin proceeded to turn around casually and look at the cars behind, saying 'I wonder who they're looking for'. He didn't for a moment consider the possibility that it might be him.

"My mother later recalled how the incident reminded her that she was still black and how her blackness is perceived in broader Australia. Despite the many years that had passed, and all that she had accomplished in her adult life, in many respects she still felt like a little black mission girl at the whim of authority."

This simple story demonstrates the strong impact that past policies and treatment of Indigenous people continue to have on their every day lives.

Racism is also institutionalised through practices which discount the voices of Indigenous peoples, which fail to recognise their capacity and right to shape their future. Unfortunately the lack of consultation with Indigenous people and their organisations inherent in the Commonwealth Government's response to the declared national emergency raises this significant concern.

In talking about racism and discrimination, I am not seeking to disempower or victimise Indigenous people. I talk about it simply to acknowledge that it exists and that it still contributes to the

disadvantage experienced by most Indigenous Australians today. If anything, I think it's important to talk about racism in order to empower non-Indigenous Australians. To reiterate that there is not only a place for us in this debate, but that we are critical to achieving reconciliation.

A second possible reason for the lack of political will to address Indigenous health inequality is deep-seated lack of confidence amongst many non-Indigenous Australians that anything can be done. There seems a belief that we've tried everything and that the problems are insurmountable.

A lack of accurate information adds to this lack of confidence. It's commonly thought for instance that "ATSIC failed in health" – but this view blithely ignores the fact that responsibility for health was transferred from ATSIC in 1995.

There are many positive experiences both in Australia that can be built upon and from overseas which can be learnt from.

One month ago Australians for Native Title and Reconciliation released a booklet which details some of the many success stories in Aboriginal community controlled health. For example, in Townsville, a Mums and Babies project has received nearly 40,000 patients since it opened in 2000, leading to improved birth weight of Aboriginal babies.

In far north-west South Australia, a primary healthcare service for the Anangu people has a national reputation for best practice clinical services. It operates 9 clinics and a 16-bed aged care facility as well as a range of other services such as dental and healthcare programs.

The list goes on.

In most of the experiences which have made a difference to people's lives there's a number of common characteristics. Aboriginal and Torres Strait Islander people have been in the driver's seat, helping to shape and implement the programs; there's been a partnership between different levels of government and the local communities, there's been a long-term commitment and it's often been associated with attempts to improve other aspects of peoples' lives which affect their health outcomes.

We need to find ways of giving people some hope that change is possible. To recall Jiminy Cricket "*We need to accentuate the positive*".

## **RIGHTS AND RESPONSIBILITIES**

Over the past few years, we have witnessed – both within Australia and globally – a sidelining of human rights. In this country, rights have been recast as simply part of the alleged 'moral authority' of the Left. However, rights are not, and should never, be a political issue. They represent the basic requirements of every human being, as recognised by the international community.

To use the standard human rights litany –rights are universal, indivisible and inalienable.

As part of the attempt to discredit human rights as way of viewing the world, we've seen a counter-posing of rights against responsibilities. And this has probably been no more so that in the area of Indigenous health.

I find this debate unhelpful because I believe that it creates a false dichotomy. By focussing solely on rights and responsibilities this debate fails to give sufficient attention to the social determinants of poor health outcomes or the fact that most of the health conditions prevalent among Aboriginal and Torres Strait Islander people are diseases of poverty.

In addition it fails to learn from successful public health strategies or inspire creativity or innovation in developing new strategies. Take anti-smoking campaigns for instance. No amount of

evangelising about the responsibility of smokers to quit would have produced the reduction in the number of smokers that we have witnessed over the last decade.

On the contrary, anti-smoking strategies appear to have been funded on the recognition that individuals have the freedom to make their own choices about smoking. Widespread and graphic public education campaigns have equipped people to make informed choices about the implications of taking up or quitting smoking, while support services and help lines have been made available to assist after the decision to quit has been made.

These disputes on a rights based approach have an international dimension. For well over two decades there has been a concerted effort through United Nations forums to draft and conclude a Declaration on the Rights of Indigenous Peoples. Indigenous peoples number over 300 million individuals in over 70 countries and represent over 4000 languages and cultures. The draft declaration was finally adopted by the Human Rights Commission last year. It was then sent to the General Assembly to be voted upon by UN member states. However, that vote has been deferred and one of the principal objectors to the declaration is the Australian Government.

This international position is reflected in the Government's treatment of Indigenous people within Australia's borders. For example, one of the measures contained in the NT Emergency Response legislation is the suspension of the Racial Discrimination Act – a move which, in 2007, is truly astonishing. Despite the sweeping nature of the measures comprising the Emergency Response, compelling evidence shows there is no need to suspend the RDA in order to implement those measures. As pointed out by the President of the Human Rights and Equal Opportunity Commission, this is because the RDA already contains a provision for 'special measures' intended to benefit certain racial groups.

Moreover, the way in which the Government has gone about introducing this package of measures is entirely inconsistent with a human rights-based approach to development. As Social Justice Commissioner, Tom Calma, pointed out in his 2005 Report, a rights-based approach to development means that 'people are recognized as key actors in their own development, rather than passive recipients of commodities and services'.

Not only has the Government ignored the repeated calls from Aboriginal people, over many years, to address issues such as child abuse, but when it did decide to take action it refused to consult with Aboriginal people who had the skills, experience and – most importantly – local knowledge to generate a truly effective response.

For example, the Combined Aboriginal Organisations of the Northern Territory – representing over 60 organisations – has received no acknowledgement that the Government has even read, let alone responded to, the very comprehensive plan it worked hard to produce just two weeks after the emergency was announced – a plan which set out both immediate actions, as well as longer-term measures to combat the underlying causes of child abuse in Aboriginal communities.

The Social Justice Commissioner also notes that international standards require that strategies to be empowering, not disempowering. This is clearly not the approach that has been adopted by the Federal Government.

However, this is not just about taking a rights-based approach to development – it is also about taking an *evidence-based* approach, one which looks carefully at what works and what doesn't, in order to ensure the most lasting impact. Through our work both with Indigenous communities in Australia, and poor and marginalised groups throughout the world, Oxfam Australia knows full well that, unless we involve those we are seeking to assist in the formulation and assessment of our strategies, we will fail to achieve our objectives.

A report prepared for the World Health Organisation's Commission on the Social Determinants of Indigenous Health, which was released early this year, reflected upon the Decade of Reconciliation that ended in December 2000 with the walking of hundreds of thousands of Australians across

bridges in all capitals. It noted that this decade saw the production of a number of reports and blueprints for the future, including the Declaration Towards Reconciliation, a Roadmap for Reconciliation and National Strategies for Reconciliation. In the opinion of the authors: ‘many of these recommendations, as well as many of the related policies created during the previous decades were either substantially wound back or abolished altogether.’”

Similarly, on the issue of child abuse, Muriel Bamblett, in a recent opinion piece in *The Age*, reminded us that the Federal Labor Government in 1995 commissioned the Secretariat for National Aboriginal and Islander Child Care to prepare a National Plan for the Prevention of Child Abuse and Neglect in Aboriginal Communities. She recalled that the Keating Government sat on the plan for months and the Howard Government shelved it soon after its election in 1996.

Similarly, in 2003, the secretariat of the Prime Minister's Indigenous Family Violence and Child Abuse Summit developed a comprehensive proposal for a National Indigenous Children's Wellbeing and Development taskforce to report directly to the Council of Australian Governments. This proposal was also ignored.

It is clear that concerns about child safety and wellbeing in Aboriginal communities are not new. But perhaps the more salient point is that the strategies being adopted by the Federal Government are not new either.

In a paper prepared for the Uniting Church, Heather Wearne describes an old piece of Queensland legislation – the 1897 *Aboriginals Protection and Restriction of the Sale of Opium Act*. That Act empowered the relevant Minister, through a system of police protectors and reserve superintendents, to control the movements of Aborigines; deny entry to and prevent escape from reserves; enter into employment contracts on behalf of Aborigines; hold any funds they may have and control their spending. It allowed for many important administrative matters to be dealt with by regulations, thereby avoiding Parliamentary scrutiny. There were provisions for the control and inspection of all Aborigines and ‘half castes’ living on reserves; the care, custody and education of Aboriginal children; the issue of rations and blankets; the prohibition of alcohol; the prohibition of certain traditional customs; and the imposition of penalties for breaches of discipline, neglect of duty, and ‘insubordination’.

Dr Wearne argues that “The real significance of the Act of 1897 was its denial in law of fundamental human rights. This Act is the foundation on which all future legislation ... is based”.

While I am not suggesting that the current measures are as draconian as past legislation affecting Aboriginal people, there are nevertheless some clear parallels with respect to disregarding basic rights, quarantining funds and controlling spending, facilitating oversight by non-Indigenous administrators; and the wholesale imposition of what is considered best for Indigenous peoples by the relevant minister. I simply state that, once again, these measures are not ‘new’.

It is no wonder that Indigenous people are suspicious of interventions that do not respond to any of the reports of the past 20 years and categorically ignore their rights and desires.

## **INDIGENOUS HEALTH**

Let me turn now to the issue of Indigenous health. One aspect of the Northern Territory intervention which has been heralded as a success is the fact that around 650 children have been given health checks over the past month. This, of course, is a very welcome outcome, but let's look at it in context. There are 20,000 Aboriginal children living in the Northern Territory. So, only 3 per cent of these children have been covered by the health checks.

As I mentioned at the outset, Oxfam Australia is an active member of the Close the Gap campaign, which was launched by Olympians Ian Thorpe and Catherine Freeman in April this year. For many months now, we have been working in partnership with a diverse range of Indigenous, health,

human rights and development organisations, all of which share a commitment to close the gap in Indigenous life expectancy within a generation.

That gap is about 17 years. This means that an Indigenous woman is likely to die at the age of 64 and an Indigenous man can expect to die at 59. In some places, the situation is even grimmer. For example, in at least one New South Wales town, the average life expectancy for an Aboriginal man is just 33 years.

Even more shaming is the comparison with some developing countries. A child in Bangladesh or Nigeria is likely to enjoy a longer life expectancy than an Indigenous child in Australia, one of the richest countries in the world.

The statistics are not limited to life expectancy. Aboriginal and Torres Strait Islander peoples are ten times more likely to contract diabetes than other Australians and infant mortality is three times higher among Aboriginal and Torres Strait Islander infants. Indigenous people enter hospitals at twice the rate of other Australians and suffer disproportionate levels of preventable chronic disease leading to early death or declined quality of life. Far too frequently Aboriginal and Torres Strait Islander people go blind and lose limbs as a result of diabetes.

Although access to culturally appropriate health care is one of the primary concerns of the Close the Gap campaign, it is important to point out that the health status and life expectancy of Indigenous people is equally a result of social determinants. In other words, the health of Indigenous people, as with all human beings, does not exist in a vacuum. Rather, it is dependant on a range of factors, including housing, education and other essential services. Without the adequate water sources, sewage systems and infrastructure that the rest of us take for granted, health problems among Indigenous people will persist.

The backlog of service delivery and infrastructure supply to Indigenous people is now extreme. Funding needed to address the housing shortfall alone is estimated to be in the vicinity of \$1.2 billion. Similarly, in relation to primary health care, Access Economics, in a report prepared for the Australian Medical Association, estimates there is an underspend of around \$460 million. This is simply what is needed to give Aboriginal and Torres Strait Islander people the same level of access to primary health care as other Australians, commensurate with their need.

Australia is a wealthy nation with a booming economy and record surplus. It is time we spent a larger portion of our national budget on improving the health and wellbeing of Aboriginal and Torres Strait Islander people. The Federal Government can afford it. Imagine what could be achieved if the Government decided to spend as much money as it has just committed to the Northern Territory intervention on primary health care services that we know work.

And they do work. Let me give you some wonderful examples. The Combined Aboriginal Organisations of the NT highlighted many of their under resourced and geographically limited programs that are achieving extraordinary outcomes in the plan they presented to the Federal Government. These are programs and organisations that work with Indigenous people on their terms and use a rights-based approach focusing on empowerment.

For example, in combating child abuse, they refer to the success of the Victorian Lakidjeka program where Aboriginal caseworkers attend investigations and work alongside government child protection officers. They assess a family's capacity to address protective concerns, coordinate assistance to the family and provide advice on the best way to remove risk from children, rather than children from risk.

In the area of education, the plan cites the extraordinary success of the Clontarf program, which uses participation in sport and behaviour modification techniques to motivate boys to stay at school. When it was implemented in Alice Springs it raised attendance rates for Aboriginal boys to 92 per cent – higher than that of non-Indigenous boys. Other success stories, based on effective school leadership and close cooperation with communities, include Cherbourg here in Queensland.

And then there's the health programs such as the Townsville Mums and Babies program which I mentioned earlier tonight.

Clearly, there is much being done that we could and should be supporting. These programs give us just a glimpse of what could be achieved if Australian governments took up the challenge to invest substantially in approaches and programs which have proven a track record.

Research from the United States, New Zealand and Canada shows that mortality rates of Indigenous peoples can be reduced by 30 per cent in ten years or less with adequate funding for services such as primary health care.

Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, has issued the challenge for Australia to close the gap in life expectancy in one generation, or 25 years. There is compelling evidence to show that this can be achieved. But we must act now. This action must not only be immediate, but measured, consistent and long term. And, of course, if we are talking about a consistent effort over 25 years, it must also be supported by all political parties so that progress can be made regardless of which party is in government.

Of course, there are many thousands of Australians who are deeply committed to the rights of Indigenous people and to achieving reconciliation. Many of them walked across bridges in cities and towns throughout Australia, many have signed petitions, and many have attended rallies. My feeling is that a lot of these people are now asking: What is next? What can I do now?

Well, to start with, our role as non-Indigenous Australians is not to speak for, or on behalf of, Indigenous people – they have that covered. But each one of us has a part to play in enabling our nation to press forward on the journey it must take to heal the divide. Perhaps we should start by examining our own attitudes, acknowledging that it is personal racism which gives rise to every other form of racism.

We can also be proactive in spending time with Indigenous people and learning about their culture. This is absolutely vital given the enormous role that ignorance plays in breeding prejudice. Clearly, governments and the media must also take responsibility for generating greater awareness of Indigenous history and culture.

It is interesting to note, that there appears to be a genuine hunger within the Australian community to learn more about our Indigenous heritage. Focus group research conducted on behalf of Oxfam earlier this year among different age groups of Australians whose main source of information was the mainstream media identified a very clear desire for a greater focus on Indigenous culture in school curricula.

Young people expressed disappointment that they had not been taught more about Indigenous culture at school, while older people expressed a desire for their children who were currently in school to be taught about their Indigenous heritage.

One young woman who had grown up in New Zealand expressed amazement that, while she had learnt, a range of Maori songs at school, none of her Australian peers knew even one Aboriginal song.

I suspect that my experience is not unique. As a born and bred resident of Melbourne, it wasn't until I was 18 that I knowingly met an Indigenous Australian. My contact with Indigenous cultures was virtually non-existent.

Let's be honest, governments cannot institute measures such as the more regressive aspects of the Northern Territory Emergency Response unless we allow them too. In an election year, there is no way that the Howard Government would attempt to implement such radical measures, and

the Labor Opposition would meekly acquiesce with their passage through Parliament, unless they judged that middle Australia was comfortable with them.

By examining our own attitudes, learning more about Aboriginal culture and keeping our political leaders accountable, we have the opportunity to begin shaping a new, fairer, more just and more accurate dominant view in this country - one which expands our historical narrative and, in turn, shapes our institutions and legal frameworks.

This is a time for vision and leadership – not divisive, short-sighted, un-tested strategies which use vulnerable children as political footballs. If a society is judged by how it treats its weakest and poorest members, then Australia still has much work to do.

Given the tens of thousands of Australians who have signed the Close the Gap pledge and the overwhelmingly positive community response to the campaign, it is clear that there is enormous good will in Australia. But, as I argued earlier, we are also grappling with some long-held prejudices. If we really want to move forward, we need to address some of the deeper rot that does exist in broader Australia.

It's time to put humanity back into Indigenous affairs. It's time to make it personal – to take responsibility for our part of the story. It's time to hold our governments accountable for what they should be delivering. And, it's time to build on what we know works.

Most importantly, in this 40<sup>th</sup> anniversary of the 1967 Referendum, it is time to turn constitutional equality into true equality.

Let me return again to the words of Linda Burney as I close: “A decent standard of health and life expectancy equivalent to other Australians is not a favour asked by our people. It is our right - simply because we too are human”.

Thank you.