

fertile, thus creating a dependency on the manufacturing agent for all future seed stock. This especially unpleasant commercial ploy has major implications for Third World countries. They may have the most to benefit from GM crops with greater productivity but if this occurs at the price of increasing debt to multinationals producing GM food seed, the north-south wealth disparity, which lies at the heart of so much appalling public ill-health, will simply increase further.

The problem for the public health community is that genetic modification and all that goes with it is, for most of us, arcane and impenetrable. We do not have the knowledge tools to evaluate what is being discussed. We are no more experts in the detail of genetic modification than we are rocket scientists. We have several options. We can become strident and ignorant critics or endorsers of GM food relying on political pressure without an evidential base for our position. History may prove we were right. Or we can identify people from within our ranks who do understand the genetic science that is at the base of these massive experiments and ask them for full and comprehensible explanations and critiques. Obviously the second option is the preferred approach.

In the meantime, a healthy scepticism about the massive commercial interests in GM food is warranted, because of ample precedent that public health doesn't count for much in this environment. The moratorium called by the British Medical Association has much to commend it, especially for those who believe that human progress is best served when we listen to the guidance of science, even when it says, 'I don't know'.

I was asked recently in a TV interview what would happen if we were the only country in the world not to have GM crops and foods in a decade. My reply was that that would be sad if they prove to be safe, but not if they are dangerous. Sometimes eating at home alone makes excellent sense.

References

1. British Medical Association. 'BMA calls for open-ended moratorium on commercial GM planting'. <http://www.bma.org.uk/news/news.htm> (version current 17 May 1999).
2. Dixon B. The paradoxes of genetically modified foods. *Br Med J* 1999; 318: 547-8.
3. Berger A. Hot potato. *Br Med J* 1999; 318: 611.
4. Jones L. Genetically modified foods. *Br Med J* 1999; 318: 581-4.
5. Griffith JD, Comeau L, et al. Mammalian Telomeres End in a Large Duplex Loop. *Cell* 1999; 97(4): 503-514.

Editor's Note

'Practice Notes' has been held over to the next issue to enable the Journal to publish an expanded 'Editorial' section.

Ian Ring and Jacinta Elston, and Ian Anderson have been asked to provide two perspectives on the issue of health and reconciliation.

Health, history and reconciliation

Ian Ring and Jacinta Elston

James Cook University, Queensland

Australia has presided over what is arguably one of the biggest public health failures in the developed world in terms of our lack of progress in improving the health of the Aboriginal and Torres Strait Islander population. This year probably provides the best opportunity in a generation to confront the health problems and the history that underlies them, but that opportunity is likely to slip away unless urgent action is undertaken. The opportunity and the urgency come from the Prime Minister's call for reconciliation and from the Year 2000 Olympics, when Australia can present itself to the world either with pride or with embarrassment – depending on whether or not there is to be genuine reconciliation.

The poor health status of the Aboriginal and Torres Strait Islander population has been extensively documented. In brief, the health of Australia's Indigenous population is approximately three times as bad as the Australian population as a whole. There are few, if any, adult populations for whom statistics are available anywhere in the world that have death rates in middle and older age as high. There has been little, if any, improvement in the health of Australia's Indigenous population at a time when virtually all populations in the developing and developed worlds have experienced enormous improvements. The gap between the health of Australia's Indigenous and non-Indigenous populations is widening rather than narrowing. This sorry record is in marked contrast to the very significant gains in health experienced by the Indigenous populations of New Zealand and the United States.¹

History and its consequences

It is difficult for politicians to deal effectively with current issues if much of the voting population has an inadequate understanding of the events of history which are finally represented in the appalling health statistics of the Indigenous population. There may be a general, if vague, awareness of the brutal early history of massacres of the Aboriginal population. What is not so well known is the extraordinary power and authoritarianism wielded by governments with regard to Aboriginal and Torres Strait Islander policies.

Government control over personal and family life

The intrusive power of many State and Territory governments to control key aspects of every-day life of individual Aborigines and Torres Strait Islanders has a long history and persisted until quite recently. Many of today's adult population have had direct experience of the policies and suffered their consequences.

Earlier, these powers allowed Indigenous children to be sent to industrial schools and reformatories on the ground of 'neglect',

where simply being Aboriginal was proof of neglect. Later, they allowed designated government officials to remove Indigenous people to and between reserves, and to separate children from their families. As an indication of the sweeping nature of the powers, in 1939 the Director of Native Affairs was made the guardian of all Queensland Indigenous children under 21 years of age.

On missions and settlements, rigid operation of a dormitory system had a fundamentally destructive effect on family and cultural life. In this system, girls and boys were placed in separate dormitories, often in conditions of considerable privation with a quasi prison-like atmosphere, in a way which separated children not only from the outside world but also from their own people and families. Dormitories were still functioning as late as the 1970s on some missions and settlements.²

Added to these policies were the issues of the Stolen Generation which have been extensively documented and publicised.

Government authoritarianism

Quite apart from policies affecting family life, there was a peremptory authoritarianism about government policies and actions. Two episodes within the past 40-odd years illustrate the point.

In June 1957, Palm Islanders rose in rebellion. There had been no violence, merely a noisy demonstration. Twenty police officers were dispatched and, on the orders of the Director of Native Affairs, seven men and their families were arrested at 3 am the next day and shipped off in leg irons. This authoritarianism was said to be typical of life on Palm Island where, the late Senator Bonner recalled, "You could be jailed for little – or nothing. If you were late for work, you could be punished. If you weren't in your own house when the 10 pm curfew bell rang, you could be arrested".²

Just over 35 years ago, public officials issued orders for the forcible removal of around 42 people from Mapoon to facilitate a mining development. An armed police contingent arrived at night, families were marched into a mission hut with what they could carry and confined under armed guard until deportation at dawn. Their houses were demolished and burned, furniture and household goods destroyed.²

Savings and wages

Government intrusion in to the lives of Indigenous people extended to discriminatory wages and control over personal savings. The payment of sub-award wages, which had been such a contentious issue on Palm Island in the 1950s, continued as explicit government policy until it was finally reversed in the mid-1980s. Government control was also exercised over the personal savings of Indigenous workers.²

Effects of government policies

There is increasing evidence that lack of control in one's working life can have profound consequences for health – with a substantial increase in mental health problems and a 2-3 fold increase in the risk of heart disease.³ For Indigenous people, control has been exercised over freedom of movement, place of residence, private savings, marriage, whether parents could keep and raise their own children, employment and location of employment, and whether married couples and their children could live as family

units, with potentially far greater consequences on health status.

The Report of the Human Right and Equal Opportunity Commission found that for most of the witnesses to the inquiry, the effects of some government policies had been multiple, continuing and profoundly disabling.

Separation of infants from parents and carers in childhood can lead to insecurity, lack of self esteem, feelings of worthlessness, depression and suicide, delinquency and violence, alcohol and drug abuse and/or lack of trust and intimacy. The 1994 National Health Survey found that people who were forcibly removed in childhood were twice as likely to assess their health status as poor or only fair, compared with people who were not removed. Forcibly removed people were not better educated, more likely to be employed or receiving higher incomes than those who remained in the communities. However, they were twice as likely to have been arrested more than once in the past five years.

People brought up in dormitories/institutions or passed around foster families didn't learn about good parenting and, as parents, many such individuals had 'problem children' of their own. Many forcibly removed children and their subsequent children and grandchildren have lost their cultures, languages, heritage and lands, as well as their families and communities. Indigenous men and women lost some of their purpose in raising families and building communities, and individual responses to this loss could result in drinking binges, hospitalisation following accidents or assaults, or behaviour which led to incarceration or premature death.⁴

The point in acknowledging the past is not to engender guilt, but to aid in the understanding of why the current health status of the Indigenous population is so poor and what may need to be included in a genuine reconciliation agenda.

A plan for government

It is fair to say that there is considerable doubt in many Indigenous groups about whether the current government has a genuine commitment to reconciliation. The government, for its part, has to operate within what it perceives to be the current climate of public opinion. However, there isn't going to be a reconciliation unless it is seen as genuine and substantive by the Indigenous population – a reconciliation which is based on a recognition of the actual experience of Australia's first people at the hands of the colonialist invaders, the current consequences of that experience and the action that needs to be taken today to deal much more effectively with those consequences.

International experience from the US, Canada and New Zealand teaches us that the existence of treaties has been an effective mechanism for the successful negotiation of Indigenous and colonial interests. Treaties continue not only to be of practical benefit with respect to specific issues like health services, so that such services are seen as rights rather than grudgingly and inadequately provided handouts, but also have had a profound effect on the way Indigenous people see themselves and are seen by the non-Indigenous population. There is a clear case for a treaty, but without one, the case for genuine reconciliation becomes that much more essential.

In the absence of a formal treaty, there are three actions which

government must take to set a genuine reconciliation agenda.

1. Launch a campaign to inform the public as to why there is a need for reconciliation and why it is both a matter of common humanity and in Australia's national interest for genuine reconciliation to occur. This information strategy would also act upon the fact that the minority view that Indigenous people enjoy preferential treatment is based, not on fundamental prejudice, but on misinformation. A former coalition government was responsible for the 1967 referendum on Indigenous issues. The task for today's government is to engender similar popular support for the current reconciliation process.
2. Acknowledge the wrongs done by past government to the Indigenous people. No-one is saying that the current government and population were directly responsible for the catalogue of events outlined here and elsewhere – although some of those events are surprisingly recent. However, the entire non-Indigenous population is, in a sense, the beneficiary of the original land acquisition. In this sense, an apology would be a statement of recognition that, by today's values, wrongs were committed in the past that have had major adverse effects on the Indigenous population, adverse effects that need to be addressed as part of the reconciliation process. If there were no wrongs, there would not be a need for reconciliation, and if there is a need for reconciliation, a starting point surely has to be, an explicit recognition of how that need arose.
3. Having acknowledged past wrongs, make a commitment to dealing with the consequences. Genuine reconciliation must involve negotiation between Indigenous people and current governments in areas as diverse as housing, local government functions, law and justice systems, language, art and culture, education, employment, business, the long and painful political process over land, and finally effective action on health.

Health

If there is a consensus within the non-Indigenous population about any aspect of Indigenous life it is the need to radically improve the health of Australia's Indigenous population. That is an important reason for making health one of the key issues of reconciliation, because ultimately reconciliation is about consensus – within both the Indigenous and non-Indigenous populations.

So, what needs to be done about health? The health service issues have been canvassed elsewhere and are summarised below. The first requirement, of course, is to deal with the other fundamental issues that have been mentioned – housing, water supply, environmental issues, an explicit political voice in the life of the country and finally enhanced self esteem through a much wider recognition and confronting of our history as it has affected Indigenous people. There cannot be good health without real progress on these and related issues. Having situated health within the broader spectrum of the reconciliation process, there are four specific strategies which are essential to the improvement of Indigenous health.^{1,5,6}

Community control of health services

The strength of the relationship between a health service and

the community it serves is fundamental. For many years the Commonwealth Government has recognised the need for health services to be controlled by the communities themselves. It is time that the issue of community control was faced by state and territory governments, and the focus shifted to the support that is needed so that communities are prepared and able to provide a comprehensive set of adequately funded health services aimed at the key issues – including the national Indigenous health targets.

Health services

There is a clear need to provide an effective and comprehensive set of services for the health problems being experienced by Australia's Indigenous population. Obvious you might think, but there would be very few services in Australia which could claim to be adequately funded to do that. Incredibly, Australia has a set of national Indigenous health targets and an enormous plethora of health indicators but inadequate programs, plans, policies and services to achieve the targets. More importantly, there is a lack of funding for local providers (be they Government or community control) to draw on to provide services for their communities. The targets are there almost as pious hopes, and what is needed is a set of guidelines and funding sources to address the key issues in Indigenous health.

There is a need for a much greater priority to be given to prevention and public health services. Australia's health services and particularly those for Indigenous people lack balance in that while they have the required focus on treating sick people, they place insufficient emphasis on services designed to try and stop people getting sick in the first place.

New models of health service delivery need to be explored. New Zealand, for example, embeds Maori health service delivery in a wider set of holistic services encompassing health, education, culture, community/social and economic issues.

Training

There needs to be a national training program to deal with the major deficiencies in the training of Indigenous health professionals. A national scheme is required, with specific Indigenous recruitment targets for medical nursing, allied health, and Aboriginal and Torres Strait Islander health workers to meet Indigenous health service needs over the next 10-15 years. This is one thing that a government which prides itself on its ability to take practical steps to deal with problems could, and should, do as a part of the national reconciliation agenda.

Funding

Finally, the funding inequities must be addressed. This is not a question of preferential funding for Indigenous people. It is question of taking urgent action to address an anomalous situation where the Commonwealth, on a per capita basis, spends 63 cents on the Indigenous population for every \$1 it spends on the non-Indigenous population as a whole. This is despite the fact that the Indigenous population has illness and mortality levels three times as high as the rest as the Australian population. The consequence is that there is insufficient funding to adequately treat the current level of illness in the Indigenous population, let alone to provide

the preventive and community services required to stop people getting sick in the first place.

The current situation, where the Commonwealth is spending perhaps a fifth of what it should be spending on a needs basis, is a major impediment to effective reconciliation and must be addressed with both vigour and urgency. Some modest action was undertaken in the last budget, but much more needs to be done to address the current funding inequities. Australia can find the money for refugees from Kosova and for infrastructure for Bougainville, and rightly so. Surely it can find the money to provide adequate health services for its Indigenous population.

An incremental approach will not do it

It is sometimes argued that we are on the right track, that there are lots of good things happening and that it takes generations to bring about improvements in health. Of course there are lots of good local initiatives scattered throughout the country. The reality, however, is that Australia has adopted an incremental approach to Indigenous health rather than a breakthrough approach. While rapid improvements in health are possible (they have happened all around the world and, most tellingly, the death rates for the Maori population dropped by a third in the 1970s), we are not seeing significant improvements in the health of Australia's Indigenous population at a national level because Australia has yet to implement the kinds of health, social and political changes that are required for such improvements to occur.

A continuation of the present scale and direction of health services will mean that current problems are likely to continue for as far ahead as we can see. A determined national health approach to provide the necessary services is required. We should bite the bullet, decide to do what is required to achieve the targets and make the gains experienced by comparable countries.

Health, history and reconciliation

None of this is easy in practical and political terms. All of it is achievable. Australia cannot go on being the one country in the developed world which has failed to make improvements with the health of its Indigenous population. The task of reconciliation is for Australia to come of age, to forge a meaningful and committed relationship with Indigenous people and to build the consensus within both the Indigenous and non-Indigenous populations that is the essential prerequisite for genuine reconciliation. Reconciliation needs to encompass both the right words to move Australia forward, and a set of health and other programs to deal much more effectively with history and its consequences.

References

1. Ring I, Firman D. Reducing indigenous mortality in Australia: lessons from other countries. *Aust Med J* 1998; 169: 528-33.
2. Kidd, R. *The Way We Civilise*. University of Qld. 1997.
3. Marmot MG, et al. Contribution of job control and other risk factors to social variations in coronary heart disease incidence. *Lancet* 1998; 350: 235-9.
4. Human Rights and Equal Opportunity Commission. *Bringing Them Home*. Canberra AGPS 1997.
5. Ring I. An open letter to the president of the Public Health Association. *Aust J Public Health* 1995; 19(3) 228-30.
6. Ring, I. A 'whole of government' approach needed on Indigenous health. *Aust N Z J Public Health*. 1998; 22(6) 639-40.

Reconciliation and policy reform: is there a link?

Ian Anderson

Vichealth Koori Health Research and Community Development Unit, University of Melbourne, Victoria

Not uncommonly, interventions made by some Aboriginal and Torres Strait Islander people in the public debate about reconciliation are framed by the question, "what have we got to be reconciled to?" On one level this might seem to be gesture of political resistance – a refusal to be co-opted into another 'white-fellahs feel-good' agenda. Some may even see it as yet another example of the stubborn refusal of Aboriginal and Torres Strait Islander people to let go of the past. However, the question is rhetorical and could be re-stated, "As Indigenous Australians, we have come to terms with and understand too well the impact of colonial history on our lives. What more are we being asked to surrender?" Not an unreasonable question, given the history of interventions in the lives of Indigenous Australians by Australian governments. Reconciliation is, after all, an approach to Aboriginal and Torres Strait Islander policy as much as it is an idea or value.

The Council of Aboriginal Reconciliation was established as a statutory authority with a mandate to promote the process of reconciliation between Aborigines and Torres Strait Islanders and the wider Australian community framed by the Council for Aboriginal Reconciliation Act 1991. Support for this federal initiative was bipartisan. Council strategies were to be implemented over a 10-year time frame and have consequently transformed over its life. Council priorities for 1998-2000 include: the development of documents of reconciliation; promoting the development of a people's movement for reconciliation; and promoting partnerships in reconciliation between governments, business, peak organisations, and community groups in order to progress social and economic equality for Aboriginal and Torres Strait Islander people.

Even though reconciliation was in the first instance a strategic initiative of the Commonwealth Government, it has become something more. It has become a symbol for a new way of building relationships between Indigenous and non-Indigenous Australians. In part, the Council has, through its own strategies, actively promoted dialogue and relationship building between Indigenous and non-Indigenous Australians. In part, this idea has been engaged within the context of a broader social debate that encompasses issues such as republicanism or our national relationship with Asia. Regardless of the factors that brought it about, 'reconciliation' has come to express an idea around which a broader social movement in which Aboriginal and non-Aboriginal people are working collaboratively and in coalitions to jointly reframe the understandings and values that constitute their relationship.

This is not to ignore the other currents in this social debate which has given rise to a nostalgic populism that construes issues such as Aboriginal reconciliation as a threat to the mythical Aussie battler.