

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.

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## **Reconciliation and policy reform: is there a link?**

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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.

However, reconciliation is both a process in policy as well as an idea that has currency within a developing social movement.

### Reconciliation and health policy reform

On one level the relationship between Indigenous health and the reconciliation agenda seems straightforward. The extent of Aboriginal and Torres Strait Islander health disadvantage is well documented. Consequently, a central plank in any national reconciliation agenda should involve strategies to address these health inequities. However, in Australia, the link between health sector reform and Indigenous health outcomes was not strategically consolidated until the evaluation of the National Aboriginal Health Strategy in 1994. The transfer of administrative responsibility for the Commonwealth Aboriginal health program from the Aboriginal and Torres Strait Islander Commission to the health portfolio in 1995 was emblematic of this shift in approach.

The reasons for the relatively late development of national policy and strategic leadership within the Commonwealth health portfolio on Aboriginal and Torres Strait Islander health are complex. For most of the two decades prior to this one, it seemed as if there was a strategic attitude that health care provides the bandaids, but the route to health improvements lies only in an improved physical environment and individual behavioural change. Strategic thinking in Indigenous health during this time was more sophisticated than I this. However, the former approach remained dominant in policy if only for reasons of institutional inertia. As consequence, the Commonwealth failed to fully activate the institutional levers such as in health financing and legislation to develop an effective and appropriate health care infrastructure for Indigenous Australians.

It would be naive to correct this deficient thinking in policy and strategy by overstating the links between health sector reform, health program delivery and Indigenous health outcomes. The body of evidence available from Aboriginal and Torres Strait Islander health contexts currently available to support such claims is patchy in quality and breadth. At best, an argument could be advanced drawing on empirical data from other population contexts that links improved health sector performance to a series of discrete health outcomes. However, it is acknowledged that many of the determinants of health lie outside the sphere of health sector influence. But, this fact does not make for an ethically justifiable reason for the health sector to abdicate its strategic responsibility for Aboriginal and Torres Strait Islander health.

Following the transfer of administrative responsibility in Aboriginal health, the Commonwealth negotiated the signing of Aboriginal Health Framework Agreements in all jurisdictions. These agreements – between the Commonwealth Minister for Health and Family Service; State and Territory Health Ministers; the chairperson of the Aboriginal and Torres Strait Islander Commission and representatives of Aboriginal community-controlled organisations – aim to improve Indigenous health outcomes. The Agreements recognise that the roles and responsibilities are not clearly separated between the Commonwealth and the State/Territories and that both levels of government are jointly responsible for responding to the needs of all Australians and this includes Aboriginal and Torres Strait Islander peoples. The agreements

formalise recognition of the role of Aboriginal community controlled health services in this national health delivery system.

This strategic framework places priority on the development of primary health care capacity. Overlaying this framework for institutional development the Commonwealth has also focused on:

- the development of health infrastructure through the implementation of health financing and workforce strategies;
- the development of disease or risk specific strategies; and
- the development of the evidence framework to support policy and practice.

This approach to health sector reform is broadly consistent with the agenda advanced by the Council for Aboriginal and Torres Strait Islander Reconciliation of pursuing service reform through inter-governmental agreements and the establishment of benchmarking systems/performance monitoring frameworks.

### Symbols and reconciliation

In the current debate about Aboriginal and Torres Strait Islander reconciliation, it has been argued that institutional reform (such as in health, education or employment programs) should be progressed, but disarticulated from the debate about Indigenous rights and symbolic gestures such as apologising to members of the stolen generations. This polemic has at times become overloaded with labels like 'Black armband history' and 'political correctness'. Unfortunately, these terms are usually emotive distractions in a debate that would be better served by a more informed understanding of the social and cultural processes that constitute what we often gloss over as health policy reform. Put simply, good policy requires the development of relationships. And building relationships between Aboriginal and non-Aboriginal Australia is not possible if public debate is only narrowly focused on the concerns of 'mainstream' Australia.

Developing partnerships in policy with Aboriginal and Torres Strait Islander people and community structures is not an ideological fad. Rather, it is a pragmatic way through which health policy processes can incorporate informed advice about priorities and program feasibility. Many policy initiatives have implications for how Aboriginal and Torres Strait Islander peoples use or relate to health care services, or alternatively provide opportunities for new forms of service that need promotion. Without an engaged and critical leadership in Indigenous communities policy reform in Indigenous health risks degenerating into its own administrative vortex.

I do not wish to pretend that are not complex issues in engaging in the broader agenda of rights and symbols. The public debates on native title and Aboriginal cultural heritage management are illustrative of this. However, without this debate, and political leadership to ensure that the public debate is conducted within the spirit of the idea of reconciliation, it is difficult to see how partnerships in policy reform between Indigenous communities and Australian governments can be sustained.

Health sector reform is a critical element of the reconciliation agenda, but if such policy reform is to make a difference it will be necessary to engage with reconciliation in its broadest sense and meet the challenges this presents.