

V.A.H.S. HEALTH WORKER EDUCATION PROGRAMME: A Black Success Story.

Australia's only community controlled Aboriginal Health Worker Education Programme begins its second year of operations when the 1983 Course starts in Melbourne on the 15th of March. That the Course has managed to survive for another year is, in itself, a tribute to people who believe strongly in the principle that Aborigines are capable of solving their own problems if they are given adequate opportunities and resources to do so.

Despite the Federal Government's oft-stated official policy of "Aboriginal Self-Management", the Dept of Aboriginal Affairs covertly practises a "policy" of inhibiting Aboriginal controlled programmes (particularly those displaying Black initiative and enterprise) through maximum bureaucratic interference and/or refusal to fund. Thus are Aborigines' goals of Self Determination and Independence deliberately frustrated. And so it was with the VAHS Aboriginal Health Worker Education Programme (AHWEP).

When the Victorian Aboriginal Health Service (VAHS) was established in the early 1970's, the Board of Directors of the service decided that long term planning was vital if the Victorian Aboriginal community was to have access to adequate and high standard health care. As part of those long term plans it was considered very important that communities have, within them, trained Aboriginal "health resource workers". The role of such community health resource people was envisaged as monitors of the general health of the community; to be able to deal with a wide range of minor health problems; to act as intermediaries between the community and outside professional medical personnel; and also the important role as agents of social, political and economic change (through community development projects, negotiations with local, state and federal government agencies, etc.). In short, the VAHS believed that the Aboriginal community should train their own equivalent of China's "Barefoot Doctors".

Having made the decision that Aboriginal Health Workers were vital for future community health programmes, the VAHS set about organising community meetings to discuss the idea with as many Aboriginal groups as possible. In the course of these consultations many unique ideas were incorporated into the programme which emphasised the need for a course specifically designed by Aborigines, for Aborigines! By 1975 the VAHS had prepared a detailed submission for the funding of the Aboriginal Health Worker Education Programme, and it was sent to various government funding agencies, both state and federal. Many

individual bureaucrats who saw the submission were lavish in their praise for proposed course, but officially the answer was always the same, i.e., there were no funds available for such a project. In fact the Dept of Aboriginal Affairs "experts" would not even concede the need for any form of health worker education programmes. However the Victorian Health Commission had an even more novel response. They were sent a copy of the submission, and, whilst in public responding negatively to the idea, secretly and hurriedly prepared an almost identical submission, rushed it to D.A.A. in Canberra, and immediately received funding to set up a health worker education programme under the auspices of the Health Commission! (And people wonder why we distrust the bastards!!)

When this happened and the Vic. Health Commission used the money to extend its existing, very inadequate internal departmental training programme, the VAHS was naturally outraged and re-submitted to DAA for an Aboriginal controlled programme, only to be told that DAA had "no available monies for new initiatives" and that VAHS should approach the depts of Health and Education. The service received the same response from both these depts as they got from DAA.

That unseemly episode convinced VAHS officials that both state and federal governments were determined to deny Aborigines the opportunity to control their own health worker education programme, and thus deny the Aboriginal community the right to conduct their own uniquely designed (by Blacks, for Blacks) answer to their own community health needs. The VAHS was then left in the position of having to, as usual, turn to the general public for financial assistance to get the project operational.

Fortunately the VAHS was able to make contact with a private trust fund whose trustees were most impressed with the idea of an Aboriginal inspired, conceived and administered "self-help" project, and they subsequently provided sufficient funds to enable the course to run for its first year.

What happened next in this incredible saga would amaze even those in the Black community who were long accustomed to the Machiavelian hypocrisy of the Dept of Aboriginal Affairs. Upon hearing of VAHS success in funding their AHEP, senior DAA officers suddenly decided that they were indeed interested in health worker training and immediately dispatched Mr Kerry Wisdom (DAA head of health matters) on a trans Australia junket to "consult" Aboriginal communities on whether they wanted health worker education programmes. Mr Wisdom made it clear to communities he visited that DAA had ample funds available for such projects as long as they were acceptable to DAA (ie. white controlled). A truly remarkable

about-face, even for DAA which has long been notorious for its duplicity!

Nevertheless VAHS officials pressed ahead with their plans to establish the first Aboriginal controlled Health Worker Education Programme. By the end of 1981 Mr Alan Brown was appointed Co-ordinator of the project, and Dr Michael Galak of the VAHS was seconded to co-ordinate the medical aspect of the course. One of the first tasks undertaken by Mr Brown (an Aboriginal graduate of the famous, but ill-fated 1975-78 Swinburne Aboriginal Community Organisation Course) was to finalise the curriculum and begin recruiting potential students. The latter was conducted in a uniquely Aboriginal manner in that individual applications were not necessarily sought, but rather Aboriginal communities were invited to nominate students chosen by them on the basis that these communities should have the say in who would ultimately be their "health resource person". Furthermore, if the communities selected their own students, it would give them a very real and positive sense of involvement and provide strong psychological support for the individual student and thus circumvent potential personal problems that may otherwise force the student to "drop out". Despite the fact that this was a "new" idea, Aboriginal communities responded positively with the result that almost all areas in Victoria were represented in the final group of twenty six students chosen to do the course.

The students ranged in age from 17 to 42 and came from a variety of backgrounds and employment situations, most being unemployed prior to starting the course. Meanwhile, Alan Brown and Dr Galak, in conjunction with VAHS Chairperson Bruce McGuinness and NAIHO officials, set about putting together the final curriculum. Subjects included the following:-

Community Organisation: This subject was done one half day per week and included such topics as, Administration, Organisations, Comparative Culture, Research, Decision Making, Law and Society, Meeting Procedures, Oral History, etc.

Communications: This subject dealt with the following topics; Personal Communication, Interviewing Techniques, Public Speaking, Media Studies, Newspaper Production, and a radio programme which was produced by the students each week on Melbourne radio station 3CR.

Politics of Health: In this subject students examined the development of both Western and traditional Aboriginal medical concepts, and how today the two can be intergrated, and also how powerful lobbies on behalf of medical practitioners and pharmaceutical interests can, and do, subvert and prevent community aspirations of community control of health care. The profit motive in health care

delivery and all its implications for disadvantaged groups would also be dealt with.

Medicine: This was to be one of the most important components of the course and would occupy half the working week for students. The idea would be to give students a basic understanding of as many aspects of medicine as possible. This segment of the course would be divided into two main parts:-

Theoretical Studies: Subjects included Anatomy, Physiology, Microbiology, Audiometry, Embryology, Gastro-intestinal pathology, Parasitology, Sexuality, Neurology, Cardiovascular pathology, Preventive Dentistry, Otolaryngology and the Cardiovascular, Respiratory and Uro-genital systems, as well as Obstetrics, Gynaecology, Ophthalmology, and Paediatrics. These subjects were to be taught by Dr Galak, VAHS doctors and a team of over twenty Doctor/Specialist volunteers.

Practical Experience: Throughout the course, students were to be given many opportunities to be involved in practical experience situations. Thanks to the co-operation of Melbourne health institutions, students would be given placements in St. Vincents Hospital, St. Andrews Hospital, Royal Childrens Hospital and the Fairfield Infectious Diseases Hospital. Field work placements were also offered by many community health centres, infant welfare centres and When the course began it was conducted in the Eric McGuinness Study Centre, and apart from the medical studies segment, was taught exclusively by Aboriginal lecturers and tutors, particularly Bruce McGuinness. Later in the year a major field trip to central Australia was undertaken. This trip was intended to broaden the students understanding of the different situations confronting Aboriginal communities throughout Australia. The students travelled by bus through Victoria, South Australia and the Northern Territory, visiting many Aboriginal health centres and communities. Most students agreed that this was the highlight of the course, and that it really accentuated the relevance of the theoretical studies back in Melbourne.

Toward the end of the course, approximately one third of the students volunteered to travel to Brisbane for the Aboriginal demonstrations during the Commonwealth Games. They wanted to be on hand to act as medical personnel in case of expected police violence and consequent injuries. During those demonstrations, several students were arrested despite clearly visible arm-bands identifying them as medical workers (see photo). But this did not prevent the Brisbane trip being a brilliant medical and political learning experience for those students who went. In fact the AHWEP group at the Brisbane demonstrations

proved to be superb ambassadors for the Victorian Aboriginal community, and created a profound impression on other Blacks from throughout Australia. Many Aboriginal people from other states were heard to remark how impressed they were with the self-discipline, pride and professionalism of the VAHS health workers. This in turn led to many interstate Blacks expressing interest in attending the course which had produced committed health workers such as this! So, in a real sense, the students began to fulfil their function even before completion of the course. Both the Brisbane and central Australian trips generated far-flung admiration and respect for both the course and the principle of Aboriginal control of Aboriginal affairs!

Finally, after nine months intensive learning, twenty of the original twenty six students completed the course, and were presented with their graduation certificates at a ceremony attended by a significant proportion of the Melbourne Aboriginal community.

Thus emerged the first group of Aboriginal Health Workers ever trained within and by, the Aboriginal community, according to the parameters, priorities and politics determined by the community itself. This key element of community control meant that the health workers were being trained in skills which were considered important to the community, rather than things deemed relevant by the DAA or other interfering bureaucrats from other govt depts.

This in turn has meant that VAHS trained health workers are very different to those trained in white-controlled programs. Indeed, the fact that the major issues of concern among Aboriginal Health Aides of the NSW Health Commission are job security and maintenance of superannuation benefits, is in itself an interesting comment on the values instilled by white-controlled health worker training. Unlike the Aboriginal employees of Health Commissions, the community controlled health workers are involved because of their commitment to their own community. On three occasions in the past four years, VAHS health workers have spent periods of up to six months working for no pay whatsoever during VAHS disputes with DAA over issues of self determination and DAA interference. One cannot imagine Health Commission Blacks doing the same because Aboriginal community workers of that calibre are simply not produced by white-controlled and designed programmes. And that, in the final analysis, is probably the strongest argument in favour of community controlled Aboriginal Health Worker education.

There is extensive evidence to suggest that community controlled

health worker education is; a) the expressed desire of numerous Aboriginal Communities; b) more relevant to the needs and aspirations of Aboriginal people nationally; c) eminently superior to any white designed and controlled Aboriginal Health Worker Education Programme. And yet despite this, the DAA and other government departments have consistently refused any funding for such projects. This is also despite seven years of concerted Aboriginal community to have community controlled health worker education programmes funded. In fact, it was only the success of VAHS in gaining independent funds for their course that finally prompted the DAA to dispatch the paradoxically-named Mr Wisdom on his trans Australia junket trying to Blacks the idea of government controlled, government funded health worker training programmes. A exercise not unlike trying to sell a pig in a synagogue.

At the end of 1982, however, the Co-ordinators of the VAHS education programme were back in the position of having to find money to run the 1983 course, and despite a veritable avalanche of funds in DAA, there was apparently still no government funds available for community controlled projects. But to their everlasting credit, VAHS officials were again able to secure the funds to enable another twelve months operation of the course. Hopefully by the end of 1983 the DAA will catch up with the times and see its way clear to fund the 1984 course, some nine or ten years since the Aboriginal community first proposed the idea.

In the final analysis, the VAHS Aboriginal Health Worker Education Programme is an Aboriginal success story in Aboriginal terms. It proves that, as Blacks have always said, our community is more capable than anyone else of solving the problems that confront us. We need only be given the basic resources to do so, and then left alone. It further proves that for our people to gain the skills necessary to solve those problems, we do not have to lose our values and principles as Aborigines. It has been those values that have enabled us to survive as the oldest organised society on Earth, and it will only be through retaining those Aboriginal traits and values that will see us survive this, our greatest test to date.

STUDENT APPLICATIONS/NOMINATIONS WELCOME:

Vacancies currently exist for the 1983 Aboriginal Health Worker Education Programme. The course is open to all Aboriginal people over the age of 16 and ideally you should be nominated by an Aboriginal organisation or community, but this is not absolutely vital. Applications close on the 16th March 1983, and further information can be obtained by calling Alan Brown (03) 419 3000, or by writing to VAHS, 136 Gertrude St., Fitzroy, Vic. 3065.