

**NATIONAL ABORIGINAL COMMUNITY
CONTROLLED HEALTH ORGANISATION**

DRAFT

**MANIFESTO
ON ABORIGINAL
WELL-BEING**

AND

***SPECIFIC HEALTH AREAS
POSITION PAPERS***

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NACCHO MANIFESTO ON ABORIGINAL WELL-BEING

PREAMBLE

At the heart of Aboriginal well-being is our right to self-determination. The United Nations Charter and International Covenants on Human Rights define self-determination to include a peoples' right to their own cultural, economic, social and political institutions and ownership and control over land. Territorial security, including control over natural resources is therefore intrinsic to the right of self-determination. Self-determination and land are properly viewed as inseparable.

Self-determination is a corollary of our (unceded) sovereignty and provides a dignified and meaningful place for every member of our communities thereby ensuring our health can be at its optimum best and that mental ill-health is a rarity. Further, the right to self-determination provides the basis of the National Aboriginal Community Controlled Health Organisation (NACCHO) definition of health, which is:

Health does not just mean the physical well-being of the individual but refers to the social, emotional and cultural well-being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well-being of their communities.

This is an evolving definition.

MANIFESTO

Prior to colonisation Aborigines were sovereign, independent and healthy. Under colonisation Aborigines have been made a marginalised group whose lives are characterised by subjugation, poverty and ill-health (including excessive mortality rates)

Aborigines have a right to a state of well-being at least equal to that which existed prior to colonisation and as referred to in the NACCHO definition of health.

In order that Aboriginal may achieve the state of well-being we enjoyed prior to colonisation and are rightfully entitled to, the following must occur:

- the NACCHO definition of health must underpin ^{liberation} all deliberation on Aboriginal well-being issues. This requires that the well-being of Aboriginal Peoples must be approached in a context which comprehends the political, cultural, spiritual, emotional, environmental, structural, economic and biological factors which impinge on Aboriginal well-being. *(The whole person)*
- laws, policies, programs and services which impact on the well-being of Aborigines must be directed at achieving the state of well-being referred to in the NACCHO definition of health
- health services for Aborigines must be culturally valid. This requires that Aboriginal communities be self-determining and that their health services be controlled by local Aboriginal communities to ensure they are provided in forms, structures, settings and languages which the local Aboriginal community identifies with.
- non-aboriginal health care providers must develop a comprehension of Aboriginal health as defined by the NACCHO.
- Aboriginal communities must be properly funded to operate their health services. This requires recognition of historical impairment, existing inequalities, cultural and geographical isolation and cultural imperatives such as men's and women's business.

MANIFESTO CONTINUED

the (colonial) Australian state must come to terms with the reality of our unceded sovereignty and right to self-determination. This can be achieved through the (colonial) Australian government and its immigrant-settler population adopting the NACCHO Pay the Rent policy.

as it is the territory, land and resources rightfully belonging to Aboriginal Peoples which provide the basis of the (colonial) Australian economy,

and

as it is the colonisation process which is directly responsible for our current state of ill-health,

the Australian government must in recognition of these factors ensure that Aboriginal community controlled health services are funded at a level required to achieve the state of health referred to in the NACCHO definition of health. Funding levels will be subject to continuing negotiations with the NACCHO and dictated by achieving the outcome referred to in the NACCHO definition of health.

NACCHO POSITION PAPER ON ENVIRONMENTAL HEALTH

AIM:

To create environmental health conditions which are conducive to achieving the state of health referred to in the NACCHO definition of health

INTRODUCTION:

For Aboriginal peoples, environmental health is not limited to housing, clean water supply, sanitation, power, sealed access roads, transport and communications but extends to land (surface and sub-surface), air, water, sea and usufructary rights. These rights and the capacity to enjoy them formed both the basis of our economy and the basic prerequisites to our pre-colonial state of well-being.

Dispossession has meant that Aborigines are denied the basic prerequisites to attain a decent standard of health and crucially, our rights to control and utilise them to meet our health needs. The impact this has had on our physical health is recorded in the statistics for all to see.

Even in the narrow parameters of the western concept of health, Aborigines are significantly worse off on every measure of social and environmental health.

What is not recorded, and what only Aborigines know is the impact of dispossession and its processes on our psyche. For example, advocates of social justice continually quote the low level of home ownership in the Aboriginal community and make quite a big issue of this, which, as has been the Aboriginal experience, has had the effect of detracting from the real issue. Have they ever considered that most Aboriginal people cannot bring themselves to pay for what has been stolen from us (eg. a block of land).

Aboriginal community controlled health services have to deal with the many manifestations of physical dispossession which include poverty, emotional stress, culture shock, fourth world environmental diseases and the degenerative diseases of the western world, excessive grief and the feeling of hopelessness. This list is not exhaustive.

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However, Aboriginal communities remain underresourced in terms of meeting their environmental health needs and Aboriginal community controlled health services are also underresourced in attempting to deal with the poor health outcomes of this denial.

The same cannot be said of our dispossessors for they enjoy the fruits of dispossession, a health system which is at least intelligible to them, and a standard of physical health far superior to ours.

However, their efforts to improve our health status have failed.

GOAL 1:

To re-establish the rights of Aboriginal peoples to their lands, airspace, rivers, sea and collective resources (surface, sub-surface, etc.)

OBJECTIVE 1:

To get non-aboriginal Australia to Pay the Rent

OBJECTIVE 2:

Gain an opinion from the International Court of Justice regarding non-aboriginal Australia's assertion of sovereignty given the High Court's ruling that the terrae nullius doctrine was both fictional and racist

GOAL 2:

To provide for the environmental health needs of all Aboriginal peoples in the context of community controlled primary health care

OBJECTIVE 1:

Gain acceptance of intersectoral-collaboration as both a philosophy and an approach in primary health care

OBJECTIVE 2:

Establish as policy that the environmental health needs of Aboriginal peoples are to be assessed and provided for in the context of local community controlled primary health care

GOAL 3:

To provide all Aboriginal peoples with the environmental prerequisites for good health

OBJECTIVE 1:

Get governments and their agencies to channel environmental health resources through local Aboriginal community controlled primary health care mechanisms

OBJECTIVE 2:

Get governments to inject a minimum of \$20 billion over the next ten years to Aboriginal community controlled primary health care

GOAL 4:

To provide all Aboriginal peoples with community controlled primary health care mechanisms to ensure the effective provision and maintenance of environmental health requirements.

OBJECTIVE 1:

Gain Commonwealth government and all its agencies to endorse Aboriginal community controlled primary health care as the mechanism for providing for all the health and well-being needs of Aboriginal peoples

OBJECTIVE 2:

Gain NACCHO access to and equitable distribution of Australia's global health

NACCHO POSITION PAPER ON ABORIGINAL MEN'S HEALTH

AIM:

For Aboriginal men to regain a state of well-being at least equal to that which existed prior to colonisation and as referred to in the NACCHO definition of health

INTRODUCTION:

The NACCHO believes that all Aboriginal men should view their health in the context of their social, emotional and cultural well-being. The well-being of Aboriginal men is inextricably linked to our Dreaming, which in essence is our law and culture.

The process of racist colonisation saw the multifarious emasculation and dehumanisation of Aboriginal men in order that the colonisers could weaken our peoples resolve to defend our rights and in so doing, disenfranchised Aboriginal men of their role and status to which they evolved through law and ceremony and maintained through fulfilling their obligations.

Also, western society brought with it alien values which were violently and institutionally imposed on Aborigines. These values include discrimination on both gender and racial bases; excessive materialism; working for one's self and not the community; disrespect for human rights, the land and our environs; hypocrisy; diseases; drugs; nutritionally corrupt foods; lies, deceit and the christianity. This list is not exhaustive.

The combined impact of these forces has caused the well-being of Aboriginal men to deteriorate dramatically to a state when their individual, family and community existence is characterised by low self-esteem, violence, poverty, and excessive morbidity and mortality rates including extremely low life expectancy.

Clearly, if Aboriginal men are to ensure their survival and fulfil their potential as Aborigines and help bring about the well-being of their communities, they must be empowered through regaining their dignity, determination, respect and pre-colonial state of well-being.

GOAL 1:

To restore the Aboriginality, dignity, respect, role, responsibilities, and determination of Aboriginal men as a first step to achieving their rightful state of well-being

OBJECTIVE 1:

To get all Aboriginal men to come to terms with their law/lore and culture

OBJECTIVE 2:

To empower Aboriginal men to reject (walk through) the corrupt and oppressive values such as materialism, sexism, sectarianism, machoism, drug and alcohol abuse, victim blaming, irresponsibility, etc.

OBJECTIVE 3:

To have all Aboriginal community controlled health services develop and provide effective men's health programs as part of their primary health care role.

GOAL 2:

For Aboriginal men to contribute to the total well-being of their respective communities

OBJECTIVE 1:

To get Aboriginal men to stop and condemn the violation of Aboriginal women and children

OBJECTIVE 2:

To get optimum involvement of Aboriginal men in family and community controlled activities

OBJECTIVE 3:

To have Aboriginal men take greater responsibility for the cultural education of Aboriginal children and youth

NACCHO POSITION PAPER ON ABORIGINAL MENTAL HEALTH

AIM

To achieve the state of emotional well-being at least equal to that which existed prior to colonisation and equip Aboriginal people with the prerequisites for that state of emotional well-being

INTRODUCTION

Denial of Aboriginal community self-determination has manifested itself in many forms including social mental health problems and psychiatric disorders which were not part of the Aboriginal experience prior to colonisation.

"Mental health" is the medical term which defines the areas of dysfunctional behaviour and psychiatric disorder and is based solely on caucasian principles and philosophies. Consequently, mainstream mental health services are designed and provided within the narrow and inappropriate confines decided by non-aborigines.

For Aborigines, mental health must be considered in the wider (Aboriginal concept of well-being) context of health and well-being. This requires that this health issue be approached in the social emotional context and that both social emotional health and psychiatric disorders encompass oppression, racialism, environmental circumstances, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill-health.

Essential to the provision of effective mental health services to Aborigines is the adoption of an approach which both recognises and comprehends Aboriginal perceptions of health and well-being and is cognisant of the reality of the impact of colonisation which includes alienation, poverty, powerlessness, racialism, paternalism, attempted physical and cultural genocide (extermination and assimilation), violation of human rights and dispossession.

GOAL 1:

To empower Aboriginal communities through their community controlled health to achieve the state of emotional well-being they are entitled to

OBJECTIVE 1:

To create within non-aboriginal society an awareness, recognition and appreciation of the impact of colonisation on the psyche and well-being of Aboriginal people.

OBJECTIVE 2:

That NACCHO be adequately resourced to define the parameters of social mental health and psychiatric disorders as it applies to Aborigines.

OBJECTIVE 3:

Ensure that Aboriginal community controlled health services be adequately resourced to continually review social mental health needs and psychiatric disorders and to develop and provide effective programs.

OBJECTIVE 4:

That Commonwealth, State and Territory governments adhere to the parameters defined by the NACCHO in the development of mental health policies and ensure that their agencies operate within that framework.

OBJECTIVE 5:

Incorporate NACCHO defined social mental health parameters and principles in curriculae and staff development programs for health care professionals and mental health workers.

GOAL 2:

Enable the reunion and cultural revitalisation of Aboriginal persons, families and communities.

OBJECTIVE 1:

Develop and provide programs through Aboriginal community controlled health services which will effectively link-up and support Aboriginal families who have suffered breakdown because of mental health matters.

NACCHO POSITION PAPER ON ABORIGINAL PRISONER HEALTH

AIM:

To ensure that Aborigines confined in prisons and correctional centres are provided with on-going health care and support which is directed at maintaining their social, emotional and cultural well-being.

INTRODUCTION:

Since colonisation, Aboriginal people have been forced into a poor socio-economic paradigm. Additionally, this imposed way of life included enforced separation from family at an early age and in many cases, incarceration. These factors have led to worsening health and particularly affected the emotional and psychological well-being of a significant proportion of our population.

^① *will be noted* This emotional (mental) ill-health is exacerbated by the reality that Aboriginal peoples had never perceived punishment with confinement and denial of human rights and as a result, have never adjusted to the colonial prison system. ^② *We have never wanted to exist as animals.*

Aborigines confined in prisons and correctional centres have a fundamental right to health care and support which is appropriate to their needs (refer NACCHO definition of health) and multidisciplinary eg. curative, preventive, drug and alcohol counselling, mental health counselling, family contact and support, legal advice, etc.

The major issues identified as needing to be addressed are:

- Aboriginal law and customs.
- appropriate and effective health care
- prison/correctional centre staff needs
- prisoner/family access rights (visitors scheme, etc)

Recognition that urban Kooris are real Aborigines.
(Meaningful education programmes with offences)
Fitness programmes, Quit programmes (Smoking)
a real Koori community controlled alternative (not abler native)
to gub cages. (prison, nick, burgoo etc).

GOAL 1:

That prison and correctional centre authorities function in a manner which comprehends the requirements of Aboriginal law and customs (having particular regard for Aborigines from remote communities) Having particular regard for urban Kooris.

OBJECTIVE 1:

To create an awareness of Aboriginal law and customs within within the Australian judicial system, legislature and their agencies eg., courts, prisons, parliament, departments, etc., with the view to developing prison conditions which are more conducive to the maintenance of the social, emotional and cultural well-being of Aboriginal inmates. *To recognise and accept Koori sovereignty, and to accept proposals, projects and demand of LACCHOS. with particular regard for Kooris in urban communities*

OBJECTIVE 2:

That the Australian judicature and legislature give substance to the High Court ruling in "Mabo" that Aboriginal law and customs are an important source of Australian law. *'We must accept and understand it first'*

OBJECTIVE 3:

- Ⓐ Develop accountable mechanisms which include the NACCHO, Commonwealth and State/Territory governments for the effective implementation of the Final Report of the Royal Commission into Aboriginal Deaths in Custody.
- Ⓑ *That the recommendations of the VAHS, submitted to the ADCRC in Victoria, be included in the RC report. And that those recommendations be executed immediately.*

GOAL 2:

That Aborigines who are taken into custody or are in prisons or correctional centres be enabled to exercise their right to a qualified and second opinion on their health.

OBJECTIVE 1:

Ensure that the actions of police and prison authorities are consistent with the recommendations of the Final report of the Royal Commission into Aboriginal Deaths in Custody

OBJECTIVE 2:

Ensure that police and prison authorities have a coherent understanding of the health rights and needs of Aborigines

OBJECTIVE 3:

Ensure that health care services to Aborigines in prisons or correctional centres are provided in their context of the NACCHO definition of health

GOAL 3:

To achieve the state where all police, prison and correctional centre staff have a comprehension and empathy for the social, emotional and cultural well-being of Aboriginal prisoners.

"Oh Utopia".

OBJECTIVE 1:

That NACCHO develop and deliver an education program to all police, prison and correctional centre staff. *(all material to be printed in block letters
the words to contain more than two syllables)*

OBJECTIVE 2:

That the NACCHO membership be adequately resourced to implement the education program referred to in Objective 1. *(at least to the same level as those resources made available to non-koori indiv. groups etc)*

OBJECTIVE 3:

That Governments, police and prison authorities adopt as policy the delivery of a NACCHO developed education program by the NACCHO membership.

*What about the broader white community?
What about the non-koori inmates?
What about judges & lawyers?
What about journeymen?*