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**NATIONAL ABORIGINAL COMMUNITY
CONTROLLED HEALTH ORGANISATION**

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**MANIFESTO
ON ABORIGINAL
WELL-BEING**

AND

***SPECIFIC HEALTH AREAS
POSITION PAPERS***

SEPTEMBER 1993

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 ^{deliberation} 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.
- . 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 racialist

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 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.

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.

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)

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)

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.

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.

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.

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.

OBJECTIVE 1:

That NACCHO develop and deliver an education program to all police, prison and correctional centre staff

OBJECTIVE 2:

That the NACCHO membership be adequately resourced to implement the education program referred to in Objective 1

OBJECTIVE 3:

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

GOAL 4:

To significantly reduce the number of Aborigines taken into custody and/or incarcerated in prisons or correctional institutions.

OBJECTIVE 1:

Review existing laws, categories of offenses, and processes for determining penalties, punishment or sentencing in an environment which is cognisant of Aboriginal law, customs and well-being.

OBJECTIVE 2:

Develop and have adopted effective alternatives to the existing prison system

OBJECTIVE 3:

To obtain and maintain adequate resources for Aboriginal community controlled organisations to provide effective alternatives to imprisonment

NACCHO POSITION PAPER ON ABORIGINAL DENTAL HEALTH

AIM:

For all Aboriginal peoples to achieve a state of dental health at least equal to that which existed prior to colonisation.

INTRODUCTION

Dental health has emerged as a major problem in Aboriginal communities. Prior to colonisation there was no evidence of dental health problems. Aboriginal dental health has been affected by a range of issues including dispossession, restrictive laws on traditional foods, imposed mission life and nutritionally corrupt rations, poisoned and/or polluted water and poverty.

This has created a situation where Aboriginal people are denied the basic prerequisites for good dental health. Further, in rural and remote areas, access to dental services is severely limited. For all Aboriginal people however, high costs, lack of awareness and fear exacerbate the problem.

Dental health care must be provided in the context the NACCHO definition of health which requires that they be part of local Aboriginal primary health care services and not in the style of a separate/specialist or visiting service.

GOAL 1:

To significantly reduce dental health problems in Aboriginal communities to a level which is conducive to achieving the state of well-being referred to in the NACCHO definition of health.

OBJECTIVE 1:

To have dental health care provided as a normal part of the primary health care role of Aboriginal community controlled health services.

OBJECTIVE 2:

That Aboriginal community controlled health services be adequately resourced to develop and deliver effective on-going dental health care services to their respective communities.

GOAL 2:

To equip Aboriginal communities with the prerequisites to achieve and maintain good dental health

OBJECTIVE 1:

To produce 250 Aboriginal dentists within ten years and 500 within fifteen years who comprehend and support the NACCHO definition of health and Aboriginal community control.

OBJECTIVE 2:

To achieve the state where every Aboriginal community has comprehensive dental health care provided as a normal component of their local community controlled primary health care services.

OBJECTIVE 3:

To improve the environmental and economic conditions in which Aboriginal people live.

OBJECTIVE 4:

To re-establish the land and usufructary rights of Aborigines.

NACCHO POSITION PAPER ON SOCIALLY COMMUNICABLE DISEASES

AIM:

To eliminate socially communicable diseases in Aboriginal peoples.

INTRODUCTION:

Socially communicable diseases refers to those diseases generally described as STD's and which can be transmitted through social activities.

These diseases were introduced via the process of colonisation and were a tool in the undeclared warfare and attempted genocide waged upon Aborigines. This, combined with the decimation of Aboriginal community and family structures, absence of knowledge of these diseases and effective health services and the adoption of corrupt colonial activities such as rape, incest, drug and alcohol abuse has meant the wide spread of these diseases and their resultant contribution to the current poor health status of Aborigines.

Additionally, western health services have shown to be ineffective in addressing this area of health which is best demonstrated in the ever worsening data of the prevalence of socially communicable diseases in Aboriginal communities.

NACCHO believes that socially communicable diseases can only be effectively addressed through Aboriginal community controlled primary health care.

GOAL 1:

Establish community controlled primary health care services in all Aboriginal communities which provide effective socially communicable diseases programs as part of their primary health care role.

OBJECTIVE 1:

To gain acceptance of the philosophy and approach that socially communicable diseases programs be provided as a normal component of Aboriginal community controlled primary health care.

OBJECTIVE 2:

To develop a socially communicable diseases program framework for adaption by local Aboriginal community controlled primary health care services

OBJECTIVE 3:

To establish community controlled primary health care services in all Aboriginal communities by the year 2001

GOAL 2:

Eliminate socially communicable diseases in Aboriginal communities

OBJECTIVE 1:

Develop achievable targets for the progressive and effective reduction of socially communicable diseases in Aboriginal communities

OBJECTIVE 2:

Gain access to adequate funding for Aboriginal community controlled primary health care services to provide effective socially communicable diseases programs

NACCHO POSITION PAPER ON RESEARCH AND ETHICAL GUIDELINES

AIM:

That any health related research on Aboriginal communities or individuals be developed and conducted within parameters established by the NACCHO, with particular regard to the social and cultural imperatives of Aboriginal communities and individuals.

INTRODUCTION:

Research in one form or another has been conducted on Aboriginal people and their communities by non-aboriginal peoples since colonisation. This research has largely been without community consent, scrutiny or ownership and has in the main been designed to serve researchers own ambitions whether they be academic, professional or political rather than being beneficial to the subjects of this research.

It is often the case that research is used by government, individuals and the media in a manner detrimental to Aborigines with little respect for privacy or other ethical considerations.

Coupled with these concerns is the integrity of any research conducted on one group of peoples by another. Research models and approaches adopted in research on Aboriginal peoples contain implicit assumptions based on the cultural constructs of the persons designing the research model and conducting the research. The cultural constructs of the dominant society flavour the design and conduct in such a way that the conclusions drawn are likewise culturally distorted in terms of the researchers own cultural perspectives, values and beliefs rather than that of the Aboriginal subjects.

In the interests of sound and useful research, models need to be developed that are devoid of cultural bias, that are framed from the Aboriginal community perspective and most importantly identified as necessary by Aboriginal peoples.

RESEARCH POSITION PAPER CONTINUED

Some of the most obvious means of accounting for cultural bias would include promoting the number of Aboriginal people undertaking the research, designing and directing the methodologies for the conduct of research and participating in the decision making process relating to research grants.

NACCHO recognises that various areas of research are useful if any long term improvements in Aboriginal health are to be achieved but such research must be determined by the community, controlled by the community and guided by the social and cultural imperatives of Aboriginal peoples. In addition, other areas that fall within the ambit of the NACCHO definition of health should be researched with the same principles strictly adhered to.

The need for the development of guidelines on the conduct of research relating to Aboriginal peoples and communities has been recognised by the major Australian institution of medical and health related research, the National Health and Medical Research Council, by its development of the "Guidelines into the Conduct of Research relating to Aboriginal peoples".

NACCHO considers nonetheless, that a number of areas of this document are inadequate and need to be strengthened if Aboriginal peoples are to be accorded appropriate involvement and respect in any future research.

Additionally, the removal of Aboriginal human remains and sacred objects for the purpose of research or for any other reason has impacted on the cultural and spiritual well-being of Aboriginal communities and crucially, must therefore be unconditionally returned.

GOAL 1

That health related research on Aboriginal communities or individuals be developed and conducted within the parameters established by the NACCHO.

OBJECTIVE 1:

That the NACCHO develop a series of guidelines for the conduct of research relating to Aboriginal communities and individuals with particular regard to social and cultural imperatives of Aboriginal peoples and issues of ownership, confidentiality.

OBJECTIVE 2:

That the NACCHO negotiate the adoption of its research guidelines with the NHMRC and other relevant Commonwealth and State Government agencies.

OBJECTIVE 3:

That the NACCHO develop a strategic plan aimed at ensuring any bodies that offer research grants for Aboriginal health related areas recognise NACCHO and its state bodies and seek approval accordingly.

GOAL 2:

To have all Aboriginal human remains and sacred objects returned to their homelands

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.

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.

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)

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)

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.

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.

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.

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.

OBJECTIVE 1:

That NACCHO develop and deliver an education program to all police, prison and correctional centre staff

OBJECTIVE 2:

That the NACCHO membership be adequately resourced to implement the education program referred to in Objective 1

OBJECTIVE 3:

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

GOAL 4:

To significantly reduce the number of Aborigines taken into custody and/or incarcerated in prisons or correctional institutions.

OBJECTIVE 1:

Review existing laws, categories of offenses, and processes for determining penalties, punishment or sentencing in an environment which is cognisant of Aboriginal law, customs and well-being.

OBJECTIVE 2:

Develop and have adopted effective alternatives to the existing prison system

OBJECTIVE 3:

To obtain and maintain adequate resources for Aboriginal community controlled organisations to provide effective alternatives to imprisonment

NACCHO POSITION PAPER ON ABORIGINAL DENTAL HEALTH

AIM:

For all Aboriginal peoples to achieve a state of dental health at least equal to that which existed prior to colonisation.

INTRODUCTION

Dental health has emerged as a major problem in Aboriginal communities. Prior to colonisation there was no evidence of dental health problems. Aboriginal dental health has been affected by a range of issues including dispossession, restrictive laws on traditional foods, imposed mission life and nutritionally corrupt rations, poisoned and/or polluted water and poverty.

This has created a situation where Aboriginal people are denied the basic prerequisites for good dental health. Further, in rural and remote areas, access to dental services is severely limited. For all Aboriginal people however, high costs, lack of awareness and fear exacerbate the problem.

Dental health care must be provided in the context the NACCHO definition of health which requires that they be part of local Aboriginal primary health care services and not in the style of a separate/specialist or visiting service.

GOAL 1:

To significantly reduce dental health problems in Aboriginal communities to a level which is conducive to achieving the state of well-being referred to in the NACCHO definition of health.

OBJECTIVE 1:

To have dental health care provided as a normal part of the primary health care role of Aboriginal community controlled health services.

OBJECTIVE 2:

That Aboriginal community controlled health services be adequately resourced to develop and deliver effective on-going dental health care services to their respective communities.

GOAL 2:

To equip Aboriginal communities with the prerequisites to achieve and maintain good dental health

OBJECTIVE 1:

To produce 250 Aboriginal dentists within ten years and 500 within fifteen years who comprehend and support the NACCHO definition of health and Aboriginal community control.

OBJECTIVE 2:

To achieve the state where every Aboriginal community has comprehensive dental health care provided as a normal component of their local community controlled primary health care services.

OBJECTIVE 3:

To improve the environmental and economic conditions in which Aboriginal people live.

OBJECTIVE 4:

To re-establish the land and usufructary rights of Aborigines.

NACCHO POSITION PAPER ON SOCIALLY COMMUNICABLE DISEASES

AIM:

To eliminate socially communicable diseases in Aboriginal peoples.

INTRODUCTION:

Socially communicable diseases refers to those diseases generally described as STD's and which can be transmitted through social activities.

These diseases were introduced via the process of colonisation and were a tool in the undeclared warfare and attempted genocide waged upon Aborigines. This, combined with the decimation of Aboriginal community and family structures, absence of knowledge of these diseases and effective health services and the adoption of corrupt colonial activities such as rape, incest, drug and alcohol abuse has meant the wide spread of these diseases and their resultant contribution to the current poor health status of Aborigines.

Additionally, western health services have shown to be ineffective in addressing this area of health which is best demonstrated in the ever worsening data of the prevalence of socially communicable diseases in Aboriginal communities.

NACCHO believes that socially communicable diseases can only be effectively addressed through Aboriginal community controlled primary health care.

GOAL 1:

Establish community controlled primary health care services in all Aboriginal communities which provide effective socially communicable diseases programs as part of their primary health care role.

OBJECTIVE 1:

To gain acceptance of the philosophy and approach that socially communicable diseases programs be provided as a normal component of Aboriginal community controlled primary health care.

OBJECTIVE 2:

To develop a socially communicable diseases program framework for adaption by local Aboriginal community controlled primary health care services

OBJECTIVE 3:

To establish community controlled primary health care services in all Aboriginal communities by the year 2001

GOAL 2:

Eliminate socially communicable diseases in Aboriginal communities

OBJECTIVE 1:

Develop achievable targets for the progressive and effective reduction of socially communicable diseases in Aboriginal communities

OBJECTIVE 2:

Gain access to adequate funding for Aboriginal community controlled primary health care services to provide effective socially communicable diseases programs

NACCHO POSITION PAPER ON RESEARCH AND ETHICAL GUIDELINES

AIM:

That any health related research on Aboriginal communities or individuals be developed and conducted within parameters established by the NACCHO, with particular regard to the social and cultural imperatives of Aboriginal communities and individuals.

INTRODUCTION:

Research in one form or another has been conducted on Aboriginal people and their communities by non-aboriginal peoples since colonisation. This research has largely been without community consent, scrutiny or ownership and has in the main been designed to serve researchers own ambitions whether they be academic, professional or political rather than being beneficial to the subjects of this research.

It is often the case that research is used by government, individuals and the media in a manner detrimental to Aborigines with little respect for privacy or other ethical considerations.

Coupled with these concerns is the integrity of any research conducted on one group of peoples by another. Research models and approaches adopted in research on Aboriginal peoples contain implicit assumptions based on the cultural constructs of the persons designing the research model and conducting the research. The cultural constructs of the dominant society flavour the design and conduct in such a way that the conclusions drawn are likewise culturally distorted in terms of the researchers own cultural perspectives, values and beliefs rather than that of the Aboriginal subjects.

In the interests of sound and useful research, models need to be developed that are devoid of cultural bias, that are framed from the Aboriginal community perspective and most importantly identified as necessary by Aboriginal peoples.

RESEARCH POSITION PAPER CONTINUED

Some of the most obvious means of accounting for cultural bias would include promoting the number of Aboriginal people undertaking the research, designing and directing the methodologies for the conduct of research and participating in the decision making process relating to research grants.

NACCHO recognises that various areas of research are useful if any long term improvements in Aboriginal health are to be achieved but such research must be determined by the community, controlled by the community and guided by the social and cultural imperatives of Aboriginal peoples. In addition, other areas that fall within the ambit of the NACCHO definition of health should be researched with the same principles strictly adhered to.

The need for the development of guidelines on the conduct of research relating to Aboriginal peoples and communities has been recognised by the major Australian institution of medical and health related research, the National Health and Medical Research Council, by its development of the "Guidelines into the Conduct of Research relating to Aboriginal peoples".

NACCHO considers nonetheless, that a number of areas of this document are inadequate and need to be strengthened if Aboriginal peoples are to be accorded appropriate involvement and respect in any future research.

Additionally, the removal of Aboriginal human remains and sacred objects for the purpose of research or for any other reason has impacted on the cultural and spiritual well-being of Aboriginal communities and crucially, must therefore be unconditionally returned.

GOAL 1

That health related research on Aboriginal communities or individuals be developed and conducted within the parameters established by the NACCHO.

OBJECTIVE 1:

That the NACCHO develop a series of guidelines for the conduct of research relating to Aboriginal communities and individuals with particular regard to social and cultural imperatives of Aboriginal peoples and issues of ownership, confidentiality.

OBJECTIVE 2:

That the NACCHO negotiate the adoption of its research guidelines with the NHMRC and other relevant Commonwealth and State Government agencies.

OBJECTIVE 3:

That the NACCHO develop a strategic plan aimed at ensuring any bodies that offer research grants for Aboriginal health related areas recognise NACCHO and its state bodies and seek approval accordingly.

GOAL 2:

To have all Aboriginal human remains and sacred objects returned to their homelands