

Aboriginal and Torres Strait Islander Health: today's challenges, tomorrow's opportunities

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THIS FESTSCHRIFT PRESENTS a unique opportunity to pay a warm tribute to Professor Ken Donald who has built important foundations that will very much benefit future generations, especially for those of us who belong to the Aboriginal and Torres Strait Islander nations of peoples.

Taking on the challenge

Australia's Aboriginal and Torres Strait Islander health status continues to lag dismally behind that of the general Australian population. Consequently the improvement of Aboriginal and Torres Strait Islander health is widely seen today as being of paramount importance. One of the earlier health professionals to recognise this and make a valuable contribution was Professor Donald. He generously applied himself to helping our people, and our health has always been a priority for him.

My journey in knowing Professor Donald started in 1986, when I had the honourable pleasure of working alongside him. He was serving as a Panel member representing Queensland Health on the then Commonwealth Government's Communicable Diseases Advisory Panel in Canberra. This Panel was specifically established by the Federal Government to provide strategic advice on the epidemiology of HIV/AIDS, communicable and non-communicable diseases affecting Aboriginal and Torres Strait Islander peoples; and providing information on strategies that focused on treatment, prevention and education. I was appointed

chairperson of this Panel and held that role for over six years.

Other notable Panel members included the Late Professor Fred Hollows; Dr Naomi Mayers, CEO of the Aboriginal Medical Services in Redfern, NSW; Professor Ian Wronski, Executive Dean, School of Medicine, James Cook University, Townsville; Gracelyn Smallwood, Aboriginal leader in Far North Queensland; and specialist advisors who informed the Panel on culturally related matters, such as Mr Phillip Mills, District Manager, Torres Strait and Northern Peninsular Area, Queensland Health representing those issues relating to the Torres Strait Islander nations of people.

As you can imagine, HIV/AIDS in the 1980s was seen as a new phenomenon that only affected white Australian homosexual males. This resulted in Australians receiving some bizarre national community educational programs and led to many Aboriginal and Torres Strait Islander peoples being totally confused as to how this new disease affected their lives. And as everyone knew at the time, according to the then Premier, the Late Mr Joh Bjelke-Petersen, there were no homosexuals in Queensland. That is until two got across the border so Professor Ken Donald surreptitiously gave money to the Catholic Sisters at the Mater Hospital to organise appropriate awareness strategies. Hence a most successful organisation began with the Queensland AIDS Council.

Unmasking the facts

Our Panel Members collectively agreed that we had to take the public health line in having education and prevention programs designed and delivered for and by Aboriginal and Torres Strait Islander peoples. Some excellent programs were achieved that had far-reaching effects in health promotion for the Aboriginal and Torres Strait

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Islander populations. These included the production of audiovisual programs that had been seen as taboo because they addressed traditional practices, namely, initiation ceremonial rites and tribal scarifications and issues pertinent to Aboriginal men's and women's business and cultural lore practices. Most importantly, these matters, which were highly sensitive, had to be dealt with ethically, not detrimental to customary practices and respectful of the diverse Aboriginal languages and traditions.

In my capacity as the Chairperson, I was often called to make keynote addresses at both national and international forums addressing HIV/AIDS and the Aboriginal and Torres Strait Islander communities. At one particular meeting in a major northern Australian town centre, Professor Donald and I both presented to a large delegation of prominent Aboriginal and Torres Strait Islander leaders who had gathered to discuss over a number of days significant health priorities including HIV/AIDS.

Following our presentations, it was obvious that many of these leaders were not fully educated and consequently unaware of the severity of HIV/AIDS and the devastating impact that it could have on the lives of their communities and families. In fact, many of the people responded to our speeches clearly in denial that their communities could possibly have such diseases enter as their course of action was to immediately evict people who showed signs of sickness. They saw this as the "devil's works" and said it would not pass their communities' main gates and was therefore not a threat to them in any way.

The conversations and responses became rather heated that day. It left both Professor Donald and me knowing full well that we had to be far more proactive and rigorous. We knew that only by investing considerably more resources into the communities to deliver educational and awareness programs could we sell the message about HIV/AIDS and its effects. Over time our efforts were rewarded. These programs have proven their worthiness and resulted in further strategies addressing HIV/AIDS as well as other sexual health and health promotions activities being delivered with notable outcomes.

During this time, I also served as a member of the then Public Health Research Development Committee of the National Health and Medical Research Council, which Professor Donald chaired, and under his leadership we continued to advocate and invest in public health research as priorities to addressing Aboriginal and Torres Strait Islander health matters.

Strategies to promote Aboriginal and Torres Strait Islander health

The paths of our journey crossed over again more than eight years ago, when I was appointed Director, Aboriginal and Torres Strait Islander Health Policy for Queensland Health. I was thrilled that Professor Donald was my essential link and support person in my new role at Queensland Health. Our collaboration yielded many rewarding discussions on the possibilities that both the University of Queensland and Queensland Health can fulfil by targeting medical courses for Aboriginal and Torres Strait Islander students.

To further this response and commitment to Aboriginal and Torres Strait Islander health, Professor Donald chaired Health Promotion Queensland and called for applications from organisations and industries to specifically address the health and wellbeing of urban Indigenous populations. So much emphasis by the health sector had been on investing into rural and remote Aboriginal and Torres Strait Islander needs. While sorely needed, too few resources were being spent on urban Indigenous populations who, despite their close proximity to services, had the same health status as the rural and remote communities. Professor Donald highlighted that each application had to address the need for capacity building and strong partnerships. These would need to be visibly demonstrated between the health services and urban Indigenous populations. This approach was seen by various members at the time as rather bold, because no one before had invested the time, resources or funding into the quite considerable population of Brisbane urban Indigenous communities. Not surprisingly, the program has

achieved far-reaching outcomes. Where identified needs for urban Indigenous programs have been established, the results have shown better coordination of public health services delivered to many urban Indigenous peoples with a greater and earlier utilisation of those services.

Further, in his recent role as the Dean of the School of Medicine, University of Queensland, Professor Donald supported and continues to support, Indigenous medical students. We now have an increasing number of Indigenous doctors who are working and providing advocacy for the health of Aboriginal and Torres Strait Islander peoples. He also successfully campaigned for the Australian Faculties of Schools of Medicine to include a wider vision of Aboriginal and Torres Strait Islander issues in their mainstream teaching curricula.

My personal association with Professor Donald has strengthened with my enrolment as a PhD candidate at the School of Medicine. My research study is entitled “Towards a more effective and appropriate health service system for Aboriginal peoples: the importance of integrating Aboriginal cultural beliefs and practices into the Australian Health Care System.” So with the strong support from Queensland Health and under the watchful guidance of Professor Donald and Dr Patrick Dodson, Chairperson of the Vincent Lingiari Foundation, I will be able to contribute a piece of academic writing that explicitly respects the recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples.

I had immense pleasure in introducing Professor Donald and his wife, Anne, to my people and country of my birth rite, culture, languages, song and ceremony — the Kimberley in Western Australia. We all went through a traditional smoking ceremony and heard essential Aboriginal stories from prominent members of my families and saw Aboriginal art and craft works that contribute to the beauty and richness of the Kimberley.

Re-orienting the focus

The journey's pathway for the next twenty years, however, will bring new challenges for the health of Aboriginal and Torres Strait Islander people.

There will be ongoing challenges that the Australian health care system will continue to face in addressing the health and wellbeing of Aboriginal and Torres Strait Islander people, including demographic changes, economic fluctuations, new epidemiological patterns, and the full consequences of climate change and global warming.

The Aboriginal and Torres Strait Islander futures will not be immune from wider national and international impacts, nor will the Aboriginal and Torres Strait Islander languages and cultures remain static. And although risks to health will likely continue to dominate the Aboriginal and Torres Strait Islander health agenda, the current focus on diabetes and mental health as major contributors to the Aboriginal and Torres Strait Islander burden of disease could well give way to risks that are scarcely visible in today's health agenda.

It is likely that Aboriginal and Torres Strait Islander health research will continue to grow in both depth and breadth and in new directions. This is evidenced through the supportive work undertaken by the National Health and Medical Research Council where there is:

- A closer link with researchers from other disciplines, including environmental researchers and economic researchers addressing the overall health and wellbeing of Aboriginal and Torres Strait Islander health issues;
- A shift in balance from disease and disparities towards Aboriginal and Torres Strait Islander wellbeing and Aboriginal and Torres Strait Islander potential;
- And a greater emphasis on positive contributions from Australia's Indigenous research methodologies to the analysis of qualitative and quantitative data.

Conclusions

This Festschrift has provided an opportunity to reflect on the progress and contributions made by Professor Donald towards addressing some of the challenges that Aboriginal and Torres Strait Islander peoples face today and will address as tomorrow's opportunities.

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