

**These are the killing times:
Closing the Indigenous life expectancy gap within a generation**

Address to Lane Cove Residents for Reconciliation

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I'd like to acknowledge Cammeraygal people on whose land tonight's meeting is taking place.

The Cammeraygal clan was one of the largest in the Sydney area.

For tens of thousands of years the Cammeraygal people lived around Lane Cove. Their presence is still with us through the rock carvings, middens and shelters that you can see if you know where to look.

The Cammeraygal and the other Sydney clans were among the first Aboriginal people in Australia to see the coming of the Europeans to this continent.

They were also among the first to feel the impact of the invasion of their land.

Aboriginal people have a term to describe the period when their ancestors first came into contact with our ancestors. They call it the "killing times".

That term recognizes the fact that the beginning of European civilization in Australia was the end for so many Aboriginal people.

In Sydney, within two years of the European arrival, more than half the local Aboriginal people were dead.

The Gadigal people, who lived closest to the new settlement, were reduced from 50 in 1788 to only three in 1790.¹

So rapid and comprehensive was this decline that the bays of Sydney Harbour were awash with the bodies of Aboriginal people. One of the colonists, who later became Governor, John Hunter recalled seeing whole families lying dead in the caves and among the rock shelters.

According to his journal:

It was truly shocking to go around the coves of this harbour, which were formerly so much frequented by the natives, where in the caves of the rocks, which used to shelter whole families in bad weather, were now to be seen men, women and children lying dead.²

After fifty years, the once more than 3000 Aboriginal people in the Sydney area, numbered just 300.

It's a common belief that most of these deaths were caused by massacres, that the majority of Aboriginal people killed during the invasion were shot or poisoned.

¹ Josephine Flood, *The Original Australians*, Allen & Unwin, 2005, p 38.

² Flood, p 38

Certainly, there were many massacres around Australia as Aboriginal people actively resisted the invasion of their lands. From around the 1820's right up to the Coniston killings in the Northern Territory in 1928, historians estimate that more than 20 thousand Aboriginal people were murdered.³

However, the biggest killer of Aboriginal people during the invasion wasn't guns or poisoned flour. It was introduced diseases like smallpox, influenza, tuberculosis and venereal diseases.

For example, by the time the Europeans reached the Nepean River, 60 kilometres west of Sydney, the smallpox had got there first and many of the local Aboriginal people were already dead or dying.

The pattern was repeated right around Australia.

Smallpox predated the arrival of Europeans to what would become Adelaide. Early missionaries observed local Aborigines singing a *nguyapalti* – or smallpox song that they had learnt from tribes further east in an attempt to ward off the disease.⁴

We know of four major smallpox epidemics that cut swathes across Aboriginal Australia. The last began in the Kimberley in the 1860's, spread west to the Pilbara and Northern Territory and down the coast as far as Geraldton. One group – the Karangpuruu from Victoria River Downs station were reduced from 500 to just two men.⁵

According to archaeologist, Josephine Flood, smallpox was to Aboriginal Australia what the Black Death was to Europe in the Middle Ages.⁶

So, the biggest killer of the killing times wasn't guns, but disease.

Two hundred and eighteen years after the European invasion began, the greatest threat to Indigenous people in Australia is still disease, in most cases diseases like trachoma, scabies and rheumatic fever that have long been eradicated in the non-Indigenous population.

We all know the statistics, but here's a reminder:

- An Aboriginal child born today will still live on average for 17 years less than a non-Aboriginal child.⁷
- Aboriginal babies in Western Australia and the Northern Territory are three times more likely to die than non-Aboriginal babies.⁸
- Indigenous people are between two and four times more likely to have diabetes than non-Indigenous Australians. They are also eight times more likely to die from this illness.⁹
- The trachoma being suffered by Aboriginal children in central Australia gives our nation the dubious distinction of being the only developed country in the world that has yet to eradicate this disease.¹⁰

³ Flood, p 105

⁴ Flood, p 107

⁵ Flood p 128

⁶ Flood p 128

⁷ Aboriginal & Torres Strait Islander Commissioner, *Social Justice Report*, p 18

⁸ Senator Chris Evans, *Report card on Indigenous health: must do better*, <http://www.onlineopinion.com.au/view.asp?article=4368>

⁹ Fred Hollows Foundation, <http://www.hollows.org/upload/3381.pdf>

¹⁰ Hugh Taylor, "Trachoma in Australia, *Medical Journal of Australia*, http://www.mja.com.au/public/issues/175_07_011001/taylor/taylor.html

I could go on and on. And I will for a little while, just to give you an idea of the scale of the problem.

- Aboriginal babies are two and a half times more likely to die before the age of one than non-Indigenous babies.¹¹
- Aboriginal babies are twice as likely to have a low birth weight – a condition that places major hurdles in front of these children for the rest of their lives.¹²
- Deaths from respiratory conditions are four times, circulatory conditions three times and rheumatic heart disease 20 times higher for Indigenous Australians.¹³
- Chronic heart disease rates are three times and chronic kidney disease nine times higher for Indigenous Australians.¹⁴
- Aboriginal women are four times more likely to be infected by AIDS than non-Indigenous women.¹⁵
- On average, a person from Nigeria or Bangladesh can expect to live for about 10 years longer than an Indigenous Australian.¹⁶

Indigenous Australians also fare much worse than Indigenous people in countries like the United States, Canada and New Zealand.¹⁷

For example, infant mortality rates for Indigenous Australians are almost twice as high as those of Indigenous people in the US and New Zealand.

However, many of the premature deaths of Indigenous people in Australia are from other just as preventable factors:

Aboriginal people are more than four times more likely to die between the ages of 15 and 34 than non-Aboriginal people. Car accidents are a major factor here.¹⁸

And we can't ignore the horrific impact of violence.

Aboriginal people are 45 times more likely than other Australians to be victims of domestic violence and 10 times more likely to be murdered.¹⁹

Behind these statistics is a tragedy of immense human proportions, children who will never know their grandparents, communities robbed of their elders, parents too often burying their own sons and daughters. Aboriginal families who I count as friends often seem to me to be locked in a constant cycle of grieving as they attend an endless procession of funerals.²⁰

¹¹ Australian Bureau of Statistics, Cat 4704, 2003.

¹² *Social Justice Report*, p 18

¹³ Fred Hollows Foundation, <http://www.hollows.org/upload/8679.pdf>

¹⁴ Fred Hollows Foundation, <http://www.hollows.org/upload/8679.pdf>

¹⁵ Flood, p 252

¹⁶ Data from *UN Human Development Report 2003* and Australian Institute of Health and Welfare.

¹⁷ Fred Hollows Foundation, <http://www.hollows.org/upload/3381.pdf>

¹⁸ Flood, p 247

¹⁹ Flood, P 255

²⁰ Jeff McMullen makes a similar point. I'm indebted to Jeff for much of the material in this presentation. http://www.griffith.edu.au/griffithreview/campaign/apo/apo_ed11/mcmullen_ed11.pdf

This situation has been so bleak for so long that I suspect it leaves many people numb.

Professor Mick Dodson describes it as a kind of industrial deafness in this country when it comes to the suffering of the first Australians.

For me, this numbness, or deafness on the part of our community is even more disturbing than the statistics.

I know that it's not because Australians aren't compassionate when it comes to helping those in need.

Australians should be proud of our generosity to the victims of the Asian Tsunami. However, a crisis of Tsunami like proportions is ripping the hearts out of Indigenous communities across our own country as we speak.

It baffles me why we don't show the same kind of commitment to Australia's gravest national crisis - the Indigenous health emergency.

As Indigenous Social Justice Commissioner, Tom Calma has pointed out, it is simply not credible to suggest that a country as wealthy as ours can't fix a health crisis affecting less than three per cent of our citizens.²¹

Perhaps one of the reasons why more people don't act is that not enough of us are aware of how Indigenous organisations right around the country are tackling and overcoming the poor health of their people.

We've been conditioned to think of Indigenous health in terms of despair rather than success. We suffer from the misconception that greater investment in Indigenous health won't achieve a satisfactory return.

But there are so many examples around Australia that should end this misconception once and for all.

In my home town of Townsville in North Queensland, the local Aboriginal and Islander Health Service developed a 'Mums and Babies' program to tackle the low birth weight of Aboriginal and Torres Strait Islander babies.

The results have been astounding. After four years, premature births and babies with low birth weight both dropped. Deaths of newborn babies more than halved.²²

Just this year the state of New South Wales closed the immunization gap between Indigenous and non-Indigenous children. This will have major positive impact on the lives of Indigenous children in this state in the years ahead.

Across Central Australia communities are overcoming the scourge of petrol sniffing. They're being helped to do this by BP, which has developed non-sniffable Opal fuel and the Federal Government that is assisting with the roll out.

A couple of months ago, my organization, Australians for Native Title and Reconciliation, or ANTaR, brought a number of Indigenous leaders to Parliament House, Canberra to talk to politicians about how they are successfully overcoming violence in their communities.

²¹ *Social Justice Report*, p 12

²² ANTaR, *Success Stories*, forthcoming.

The group included two women from the remote desert community of Ali Curung who established a night patrol that has reduced incidents of domestic violence in that community down to zero.²³

Closer to home, Aboriginal women from Redfern, with the support of the Metropolitan Aboriginal Land Council have developed Blackout Violence – an award winning program that uses rugby league to stamp out violence. The women have since produced a trainers' manual so that their program can be extended across Australia.²⁴

Only last week, the Wu Chopperen Health Service from Cairns in North Queensland won a National Indigenous Governance Award from Reconciliation Australia. The award recognizes the excellent work of the health service in areas including specialist clinics, chronic disease management, oral health, as well as social health and wellbeing.²⁵

As a result of funding we have received from the Rio Tinto and Mercy Foundations, ANTaR will later this year release a booklet of Indigenous health success stories featuring programs such as these.

Our aim is to share the knowledge so that successful ideas might be replicated in other parts of Australia.

We also want to demonstrate to governments and the broader community that success in Indigenous health can be achieved if we're fair dinkum about working with Indigenous people and supporting programs such as these.

The success of these and other programs has given us a good idea of what needs to be done if we're to overcome Australia's Indigenous health crisis.

In particular, we need better primary health care on the basis of need, more Indigenous health workers, targeted early intervention and prevention programs; and significant improvements in education, employment and housing for Aboriginal people.

In terms of primary health care, what we mean are programs provided out of hospital for prevention and early treatment of illness. Up to now, experts tell us, the United States has done better at this than Australia. As a result, they have had far more success in closing the life expectancy gap than we have.

The problem in Australia has not been with individual programs, but with scale. The reach of our programs has been inadequate for the levels of illness that Indigenous Australians are experiencing.

We can see this by looking at the two major ways that people access health services in Australia – medical and pharmaceutical benefits. According to Professor Ian Ring, Aboriginal people access these services at only around 30 to 40 percent of other Australians – even though they are three times as sick.²⁶

Also essential is dramatically increasing the Indigenous health workforce. At the present time there are currently around 90 Aboriginal and Torres Strait Islander doctors, 100 Aboriginal and Torres Strait Islander medical students and one Indigenous surgeon in Australia. There needs to be many more.²⁷

The AMA considers that to create an equitable proportion of Indigenous health professionals we would need to train 928 doctors, 161 dentists and 2,570 nurses.

²³ http://www.antar.org.au/index.php?option=com_content&task=view&id=260&Itemid=106

²⁴ ANTaR, *Success Stories*, forthcoming

²⁵ <http://www.reconciliation.org.au/i-cms.jsp?page=287>

²⁶ ABC Radio National, *The Health Report*, <http://www.abc.net.au/rn/talks/8.30/healthrpt/stories/s744253.htm>

²⁷ Australian Indigenous Doctors' Association, <http://www.aida.org.au/category.php?id=74>

Some Universities such as Newcastle, James Cook and Western Australia have a strong track record in this area. Others like New South Wales and Monash are rapidly making up ground. But too many are still lagging behind and need to lift their game.²⁸

If we're to end Australia's Indigenous health crisis we also need to understand that good health is linked to social determinants like education, employment and housing.

According to Professor Jim Hyde from the Royal College of Physicians:

*Almost all our health is determined by our socioeconomic status, our environment, our house, our employment, the sense of control over our lives.*²⁹

Research by Professor Ken Wyatt, the NSW Government's Director of Aboriginal health reinforces the links between health and education. Professor Wyatt has found that on average for every additional year of education you give to a young Aboriginal woman, you add four years to the lives of her children.³⁰

So if we're serious about ending Australia's Indigenous health crisis, we have to get serious about tackling inequality more broadly.

Some people think that all this can be achieved by practical means only. The Prime Minister's term for it is, "practical reconciliation." Others use the term "mainstreaming." However, more than a decade of this approach has not delivered satisfactory outcomes because it aims to merely paper over the cracks rather than seriously trying to repair the shonky foundations.

Instead, if we're to seriously close the gap we need to match practical measures with what Pat Dodson describes as creating a new and respectful relationship between Indigenous people and the Parliament of Australia.

This may take the form of a treaty or treaties or it may take the form of another kind of agreement. But ultimately, what it needs to do is take the rights of Indigenous people out of the whim of partisan politics. It also needs to give Indigenous people greater autonomy and control over their own futures.

Where the health of Indigenous people has improved overseas – in places like the US, Canada, New Zealand and Scandinavia there has been a recognition that Indigenous people needed to have a better relationship with the national government. There's also been recognition of the need for a proper legal basis for Indigenous rights that gives Indigenous people control over their own destinies. That fundamental anchor for Indigenous people is still absent in this country.³¹

There is also no getting away from the fact that a genuine commitment to closing the life expectancy gap needs to be accompanied by appropriate resourcing.

Politicians are fond of referring to the billions of dollars spent on Indigenous programs and how more money is not the answer.

But it's a myth to suggest that we are devoting sufficient spending to Aboriginal health, a myth designed to get governments off the hook and avoid scrutiny of what is actually being spent and how this relates to need.

²⁸ Australian Medical Association, *Aboriginal and Torres Strait Islander Workforce Requirements*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/\\$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf)

²⁹ Quoted in Jeff McMullen, *The Lambie Dew Oration: 'The Health of our Children'* <http://www.medfac.usyd.edu.au/news/features/2004/040929.php>

³⁰ Presentation to ANTaR Forum, NSW Parliament House, April 4 2006.

³¹ Jeff McMullen, *The Lambie Dew Oration: 'The Health of our Children'* <http://www.medfac.usyd.edu.au/news/features/2004/040929.php>

Here are the facts. This year the Federal Government will spend approximately \$390 million on Indigenous-specific health programs. This is around 0.9 percent of the total Health and Ageing portfolio budget of \$39.4 billion. Given that Indigenous people also draw on the mainstream health budget, it's estimated that for every health dollar spent on non-Indigenous people, the government spends around \$1.17 on Indigenous people.³²

That would be a reasonable figure if Aboriginal health was only seventeen percent worse than the health of everyone else.

But Aboriginal people are 300 percent sicker on average than everyone else. As a result, this figure is woefully inadequate. It simply doesn't go close to providing enough doctors, nurses, facilities and programs to end Australia's Indigenous health crisis.

The Australian Medical Association and Access Economics estimate that an additional \$460 million per year is needed to close the gap between Indigenous health spending and need.³³

You may think that is a lot of money until that figure is compared with the tax cuts the Treasurer announced in this year's budget.

According to the AMA's figure \$1.84 billion is required over the next four years to overcome the Indigenous health shortfall. That's a fraction of the \$37 billion in tax cuts to be handed out during this time.

So it seems that while the Budget is in surplus, Indigenous communities will remain tragically in deficit unless our funding priorities change.

Only an investment based on need and a vision of success will overcome the Indigenous health crisis. Up to now, the Government has shown itself to be unwilling to make this investment.

However, while the Federal Health Minister has yet to come to terms with these issues, other influential people have.

In February, Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma released his Annual Report. For people unfamiliar with Commissioner Calma's reports, they're an excellent resource for anyone interested in Indigenous issues. You can get them via the Human Rights and Equal Opportunity Commission website at www.humanrights.gov.au.

In this year's report, Commissioner Calma proposed that state and federal governments adopt two deadlines for ending Indigenous health inequality within a generation.³⁴

ANTaR considers that the deadlines proposed by Commissioner Calma – 10 years for achieving equal access to primary health care and health infrastructure and 25 years for achieving equality of health status and life expectation – are realistic and achievable.

It's shocking to think it would take a quarter of a century to lift the health of Aboriginal and Torres Strait Islander people to the level enjoyed by other Australians.

³² Australian Government, *Portfolio Budget Statements 2005-06, Health and Ageing*, p 115

³³ Australian Medical Association, *Aboriginal and Torres Strait Islander Health Service Funding*, [http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/\\$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf](http://www.ama.com.au/web.nsf/doc/WEEN-6PU9CY/$file/Indigenous_Reportcard_2006_-_2004_Update_Insert.pdf)

³⁴ *Social Justice Report*, p 10

However, the situation has been so bad for so long that only a major, long term national effort of the kind proposed by Commissioner Calma will ensure success.

Unfortunately, the lack of an agreed time frame has allowed the national scandal of Aboriginal health to fester for far too long.

As Commissioner Calma says in the report:

*Perhaps the factor that is most striking, in its absence from the current framework, is the lack of a timeframe for achieving Aboriginal and Torres Strait Islander health equality... We should not be timid about setting a timeframe for when the solid commitments of government will be realized. The absence of such timeframes promotes a lack of accountability of governments. It sends a message that it is fine for things to simply drift along.*³⁵

The task now is for governments to be called to account so that they meet the deadlines.

Following the release of Commissioner Calma's report, ANTaR joined with a number of other organizations including Oxfam, the Australian Indigenous Doctors' Association, the National Aboriginal Community Controlled Health Organisation and the Australian Medical Association to convince governments to sign up to the deadlines.

Our aim is to have every parliament in Australia make a measurable, properly resourced, bi-partisan commitment to closing the Indigenous life expectancy gap within a generation.

These commitments can't be an empty promise. They must be accompanied by measurable action plans that are properly funded.

We think that the 40th anniversary of the 1967 referendum is an appropriate time for a campaign of this nature.

There are also strong parallels between the referendum campaign and our own. The 1967 campaign was supported in a bi-partisan manner at both the federal and state level. It demonstrated the success of a grass roots campaign of Indigenous and non-Indigenous people working together. Importantly, the Yes vote was a major step forward for Aboriginal people during the life of a Liberal Federal Government.

Already, Opposition Leader, Kim Beazley has committed to reversing Australia's third world Indigenous health statistics within two terms of office.

ANTaR welcomed Mr Beazley's commitment, but ending Australia's Indigenous health crisis should be a commitment shared by all sides of politics and all sections of Australian society.

We therefore hope that the Federal Government and states will match the Opposition commitment.

The next step will be for these governments to outline how they propose to meet the deadline in a way that progress can be monitored.

Indigenous health is just one of the campaigns that ANTaR is currently involved in. We're also working on land rights, stolen wages, ending community violence and a range of other campaigns in support of Indigenous people. I'd be happy to talk about these campaigns in more detail during questions.

³⁵ Social Justice Report, p 67

For people who may not know about ANTaR, we're a national network of mainly non-Indigenous organisations and individuals working in support of justice for Aboriginal and Torres Strait Islander people.

We were formed in 1997 and are probably best known for the Sea of Hands. To protect our independence we don't accept any Federal Government funding. We can only continue our work with the support of many thousands of Australians like yourselves. I've brought along some information about ANTaR for people who are interested including our Annual Report and most recent NSW newsletter.

It's now been 218 years since the Cammeraygal people and the other Aboriginal clans of Sydney watched the white sails of the first fleet round the heads and make their way to establish a new colony at Sydney Cove.

It's unlikely that the most of the Europeans who came to this continent in the years after 1788 would have thought of themselves as living through the killing times.

In many cases they had been sent to the other side of the world from conditions of hardship and oppression. They were struggling to come to terms with an alien and harsh environment populated by a people they didn't understand.

The Killing Times is a term that later generations would use to describe the past.

I sometimes wonder how future generations will look back on the times we're living in.

Will they share our current preoccupations with mortgages, interest rates, petrol prices and fear of outsiders?

Or will time give them another perspective?

How will they view the relationship between Indigenous and non-Indigenous Australians today?

What will they say about this time, when an Aboriginal baby born in 2006 could expect to live almost 20 years less than a non-Aboriginal baby?

How will they view a time when most Aboriginal men didn't live long enough to pay off a home or cash in their super, much less qualify for the old age pension?

A time when we knew what was needed to turn the situation around but chose not to?

A time when the Government of the day thought that tax cuts to already well off Australians were more important than the basic health care needed to give our most disadvantaged citizens a decent chance in life?

Will they see now as another killing time?

And if they do, what will they say about us?

And how will we respond?

"We didn't actually kill them ourselves. We just didn't care enough to stop them dying," might be one explanation.

I know that won't be your response, because you do care.

If you didn't, you wouldn't be here tonight. You'd be at home watching the Bill or CSI, instead of taping them!

I hope that following tonight you'll turn that caring into action and join our campaign to close the life expectancy gap within a generation.

Please write to the Federal and State Health Ministers and your local MP's. Ask them to commit to the deadlines and actions proposed by Commissioner Calma in his report.

Tell them that by doing this they will gain your respect and support. They will also unify the nation by ending Australia's Indigenous health crisis.

These are the killing times. But they don't have to be.

By working together we can bring them to an end and consign that horrible term to history once and for all.

ENDS

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