

9. A brief history of health policy

The ongoing crisis in Indigenous health is due to generations of neglect, lack of cohesive public policy and failure to provide sufficient resources and ensure that they reach people on the ground.

The underlying causes of poor Indigenous health can be attributed to social and economic exclusion, unemployment, low income, poor housing and sanitation, poor education, and lack of adequate nutrition. Despite suffering from much worse health than other Australians, Indigenous people generally have much less access to health care services¹.

Historically, Indigenous people have had little power to influence these factors and the public policy decisions that affect their lives and health.

A history of neglect

The poor state of Indigenous health today needs to be seen in the historic context of broader attitudes and policies about Aboriginal and Torres Strait Islander people enacted by state and territory governments.

The Commonwealth has only had the power to act in Indigenous affairs since 1967, and only recently has it generally been accepted that Indigenous people should have control over their own lives and enjoy the same rights as other Australians.

'Protection' for whom? (1837-1937)

Almost from the beginning of colonisation, Aboriginal populations were devastated by introduced diseases and the loss of land and livelihood. Despite the high loss of life and widespread ill health, little was done to provide medical aid. It was not until 1837 that a policy of 'protection' was enacted, after decades of frontier violence.

Under the protection policies which remained in place throughout the next century, 'protectors' were appointed, reserves were established and Aboriginal populations were segregated on missions and government settlements, in part to prevent the spread of contagious diseases to non-Aboriginal people².

Throughout this era, the prevailing attitude was that Aboriginal peoples were inferior to white races and would inevitably die out. In the late 19th and early 20th centuries, legislation to further separate mixed race people and empower 'protectors' to remove children from their families was progressively passed in the states and the Northern Territory. In some states, mixed race people were forced to leave the reserves.

'Smoothing the dying pillow ...'

"I have always advocated that the greatest possible assistance should be given to the race from whom we have taken this territory, and to whom we owe a great debt of gratitude for the splendid possession we have. The least we can do is to make their time here, which will not be a very long time, as pleasant as possible, and their departure as gentle as circumstances will permit."

Queensland Parliamentary Debates, Vol LXXVIII, 1897

'Assimilation' into non-Indigenous Australia (1937-1960s)

In 1937, 'protection' gave way to an official policy of 'assimilation', especially of mixed race Aboriginal people.

In effect, Indigenous people were expected to become like, and live like, non-Indigenous Australians. Yet discriminatory policies still

1789	Smallpox decimates Aboriginal populations of Sydney coastal regions and spreads
1835-36	New colonies at Port Phillip Bay and South Australia severely impact on local Aboriginal populations
1837	'Protection' policy enacted NSW
1849	Flinders Island protectorate, Bass Strait, abandoned as most Aborigines had died
1869	Victorian Board for the Protection of Aborigines established
1880	'Protection' introduced in South Australia
1881	NSW Protector of Aborigines appointed, separate schools established for excluded Aboriginal children
1883	NSW Aborigines Protection Board and Aboriginal reserves established
1886	Western Australian Aborigines Protection Act
1897	Queensland Aborigines' Protection and Restriction of Sale of Opium Act
1901	Federation of Australia The Australian constitution specifically prevents the new Commonwealth Government from passing laws relating to Aboriginal peoples. Aboriginal, Asian and African peoples denied the right to vote
1905	Western Australian Aborigines Act establishes reserves and local protectors. Chief Protector becomes legal guardian of all Aboriginal people under 16
1909	Defence Act 1909 prohibits persons not of 'substantially European' origin from serving in armed forces
1911	South Australian protection legislation Northern Territory Aborigines Ordinance makes Chief Protector legal guardian of all Aboriginal people under 18

controlled many (sometimes all) aspects of Indigenous peoples' lives, denied them equal wages and employment conditions and the social welfare benefits available to other Australians. As late as 1953, the Commonwealth Government enacted the *Wards Employment Ordinance* in the Northern Territory, which made Aboriginal people wards of the state, with minor status, and discriminated against them in employment and pay. In many states, Aboriginal people were not only paid less – their wages were withheld from them and placed in trust funds that were appropriated by governments for other purposes³.

The 'assimilation' policy persisted well into the 1960s and was confirmed at a national Native Welfare Conference in 1961.

In 1965, assimilation was defined as

“All persons of Aboriginal descent will choose to attain a similar manner and standard of living to that of other Australians and to live as members of a single Australian Community, enjoying the same rights and privileges, accepting the same responsibilities, observing the same customs and influenced by the same beliefs, hopes and loyalties as other Australians.”

State and territory governments began to dismantle discriminatory legislation, but in New South Wales, for example, it was not until 1969 that new legislation was introduced to replace the *Aborigines Protection Act 1909*.

Recognition of rights

The 1960s is generally seen as the period in which Indigenous Australians were recognised as Australian citizens. In 1962 the electoral act was amended to extend the right to vote to all Aboriginal people.

It was a decade of major social change. Indigenous people had long protested against discriminatory treatment, and non-Indigenous Australians became more aware of the true situation: Charles Perkins led the Freedom Rides in north-western New South Wales; trade unions supported equal award wages for Aboriginal pastoral workers; the Yolgnu people of Arnhemland (Northern Territory) protested mining on their land and lodged the famous 'Bark Petition'.

A 10-year campaign culminated in the 1967 referendum. Whereas before only the states had power to enact laws about Aboriginal and Torres Strait Islander people, a resounding 90% 'Yes' vote finally empowered the Commonwealth to do so. For the first time, Indigenous people were also to be counted in the national census.

In the late 1960s, state and territory governments at last began to introduce special Aboriginal health programs and to train Aboriginal health workers. Research began to document the extremely poor standard of Indigenous health, and linked this to environmental and socio-economic factors. Pressure from Aboriginal people, international scrutiny of the conditions of Aborigines, and increased awareness in the wider community, began to lead to important changes in Indigenous health.

Indigenous people begin to take control (1970s)

In the 1970s, Aboriginal people began to found their own organisations, such as land councils, legal services and health services. Many were initially funded by private donations, church groups and even international aid organisations.

Since the 1970s, many Indigenous communities have established their own independent, community-controlled health services (ACCHSs) and an over-arching representative advocacy body, the National Aboriginal Controlled Community Health Organisation (NACCHO, previously NAIHO) was formed in 1975.

In 1972 the newly-elected Whitlam Government began to give tied grants to states for Aboriginal health initiatives and funding for emerging Aboriginal community-controlled health services.

Attempts to implement a national Indigenous health strategy (1979 onwards)

The first federal attempt to develop a national Indigenous health policy came in 1973 when a 'Ten Year Plan for Aboriginal Health' was announced.

In 1979, the first major national inquiry into Indigenous health, conducted by the Commonwealth House of Representatives Standing Committee on Aboriginal Affairs⁴, reported that poor Aboriginal health was due to low standards of environmental and housing conditions, socio-economic factors, and inappropriate health services.

1915	Despite the provisions of the <i>Defence Act</i> , Aboriginal people serve at Gallipoli and other fronts, World War I NSW Aborigines Protection Board empowered to remove and apprentice Aboriginal children without a court hearing Similar policies allowing the removal of Aboriginal children implemented in other states; practice continues up to the 1970s
1925	Australian Aborigines' Progressive Association formed to oppose NSW Aborigines Protection Board
1937	Commonwealth and State conference on 'native welfare' adopts 'assimilation' as the national policy
1938	26 January, Day of Mourning and Protest
1940	NSW Aborigines Protection Board replaced by Welfare Board. Aboriginal Education transferred to Department for Education which begins to provide trained teachers
1940s	Aboriginal people serve in World War II Most Commonwealth social security benefits extended to Aborigines who meet strict eligibility criteria. Many begin to leave reserves to seek employment and better living conditions
1943	'Exemption certificate' exempts some Aboriginal people from restrictive legislation and allows them to vote
1946-49	Strike by Aboriginal pastoral workers in the Pilbara, Western Australia
1948	<i>Universal Declaration of Human Rights</i>
1951	Australian Conference for Native Welfare officially adopts policy of 'Assimilation'
1953	Commonwealth legislation makes Aboriginal people in NT wards of the state with 'minor' status, and discriminatory employment and pay

The 1989 National Aboriginal Health Strategy (NAHS) is a benchmark in Indigenous health policy. It was based on extensive consultation with Indigenous people and provided a blueprint for redressing poor Indigenous health that has been confirmed by a number of subsequent reviews and government reports, yet its recommendations have not been adequately implemented. A critical finding was the urgent need to address a backlog of unmet housing and infrastructure needs, estimated then at about \$2.5 billion over a 10-year period.

This backlog has not been systematically tackled, 25 years after it was identified in 1979 as a major cause of poor Indigenous health. The backlog is now estimated to be at least \$3.5 - \$4 billion.

“The Committee established to evaluate the National Aboriginal Health Strategy found little evidence of it. Instead, the Committee found only traces of where the strategy had been – small amounts of money (compared with the need) spent on housing and health services.

It found minimal gains in the appalling state of Aboriginal health.”

National Aboriginal Health Strategy Evaluation, 1994

In 1994, the NAHS was evaluated. The major finding: that the NAHS “was never effectively implemented”. It found that all governments had grossly under funded NAHS initiatives in remote and rural areas and that ATSIC had been a convenient scapegoat for inaction and the failure of governments to deliver⁵.

A major recommendation of the 1994 evaluation was:

“that a human rights based approach to funding be adopted with major increases for all aspects of Aboriginal health to achieve comparable standards with that of average non-Aboriginal Australia.”

Who is responsible?

Health, like education and employment, is a shared responsibility of the Commonwealth and state/territory governments. Report after report has shown that Indigenous health has been

allowed to ‘slip through the cracks’ of Commonwealth-State relations. It has been all too easy to shift responsibility from one level of government or one department to another, and far too easy to blame Aboriginal people for their poor state of health.

In 2000, yet another inquiry into Indigenous health reported to the Commonwealth Parliament⁶. It had identified at least 20 reports on aspects of Indigenous health since the first inquiry in 1979. It again confirmed the major findings of previous reports, but strengthened the call to the Commonwealth to take a leadership role in improving the health and well-being of Indigenous Australians, and to accept its primary responsibility for provision of primary health care to Indigenous people.

Poor Commonwealth-state coordination

It has been recognised that, apart from resources, one of the major barriers in improving Indigenous health is the lack of coordination of services between government departments and between the Commonwealth and states and territories.

Lack of clarity on the allocation of responsibility among the spheres of government in Australia can create opportunities for cost shifting between levels of governments and between agencies at the same level of Government.

Commonwealth Grants Commission, 2001

‘Cost shifting’ results in:

- **lack of delivery of services (mainstream departments stop providing services, believing ATSIC/ATSIS will provide them instead)**
- **funds provided by one level of government to another for Indigenous services being diverted to other purposes**
- **Indigenous-specific services being used as a ‘catch-all’ to make up for deficiencies in mainstream services**
- **Indigenous clients being routinely turned away from mainstream services and sent to Indigenous services that aren’t designed or resourced to replace the mainstream ones (eg health, housing and training)⁷.**

1957	National Aboriginal and Islander Day of Observance Committee (NAIDOC) formed
1958	Federal Council for the Advancement of Aborigines established
1961	Conference of Native Welfare Ministers confirms assimilation policy
1962	Commonwealth Electoral Act amended to give all Aboriginal people the right to vote
1963	Yirrkala ‘Bark Petition’
1965	‘Freedom Ride’ in New South Wales
1966	Australia signs <i>International Convention on the Elimination of all forms of Racial Discrimination</i> Gurindji ‘walk off’ from Wave Hill Station, Northern Territory Award wages granted to Aboriginal pastoral workers
1967	<i>Constitutional Referendum on Aboriginal Rights</i> empowers Commonwealth to pass legislation relating to Aboriginal and Torres Straits Islander people and count them in census
1971	Aboriginal Tent Embassy erected in Canberra
1972	Whitlam Government elected. 1972 census first to include Indigenous people
1973	First national ‘Ten Year Plan for Aboriginal Health’
1975	National Aboriginal and Islander Health Organisation (NAIHO) formed
1979	House of Representatives Standing Committee on Aboriginal Affairs report, <i>Aboriginal Health</i> , states that poor Aboriginal health is due to low standards of environmental and housing conditions, socio-economic factors, and inappropriate health services
1987	Royal Commission into Aboriginal Deaths in Custody established National Aboriginal Health Strategy Working Party established

In 1992 the Council of Australian Governments was established, yet it was not until 2002 that the Council recognised the need for a 'whole of government' approach and decided to conduct trials of this approach in a limited number of communities. By mid 2004 these trials had not yet been evaluated.

Indigenous health policy today

In 2003 the Commonwealth produced a *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003 - 2013*⁸ which has been signed off by all state and territory governments.

The *Strategic Framework* recognises the main issues that have long been identified as contributing to poor Indigenous health. It recognises the need for action in areas such as education, employment, transport, safe housing, water, food, sewerage and waste disposal and calls for collaboration between all levels of government and between different agencies and departments to improve environmental health.

The *Strategic Framework* confirms that Aboriginal community-controlled health services are the best way of providing comprehensive primary health care to Indigenous people and communities, and acknowledges that to date, funding has been short-term and ad hoc, hindering their capacity to deliver sustainable programs.

Perhaps most importantly, the *Strategic Framework* aims to increase accountability at all levels.

What is not clear, however, is whether the significant increases in funding that are needed to provide adequate primary health care, and the long-term resources required to address housing and infrastructure needs, will be committed to make the strategy work.

Where to from here?

It is 25 years since the first national inquiry into Indigenous health in 1979 identified poor living conditions, poor housing and community infrastructure as amongst the primary causes of the terrible health statistics. Addressing this \$3.5 billion backlog must be a high priority for all governments.

In 2001-02, Professor John Deeble estimated that an additional \$250 million per year was needed to provide an equitable allocation for health services, and a further \$50 million was needed for public health and prevention programs⁹.

In addition, we need to:

- address the social determinants of health (see information sheet 3), including education, employment and social disadvantage
- ensure participation of Indigenous people at all levels of health policy and health care delivery to ensure appropriate policy is developed and that Indigenous people have control over their health and over policy initiatives
- provide adequate health resources to ensure that **all** Indigenous people can access comprehensive primary health care, including transparent, needs-based funding for Aboriginal community-controlled primary health care services
- build the capacity of individuals and communities in financial management and governance to enable them to establish or take control of primary care services
- train an Indigenous health workforce (Aboriginal health workers, doctors, nurses, allied health professionals), through scholarships, mentoring programs and access to professional/career development.

References

1. Commonwealth Grants Commission, *Report on Indigenous Funding*, Canberra 2001, p.59
2. Flinders University, Kokotinna Staff Development Program/*History and Health/Health Policy*, http://www.flinders.edu.au/kokotinna/F_SECT02.HTM
3. The withheld wages in many cases remain unpaid, and this practice has given rise to 'Stolen Wages' campaigns in several states
4. *Aboriginal Health*, Canberra 1979
5. A National Aboriginal Health Strategy: An Evaluation 1994, p.3, available from OATSIH website: <http://www.health.gov.au/oatsih/pubs/healthstrategy.htm>
6. *Health is Life, Report on the Inquiry into Indigenous Health*, Canberra, May 2000, <http://www.aph.gov.au/house/committee/fca/indhea/inqinde2.htm>
7. Commonwealth Grants Commission, *Report on Indigenous Funding 2001*, Canberra, p.57
8. National Aboriginal and Torres Strait Islander Health Council, *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*, Australian Health Ministers Conference, Commonwealth of Australia 2004
9. Australian Medical Association, *Public Report Card 2003: Time for Action*
Professor John Deeble, *Expenditures on Aboriginal and Torres Strait Islander Health*, June 2003
<http://www.ama.com.au/web.nsf/doc/WEEN-5N626Y>

Sources

Additional source materials can be found on Information Sheet 10: Where can I get more information?

1989	National Aboriginal Health Strategy (NAHS) – estimates funding needs for housing and infrastructure at \$2.5 billion
1990	Aboriginal and Torres Strait Islander Commission (ATSIC) established
1991	Report of the Royal Commission into Aboriginal Deaths in Custody
1992	Council for Aboriginal Reconciliation established and endorses a "National Commitment to Improved Outcomes in the Delivery of Programs and Services for Aboriginal Peoples and Torres Strait Islanders" Council of Australian Governments established
1993	National Aboriginal Community Controlled Health Organisation (NACCHO) (formerly NAIHO) formed
1994	Responsibility for Aboriginal health moved from ATSIC to the Commonwealth Department of Health (OATSIH) Evaluation of the NAHS finds it has never been effectively implemented, and Governments had grossly under funded NAHS initiatives
2000	Commonwealth <i>Health is Life</i> Report
2002	Australian Medical Association (AMA) <i>Report Card</i> on Aboriginal health Council of Australian Governments (COAG) initiates 'whole of Government' trials in some Indigenous communities
2003	Productivity Commission issues <i>Overcoming Indigenous Disadvantage</i> Report for COAG that confirms 'marked and widespread disadvantage' of Indigenous Australians
2004	<i>National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013</i> AMA releases third <i>Report Card</i> , estimating additional \$425 million per year needed for adequate primary health care for Indigenous Australians

