Culture, custom, modernity and health: a nexus of factors in the status Aboriginal children

The Vincent Lingiari Lecture

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By Marcia Langton

Foundation Professor of Australian Indigenous Studies

Centre for Health & Society

School of Population Health

University of Melbourne

I acknowledge the Larrakia traditional owners, their elders and ancestors.

Let me also honour the great man who is memorialised in this lecture series. It is a great privilege to be asked to deliver the 2011 Vincent Lingiari Lecture.

The lecture honours a great Australian and his role in a crucial episode in this nation's history.

On 23 August 1966 Vincent Lingiari led members of his Gurindji tribe and other groups off Wave Hill Station, owned by the British Vesteys group of companies. What was apparently an industrial dispute over appalling work and living conditions rapidly revealed itself as a demand by the Gurindji people for the return of their traditional lands. It was a demand that was to spread throughout Aboriginal Australia, and the beginning of a struggle by Aborigines that continues to this day.

The importance of the Wave Hill strike to the broader Aboriginal struggles for land rights cannot be underestimated. Speaking about other land claims, Wave Hill Strike veteran Mr Bunter Jampijinpa reminds us of the legacy of Wave Hill.

"It is the same thing with them as it was with us. It is the true living country for the old people and their children and grandchildren to come. The country is part of their life, their life is part of the country.

Mr Bunter Jampijinpa passed away recently and I give my condolences to his family and friends. He was only 16 when Vincent Lingiari led his people off Wave Hill on a 25 kilometre walk to camp away from the hated Vestey station. Jampijinpa was a stockman at the Cattle Creek outstation, part of Wave Hill.

"We were treated just like dogs. We were lucky to get paid the 50 quid a month we were due, and we lived in tin humpies you had to crawl in and out on your knees. There was no running water. The food was bad - just flour, tea, sugar and bits of beef like the head or feet of a bullock. The Vesteys mob were hard men. They didn't care about blackfellas," Jampijinpa said. He went on to tell the story of the strike:

"Old Vincent came back from hospital in Darwin one day and he had decided that he would pull us out. He pulled everyone out Tuesday and we walked with the kids and our swags to the Victoria River where we camped till after Christmas.

"After we had been there a couple of days, the Vesteys mob came and said they would get two killers (slaughtered beasts) and raise our wages if we came back. But old Vincent said, 'No, we're stopping here'. Then in early 1967 we walked to our new promised land, we call it Daguragu (Wattie Creek), back to our sacred places and our country, our new home land."

The Gurindji were not seeking wages: they were fighting to win their land back and refused to work even when Lord Vestey offered to pay some "money" wages. Vincent Lingiari told Lord Vestey, "You can keep your gold, we just want our land back."

It was a strike that was to last for seven years, despite street demonstrations and arrests in the south in support of the striking Gurindji, and continued support from trade union, church and student groups. Mr Bunter Jampijinpa accompanied Vincent Lingiari on some of these trips to rally support for land rights for the Gurindji.

But in the pre-Whitlam era, the Gurindji pleas fell on deaf ears. In 1969, a proposal went to the then Federal Coalition government to grant eight square kilometres to the Gurindji. The issue was not even discussed in Cabinet.

Despite enormous pressure from pastoralists and government, the Gurindji held firm. Bill Jeffries, a welfare worker with the Northern Territory Administration at the time was threatened with the sack for giving assistance to the strikers camped at Daguragu. The Gurindji, as well as Aboriginal union activist Dexter Daniels, were threatened with rifles and shotguns. At one stage, the strikers at Daguragu were near starvation. But the Gurindji have never returned to work as a tribe at Wave Hill Station.

It was not until 1975 that Prime Minister Whitlam gave back to the Gurindji some of their traditional lands. His symbolic pouring of soil into the hands of Vincent Lingiari on the return of the land has been repeated by subsequent government

ministers involved in returning traditional lands to their owners. As a focus point in Australian history, the Wave Hill Strike has its share of white as well as black veterans such as waterside worker Brian Manning, who trucked in the first food supplies to the strikers; and the late Frank Hardy, the author who did more than most to publicise the plight of the Gurindji.

Lingiari died on 21 January 1988, just a few days short of the 200th anniversary of white settlement in his traditional lands. Although frail in his later years, he always attended the annual re-enactment of the walk-off carried out by the Gurindji since 1984. He died a proud and dignified man, and is still revered by the Gurindji, Ngarinman, Bilinara, Warlpiri and Mudbura people he led out on strike 31 years ago.

It was in his honour that I established this lecture series when I worked here in the 1990s when this University had the more prosaic name of the Northern Territory University. The first Lingiari lecture was delivered by the then Governor-General of Australia, Sir William Deane. He was on the High Court when the famous Mabo No 2 case was heard and the Court delivered a majority decision finding that native title had pre-existed British annexure and that it had survived a range of circumstances. His lecture, 'Some Signposts from Daguragu,' detailed the

main challenges for Aboriginal Australia following the revolution in policy that Lingiari had instigated.

In 1966, the conditions that many Aboriginal people lived in were revealed to the world by the journalists, writers and campaigners who were inspired by Vincent Lingiari and his colleagues. Frank Hardy's book, *The Unlucky Australians*, played on the idea developed by Donald Horne in *The Lucky Australians*. Whereas Horne was observing that Australians were lucky because of the coincidence of resource wealth and other economic and social factors, and not because they had asserted their own will or aspirations, Aboriginal people are the unlucky Australians; unlucky through no fault of their own. Those Aboriginal people who suffer the disadvantages, now better understood because of the Close the Gap polices, have been failed by history and by our system of governance and economic management. For those few of you who work amongst Aboriginal people, it is important to understand the present circumstances of the least healthy and least fortunate Australians. Their disease and morbidity status is the result of generations of marginalisation, poverty and underdevelopment, although this varies greatly across the nation.

Here in Darwin, the children of the Larrakia are in a more fortunate situation than many other Aboriginal children. In this beautiful tropical town, the income disparity is between those who are accumulating wealth from the resources and energy sector and those who are dependent on social security incomes and it is plain to see. When one leaves the modern, clean environment of the central business district, the more extreme disparities become evident.

The most vulnerable citizens of the Northern Territory are Aboriginal babies. Unable to feed themselves and given insufficient nutrition for normal growth, at the very beginning of their lives they suffer hunger and they are unable to develop normally.

They are the victims of a health crisis with economic, social, historical and cultural dimensions. Other manifestations of this crisis are the subject of the hotly contested Northern Territory Emergency Intervention, involving quarantined social security income payments, restrictions on alcohol sales, special land leases in the declared 73 communities, and wide range of programs, including child medical examinations by special teams and child nutrition programs. David

Brewster and Andrew White[1] have documented this problem of malnutrition in Aboriginal children and growth failure. They write: 'It is well recognised that Aboriginal children in the Northern Territory have a higher burden of disease, with higher admission rates and longer lengths of hospital stay than other children in the Territory.' There is an estimated minimum prevalence of malnutrition of 20%[2] 'in children 0–2 years of age living in the Darwin rural region, with microcephaly very commonly accompanying malnutrition.' They also note that, according to WHO/FAO criteria for developing countries, a community nutritional intervention is warranted when the prevalence of acute malnutrition in children under five years is greater than 10%, or 5 to 9% with aggravating factors.' Growth failure or growth faltering is the principal manifestation of malnutrition in children and it is attributed to insufficient weaning foods provided to infants. Their recommendations for community-based interventions to overcome infant under nutrition are urgently required.

These babies are caught between two tides of history: on the one hand, they have been swept up by the tide of the past. Their parents and ancestors were the

1 Prof David Brewster (RDH); Dr Andrew White (Central Australian paediatrician), Growth and Malnutrition (Failure to Thrive), accessed 20 May, 2011: http://www.carpa.org.au/Ref%20Manual%204th%20Ed/Child%20Health/Growth_malnutritionFTT.pdf

2 Weight/height or height/age >2 standard deviations below the NCHS standard.

victims of such a disruption of normal life brought about by colonisation, enforced segregation in managed reserves and missions, removal of children from families, extreme exclusion from the economy and poverty, that they were deprived of the knowledge or commonsense of parenting duties and responsibilities, from feeding weaning babies to basic hygiene. These skills of parenting, taken for granted in normal family life in most of Australia, are severely compromised among Aboriginal people whose lot is the isolated community under government administration. On the other hand, they will be swept along by an ill tide into an unhappy future. Already biophysically affected by undernourishment and growth faltering, their capacity to take up opportunities for a happy, productive life, will be limited. They are very sick children with an uncertain future.

Their experience is one of suffering from birth to adulthood, and if they make it beyond adulthood, there on their lives are similarly blighted.

Thus a child-focused approach recognizes, as the paediatrician John Boulton observed, that there are essential pre-requisites of human parenting:

> *The pre-requisites of human parenting comprise a robust tradition of transitional (weaning) practice with food security; the necessary demographic age profile to enable cooperative parenting within a pre-modern micro-society in transition;*

> *and the absence of barriers from violence and existential stress to the reproductive strategy of long term investment in offspring.*

He recommends nutrition and education strategies for preventing growth faltering from nutritional neglect. He also identifies the prevention of fetal alcohol spectrum disorder and causes of early life trauma, and supporting families whose children suffer the effects of FASD as matters of high priority. As well, he notes the contribution of structural violence to this problem, and recommends that parenting children well requires "absence from severe stress, particularly stress from a high risk of inter-personal violence."

Most medical personnel and other professionals working in this area understand that working in partnership with Indigenous organisations and Aboriginal families is essential to achieving social norms of personal behavior in relation to alcohol consumption, parenting, and education.

My own recommendations are that we need two foci to our present policies:

> A household-focused approach, one that addresses *food security and adequate facilities and emphasises behaviour*
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> Capacity building and the institutional environment, most importantly improving professional resources in remote Australia.

We need to interrogate our present policies and approaches in order to answer the question adequately: how to create a safe environment for children:

If the task is to create a policy that encourages safe, healthy homes that nurtures healthy development, what would this look like?

Issues to consider are:

1. Direct affect of alcohol on the growing fetus
2. Secondary effects of mother being drunk – growth faltering from nutritional neglect, lack of hygiene; lack of emotional nurturing
3. The effect of violence
4. The issue of alcohol in pregnancy and the harm to the unborn baby in the first and second semester of pregnancy
5. The idea that pregnant women be placed on a banned alcohol register should be considered. However, there are problems with this proposal, given that over 50% of pregnancies are unplanned, and antenatal care is not well attended and pregnancy not well detected until the final trimester. Such an intervention would only capture a small proportion of the community

6. There is a significant lack of knowledge among health professionals with regards to identifying and accurately diagnosing FASD. A program aimed at improving education of doctors and health professional with regards to recognition of FASD is urgently required.

7. The need to develop and support programs that address how best to recognize and educate kids in the classroom with Foetal Alcohol Spectrum Disorder.

   My concern is with the importance of ensuring that the rights and requirements of the child are central to any consideration and policy.

   My verbal comments to a reporter on the following matter have been somewhat misinterpreted: we need improved nutrition programs that include consideration of healthy affordable food in stores

   1. Incentives-based program with social marketing: home makeovers; promoting an Aboriginal homes and gardens program. Much money has been put into housing however, not much has been focused on the maintenance of these homes and skilling the families to look after their homes.

2. There are some issues in the challenge of food supply that we cannot address, but generally good nutritional food is not available in regional and remote areas. There needs to be consideration given to subsidizing 'good' food programs in stores and ensuring that healthy weaning foods are available.

3. Importance of providing the environment to support health pregnancies to improve the outcome for Indigenous babies.

The work of the medical researchers I cite here is some of the most important and urgent work – including research and practical measures – taking place in indigenous Australia. It is making a difference. There are some important factors to understand in the indigenous health field, some of them introduced by Aboriginal leaders, such as Noel Pearson, some anthropologists, and some by medical researchers. This is increasingly an interdisciplinary task because of the complexity.

A picture of Australia's children 2009 is a comprehensive report on the status of children, providing the most comprehensive and reliable data yet available on this population and the subpopulations, using 16 indicators. This report provides the following statistics:

Aboriginal and Torres Strait Islander children are over-represented in the child protection system. Indigenous 0–12 year olds were the subject of a substantiation of a notification received in 2007–08 at 8 times the rate of other children, and were also on care and protection orders at 8 times the rate of other children.[3]

The demographic charts in this report show an overwhelmingly young Aboriginal population. Along with the crisis of poor outcomes in Aboriginal health, education and ability to participate in the Australian, the demographic picture of the future of Aboriginal children demonstrates that the indigenous Australians population has crossed the Rubicon, and the other side of the river is not a good place to be.

The future for young indigenous people will be one of accelerating poverty and exclusion.

Only a small minority continues to be bound up in the lifestyle of their ancestors, and even this minority is largely dependent on welfare and state subsidies for everyday survival. The others are attracted to the consumer economy, but they are excluded from it, and hence the extraordinary rates of juvenile detention. It should also be clear that the extraordinary rates of notification for care and

3 Australian Institute of Health and Welfare, 2009. A Picture of Australia's Children, see especially, Chapter 34 Child abuse and neglect, p. 111.

protection point to the inability or failure of their carers to provide safe, healthy home environments for them.

High mobility and extended visits for cultural reasons often extend far beyond the requirements of observing culture, and become unproductive and often destructive forms of social pleasure and demand-sharing. The fate of the children in these circumstances is failure to attend school and, far too often, poor health.

These factors are exacerbated by the 'rivers of grog' that have flowed into Aboriginal communities, deliberately targeted by the purveyors of alcohol as a vulnerable and lucrative market. The result is foetal alcohol spectrum disorder, the numerous adverse effects on a developing foetus caused by consumption of alcohol by the pregnant woman.[13] Children at the most severe end of this spectrum who display the complete phenotype of characteristic facial anomalies, growth retardation and developmental abnormalities of the central nervous system are defined as having foetal alcohol syndrome. While this is the most readily clinically recognised, there are other categories: 'partial foetal alcohol syndrome, alcohol-related birth defects and alcohol-related neuro-developmental disorder'.

The prevalence of youth suicide, attempted suicide and self harm tell us that something is going very wrong in Aboriginal family life. The Mental Health Council of Australia has emphasised that Indigenous youth are the most 'at-risk' group in Australia for suicide.[4] The sparse literature on this topic indicates that far too many Aboriginal children are choosing not to live by committing suicide because the prospect of continuing life is unbearable. Despite the absence of consistent public reporting on this matter, it is possible to see a picture emerging.[5] Aboriginal communities are responding with a sense of great urgency to this problem. In 2008, in Western Australia, Coroner Hope handed down a 212-page report into the deaths of 22 Kimberley men and women including the death by suicide of an 11-year-old boy. The Billard Aboriginal community led by Stephen Victor Sr responded with the Blank Page Summit aimed at innovative thinking to tackle this plague of youth suicides. In the small remote community of Oombulgurri there were five deaths of young people by suicide or misadventure between 2005 and 2006 among those prompting a Coroner's Inquiry, which was

[4] See: http://www.aph.gov.au/senate/committee/clac_ctte/suicide/report/report.pdf

[5] See: http://www.aph.gov.au/senate/committee/clac_ctte/suicide/report/report.pdf

completed in 2008.[6] This scourge is being tackled by the Gelganyem Youth and Community Well Being Program.[7]

It is undeniable, as I have said, that a proportion of today's Aboriginal parents, especially in remote areas, have not learnt the basics of home economics, nutrition and hygiene and the minimum daily food intake required for children to perform normally and to grow. The family life practices of the hunter gatherer society were rendered largely untenable many decades ago. Only a limited range of traditions and the knowledge necessary for living in precolonial Australian environments survive. Hunting and gathering persists, but usually to supplement the store-bought foods purchased with social security income and some other income. Demand sharing of traditional times has been perverted by poverty and the high proportion of income spent on alcohol, gambling, vehicles and the much increased rates of mobility involved in attending funerals.

It is important to understand the cultural and social factors that contribute in a primary way to this worsening historical situation. I love and enjoy Aboriginal

6 Western Australian Coroners Act, Ref No: 13/08, 2008 as cited in The Gelganyem Youth and Community Well Being Program, accessed 20 May, 2011, http://www.ichr.uwa.edu.au/files/user5/Chapter18.pdf

7 See: http://www.ichr.uwa.edu.au/files/user5/Chapter18.pdf

culture as often as possible. This can happen anywhere in Australia, and it happens often. But the usual form of Aboriginal culture that I or even you might enjoy is most often the stylized, sometimes classical, sometimes modern or even hypermodern culture possible where the disadvantages are overcome by the sheer will of the performance or artist or the resources of a well run arts organisation.

When I hear naive outsiders talk about the need to restore Aboriginal cultural practices as a remedy for the Aboriginal health crisis, I wonder how it might be possible to explain just how fanciful and unrealistic this romantic goal is. While kinship and marriage customs continue, and in some areas continue much as they did in precolonial times, other features of Aboriginal culture have become exacerbated to the point where they become a threat to life. Good friends and colleagues with whom I have discussed this issue say that it is possible to resolve these problems of the clash of culture with modernity by being respectful and discussing the issues intelligently. This should be a starting point, I say, but it is much more complicated and intractable than this optimistic view paints the picture, I believe. This problem has been most intelligently discussed by Peter Sutton in his book, *The Politics of Suffering*. A few other anthropologists, such as

myself, as well as Francesca Merlan and a handful of others, have also tackled the complex issues involved, such as agency, dependency, the scale of the problems faced in the transition to modernity. There are many happy Aboriginal families whose lives are improving and who are taking the opportunities available to other Australians. But for those left behind, the problems are often difficult to understand and analyse.

One of the dangers in the present debates is that the status of childhood is treated as if it were a universal experience. There is an assumption lurking in the discourse that the lives of children are best in a nuclear family. Many involved in the debate seem blithely unaware that childhood consists of widely varying experiences from society to society. In some, children must learn to kill things from the time that they can walk, even if hunting economies are on the wane with the introduction of cash economies and food sold in stores. The notion of a universal childhood has its origins in the 20th Century, and in the colonisation of lounge rooms by American television where childhood has been deviously shaped as a lucrative market for a range of commodities.

In traditional Aboriginal society, if a child survived infancy and grew into a toddler, it was given a name, but not before that. Children were more often cared for by

older female siblings or young mothers's sisters, rather than their immediate mothers, while the mother engaged in various economic activities, working hard harvesting and preparing food. There was little discipline or punishment. Children lived for large parts of the day in a cohort of children with little adult interference. At the end of childhood, life suddenly changed when boys were sent to initiation camps and the betrothed husband's girls came to collect their new wives. Some of these old practices as documented many years ago by anthropologists Annette Hamilton and Diane Smith (formerly von Sturmer) can be glimpsed through the social hurley burley in present day communities. The transition to modernity has not dealt a good hand for Aboriginal children. These precontact ways of raising children are not suited to the closed, sedentary, low income communities which sprung up across Australia from the late 19th Century at the end of the frontier wars.

It is in these places that physical violence, verbal abuse and lateral violence are manifested. Those most at risk of violence are family members, and in the main, the most vulnerable members of the family: old people, women and children. Especially the children.

Lateral violence is also a threat to children. Lateral violence has many detrimental impacts, and leads to heightened levels of mental illness. Just as sudden – and indeed, constant – death results in a state of permanent grief in some communities, so too the constant bullying and 'humbugging' result in a social malaise akin to grief. Mood swings and disorientation, fear and a poor level of response to ordinary events are typical of the low but persistent post-traumatic stress disorder that manifests in these milieux of constant bullying, aggression and humiliation.

Together, intentional and unintentional injuries are the third leading broad cause of Indigenous Australian disease burden (healthy years of life lost due to deaths and disability). Suicide, road traffic accidents, and homicide and violence contributed to more than two-thirds of the Indigenous Australian injury burden. Suicides contributed to one-third of the disease burden.

There is an important qualification that needs to be made about developing cultural continuity. It is that *healthy* cultural continuity, rather than *unhealthy* cultural continuity will improve the socio-economic and health status of indigenous Australians. The isolation of community members from the outside world is a serious problem. Too many young people conclude that the only place

they can live is in an Aboriginal community. Most indigenous people appear to consider their lives normal because of their lack of exposure to life in other families and places, and their general lack of education. In addition, many communities are divided between those who are politically connected and those who are not. The major difference is reflected in access to resources and opportunities, a difference that extends to the lives of children at school. Families of the first group enjoy preferences for work and other pay offs. There is no equity, democracy or valuing of education and training.

It need not be the case that every aspect of Aboriginal tradition is defended as worth retaining, in a Manichean struggle with racist ideology. It is crucially important for the future of the children, and future generations, to cast a cold, objective eye over Aboriginal society. We should be able to rationally and calmly consider the potential benefits that might flow from shortening the funeral 'sorry camp' periods of confinement, or limiting the impact of traditions such as 'house-cursing', and both respect traditions and provide a path to a safe and secure life.

There are communities where a hard-headed approach to neglect and abuse of children is being adopted and is beginning to bear fruit. One of the most

important developments I have observed is the way that leaders in Cape York have dealt with the problem of child neglect. In 2007, I chaired a meeting of Cape York community leaders who were keen to discuss ways families and communities could ensure that children are not neglected or abused. The idea of commissions in each community made up of Aboriginal elders and community people, along with retired judges and others with expertise, was developed by the Cape York Institute for Policy and Leadership at the behest of community leaders. The hearings consider children at risk and design a response that involves the family group and the community in ensuring safety and care for each child. Noel Pearson, Anne Creek, Alan Creek and other leaders proposed the Families Responsibilities Commission as a means of ensuring family and community responsibility through a local court designed to hear cases of child neglect and abuse, and provide remedies. This work required legislative change and political support, and is now operating as the Families Responsibility Commission. This framework has the capacity to undermine both the vertical and lateral forms of violence that have done so much damage. This is a sophisticated response that avoids the dangers of entrenching passivity and dependency. Other interventions are less successful because they do not change the behavior of the individuals involved, but rather encourage health diminishing or life threatening behavior. A

range of researchers in the health social sciences are identifying this risk. MacDonald and others writing in the *Medical Journal of Australia*[8] have noted that

> Community-based nutrition education/counselling and multifaceted interventions involving carers, community health workers and community representatives, designed to meet program best-practice requirements and address the underlying causes of growth faltering, may be effective in preventing growth faltering. Other interventions, such as food distribution programs, growth monitoring, micronutrient supplementation and deworming should only be considered in the context of broader primary health care programs and/or when there is an identified local need.
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> For remote Indigenous communities, development and implementation of programs should involve a consideration of the evidence for potential impact, strength of community support and local feasibility. Given the lack

[8] Elizabeth L McDonald, Ross S Bailie, Alice R Rumbold, Peter S Morris and Barbara A Paterson, Preventing growth faltering among Australian Indigenous children: implications for policy and practice, **In** *MJA* 2008; 188 (8 Suppl): S84-S86, accessed 20 May, 2011: http://www.mja.com.au/public/issues/188_08_210408/mcd11068_fm.html

of strong evidence supporting programs, any new or existing programs require ongoing evaluation and refinement.

Health supplements are essential for the at-risk babies; health and growth monitoring is also essential. However, MacDonald and her co-authors concluded that community feeding programs should only be implemented in situations in which food insecurity is a major problem and in which feeding programs are supported by the local community. Such programs should only be seen as a relatively short-term solution.

And this is the nub of the policy problem in general: how to intervene to improve measurable, identified problems without entrenching passivity and dependency and worsening the situation, or making these expensive interventions permanent. As the Northern Territory Intervention policies are revised to enter a second phase, it is ever more important to follow the lead of the forward thinking Aboriginal leaders in Cape York and the Kimberley who are addressing the problems of babies, children and youth by developing strong community responses to their suffering. They are incorporating the best resources of their own culture and adopting innovative practices from elsewhere. The agency and sense of responsibility of community members is a vital ingredient in their

success. The critical question is: How to involve family and community members in health interventions so that they are taking responsibility for their own health and that of their children? This is far more likely to succeed than the growth in the number of public servants entering the indigenous administration field. It is important to have the best researchers monitoring these developments and continuing to recommend strategies that have not been available to these isolated communities. The sustainability of Aboriginal society and communities will rest on the success of these interventions. Some important improvements are being seen. Understanding the need for them is of the first order of priority.

I have tried to bring my own thinking to these difficult problems, not to discourage you but to show you that our best medical researchers can make a difference. I hope that some of you will join them. I wish you the very best for your future.

Thank you.