

First Nation Building

Vice Chancellor, distinguished guests and overseas visitors, it is a pleasure to be here in a room full of people willing to think deeply about the future and ready to consider what I call First Nation Building. I want to share with you tonight some strategies for change, to bring about an equal opportunity for health and education for all of our children. The truth is that at the moment the First Australians are thought of last. I want you to help change that, so that First Nation Building is seen as our nation's most important challenge today.

After half a century of world wandering I can say to you with considerable confidence that Australia now enjoys a golden opportunity. Most of us have never had it so good. We have close to the very best quality of life, highest home ownership, best health care, education and longest life expectancy among all the countries of the world. As a nation we are clearly capable of meeting any of the most serious challenges we are now facing at home. We have begun long-overdue action to deal with a water crisis. We are aware that terrorism will be with us for decades and we vigorously debate the most effective responses to these challenges. The greatest immediate threat to the well being of Australian society is one within our borders and deep in our heartland.

The world's oldest continuous culture is now facing the gravest threat to its health since the arrival of European born diseases over two centuries ago. This is the front-page story yet to be written. A terrible plague of chronic illness is scything through a whole generation of Indigenous people. "*Syndrome X*" the doctors call it. Literally it is the new '*Black Death*'. Diabetes, end-stage renal disease, strokes, hypertension and heart disease are felling Indigenous people at a terrifying rate.

In the remote communities of the Northern Territory where Ian Thorpe and I were first asked to lend a hand, the median age at death for Aboriginal men is only 46 years. Usually I'm the oldest man in the street. It is confronting. I have seen Syndrome X from Cape York to the Kimberley, from Palm Island to the Pilbara. In so many communities there is a regular procession of funerals, a constant grieving. One after another we watch them fall. These people have not just one chronic illness but two, three and sometimes four. Many of their well-known leaders are seriously ill and close to exhaustion after decades of struggle. Their wisdom and knowledge are being buried as parents and grandparents have their lives prematurely cut short and the half of this population who are quite young children are left without much hope. "How can this be?" Ian Thorpe asked. "And what can we do to help?"

I believe that we must begin by asking our nation to face the truth. Aboriginal health is a genuine national emergency, but we have yet to mount a genuine emergency response. Aboriginal health is now so poor that 45% of Aboriginal men will die before the age of 45. About 34% of Aboriginal women will not reach that same early middle age. So etch this into your brain like the carvings on their tombstones : ***we are letting some Australians die 20 to 25 years before the rest of us.*** Look closer at their graves. Can you

see the National Epitaph we offer Indigenous people? It says ***these Australians are born in disadvantage and die that way.***

This plague of chronic illnesses among Aboriginal people is not the result of a 'genetic flaw', a 'weak gene' or any other variation of that convenient and racist excuse for us failing to deal with this health emergency as it has gathered momentum. Thirty years ago as I filmed for the ABC's 'Four Corners' in many of the American First Nations I heard similar claims that their diabetes and kidney disease also were the result of a 'weak gene'. The truth is far more provocative. A combined American-Australian Research team from Monash University, the Menzies School of Health Research in the Northern Territory and the University of Mississippi has done extensive autopsies on the kidneys of whites, Afro-Americans, Native Americans and Indigenous Australians. What they discovered was that there is a common link among so many people with fatal kidney and heart disease. It crosses over races and has nothing to do with weak genes but it certainly hovers around poverty wherever it's found. The common link is being born a low birth-weight baby.

What the American and Australian researchers have confirmed is that the lower a baby's birth-weight, the fewer nephrons there will be in that tiny kidney. These are the parts that process sugars. After birth you don't catch up on nephrons. The hand you are dealt is what you must get through life with and if you have too few nephrons they try to overcompensate. If the child has poor nutrition, as so many Indigenous children do, and especially if they become obese as a result of bad diet and lack of affordable healthy food, there is a greatly increased risk of scarring and subsequent kidney failure, as well as high blood pressure and heart disease. Now surely here is the key to unlock the mystery of Syndrome X ?

Syndrome X is the result of decades of neglect and inequity. It is the diseases of poverty like scabies that make this epidemic of so-called 'lifestyle illnesses' so much worse for Indigenous people. Untreated skin sores, *pyoderma*, which I see all the time on Aboriginal children, allow streptococcal infections to invade their bodies. This in turn leads to the world's highest incidence of acute rheumatic fever.

Have you ever seen a child with acute rheumatic fever? Maybe not, because it was mopped up in our cities decades ago. But I watched a very young Aboriginal girl pushed in a stroller with her joints all swollen and rheumatic fever raging. This is an entirely treatable and preventable disease but she had no treatment. Monthly injections of penicillin cost only a few cents per dose. But when not treated the worst part of rheumatic fever is that it can attack that child's heart valves and heart muscles and cause permanent, life-threatening heart damage. This is how Syndrome X does it's deadly job, one illness intersects with another, and then another, until there is a sickening implosion, with thousands dying prematurely.

Now we can see the truth that our nation has turned away from. Australians export food to the world but we have hunger in our heartland. Poverty and a lack of affordable, nutritious food have created a Third World level of malnutrition and poor

health among young Indigenous mothers who are giving birth to dangerously low birth-weight babies at double the national average. These dangers are made worse by the harmful effects of smoking and drinking. The pattern of neglect and high risk continues because of a lack of primary health care and effective health education, particularly for very young mothers.

Access Economics estimates that contrary to the widespread misconception that too much is spent on Aboriginal people, they are in fact UNDER-FUNDED in primary health care by about \$452 million a year. Only when they are chronically ill and headed for hospital for costly dialysis and so on does the spending catch up and by then, of course, it is often too late. To ease this health emergency we need emergency primary health care and health education aimed at creating an equal opportunity for a healthy life for the ten thousand Indigenous children born this year. When you bring it down to the future of children you can see where we must start.

Are we going to just turn away in another great Crime of Silence so that by the end of this century the world may look back at our generation and wonder scornfully why we did so little when the oldest continuous culture on earth was so sick at heart? No, because we are one of the richest nations on earth, with all the resources and talent needed to create equal opportunity for all of our children. We need to say to ourselves, *these are our children*. We need to make this personal. Governments - State, Territory and Federal – as well as the Market Place, the Third Sector, even families and individuals, all of us need to make a decision about this, an act of will. At that point we are ready as a nation for First Nation Building and there is a crucial role for the not-for-profit sector.

The blue-print for action I now offer you is not about profit but a sense of personal responsibility. I ask each one of you to make your own assessment of the inequity that remains in our society and then you decide how you will contribute to change this imbalance. I have spent so much of my life documenting tragedies that I know that alone is not enough. I don't consider this work charity or philanthropy. It is a responsibility. I began long ago on this road by listening very carefully to Aboriginal people. I suggest that any effort by the Third Sector should be based on this same clear principle. ***If we are to overcome the Indigenous Health Crisis, we must listen to Indigenous Voices.***

One of our first steps should be to listen to the small but highly knowledgeable group of doctors of the Australian Indigenous Doctors Association for they understand well why their people are dying and what can be done quickly. Australia has just 55 of these Indigenous doctors when we should have 1250 and hundreds more Indigenous workers throughout the health system. I believe the Third Sector should be capable of funding the growth of this professional corps of Indigenous doctors, dentists, nurses and health workers. I can assure you that this group, AIDA, would like to have major financial help for training, mentoring and scholarships for medical students.

At Ian Thorpe's Fountain for Youth Trust we have met and listened to some Aboriginal people who are close to the sickest in this land. Simply on a needs basis we chose to support the Sunrise Health Service Aboriginal Corporation which is delivering

desperately needed primary health care to over five thousand people, Indigenous and non-Indigenous, in ten remote Jawoyn communities to the east of Katherine in the Northern Territory. This part of southern Arnhem Land down below Nitmiluk Gorge also has some of the lowest levels of education and very deepest poverty, with overcrowded housing and massive unemployment all contributing to a life-threatening poverty trap. But I want to explain how even in a zone of terrible distress like this it is possible for people from all sectors to work together to improve the complex health problems that have been caused by many decades of disadvantage.

The Jawoyn Association and its Executive Director, Robert Lee, have made a strong start by building relationships with people capable of fresh thinking, hard working people like the Fred Hollows Foundation who have been on the ground there for five years now. In Jawoyn country both the Federal and Northern Territory Governments recognised that their past policies had not succeeded in bringing equal opportunity for health to these Australians and so they agreed on fresh thinking too, to coordinate their resources and funding for a three year trial. This 'Coordinated Health Care Trial' is reducing the bewildering complexity of medical care for these Aboriginal people. As most of them hardly ever saw a GP or had access to Medicare or Pharmaceutical benefits in the past, they have signed over these previously unclaimed entitlements into a funding pool to help operate the Sunrise Health Service Aboriginal Corporation. The employees of this Health Service are about 60% white and 40% black. They have all worked extremely hard on training, governance and how to cooperate on the front lines of a health emergency. Importantly, because the Sunrise Health Service has well trained Indigenous staff at all levels the communities know that this is a health service where their languages and their health problems will be understood. Each community has a committee that is a vital part of the operation of the Sunrise Health Service. This kind of 'community control' of health programmes is not merely symbolic, it has crucial practical benefits. Harvard University's Indian Economic Development Project, led by Professor Stephen Cornell, has suggested that only where there is significant community involvement in management and decision-making has there been any real progress on health and education in Native American communities.

I should explain that it is this American experience that makes me so confident that we too can make progress on Australia's Indigenous health crisis. While there is still great inequity, poverty and many similar social problems, I have witnessed some extraordinary progress made by Native Americans over the past thirty years. When I began filming in the First Nations their life-expectancy was between twelve and sixteen years behind that of the white American mainstream. Today it is just 3.5 years.

The key to progress was affirmative action to rapidly improve education and their ability to manage community building, or 'First Nation Building' as I have termed it.

When the American Surgeon General, Dr David Satcher visited Central Australia a couple of years back he pinpointed education as the best way to deal with the health problems that afflict Indigenous people in most countries. This works in several ways. Among some remote Aboriginal communities illiteracy is around 93%, but around the

world good science has established that health and life expectancy is closely tied to levels of literacy. Literacy is so empowering because it gives people the belief and the life-skills to navigate out of that maze of bad health. Olga Havnen, the Aboriginal woman who shaped the Fred Hollows Foundation strategy in Jawoyn country, claimed that for every extra year of education you give to a young teenage mother, you may add four years to the life of her child. Around the world most research supports this link : education and health. This is why at *Ian Thorpe's Fountain for Youth Trust* we are providing \$420,000 for a maternal and infant health care education program. We will sustain this support for at least three years and I will be working hard to try to ensure support continues until that child born in Jawoyn country is about ten years old and well on the way to a healthy future. We not only need good strategies for First Nation Building but we need to sustain them. The Third Sector sometimes flirts with bright ideas that produce a great PHD or look good in an annual corporate report. But we need a longer term view, as if we are looking at our own child and calculating just how much support it will take and for how long until this member of our family is safely on their own two feet. All you parents would know that 'quite a while' is always the answer.

Are we letting Government 'off the hook' by funding maternal and infant health education? Well plainly philanthropy in this country will never address that imbalance in investment in primary health care, the under-funding of \$452 million dollars a year for Indigenous patients. The AMA has pointed to an urgent need for more health education but Governments often will ponder decisions about how long money can be provided to sustain this kind of programme.

A collaborative effort creates the right conditions to lead far more people to support the appropriate action. When all sectors work together we encourage society to invest more fairly in Aboriginal health. For example, some government money already goes to the Sunrise Health Service for maternal and infant health education. But our funds let them reach far more people in desperate need. In turn society is encouraged to support health programmes that challenge the conventional wisdom that nothing can be done to stop the collapse of Aboriginal communities. This kind of success can truly overcome our national uncertainty and at that stage First Nation Building will achieve a whole new momentum.

To maintain a strong commitment to First Nation Building it is essential that any Third Sector organisation create a brains trust, a board that shares essential common values and is capable of true creativity. Ian Thorpe's *Fountain for Youth Trust* has on its board, Mark Sheridan, the accountant known for building the John Eales Five brand; Rob Beutum of the IPAC financial advisory firm rated above most of its competition by Choice Magazine; Glen Campbell, NSW General Manager of the cutting edge design firm, Cato Purnell Partners; John Cannings, a senior partner at the law firm, Price Waterhouse Coopers; and always in the boiler room of this merry band of brothers and sisters, you will find Michelle and David Flaskas, the husband and wife management team who have so wisely guided Ian Thorpe's career.

What more can I tell you of why Ian does this? The man's whole life speaks of the values that guide him. He truly believes that he can use every breath to make a difference. It is a vision that all children deserve an equal opportunity for health and education and that many Australians will work for this if we can create clear blue-prints for action. It is our belief that many sectors can work together with Aboriginal people like we do. So we are happy to champion the progress of Aboriginal organisations, medical teams, scientists like Professor Fiona Stanley, the strategies developed by the Fred Hollows Foundation and the important role of private corporations.

A globally respected NGO like the Fred Hollows Foundation has become quite expert at drawing in professional support from companies including VODAPHONE, WESTPAC and especially WOOLWORTHS.

I have come to know and admire the commonsense and clarity of mind shown by the Woolworth's Chief Executive Roger Corbett. Here is one of Australia's most successful and powerful corporate leaders who understands the gravity of the challenge and is willing to contribute in most original ways to First Nation Building. Woolworth's over the past few years has provided crucial support for the Fred Hollows Foundation's store training programme, an important building block to improve nutrition and health.

Training Aboriginal people to manage their community store and introduce fresh fruit and vegetables, fridges and stoves on lay buy, and also to pay real wages, not welfare, is bringing real progress. It sounds basic doesn't it ? But affordable nutritious food in that community store can lead to other important changes.

The Jawoyn Women's Centres prepare school breakfasts and hot school lunches now that affordable nutritious food is there. Anaemia levels are improving and so is school attendance. It was this progress demonstrated by Aboriginal people that encouraged the Federal Minister, Senator Amanda Vandstone to allocate \$1.5 million dollars to expand this type of store training into as many as fifty of the most needy remote communities. So here we have the Third Sector working successfully with a corporate tycoon and a Federal Government minister because they have all listened carefully to Aboriginal advice at the community level.

Some of these same partners, The Jawoyn Association, The Fred Hollows Foundation and Ian Thorpe's Fountain for Youth Trust also are supporting a project called 'Literacy for Life'. This is tackling that 93% illiteracy in the Jawoyn communities. An ANU team of consultants first put in several years of very hard work with the communities on how to improve education in practical ways, with workshops for life-skills and tutoring to improve literacy for all ages. They assessed nationally and globally what had succeeded in other Indigenous communities and staff are now being hired and trained for the many kinds of education needed in the communities.

I think my own young children, Claire, who is now ten, and Will, who is nine, reminded me a couple of years ago how sometimes it is important to just make a start and not to get lost in our grander strategies. My children have seen remote communities and how Aboriginal children are expected to make do without so many of the things we take for granted. But the idea of bookless homes and communities without public libraries was

unsettling to our children who as a birthday present each year get a story I have handwritten for them from somewhere on the road. Claire and Will love books and know that most children try find themselves in these stories. Unprompted by their parents, my children rounded up the first books for the first tin-shed pre-school in Wugularr, one of the Jawoyn communities. Working with a simple list drawn up by an Aboriginal pre-school teacher, Lorraine Bennett, they got whole boxes of the right books moving. And when I say the right books I mean books that Aboriginal children can ‘find themselves in’ like the excellent Indij Readers series produced by the Queensland Education Department and a NSW version, Indij Readers for Little Fullas. These books have what the Aboriginal educator Ernie Grant calls the right framework, a truthful time-line that doesn’t begin with Captain Cook, a context that acknowledges who these children are and of the value of their culture. At one important gathering of virtually the entire Australian bookselling industry I outlined the truth about Indigenous education and mentioned how my children had tried to build a bridge to others that they knew were in need . Soon after that we created a major book project supported by the Australian Booksellers Association and some of our finest publishers like Allen and Unwin and Harper Collins. This is direct action and corporations are very good at it when they are led by CEOs who can imagine just how much more we can accomplish together.

Here in Queensland, over five thousand schoolchildren this year joined in the effort to get the right books to remote communities They registered for the Riverbend Readers Challenge set up by Suzy Wilson, the Queensland Bookseller of the Year. Suzy’s bookshop at Bulimba created a website and a recommended book list from which children read ten books, donate five dollars to the scheme to purchase books for the remote communities, and then Ian Thorpe rewards them with a certificate of thanks. Once more, this is *children building a bridge to other children*. In 111 Queensland schools students have been asking their teachers, ‘How come Australia still has communities that don’t have libraries and some children still don’t have books’? Isn’t this too education in a very hopeful sense?

On yet another front, Ian Thorpe and I are trying to help reduce some of the health problems that afflict Aboriginal children from a very early age and impede their ability to learn. In the Jawoyn communities Ian noticed that so many of the children struggled to hear him and he was distressed to learn that about 80% of these children had serious hearing impediments caused by middle ear infections that had been untreated since infancy. Professor Fiona Stanley’s pioneering work at the Telethon Institute for Child Health Research has shown that introducing salt water swimming pools in remote communities can drastically reduce these ear infections and also the skin sores, the *pyoderma*. This is a strikingly effective scientifically based health intervention that can treat and prevent illness before it becomes life-threatening. We can build Olympic Swimming Stadiums and we can also build salt water pools in remote communities.

Many years ago the late Charles Perkins sat with me at an airport and we talked about *his* dream of building swimming pools in remote communities. The man’s words had great poignancy after his Freedom Rides to those ‘whites only’ pools in towns full of prejudice. But Charles Perkins knew that clean pools would improve the health of all of our children

and the well being of the entire community. You see this too is an Aboriginal idea and I am pleased to say it is one that the Federal Government has embraced as good medicine.

The Federal Government is now contributing to the construction of up to ten 25-metre pools in remote communities in the Northern Territory. At least three more may be built here in Queensland. But I believe we can do far more, in the Kimberley and the Pilbara and many other places. This is a health intervention that Ian Thorpe will happily champion. The Third Sector will be needed to help communities raise the funds, to provide the training and assist with the management of what can become healthy community meeting places, just as Charles Perkins dreamed of when he led the Freedom Rides to those segregated pools of our past.

It is time to bring down the barbed wire that remains. We must end this silent apartheid that keeps us apart.

It is time for a bi-partisan parliamentary effort to end the “institutionalised racism” that allows Aboriginal people to be denied an equal opportunity for primary health care, as well as education, housing, employment and a life of dignity.

It is time to recognise that ultimately only the most urgent investment by us all, Government, Market Place and Third Sector, can change the inequality that has created this health tragedy in our own backyard.

To take action now will define for each one of us what it means to be human, to put the needs of others ahead of seeking more for ourselves and it will define us as a nation that truly understands that First Nation Building is our first priority.

Jeff McMullen – Address to the Queensland University of Technology Centre of Philanthropy and Non-profit Studies Alumni Anniversary Dinner, Hilton Hotel Brisbane, 26th November 2004.

Sources

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