

Healing the hurt

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OPINION by Professor Ian Ring and Associate Professor Jacinta Elston

A NATIONAL Day of Healing will be launched on 26 May — a day that, under the previous title of Sorry Day, has focused on healing the hurt caused by the removal, as children, of Aboriginal and Torres Strait Islander people from their families. Under its new name, it aims to focus on the relationship between Australia's first peoples and the wider community.

This is not to downplay the healing needed among the 'stolen generations'. A survey of Aboriginal child health conducted by the Telethon Institute for Child Health Research showed serious emotional and behavioural difficulties among the children of those who were removed. But, in part, their healing depends on healing the continuing impact of non-Indigenous settlement on Aboriginal and Torres Strait Islander people.

There are many aspects to this healing process, but the medical aspects are crucial. It is now clear that improved health services could lower Aboriginal and Torres Strait Islander mortality by 30% in the next 10 years — as happened several decades ago among New Zealand Maoris, First Nations Canadians, Native Americans and Alaskan natives.

There is broad agreement among medical bodies and Aboriginal organisations that a three-pronged approach is required:

A national Aboriginal and Torres Strait Islander health training program to train Aboriginal and Torres Strait Islander doctors, nurses and allied health workers.

A 10-year building program to improve prevention and early treatment services. Prevention and early diagnosis, especially for mothers and babies, are crucial to overcoming chronic illnesses such as diabetes and heart disease.

Better access to medications. Aboriginal and Torres Strait Islander people have much higher levels of co-morbidity but use medical and pharmaceutical services far less than the rest of the population, in part because they often cannot afford the treatment.

Several health economists have estimated that it would cost a further \$400 million a year to provide these services. This is not a special deal for Aboriginal and Torres Strait Islander people. It would simply provide them with the services that anyone else with the same level of illness would receive. It could be achieved with annual increases of \$80 million a year for five years dedicated to the health of Indigenous Australia.

It is pleasing to see some modest additional steps announced in the 2005-06 federal budget, but even by the fourth year of the new initiatives, the additional funding represents only about one-seventh of the estimated additional funding required. Marginal incremental changes are unlikely to lift Australia's performance in Indigenous health to that of comparable countries. This is an issue more of commitment than of affordability in the context of Australia's overall annual expenditure of more than \$60 billion a year on health.

In recent decades there have been immense improvements in indigenous health in Canada, New Zealand and the US, but Australia has fallen behind. Yet research studies have shown that chronic disease mortality in Aboriginal people can be halved in just over three years.

Australia's non-Indigenous population has experienced extraordinary gains over the past 30-40 years; we now have the knowledge to enable Aboriginal and Torres Strait Islander people to experience similar gains.

The health policies of our governments — federal and state— broadly reflect the right approach, but implementation has been piecemeal, inconsistent and drawn out. Full and committed implementation would substantially narrow the gap between Australia and those other countries in the next decade.

If this were to happen, we would see healing in the relationship between Australia's first peoples and the wider community, and growth in the distinctive contribution of Australia's first peoples to our national life, with immense benefit to all Australians. The National Day of Healing offers an opportunity to advocate for this.

Professor Ring is from the Centre for Health Service Development, University of Wollongong.

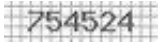
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