THE BEST OF BOTH WORLDS: 
ABORIGINAL HEALTH 
THEN AND NOW

by

John C. Hargrave

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36. The Best of Both Worlds: Aboriginal Health Then and Now, by Dr. John Hargrave. (1993)
INTRODUCTION

The Eric Johnston Lecture series was established to fill a serious gap in Darwin's cultural calendar, since the city had no lecture series dealing in depth with the Territory's culture and history in all its diverse ramifications.

The series was named after the Territory's then Administrator Commodore Eric Johnston. Commodore Johnston himself delivered the first lecture in 1986, and has taken a personal interest in the series ever since.

The Eric Johnston Lectures are delivered annually, in general alternating between a prominent Territorian and a reputable interstate/overseas personality. The topics of the lectures can cover any subject providing the central theme relates to the Northern Territory. The lectures are published by the State Library of the Northern Territory in its Occasional Papers series, and we are optimistic that the ABC will continue its established practice of recording and subsequently broadcasting the lectures.

The Eric Johnston Lectures have already established themselves as a prestigious and scholarly annual event in Darwin and have made a real and lasting contribution to the spread of knowledge on Territory history and culture throughout Australia.

The 1992 lecture was delivered by Dr. John Hargrave, dealing with the history of Aboriginal health and covering the broad expanse of the general social condition of Aborigines in Australia today.

Dr. Hargrave has served for some 37 years in the Northern Territory's medical services. He has travelled widely throughout the Territory to contact virtually every Aboriginal community, and he is especially familiar with those in the Top End. He has seen at first hand the things he speaks about, and he has thought deep and long on the directions Aboriginal policy currently follows.

It is his strongly held and sincere feelings on the subject which have compelled him to express views in this lecture with which many may disagree. However, they are views which must be taken into consideration by the leaders, both of Australian governments and of Aboriginal organisations and communities, if the present parlous state of the Aboriginal people is to be improved, and this is surely a goal to aim at as we move towards the twenty first century.
ERIC JOHNSTON LECTURES

1986
Commodore Eric Johnston
Operation Navy Help: Disaster Operations by the Royal Australian Navy, Post-Cyclone Tracy

1987
Professor Charles Manning Clark
Writing a History of Australia

1988
Dr. Ella Stack
Aboriginal Pharmacopoeia

1989
Sir Edward Woodward
Three Wigs and Five Hats

1990
R.G. Kimber
The End of the Bad Old Days: European Settlement in Central Australia, 1871-1894

1991
Sir Paul Hasluck
Pioneers of Post War Recovery

1992
Dr. John Hargrave
The Best of Both Worlds: Aboriginal Health, Then and Now
THE BEST OF BOTH WORLDS:
ABORIGINAL HEALTH THEN AND NOW
by
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ABSTRACT

Australian Aborigines are far less healthy than their Western counterparts despite political initiatives designed to improve their social and economic status. Epidemics of smallpox and other diseases introduced by European occupation decimated the population in the early days, but they have now disappeared and the infant mortality rate has dropped, only to be replaced by a population explosion of a younger generation ill-equipped to face new challenges to their health imposed on them by the modern world. These include diabetes, respiratory and renal disease, obesity and hypertension, an alarmingly high middle-aged mortality and a host of others. The crux of the problem appears to stem from a radical change in lifestyle (detribalisation), coupled with over-subsidisation of a people with a crying need to earn their own bread. It also stems from the artificial creation of a Third World state, which is almost totally dependent on a First World handout. Successes in the Northern Territory point the way towards a critical acceptance of bicultural development.

INTRODUCTION

When I set out to write this lecture I thought that the issues involved would be straightforward medical problems with scientific solutions. As I became more engrossed in the subject and after I had talked to a lot of people, I realised that most of the issues were not medical at all and that most of the problems could not be solved by Science on its own. It was also obvious that the hopes and aspirations and also the diversity in opinion and in lifestyle between urban and tribal Aborigines made consensus on many issues virtually impossible. My own work has been mainly with tribal Aborigines. Their health is probably more at risk from social change than that of others. I have therefore targeted them in this lecture. I know that whatever I say will evoke some sort of controversy, but I do not intend to echo cliches. Instead I have decided to say exactly what I think without attempting to garnish the pleasant or unpleasant. It will represent but one opinion. Obviously, there is room for a whole range of others. This will please some but will inevitably ruffle the feathers of others. So now, without more ado, I will try to develop a philosophy.

OVERVIEW

None of us can deny that the Western world has made great strides towards better health over the past 200 years. This is therefore a convenient basis for comparison because it corresponds roughly to the span of European occupation of Australia. In theory the Aboriginal world should have done as well. The reality, however, is otherwise - some aspects of their health are better, but others are worse today than they were 200 years ago and the goal of Health for All by the Year 2000 is now nothing but a forlorn hope. This becomes apparent when we look at the statistics.
Northern Territory Aborigines are, on average, roughly three times as likely to die (at any age) than their Western counterparts. This peaks at about 30 to 34 years of age, when their chances rise to ten. Their life expectancy is also lower. In 1969 Aboriginal infants died at a rate of 89 per thousand but this fell steadily (largely through direct intervention) and in 1984 it stood at 23 (still about two and a half times the national average). Aborigines generally have a higher (and in most cases a very much higher) mortality rate from all causes except from neoplasms (although cervical cancer in women is almost 6 times the national rate). They also have a higher (and ever growing) incidence of circulatory disease, renal disease, obesity and diabetes (with all their complications) and are more likely to die from injuries or motor vehicle accidents. There are also more alcohol related deaths. The crude birth rate and the neonatal death rate are higher, the stillbirth rate is almost 3 times and the infant mortality rate about 4 times that of non-Aborigines. Nutritional deficiencies in infants under 5 years of age are also up. Infections, respiratory and parasitic diseases are much more common, and leprosy and tuberculosis were once almost exclusively Aboriginal diseases. Sexually transmitted disease is much more prevalent; HTLV1 (a viral disease) is many times more common; AIDS is as yet an unknown quantity, but when it does appear it has the potential for devastating consequences. Trachoma and middle ear disease are rife, and although trachoma no longer causes so much blindness, it still has serious sequelae.

Added to this are the stark facts that, as an Aboriginal, your education (traditional or otherwise) may not fit you for a job (even if there was a job available) and your living conditions (with but few exceptions) are definitely substandard. These are facts, but whether Aboriginal Australia sees them in the same light is another question. Most Aborigines from Arnhem Land, for instance, would say that they are healthy and that they live happy and contented lives despite what we may see as massive problems.

**POLITICAL INITIATIVES**

Granted that there are in fact some problems, whatever the Aboriginal world may feel, many people (and particularly politicians) see political initiatives or intervention as the best or even as the only strategies available. Thus, over the last 20 years or so we have watched over the advent of Land Rights, equal wages, political emancipation, acceleration of the Outstation Movement, a spate of Independent Health Services, local councils with considerable power (even though they are often composed of the younger and more vocal members of the tribe, but not necessarily those with the traditional clout, so that they are not always truly representative), self-determination, the promise of a Treaty, innumerable conferences and Parliamentary committees, a National Aboriginal Health Strategy, the foundation of ATSIC, high-powered research, condemnation from the World Council of Churches and vast sums spent on welfare. But when all is said and done - have all these strategies changed the status quo? Are our attitudes today really more enlightened than those of our predecessors, or conversely were our predecessors less perceptive? Are Aborigines more healthy? Are they better educated and more self-sufficient than they were? Do they play a significant role in world affairs? Are they happy and contented? To answer some of these questions, we should look back to what the situation was 200 years ago.
THE INVASION OF AUSTRALIA

Like England about 1,000 years ago, Australia was also invaded, but much more recently. Given what the world was like 200 years ago, I think that this was inevitable and, as with many other countries, a lofty isolation from the outside world became increasingly difficult and ultimately impossible as time went by. Indeed, one of the chief reasons why the Australian Aborigines actually lost their country was because of this very isolation, which left them ill-equipped to face the modern world. They were, of course, also technologically disadvantaged. But there were other reasons, foremost of which was probably the fact that they had never been united as a Nation and were thus in no position to negotiate a truce. Nor did their tribal structure embrace a Chief. No-one will deny that there was a remarkable similarity in the race throughout the continent, but the political reality was that they were just a loose confederation of independent tribes, most of whom were foreigners to each other, and some were enemies. To add to this concept of disunity, we can also theorise that they themselves may have occupied the continent in successive waves of different peoples and that waves of Aborigines may have displaced other Aborigines who arrived before them. This is not impossible, because even in quite recent times some tribes have invaded lands of other tribes and Collins saw inter-tribal warfare and disharmony some 200 years ago. He said:

*It was almost daily seen, that from some trifling cause or other they were continually living in a state of warfare*

So I repeat that Aboriginal Australia had never been united as a 'Nation'. That concept was soundly put to rest early in this century. It did not mean that the continent was unoccupied or *terra nullius* (because there can be no doubt that all the hordes and all the tribes did indeed at one time own their land) - it merely meant that the tribes were not united and that they did not speak a common language. They also lost their land because their lifestyle (which was necessarily non-materialistic) was in sharp contrast to that of the settlers from the West, so that the invasion inevitably resulted in the clash of two diametrically opposed cultures. We can speculate about what the outcome might have been if another race had occupied Australia, (and a lot of people feel that the Asians would have done a better job) but if the attempted Japanese invasion in 1942 is anything to go by, then the result could well have been much worse.

Isolation from the rest of the world also left the indigenous population susceptible to introduced disease which decimated their numbers in the early years. Over the last 50 years or so, however, (or longer as far as smallpox is concerned) this trend has been reversed and disease control (largely Western) has been more effective in turning back the tide, leading to a large blowout in population, in turn putting new pressures on the land. Population pressures now make tribal life increasingly difficult and less sustainable and have led to a burgeoning (but inevitable) Westernisation and detribalisation so that while some aspects of health have improved, there has been a slow but sinister change in the pattern of disease coupled with an abnormally high population growth. This sort of mix has the potential to produce more people with
worse health, less resources, a poorer lifestyle and a tendency to middle-age 'dropout'. It is an explosive combination which may now pose an even greater threat to health and welfare than the arrival of the First Fleet.

EARLY OBSERVATIONS

Dampier was one of the first Europeans to express his opinions on Australian Aborigines long before there was any talk of foreign occupation. In our eyes, his comments (made in 1688) may seem out of place today. Although unpopular, they are important because they are some of the earliest written observations on record. He said:

*The Inhabitants of this Country are the miserablest People in the world....And setting aside their Humane Shape, they differ but little from Brutes....Sometimes they get as many Fish as makes a plentiful Banquet; and at other times they scarce get every one a taste: But be it little or much that they get, every one has his part, as the young and tender, the old and feeble....There is neither Herb, Root, Pulse nor any sort of Bird or Beast that they can catch, having no Instruments to do so.*

In essence he described what we now know as a race of hunter/gatherers, but he failed to grasp the significance of his observations, nor were they entirely accurate. He saw a race that had evolved over countless generations to cope successfully with an extremely harsh environment; a race that had perforce developed in unique harmony with the land as a means of sheer survival (albeit with different hopes and aspirations from those they hold today); a race without cultivable plants or domesticable animals (apart from the dingo); a race forever on the move in the never-ending quest for food; a race for whom housing was impracticable and worldly goods a burden. Food had to be eaten as soon as possible; sharing was an everyday necessity and the incentive to hoard was therefore nonexistent (exactly as it is today). Apart from some trade in Pituri or spears and other goods of a strictly portable nature, their whole lifestyle was the direct antithesis to that of the highly materialistic settlers who were shortly to pour in from the West.

THE ARRIVAL OF THE FIRST FLEET

Presumably the situation had remained unchanged that way for thousands upon thousands of years and another century went by before the First Fleet sailed into Port Jackson in 1788. For Aboriginal Australia that was probably the most cataclysmic event that it has ever had to face throughout its entire history. Change swept across the continent. Bennelong merely made the matter worse when he first sat down to supper with Governor Arthur Phillip but he set in train a process of detribalisation that has continued relentlessly for the past 200 years. Phillip's intentions were genuine and his instructions from King George III were concise and clear:

*You are to endeavour by every possible means to open an intercourse with the natives, and to conciliate their affections, enjoining all our subjects to live in*
amity and kindness with them. And if any of our subjects shall wantonly destroy them, or give them any unnecessary interruption in the exercise of their several occupations, it is our will and pleasure that you do cause such offenders to be brought to punishment according to the degree of the offence. You will endeavour to procure an account of the numbers inhabiting the neighbourhood of the intended settlement, and report your opinions to one of our Secretaries of State in what manner our intercourse with these people may be turned to the advantage of the colony.

So, just a few days after the arrival of the First Fleet, Post Captain Hunter and Lieutenant Bradley set out to explore Port Jackson:

we had frequent meetings with different parties of the natives, whom I found at this time very numerous.

Hunter described their appearance and their customs in detail, their weapons and their hunting practices, and then went on to the Cape of Good Hope. On his return in 1789 he called on Governor Phillipp. There, to his surprise, he meet Arabanoo, an Aboriginal of Port Jackson, who was drinking tea with the Governor. Arabanoo had not long been captured:

the governor having found that no encouragement he could give the natives would dispose them to visit the settlement of their own accord; this method he had therefore determined upon, to get one man into his possession, who, by kind treatment, might hereafter be the means of disposing his countrymen to place more confidence in us.

Hunter found Arabanoo:

a very good natured talkative fellow; he was about thirty years of age and tolerably well looked.

and he went on to say:

I expressed, when at the governor's, much surprise, at not having seen a single native on the shore or a canoe as we came up in the ship; the reason of which I could not comprehend, until I was informed that the smallpox had made its appearance, a few months ago, amongst these unfortunate creatures, and that it was truly shocking to go round 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. As we had never yet seen any of these people who have been in the smallest degree marked with the smallpox, we had reason to suppose they have never before now been affected by it.

Unfortunately Arabanoo, too, died of smallpox just five months after he was captured. Captain Watkin Tench noted that:
The governor, who particularly regarded him, caused him to be buried in his own garden, and attended the funeral in person.

Fretting over his early loss, Phillip sent Lieutenant William Bradley out again for some replacements:

Intercourse with the natives for the purpose of knowing whether or not the country possessed any resources by which life might be prolonged, as well as on other accounts, becoming everyday more desirable, the governor resolved to make prisoners of two more of them.

Bradley and his party returned with two Aboriginal men they had captured at North Cove. They were hauled back to the settlement where they were met by Nabarry (Nanbaree), another Aboriginal who had been brought in earlier following the smallpox epidemic. Nabarry promptly called them by their names: Colbey and Benallon.

Bennelong's subsequent fortunes and misfortunes following his capture bear such a striking resemblance to what we see in Arnhem Land today that a glimpse at his colourful life is still rewarding.

By any standards, he was quite remarkable. When captured he was about 25 or 26 years old. Not surprisingly, he was at first withdrawn, but after Colbey decamped, Bennelong's disposition improved. Hunter described him as:

a very good looking young fellow, of a pleasant lively disposition.

Tench said:

Banellon we judged to be about twenty-six years old, of good stature, and stoutly made with a bold intrepid countenance, which bespoke of defiance and revenge

and, when speaking of both Colbey and Bennelong:

Positive orders were issued by the governor to treat them indulgently.

Phillip did indeed treat Bennelong with every indulgence: not only did he eat what the Governor ate, but he:

would drink the strongest liquors, not simply without reluctance but with eager marks of delight and enjoyment. He was the only native we ever knew who immediately showed a fondness for spirits.

However, although he appeared content while living at the settlement, he also decamped one night and was not seen again for more than nine weeks. His reunion, however, was cordial enough and he showed every sign of pleasure at renewing acquaintances with his former friends - he was:
warm hearted and spontaneous... When Baneelon was told that the governor was not far off, he expressed great joy, and declared that he would immediately go in search of him

and he soon became

a man of so much dignity and consequence, that it was not always easy to obtain his company

and when the settlement experienced serious food shortages:

Our friend, Baneelon, during this season of scarcity, was as well taken care of as our desperate circumstances would allow.

Tench thought that:

His powers of mind were certainly far above mediocrity. He acquired knowledge, both of our manners and language, faster than his predecessors had done. He willingly communicated information... Love and war seemed his favourite pursuits; in both he had suffered severely.

He had several spear wounds and also a wound on the back of his hand, and when asked about it:

He laughed and owned that was received in carrying off a lady of another tribe by force. "I was dragging her away: she cried aloud and stuck her teeth in me", ..."I knocked her down, and beat her till she was insensible, and covered with blood."

Not surprisingly, Bennelong's fortunes rose and fell over the ensuing months.

There were violent scenes followed by lies, recriminations, charm and then conciliation.

Hunter said that:

Governor Phillip began to suspect, though very unwillingly, that there was a great deal of art and cunning in Bennelong.

Poor health forced Phillip to return to England in 1792. With him went 'voluntarily and cheerfully, two natives of the colony - Bennelong and Yemmerrawannie.' They arrived in England in May 1793 and were presented to the King. Yemmerrawannie died in England and Bennelong returned to his native land in 1795. After that his ups and downs were extremely volatile. He started on a slow decline.

Still:
He was attentive at table, particular in his dress and showed no inclination to renounce the habits and comforts of the civilisation...he appeared so readily and so successfully to adopt.

But Collins chronicled his fate - Bennelong frequently fought, abducted women, came under the protection of Governor Hunter, speared a Redcoat and generally became:

a most insolent and troublesome savage. Added to his natural brutality, he was now become so fond of drinking that he lost no opportunity of being intoxicated, and in that state was so savage and violent as to be capable of any mischief.

Isadore Brodsky, however, who has written an eloquent narrative of his life, notes with a certain wryness that he was described, in turn, in a multitude of contradictory epithets as:

sullen, cheerful, pliant, lively, intrepid, defiant, revengeful, eager, receptive, intelligent, resourceful, ingenious, deceiving, furious, melancholy, warm hearted, humourish, coquettish, determined, resentful, vain, mimicking, dignified, inconsistent, tender, violent, compassionate, unpredictable, solemn, manly, insolent, savage, artful, cunning, jealous, polished, ungrateful, hateful, troublesome, brutal and drunk.

Bennelong's downfall was swift, steady and relentless. By the time he had passed 40 years of age he had lost his charm for women. Despised, because he was a 'drunk' and shunned because he was a nuisance, he developed into a pitiful 'dropout' and died, alone and forgotten, at Kissing Point in 1813. A century and a half went by before we recognised his fame.

The story of Bennelong's life is a poignant and colourful backdrop for Aboriginal health today. The sad thing about it is that it could just as easily happen in the 1990s as it did 200 years ago. For Bennelong the result might well be just the same if his life were re-enacted now.

POPULATION TRENDS

No-one knows exactly what the Aboriginal population of Australia was when the First Fleet arrived. No-one knows exactly what it is today. One of the problems is that although there is a modern definition of An Aboriginal there is none that suits all purposes. This throws some population estimates into doubt. The most respected estimate of the original population is that of Professor Radcliffe-Browne, made in 1930. He thought that it had probably been in the vicinity of 250,000 to 300,000 or more at the time of the first white settlement. One of his estimates was based on the premise that there were at least 500 languages with not less than 500 people in every tribe. He put the Northern Territory population at 35,000, which is roughly what it is today. It is easy nowadays to argue that his estimates were wrong. If it suits your purpose to see them higher you can always advance cogent arguments in your favour,
while your opponents can just as easily do precisely the opposite. Both arguments are used politically. Those who say the estimate was too low, argue that white settlement was wholly bad (even if inevitable). On the other hand, the irony is that if all the people who presently claim Aboriginal descent (however slight) are counted, then the projected population will soon rise well above Professor Radcliffe-Browne's original estimate and white settlement could then be interpreted as successful (at least by one criterion). Professor Blainey says that some recent estimates put the original population at 700,000 and one million. On the other hand, Baldwin Spencer, who wrote extensively on the Northern Territory in the early part of this century, said in 1914 that:

"It is simply impossible to make any, except a most vague, estimate in regard to the numbers of the natives in the northern part of the Northern Territory. Down in the MacDonnell Ranges the old Arunta tribe is practically decimated, and the same is true of others in the north, such as the Larakia, Warrai, Wulwullam; more especially is this true of those who have had the misfortune to come into close contact with the Chinese working on the gold fields. (He was not so critical of the Chinese themselves but of the effect they had on tribal life.)"

and the Reverend George Taplin noted in 1879 that:

"the Narrinyerri exhibit no signs of becoming extinct just yet"

and he went on to say that their population was about 3,000 in 1840 but had fallen to just 613 by 1877. His expectation seems to have been that they would indeed eventually become extinct, but this view was common at that time.

The Horn Scientific Exploring Expedition to Central Australia in 1894 also saw that:

"Where not long ago they comprised hundreds they will soon be represented by units."

Tindale says there were always marked fluctuations in the population, both up and down, depending on the seasons. Drought caused regular migrations and it probably also limited the population as well (Benny Japaljari, for instance, recently complained that people were often hungry in the desert - with the clear implication that this affected population density).

As we will see, however, early epidemics of smallpox and influenza exacted a heavy toll on the population, but that is certainly not the case today. On the contrary, the tribal population in the Northern Territory has grown steadily by natural increase at a rate of roughly 2% per year and over the past 35 years has more than doubled. This is well above the national average. In addition, the population pyramid amongst Aborigines is heavily weighted towards a much younger population. However, we may not gain much from speculation about size of the original population - that is, whether Professor Radcliffe-Browne's estimate was too low or too high. What we are
concerned with now are reliable indicators of health, welfare and lifestyle. We know with certainty that the early epidemics were disastrous and hopefully we have learned a painful lesson from them but the past cannot be changed.

ABORIGINAL AUSTRALIA TODAY

But, who are the modern Aborigines? That depends on where you come from. The people of Aboriginal descent from Sydney bear no resemblance to Bennelong or Arbanoo. Without mincing words, they are for the most part a brownish (or nearly white), urbanised people who have forgotten their language and know little of their past. By way of sharp contrast, the tribal Aborigines from Arnhem Land are clearly Aboriginal; the dialects they speak are their own and English is a second language. They know their past, they have retained their culture and they own their land. Between the two extremes, across Australia, is a spectrum which ranges from the totally detribalised or urbanised to those with clear identity. This present-day diversity often makes a decision that is acceptable to one group totally unacceptable to another, and, since there is no truly credible national spokesman who represents all groups, this makes the problem still more complex. To be sure, there are influential leaders, but as yet, the modern Aboriginal equivalent of Gandhi has failed to emerge. The nearest we can come to Bennelong today, or even in the recent past, are the Aborigines who flocked into Maningrida from the bush in 1957 and the Pintubi we saw at Lake McKay earlier that year. CAAMA has produced a film that eloquently documents the change in the fortunes of the Pintubi. Baldwin Spencer saw much the same earlier this century, and more recently, Hugh Barclay, on an expedition to the Warburton Ranges in 1931, thought they were:

splendidly built... bush natives, and all were absolutely naked save for a narrow girdle of hair around the waist - they were: A proud self-supporting group.

Overall, however, there has been a progressive detribalisation with consequent loss of identity (and we have seen it happen even in the Northern Territory) so that whether we like it or not, modern Aborigines are enormously diverse, with widely differing appearance, opinions, hopes and aspirations. This present-day diversity makes their chances of becoming an identifiable 'Nation' slimmer now than they were 200 years ago and a 'Treaty' ever more likely to be a divisive issue.

HEALTH AND DISEASE

I have already commented on the awesome health statistics that challenge Aboriginal Australia today, but there is no doubt that Australian Aborigines have always led a very spartan life especially prior to European settlement and more so in the desert. There is also no doubt that they had adapted superbly to their harsh environment. Furthermore, there is no doubt they were free from some very lethal diseases. As we will see, smallpox and influenza wrought a heavy toll and so did other introduced disease. But we cannot say with certainty that they were free from all disease. Malaria and yaws, for instance, almost certainly preceded European occupation and
the environment itself probably also limited the population. Life in pre-European
times might have been idyllic in the eyes of some, but viewed by modern standards
was far from perfect and it is doubtful if more than a handful still want to live exactly
as they did before.

SMALLPOX

Smallpox was the great killer in the early days. Hunter documented the original
epidemic at Port Jackson in 1789. In subsequent years, however, there is abundant
evidence of other devastating epidemics, not only of smallpox, but of influenza and
measles also, all of which decimated the population. Professor Cleland came to the
conclusion that smallpox had been introduced into the Aboriginal community on
several occasions - from Europeans in the south and from Malays (Macassans) along
the north coast (but more of that later). He thought that because of their lack of
immunity originally, and relative immunity later, there were at least three main waves
- at Port Jackson in 1789, at Port Phillip in 1803 and at Raffles Bay before 1828.
There are plenty of other references to smallpox - for example on the River Murray in
1818, in Queensland in the 1830s and in Western Australia in the 1850s.

INFLUENZA

The other scourge was influenza. It was also introduced. There are repeated
references to the devastation that it wrought. Sometimes it exacted a very heavy toll,
with some 25% to 50% of Aboriginal populations succumbing in its path. One of the
most disastrous epidemics occurred in 1919 although Basedow said that another
epidemic killed half of the population of the York district in 1865.

MEASLES

Measles was also devastating, but was probably not as bad as smallpox and influenza.
It was recorded in Darwin in 1912 and spread to Melville Island. There was also
another severe outbreak in 1919/1920 at Koonibba in South Australia, and, before
measles vaccination was introduced, there are those of us who still remember its
severity in Aboriginal communities to this day.

SYPHILIS, YAWS AND DONOVANOSIS

Early reports suggest that syphilis was rife. But were they right? According to
Basedow, an eminent physician/anthropologist, Captain Charles Sturt, when exploring
the Murray River in 1830 said that:

> Syphilis rages amongst them with fearful violence; many had lost their noses,
and all the glandular parts were considerably affected.

And Professor Stirling, who was on the Horn Scientific Expedition to Central
Australia in 1894, thought that syphilis was extremely common. Basedow
documented venereal disease at the Finke River Mission in 1920 but he also realised
that there was no *tabes dorsalis* or other signs of tertiary syphilis commonly seen in Europeans (apart from sabre shin, boomerang legs and 'saddle-nose'). Far earlier than this, however, Cadell, on an expedition to Arnhem Land in 1867 and 1868, says:

*Arnheim's Land had not any disease peculiar to it.*

But later, in his diary he notes:

_During the journey Calilly had been descanting rather freely on the beauties of his tribe; we were not over agreeably surprised, therefore, when many of them appeared without noses. This I at first attributed to syphilitic causes, but on since describing the symptoms to the doctor, he was of the opinion that it was lupus they were affected with. I feel confident that he was correct in his judgment, as the disease is not uncommon amongst the natives of the neighbouring islands._

Nowadays these observations lead us to a different conclusion - that there were two different conditions but they dubbed them both as one. What they probably saw were both yaws (framboesia) and Donovanosis. Yaws was common throughout the length and breadth of the Northern Territory until the late 1960s, when the last cases were seen. Following the eradication of yaws, syphilis (a related organism) moved in. Donovanosis, however, is still around. Donovanosis and yaws probably both predate European occupation. So where did they come from? The question is often asked: _'What did the Macassans bring with them?'_

**THE MACASSANS**

Overall, Macassan influence was good. They never settled permanently, but they came down regularly for several hundred years in search of Trepang. Like the Japanese pearlers, who came later, they were itinerants and like all itinerants they left their genes behind. So what they really brought with them to northern Australia was genetic diversity and this produced in many cases some remarkable instances of hybrid vigour. Professor Cleland thought they may have introduced smallpox but the stigmata of smallpox and of yaws can be confused. They did not introduce leprosy, but may have brought yaws, Donovanosis and malaria. According to Professor Black, malaria was already present in Australia prior to European occupation. It wreaked havoc on the early settlers but was eradicated from the Northern Territory by mass treatment in 1962.

**LEPROSY AND TUBERCULOSIS**

Leprosy was introduced from several different sources. It came to the Northern Territory towards the end of the nineteenth century, mainly from South East Asia, and to Queensland from the Pacific and from South East Asia somewhat earlier. It was out of control until the mid 1960s but a concerted case-finding program, active treatment and the abolition of isolation (which was counterproductive since it made infectious patients hide) all resulted in the virtual elimination of the disease apart from
a few new sporadic cases nowadays. Reconstructive surgery, to correct deformity, was important to leprosy control because it gave people hope and was targeted at destigmatising the disease. It attracted patients who would otherwise have hidden in the bush. There are still some 600 cured cases of leprosy in the Northern Territory and they still need supervision. Poor surveillance at this stage could cause a recrudescence. This happened when tuberculosis surveillance was neglected in the 1980s, resulting in problems in the 1990s. The story of tuberculosis is similar to that of leprosy. It was introduced in the north in the late 1880s from gaol inmates and somewhat later in Central and Southern Australia.

ALCOHOLISM, PETROL SNIFFING AND KAVA

Alcoholism is common in all ethnic groups and in all of them it exacts a heavy toll. Petrol sniffing, more seriously however, has reached epidemic proportions amongst children on some Aboriginal communities. It is clearly a symptom of the breakdown in tribal authority which has not been successfully or adequately replaced by any modern structure. Kava was introduced from Fiji much more recently to wean people from alcohol and is now apparently out of hand. However, although it may have some deleterious effects, it is still arguable that it is worse than alcohol abuse. Rehabilitation of people disabled through substance abuse (by alcohol, petrol sniffing, Kava or whatever) is particularly difficult because, in this particular case, it often represents an attempt to rehabilitate them back into a society which is itself disabled.

HOOKWORM

Hookworm has had an unquantified morbidity. Basedow said that 80% of the Aboriginal population in the north were infested in 1932 and the situation remained unchanged until comparatively recently. The advent of effective medication resulted in a sharp fall in prevalence, but improved hygiene probably had little to do with the final outcome.

DIABETES

Diabetes occurs in roughly 3.4% of Australians of European descent but in Aboriginal communities it is 2 to 6 times higher, being highest in those that are the most Westernised. Dr. Kerin O'Dea, in an elegant study of the effect of Western-type diet on the health of Aborigines, postulates that the lifestyle of the traditional hunter/gatherer predisposed him to maintenance of an insulin resistant metabolic state as a form of survival, but this in turn predisposed him to obesity and diabetes when he changed to a Western type of diet, so that the incidence of diabetes (non-insulin dependent) is therefore far greater than that of his Western counterparts on a similar diet. Dr. O'Dea also showed that this type of diabetes was reversible on return to a traditional type of diet, but noted that measures to prevent diabetes through this mechanism were unlikely to be successful unless implemented at a grassroots community level. There is objective evidence, however, that this can be done. People at Minjilang planned a strategy that effectively changed their diet with a gratifying outcome. But even that was heavily dependent on Western technology.
AIDS

I have left AIDS until last because, as yet, we do not know the outcome. There is no question that AIDS (after war and famine) poses one of the most serious threats to Mankind this century. So far, however, it has had little impact on Aboriginal communities, but, if it follows other world-wide trends, there is no reason to think that they will be spared. On the contrary, with high rates of genital herpes, gonorrhoea and syphilis (even Donovanosis) and HTLV1 infection, AIDS is more likely to make a greater impact on them than on other ethnic groups.

These are some of the specific issues, most of which are quite straightforward. Less specific and less readily appreciated are the impact that housing, jobs and education have on health.

HOUSING, JOBS AND EDUCATION

When most people talk of Aboriginal health they tend to blame housing as the number one offender (and when we talk of housing, I am assuming that we include water supply and hygiene). With isolated exceptions (notably on some missions, where genuine efforts have been made to use local materials), housing is generally definitely substandard. The hunter/gatherer, however, had no permanent houses. It should come as no surprise, then, that Government-funded housing has been an almost universal failure and will remain a very expensive failure in the years to come. Houses not built by and not planned by Aborigines for themselves and, more importantly, not paid for by their owners are more likely to be a health hazard than a cure for ills. In most cases they would be better left unbuilt. They can be built by Aboriginal communities, of course. Bunbaijung built most of the houses at Galiwin'ku in the early days. But housing, if it is to be successful, must be a local responsibility and be built and paid for by local people. Western-style houses (if people really want them), as with other Western commodities, are part of the price-tag attached to Land Rights and other so-called 'benefits'.

A similar situation applies to jobs. At present there is a whole army of Western 'advisors' - Western mechanics, Western teachers, Western nurses and so the list goes on. But there are presently many jobs on Aboriginal communities that are farmed out to European contractors that could and should be done by the communities themselves, and hundreds of lost opportunities that could go a long way towards easing unemployment and giving life some meaning. There are many instances also where communities who invest in various commercial enterprises fail to run them independently but employ outsiders to do things they could just as easily do themselves. The fruits of these enterprises then represent a hunting and gathering exercise but the results are a disaster in the modern context. In other words, if you want to survive and to succeed in the modern world then you must be prepared to roll up your sleeves and do things for yourselves. It is not so much that political intentions are not good, nor is it that this army of 'advisors' is not dedicated, but simply that the outcome does not always match our expectations.
Education, which should be everyone's birthright, has suffered with every change in policy. Eric Wilmot says that the worst disfavour we can inflict on anyone is to deny him or her a modern education. Certainly there is a higher retention rate amongst southern Aborigines in the schooling system nowadays than there was before. However, in the north, there has been change after change in policy. The Missions made serious attempts to learn, to communicate in and to document local dialects; then we adopted English as the first language; then there was a return to local language teaching in the schools. Somewhere along the way we had a notion that labelled any Western education as unnecessary or even harmful (and there were protracted periods when many children had no education of any sort - traditional or otherwise); then we had demands for a return to tribal law (and lore). What all of this achieved is hard to comprehend. The result as far as education went (with relatively few exceptions) was just a shambles.

Added to this there is still an unstated policy of 'reverse apartheid' (which most people find highly unacceptable). It has led to a situation where it is almost impossible for the average person to mix on a day-to-day basis with Aborigines in their own environment (with the notable exception of the Tiwi). 'Reverse apartheid' is counterproductive to a broad education and seems very strange in the eyes of Africans. They see it as a deliberate segregation of Aborigines on reservations, although we know that this is certainly not the case. Education need not be synonymous with loss of culture. India and Japan and China and Kenya, and a host of other countries, all have an educated elite and all an educated middle class - even the poorest do not reject the chance of education - but none have lost their culture or identity. This seems to be an all-pervading fear as far as the Aboriginal world is concerned, and I think it is their loss. Jomo Kenyatta summed up the situation when he said:

Our children may hear of heroes from the past. Our task is to make ourselves architects of the future - and by that he implied the need for education.

I have deliberately highlighted some of the more pressing problems of Aboriginal health. They confirm the fact that Aborigines are clearly far less healthy than their Western counterparts, but, as I said before, that may not be the way they see it. Despite ominous predictions, there have been many important achievements in the health arena. A whole range of communicable diseases can be prevented by immunisation nowadays. This pays off and should be pursued relentlessly. Although it may be seen as a form of health that is 'imposed', its ends justify its means. Leprosy and tuberculosis can be controlled. Trachoma is much less severe than it was a few decades ago and medication and hygiene are successful in reducing its sequelae. The incidence of middle ear disease may possibly be reduced by early intervention. The infant mortality rate has fallen dramatically through direct intervention. The pandemics of smallpox have disappeared; influenza no longer carries the heavy mortality it once did, and hookworm and malaria can be eradicated. As with immunisations, most of these programs have succeeded because they have been 'imposed'. Health that is actually imposed on people and other sorts of intervention all have the potential to achieve positive results. By way of sharp contrast, most present
day Aboriginal morbidity and mortality exists because of social problems and because of environmental factors (because of a change in lifestyle or, in other words, because of detribalisation). The knee jerk responses that have been adopted (especially by various Federal Governments) to effect a cure have generally failed either from lack of understanding or because they have failed to address the basic issues.

THE UNSOLVED PROBLEMS

The unsolved problems - diabetes, hypertension, renal disease, obesity, nutritional disorders, venereal disease, middle ear disease and others are still here - indeed some are even getting worse. Housing, poverty, lifestyle and education compound the problem. Renal disease will soon cost a fortune both in dialysis and in transplants (although some communities see this also and at Bathurst Island the Tiwi have taken matters into their own hands in an attempt to solve the problem). But in the end, The World Council of Churches is right when it says that Aborigines live in appalling conditions. A glance at most Central Australian communities will confirm the apathy, squalor and inactivity that resemble disaster zones in Third World countries. But the reasons are not so obvious. Although there is a clear will to succeed on the part of black and white alike, the solutions remain tantalisingly elusive. Political intervention has not always changed the situation. Moves intended as a panacea include:

1. Land Rights
2. Self determination
3. Mining rights
4. Councils
5. The Australian Institute of Aboriginal Studies (as it was originally named)
6. The formation of ATSIC
7. The Outstation Movement
8. The promise of a Treaty
9. A National Strategy for Aboriginal Health
10. Massive Commonwealth funding
11. Independent health services
12. The training of more Aboriginal health workers
13. Research.

Taken one by one we may well wonder why they have not worked. The Land Rights Act (enacted in 1976) was a benchmark decision, especially for the Northern Territory. It ensured inalienable title to tribal land and theoretically, at least, a source of livelihood. Today, some 16 years after the initial legislation, all disputes should have been settled and the councils, which still initiate new claims, should have been disbanded. Instead, vested interests have ensured their survival so that they drag on, a perpetual reminder to the fact that we are still in conflict. There is no question that everyone needs land. There is also no question that everyone needs legal title to it. But in effect, the Act ensures that it is only people who qualify as the 'Traditional Owners' who hold the title. In tribal life everyone held title or at least access. The task of determining, in the future, who exactly constitutes the 'Traditional Owner' or owners may well prove to be a political minefield or, at best, a nightmare. It has the
potential to ensure ongoing poverty for some groups. In fact, it is axiomatic that more people must become relatively poor under the Act as it stands at present. In Arnhem Land (which should belong to all Aborigines who regard it as their home) and elsewhere, there are already the 'haves' and the 'have nots' and the latter voice rumblings of discontent.

The Land Rights Act also grants inalienable title to land forever. That could be contrary to national interests under some circumstances. It could also be counterproductive to Aboriginal interests. Not only does it have paternalistic overtones (in other words it assumes that Aboriginal people are less responsible than others and that they might squander their inheritance if it were not protected under law), but it could also tie people permanently to land they might really prefer to trade for a different lifestyle. There should be the right to choose, and the right to choose effectively endorses faith in Aboriginal maturity.

However, whatever the outcome of that issue, what the Act ought to mean in practical terms is that title to land implies that if you own sufficient land then you should support yourself from it. This, in theory, is the price-tag attached to Land Rights - and if you want Western technology, then you have to pay for it. If you own your own land and receive substantial mining royalties, for instance, then the rest of Australia owes you nothing. But what is fact?

In Arnhem Land, which has never been invaded, it is still possible to live as a hunter/gatherer. Some people still do that, particularly on the Outstations. The situation there has a lot in common with an autonomous Aboriginal territory (which, if it existed, would carry special responsibilities, but a separate territory would not be a happy mix with our projected multicultural society for which the rest of Australia strives so hard). By way of contrast to Arnhem Land, on the vast tracts of the semi-arid Central Australian reserves, vehicles, guns and a population explosion have made a similar lifestyle no longer possible. The day of the 'noble savage' there has long since passed. There is simply insufficient game to support the ever growing population. Even cattle stations bought for and by Aboriginal groups barely (or rarely) support everyone living on them without a hefty subsidy. But in neither place - in the fertile north or the arid desert - are there any but isolated attempts by communities to support themselves (that in any way measures up to the way they now live) either traditionally or in a Western sense from the land they own.

Instead, the majority accept (either without question or because they simply have no alternative) Social Security benefits or subsidy in one form or another. Some elders have scented danger in this trend and a growing number of communities now pool their benefits and expect some work for it, which is clearly one of the more progressive moves in place. 'Benefits', however, that are not actually earned generally come as lethal pills, because they take away the will to work and the will to live. Likewise, political representation on a national scale or on the High Court Bench must be earned to command respect. Aboriginal Members of the Northern Territory Legislative Assembly have always won their seats and thus command the respect that would be denied them had it just been granted as a 'right'.
The same can be said for mining royalties. In other words, if the royalties themselves deprive people of the incentive to work or are misused, then they should be seen as nails in the collective coffin of Aboriginal health, whereas every dollar earned should be seen as an extra year of life. I said that some people accept benefits from necessity rather than from choice and this applies particularly to the desert tribes. People there cannot live as hunter/gatherers any longer and hope to survive (Arnhem Landers, of course, fare better). People accept benefits because there are virtually no jobs on offer (particularly in the desert) or people skilled to do them if there were. That is not to say that there are no jobs, for as I have said already, there is a whole army of Western 'advisors'. It really means that most communities are so well subsidised that they do not support themselves through their own efforts, and we may thus be seen to be actually creating and sustaining a third world situation in a first world country through our unenlightened government largesse.

This explosive situation is unquestionably at the root of most modern-day Aboriginal ill-health because it robs people of the will to live and work and political decisions currently in place are unlikely to improve the situation. The late Stanley Tipiloura was right when he said in loud ringing terms in the Northern Territory Legislative Assembly that millions and millions of dollars have been spent on Aboriginal health without result. An Aboriginal in a loin cloth would have more chances of success provided that he kept his independence, and especially if he earned a few of those wasted millions. At best, most political intervention should be seen as a mere breathing space in time or as a bandaid measure giving people time to find their feet. Indeed, a few initiatives have done just that.

One example of qualified success has been the Outstation Movement. Contrary to popular belief, this is not a recent move - in fact, in Arnhem Land, it started in the 1940s and in Central Australia, probably somewhat earlier. However, it too, is just a breathing space in time. Inevitably Aboriginal Australia will have to come to terms with the modern world. And that means self-support.

A treaty implies financial compensation. If this means more unearned money then I cannot see that it improves the status quo. On the contrary, Aboriginal Australia should be beware of any compensation - it could be disguised as yet another 'benefit' and come as yet another lethal pill. I doubt that a treaty will achieve more than our own personal self-castigation and divide us even further as a nation. As a catchword it sounds fine - in practice, very dubious.

But for those who live up here, the outlook is not so bleak. There are many positive initiatives. The non-government run (but government funded) Health Services are one sign of Aboriginal independence, but my criticism of them is that they sometimes fail to fulfil public health responsibilities and the provision of more and more costly services and lots of doctors (none of whom are Aboriginal) will not improve the outcome. The Northern Territory Government and missions alike have both been strong proponents of Aboriginal Health Workers, many of whom have served with great distinction for decades now, but why are there no Aboriginal doctors and only a handful of trained nurses? Aboriginal people should themselves hold all the key
positions in their communities and an all-out drive towards this end could revolutionise their health.

I suppose that we should applaud the National Strategy To Improve Aboriginal Health, but I am sceptical of it because, to me, it is an old strategy dressed up in new clothes and I think it will subsidise yet once again the creation and maintenance of a third world state. (Frank Alcorta sees some Federal Government initiatives as a ‘profound fondness for symbolic gestures, empty of substance and full of grandstanding rhetoric’.) We should certainly also applaud all efforts made towards self-determination and identity. New developments made towards these ends may need heavy funding (the 'new' Aborigines need bores, wells, vehicles and airstrips, none of which they had before), but, in the long run, the rest of the world is only interested in and will only admire the Aboriginal race if it continues to produce talented, self-supporting people who can keep pace through their own efforts, and not through subsidy or through political intervention.

Indeed, Aborigines will never achieve true independence and will remain forever mendicants unless they have the courage and the vision to reject the glitter and baubles that come in the form of subsidy - one way or another.

The modern world has far too many other problems on its mind to be interested in untalented non-achievers from minority groups, who survive on subsidy or favours. It sheds no tears for dropouts, for 'would be' Aborigines or for pretenders - those who trade on their so-called Aboriginality. Instead it is far more interested in talented and captivating individuals who catch the eye and command respect - people with panache, people with finesse and people with some style - like those from Yothu Yindi, like Albert Namatjira, Gulpilil, Nosepeg, Burrarama, the traditional artists, the Aboriginal musicians and the Aboriginal cricket team. The cricket team probably did more to improve relationships between the races than ten years of litigation. Closer to home, of course, are distinguished Aborigines like Gatjil Djerrkurr, Wesley Lanhapuy, the late Stanley Tipiloura, Galarrawuy Yunupingu, and the Reverend Djinni:inni (all of whom had a good modern education), Jack Little from Bulla Camp, Eleanor Brooks, Daisy Yarmirr, Miriam Rose, Mathias Nemarluk, Charlie Gunabara and a whole host of others (there are so many warm, friendly, outstanding people in the north that I do not know where to stop), all of whom compete successfully with the world on its own terms and excel in their own right, but who are still so patently Aboriginal. Anyone who has worked with them will know all about the joy and all about the brilliant rays of light they shed on life. These are the people who capture our imagination and set the world on fire. They do not cry: 'poor Blackfella'. Instead their actions shout for all the world to hear: 'Hey, look, I'm pretty good and I can do without your charity'. But why are they so successful and what is the secret of their survival? I am convinced that it is their unique ability to live by their own wits, without subsidy or favours, at the same time both in an ancient and a modern world. I am also convinced that it is now the only way that Aboriginal Australia will ever achieve what it so much needs and what it so much deserves, which is, in fact, the best of both worlds.
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