‘Palya: good.’ Acknowledging achievements in Aboriginal health and welfare in central Australia

Stewart Roper¹
¹Nganampa Health Council

Improving the poor state of Aboriginal health and welfare must remain a national priority. However, coverage of only the most dire health and social problems sometimes afflicting communities risks generating disillusionment. The presentation draws on years working with some noteworthy central Australian Aboriginal-controlled organisations to highlight historical and direct experience of some significant achievements.

The Pitjantjatjara Council was formed in Amata in 1976 to fight for land rights, their efforts culminating in the granting of inalienable freehold title in 1981. The Council has been responsible for delivery of a wide variety of vital services over vast areas in an environmentally challenging setting.

The Ngaanyatjara Pitjantjatjara Yankunytjatjara (NPY) Women’s Council has supported families and communities since formation in 1980 and is involved in programs to improve child nutrition, combat domestic violence, alcohol and drug abuse and support community-based initiatives in youth development, family support, aged care and the arts.

Nganampa Health Council was formed in 1980 to improve Anangu health and living conditions on the Pitjantjatjara/Yankunytjatjara lands. Since then rates of infant mortality and infectious disease have been reduced dramatically through improvements in primary health care, medical intervention and environmental living conditions.

Petrol sniffing had a devastating impact on communities and a particularly high media profile for over twenty years from around 1980. Some communities had up to sixty of their young children and youths sniffing. During the last five years to 2012 I have seen only one person trying to sniff in my regular travels to all communities, a situation I would have thought impossible when I first started work in the area in 1990. The reason usually given for this is that there is now a fuel throughout central Australia that cannot be sniffed. In reality, however, communities persevered for decades with rehabilitation programs to try to save their children. The framework for the success of the intervention was laid through the extensive collaboration, research and advocacy of all of the above Anangu controlled organisations, Aboriginal communities, health and education services throughout central Australia and the Northern Territory, state and federal government bodies and businesses.

Observations on improvements in schooling and housing are also presented. To keep these achievements in perspective, it is still a relatively common experience for health staff to be called at night to a sick child on a sheet of foam for a mattress in a house with no furniture and bare cupboards. Such poverty severely curtails chances for improving health and education outcomes.

In early October, 1990, I finished packing the back of the Valiant ute, pulled over the tarpaulin and farewelled family and friends. I was on my way to work as a nurse on an
Aboriginal community in remote north-west South Australia, 1500 km from Adelaide. I had never before been further than Port Augusta, only 300 km north of Adelaide. My original intention was to stay for six months to a year. I eventually left after nine and a half years full time and still return regularly to relieve other nurses some twenty years after my arrival. I’m still not completely sure how this happened, but somehow the spirit of the people and the magic of the landscape overcame the hardships of living and working in such an isolated setting.

I have taken thousands of photographs reflecting the spirit of the people and the beauty of the country and would like to show a few of these over the presentation. I am in the process of getting a book of images and recollections published and would like to launch the book at the conference.