PLENARY 4
MONDAY 3 MARCH 2003
8.30 AM – 10.10 AM

Opening Video—video clips and images

Frank Meany

Vivian Schenker, Conference Chair

Now, I hope you are checking regularly with the program changes and the message board up the top. That is way you will get the very latest in what is happening and the very, very, very latest in what is happening is that there has been a slight change to the order of proceedings this morning.

First up, as opposed to in about an hour’s time, first up this morning, the amazing Terrapin Puppet Theatre with their production of “The Dog Within”.

ARTERACTE TWO
The Dog Within

Terrapin Puppet Theatre

[Performance from the Terrapin Puppet Theatre]

Vivian Schenker, Conference Chair

I think that is the end of the amazing Terrapin Puppet Theatre. Please give them another round of applause. Well, I think it is going to be one of those mornings. I think we have maybe a bit of an animal theme. I guess some of you might have noticed that there is a kelpie/thylacine sort of lurking around on the stage as well, but more on Axel and Axel’s purpose in the scheme of things a little later on in the morning.

And it certainly is a morning to hear some different voices and to get some sort of different perspectives. We are going to be hearing from a range of people who do not often get a say at conferences like these and it will be interesting to hear if they have the same preoccupations and priorities as the people we have already heard from.
First up, a group of students. They are all members of the National Rural Health Network, which is itself made up of people who belong to the undergraduate rural clubs in universities where there is a faculty of medicine or another health science. Please make them welcome, members of the National Rural Health Network.
KEYNOTE 6—STUDENT VOICE

Rural health professionals of the future

Juanita Rayner, Jon Lane, Karina Vila, Fionna Hadden, Olivia O’Donoghue, Carly Dolinski, National Rural Health Network

Juanita Rayner

Good morning, everyone. I am not quite sure how we fit into the animal theme but we will do our best. My name, for those who have been lucky enough not to have met me yet, is Juanita Rayner. I am a third-year medical student at Newcastle University and I am also co-chair of the National Rural Health Network for 2003. On behalf of our Network, I would like to thank the NRHA for the opportunity to speak to you all, and that you all also, for coming along so bright and early this morning.

We, as the NRHN, are a student group who have been involved in rural health promotion and improvement since 1996. In the past few years, many of you may have become aware of some our aims or portfolios, whereas others may not have yet been bowled over or run into by us. Today, we would like to give you a brief overview of our organisation and introduce to you some of our portfolios and the people who have been responsible for the wonderful work that has been done in these areas to date.

I would also like to ask a big bunch of people at the front here who have been lucky enough to come along with us, to stand up for about two seconds. Come on. Please feel free to accost any of the 20 or more NRHN representatives that you might see walking around, as we are always happy to talk to you about what we are doing, and are open to your suggestions and/or feedback. I will now hand you over to the other co-chair for this year who will tell you a bit more about the NRHN and what we do.

Fionna Hadden

Hi, my name is Fionna Hadden. I am also a third-year medical student but I am based at the University of Queensland and I am going to try and keep this brief because there are a lot of people who have other things to say. But, essentially, the National Rural Health Network is the representative organisation for all of the rural health clubs around Australia and of the members therein.

Essentially, in the early 1990s, it was acknowledged that one of the best ways to start improving the situation of the rural health professional shortage was to get the students interested, and this culminated in the Medical Undergraduate Rural Health Conference that was held in 1995 in Kalgoorlie. There was so much interest generated from that, that as Juanita mentioned, in 1996 the National Rural Health Network was formed, and now it represents 18 rural health clubs, representing almost 5000 undergraduate students studying medicine, dentistry, pharmacy, allied health and nursing. So it has come a long way in the past few years, and we are very excited about it.
As I said, there are 18 rural health clubs, and just to give you a quick snapshot, here is a geographically incorrect map of where everything is. And, as you can see, there is all of our rural health clubs spread across Australia, maybe not quite in that manner, but it is great to know that there is student representation from all of those areas.

Now, as I mentioned, the NRHN is dedicated to a multi-disciplinary approach to health care. We hope that by getting students from all backgrounds together, that we will be able to form a more cohesive and sustainable rural health workforce in the future. We do this by providing all of the rural health clubs with the opportunity to communicate on a national level so that they can generate ideas, catch up and have some social support to facilitate what they do at their own local level.

We also get together and provide a united political voice on relevant issues in rural health for students. In doing so, we formed a number of key alliances with many key stakeholders in the area of rural and remote health. We have to thank the Department of Health and Ageing who provides the majority of the funding for the NRHN to conduct all of its activities.

In addition, we also have strong relationships with organisations such as the Council of Rural and Remote Area Nurses—CRANA; Services for Australian Rural and Remote Allied Health—SARRAH; the Rural Doctors’ Association of Australia—RDAA; ARRWAG—the Australian Rural and Remote Workforce Agency Group, who is our fund holder; ARHEN, the newly formed organisation, Australian Rural Health Education Network, which represents all of the university departments of rural health across Australia; the Rural Education Forum of Australia—thank you, REFA.

And we also have links with a lot of the consumer organisations including the Health Consumers of Rural and Remote Australia, and there are many other key alliances that we were working towards, and we are doing this also through our position as a member body of the National Rural Health Alliance, who we thank for having us here today.

Now, just to quickly give you an overview of how the NRHN works, there is an NRHN council, made up of the 18 representatives from each of the rural health clubs across Australia. In addition to that there are two co-chairs. This year it is Juanita and myself, and to help us along, the immediate past chairs are involved in our activities and keep us up to speed. There is a National Rural Health Alliance representative who will be introducing himself to you very shortly.

There is an Aboriginal and Torres Strait Islander representative who will also be talking, and there are also various other portfolios, for example rural high school visits, nursing, allied health, somebody who liaises with the Australian Medical Students’ Association; REFA, somebody who is particular interested in gender issues associated with rural health, somebody who liaises with RUSC, and we are going to find out very shortly how our particular seat, DUPACT, is working, too.

In 2002 we all met, the council, and brought to the table the rural health club issues and we decided that we would focus on rural high school visits at a national level, and encouraging universities to continue supporting students who were on placement, and to make sure that there was enough rural and Indigenous health curricula within their health courses. We continue to work towards that, and we had a number of activities in 2002. We hosted a pre-WONCA symposium in Shepparton in Victoria,
and then all of the delegates from that descended upon Melbourne for the WONCA conference.

We also held the Sixth National Undergraduate Rural Health Conference in Port Arthur in Tasmania, and that generated a number of recommendations, which have been circulated, that we hope will help to improve the status of rural health. In 2002, one of our major achievements was to achieve funding from the Office of Rural Health to finally get funding for the purely allied health and nursing clubs, so that there would be multi-disciplinary representation, and we have continued to follow up our portfolios of rural high school visits, Indigenous health and nursing, and they will be elaborated on.

A couple of things that I mention quickly because our speakers will not be touching on, is that we have also begun the development of the Graduate Assistance and Partnerships Program which has been discussed at one of the concurrent sessions here, and that is hopefully something we will be able to report back the success on, later in this year, and maybe at the conference in 2005.

We also collaborated with AMSA to work towards the issue of increasing Indigenous and rural health curricula in all health science courses. We provided a review of the John Flynn Scholarship Scheme and, from that map we showed you before, we have continued to grow — that lovely little purple club in the middle, CRRA, was founded and started last year, and we are lucky enough to have Carly here to talk to you about the nursing issues that will be coming up. But, I think what we will do now is introduce you to Jon Lane and he will have a few words.

**Jon Lane**

Thanks, Fionna. My name is Jon Lane and I represent the Network on the Alliance Council. I have recently taken over from Ellen Downes, who I am sure a lot of you would be aware of, and I am sorry, but I am nowhere as good to look at as she is. As students today, we are the future of the health workforce tomorrow, and so it behoves us to make sure that we go into a workforce that is as good as possible for us to enter in and therefore stay in.

And my role on the Alliance Council is to ensure that the views of the students are represented, hopefully heard, and certainly acted upon, and this is fundamental, both because, as students, we are going to be out there, if not next year, the year after, or the year after, and we are going to be working in those areas.

We all know how vital it is to keep, or first of all, attract practitioners to rural areas; and, secondly, to keep them there. Now, if the views of students are not listened to, I suppose, then those sorts of things do not happen. Rural workforce support programs, all these sorts of things, are fundamental to getting people into rural areas and keeping them there, and it is a group up approach and hence my position on the Alliance Council. Thank you.
Olivia O'Donoghue

Good morning. My name is Olivia O'Donoghue. I am an Aboriginal medical student from Adelaide University and I am currently in my final year. I also hold the current Indigenous Health portfolio for the NRHN. The NRHN is very passionate about working towards increasing the Indigenous health workforce of both Indigenous and non-Indigenous health professionals, and in order to achieve this, over the last few years we have designed our own objectives in this area, and these include to increase the recruitment of Indigenous students into all tertiary health science courses; to increase the retention of Indigenous students by means of ongoing support throughout the duration of their degrees; and to increase and develop the Indigenous health and cultural awareness components of core curriculum in all tertiary health courses.

So we have been working on these objectives over the last few years and the achievements that we have attained so far in working towards these objectives include the establishment of the Indigenous health portfolio on the NRHN, which is currently going into its third year, and this is to be held preferably by an Indigenous member of the Network. We also encourage strongly a similar position on each of the rural health club executives, so that they can also, at a club level, take on the objectives of the NRHN.

Last year at our conference in Tasmania, we released the NRHN statement of reconciliation, which highlights our passion and enthusiasm towards eliminating inequalities that currently exist between Indigenous and non-Indigenous health care. Initiatives that we intend to include for 2003 include working towards establishing links with key national Indigenous health organisations, including the Office of Aboriginal and Torres Strait Islander Health; the National Aboriginal Community Controlled Health Organisation; the Australian Indigenous Doctors’ Association; and the Congress of Aboriginal and Torres Strait Islander Nurses; and to work in collaboration with these organisations to achieve our common goals.

We are also in the process of forming and Indigenous health subcommittee under the NRHN who will further thrash out our objectives and come up with clear implementation strategies for the Network. We are also making a concerted effort to involve more Indigenous students in the Network, so that we can have a wider voice on Indigenous health issues.

Finally, we are designing an NRHN information booklet that will be distributed to all the rural health clubs. In this booklet, we are going to include a suction on Indigenous health issues, historical and contemporary issues, cultural etiquette, Indigenous events of national significance, and simple guidelines on how clubs can engage Indigenous communities and maintain mutually beneficial relationships.

In closing, I would just like to say that, as an Indigenous medical student, studying in medicine obviously, being a part of my university rural health club and the NRHN has been a wonderful experience for me. It has been so wonderful being surrounded by so many enthusiastic people, who have a common interest and aspirations as myself, and it has been an integral part for me adapting to university lifestyle in general, and it has pretty much helped me survive the medical school.
So, this is what we have on the agenda for 2003 and hopefully we can ease the transition for Indigenous students in health courses. Thank you very much.

Karina Vila

Hello, everybody. My name is Karina and I am the National Rural Health Network rural high schools visit portfolio holder. Before I go further, I know some of you are probably thinking, “Oh, what is a Rural high schools visit?” so I will explain to you a bit about the theory behind it. It all came from a study saying that rural origin students were 50 per cent more likely than their city counterparts to go back to live and work in the country. So we thought, “Great. This is an excellent opportunity. Let’s make all rural original students go into health courses”, and so that was the birth of the rural high school visits program.

The objectives of it are to increase the high school students’ level of awareness of the variety of health professions out there and to provide information on issues perceived to be barriers into entry into health courses which were mainly in terms of marks, money, motivation and moving away from home for the students, which we felt we were really apt to be able to answer because we had gone through it ourselves.

So the ultimate aim of the project is to increase the number of rural students interested in a health career and to increase the number of rural students applying into uni health courses, thereby increasing the number of rural health graduates and professionals. They then go back to the country and practice, and make rural Australia a better place. So the NRHN last year decided to make rural high schools visits one of its major objectives for 2002.

Its vision was to actively promote health careers to rural students in rural and regional secondary schools across Australia. This was to be achieved by the development and implementation of a national and co-ordinated, multi-disciplinary rural high schools visits program. Now, thanks to the hard work of the Network and the Commonwealth Department of Health and Ageing’s Office of Rural Health, we have been able to cover some tremendous grounds in regards to making this vision a reality.

The NRHN applied for and received funding from the Office of Rural Health to initiate a national rural high schools visit program and to appoint a national rural high schools visit project officer. You will be hearing “national rural high schools visit” a lot in this talk. Now, the national rural high schools visit project officer’s role was to evaluate and pool successful aspects of existing programs for developing core components of a national rural high schools visit program.

Now, a steering committee was also formed and this national rural high schools visit steering committee was made up of key State co-ordinators within each Australian State and the purpose of the steering committee was to overlook the implementation of the NRHN proposal to develop a national set of guidelines for health careers promotion, and also to advise and liaise closely with the project officer. The members on this committee all have extensive background and experience in conducting rural high schools visits within their own States, and we are fortunate to have their intimate knowledge and expertise on this project.

Now, the actions of the project officer and the steering committee have resulted in the review of the existing rural high schools visit programs within each State, an
identification of the core components from the review, and inclusion into a national framework for conducting rural high schools visits which then each rural health club can use.

Now, the first pilot rural high schools visit was actually conducted in central Australia in September last year in Alice Springs. This comprised of a weeklong visit to Alice for six NRHN members experienced in rural high schools visits activities within their own clubs. They were undergraduate university students from medicine, social work, nursing and dietetics disciplines; five secondary TAFE and education colleges in central Australia were targeted and students received health careers workshops, along with a health careers information that was held for the parents.

The Alice Springs rural highs schools visit aimed at promoting and raising the profile of health careers to local colleges and high school students. Formal evaluation is yet to be released, however the feedback received has been very positive from both students and teachers, as well as the parents who attended the careers evening.

Also developed from the NRHN and the steering committee are a resource website, where the clubs can go to download information they need to conduct visits—our careers information fliers containing introductory brochures on, “So you want to be a health professional”, for the students; and generic information on the varying health professions for, “What is a physio?”, “What is an OT?”, that the students can look at.

Pamphlets for the high school students have also been made providing links to support, Commonwealth scholarship, rural health clubs, and the NRHN, as well as a CD-ROM containing all said materials. I am very happy to announce that this rural high school visit package will be ready to launch in Canberra at the end of this month and, as a medical undergraduate who is looking forward to practising in rural Australia one day, I feel the rural high schools visit project outcomes will make a remarkable impact on the health of rural communities as their kids grow up to be health graduates. Thank you.

**Carly Dolinski**

Hi, my name is Carly. I am a Northern Territory university nursing student, studying through the Centre for Remote Health in Alice Springs, and this year I hold the nursing portfolio. So, I am here today to talk to you about Winnows, which is the National Rural Health Network’s new nursing subcommittee. Winnows was formed last year at the Sixth National Undergraduate Rural Health Conference at Port Arthur.

Now “Winnows” — we did not want to put another acronym into the mix, so after many deep moments we came up with this name, and Winnow means to free and move forward by a gentle breeze and without resistance, and this is our aim. We want to put undergraduate nursing, issues and concerns, on to the national agenda by nursing students that have a passion for rural and remote nursing.

There are currently five students in this nursing subcommittee and they represent four different universities and four different rural health clubs and we have been mentored to this point, and provided great support by CRANA, the Council of Remote Area Nurses of Australia, so we are very appreciative to CRANA and they are just providing some great support. If we go to the aims, just recently we have drawn up a
terms of reference which will guide Winnows into the future, and these terms of reference outlines our aims, and I will just read these out.

The first aim is to increase the awareness of issues pertaining to undergraduate nursing preparation for rural and remote nursing practice; contribute to debate and decision making around undergraduate nursing education and preparation for rural and remote practice; increase the number of nursing students who are members of a rural health club; and nurture new nursing students who have an interest in rural and remote nursing.

Now, to do this, we have put some strategies into place and I am very happy to report that we are working towards these right now. The first strategy is to be pro-active in encouraging undergraduate nursing students to join a university rural health club. This has been an issue in the National Rural Health Network for a while and it is critical that we recruit more nursing students into their rural health club so they can be advocates for rural and remote nursing in the future. And we are working on this by putting together a package to entice students to their clubs, and this package can be used at university orientation weeks and on recruitment drives.

Another strategy is to advocate for increasing opportunities for nursing students to go out on rural and remote placements that are financially supported and adequately mentored. This is another area where the National Rural Health Network have been working up to this point, and now that we have got the subcommittee in place, we are going to further this. And it is in the process of a proposal being put towards government to help us with this strategy as well.

The next strategy is to encourage Schools of Nursing to explore ways in incorporating more rural and remote curricula into their courses, and this is also ongoing in medicine and allied health courses. So this is another whole of National Rural Health Network aim, and now that we have got a nursing subcommittee, we can concentrate on that.

And, finally, we hope to build a knowledge base of existing scholarship opportunities for undergraduate nursing students, and we have currently got Winnow reps on the Commonwealth undergraduate rural and remote nursing scholarship selection panel and also on the advisory committee for the Commonwealth Aged Care nursing scholarships. So we are directly involved there with those scholarships.

And we are also very keen to enhance our professional networks with rural and remote nurses, and we have been lucky enough to participate in such events as the action on rural and remote nursing workshop which was held in Canberra late last year, so we had three reps from Winnows there who were actively involved in putting forward some of the recommendations for that workshop, and we continue working with those people on that. So we are very appreciative to be let into those forums and it has been fantastic for our members.

So, National Rural Health Network overall, in 2003, we are continuing to grow and develop. So, as Fionna mentioned, we have now got a brand new rural health club which is CRRA, which I am a member of. So we are growing and all these portfolio holders up here, and we are also gearing up now for our annual face to face in Canberra where all the portfolio holders and junior and senior NRHN reps will meet
with both government and non-government organisations to further refine and work out how we can meet our objectives.

These are our contact details up here, so please jot them down. And, also, there will be our NRHN newsletter available throughout today, and I think it will be at various locations around the hotel, so look out for that. That has also got our contact details on it. And just to leave you with, the future of rural and remote health is in our hands, so please, come up and grab any of us. Come and introduce yourself and have a chat because we have just learned so much from you guys, and very, very happy to have your support and we want to learn more. So, come up and say “hello” — and one of our favourite slides. Thank you.

**Vivian Schenker, Conference Chair**

Yes, it would appear the future is in safe hands, would it not? Please thank the members of the National Rural Health Network.

Well, it is time now to hear a couple of different voices again—Rachael Treasure and Danielle Wood are successful authors, journalists, and as you can see, dog lovers. Rachael is in fact a well-established multi-media personality. Her stories and scripts have appeared in print, on radio and on television, and her first novel “Jillaroo” has made it on to the best seller’s list. A lot of the material in it is from first hand experience, she says, so if you want to know more about Rachael, I suggest you read her book, “Jillaroo”.

Danielle has also had a big year. Her first novel, “The Alphabet of Light and Dark”, was the winner of last year’s prestigious Vogel prize, which is huge, but nobody should be too surprised at that. Danielle says she comes from a long line of story tellers, liars and exaggerators. So she is only doing what comes naturally. She is also the proud — I was going to say “owner”, but you cannot own your best friend, can you? She is also the proud friend of Axel. Please make them welcome, Danielle and Rachael and Axel.
KEYNOTE 7—Writers' Voices
Unleashing the rural voice

Danielle Wood, Rachael Treasure, Authors, Journalists and Dog lovers

Danielle Wood

Well, Rachael has had one introduction, but I will give her another one. I have known Rachael for about 10 years, since we were both young journalists working in the same stable of newspapers just up the road in Macquarie Street, and when we were in our early 20s, we used to pass each other’s desks and stop and have a chat about this novel that was brewing inside of us and how, one day, we were sure that we would quite journalism and write books. And here it is, 10 years later, and that time is just about at hand.

So, Rachael’s novel, “Jillaroo”, has sold a whopping 27,000 copies since it was published last August, and that is an absolutely huge achievement. I look to Rachael for inspiration. She tends to do everything about a year before I do. She got married a year before I did. She published her book a year before mine will be published, and at the rate we are going, I will be having a baby next July.

Curiously, both of married Johns, who come from families, and farming families, in other parts of the country. Like good Tasmanian girls, we went away for a while and we sought fresh genetic material and brought back to the State with us. The main reason that Rachael’s book has been so wildly popular is that she has really managed to tap into rural Australia. She has had experience as a jillaroo herself and as a rural journalist, and that has given her the insight to write a book, which really touches people’s hearts. I read it on the couch, with a box of chocolates and a box of tissues, and I finished both. I would like to introduce you again to Rachael Treasure.

Rachael Treasure

Thanks, Danielle. I guess I will introduce you to Danielle formally at the end of my talk, but I guess you cannot help noticing that there is a dog on stage. It is not a thylacine, so no one rush to the New Idea and report sightings. Axel Rooney is a purebred kelpie. He is a blue and tan kelpie. I breed kelpies and I train them. I have a red and tan kelpie bitch called Gippy, and she is normally with me by my side on events like this, but unfortunately we discovered on Friday, we think she might be coming on heat, and, you know, Axel does think that she is pretty gorgeous and we all know what could happen live on stage here today if I brought her along.

Now organisers of the conference said they wanted us to entertain you, but Danielle and I thought that is probably not really appropriate, so instead …

Speaker?

You were not here last night.
Rachael Treasure

Well, I heard a bit about last night already. However, today we are going to talk about unleashing the rural voice, which, for me, is extremely appropriate. The intention throughout my writing career has, for me, to become an authentic rural voice for Australia. I will fill you in on a sketch of where I have been and what I have done, so you know where I draw that voice from.

I began my working life as a jillaroo in Tasmania’s Derwent Valley, handling young horses and working sheep and cattle. I had a stint of study and extra curricula activities at Orange Agricultural College, and then took a year out in the shearing sheds of western New South Wales. I went back to Charles Sturt University in Bathurst to study journalism because I had a core passion for writing.

Now, my work as a rural journalist and as a radio reporter, took me to many places, and one of them was Gippsland where I met my new source of genetic material, John, who is a treasure literally. For several years, while I was a journalist, I helped him and his brother run a cattle operation and tourism business on the Dargo high plains which you have probably heard has since now burnt. However, we are dealing with that.

In 1997, I had been a reporter in Gippsland for a couple of years and it was when we had had a really tough drought. Emotionally I was drained. The family was drained of cattle, so John and I took off to the north and went to work on a cattle station in central Queensland. That is where I began writing my novel, “Jillaroo”. I was a Jill of all trades. I was the chief toilet cleaner on the station, and I also got the honour of being a camp cook on a bull catching expedition. So I have had some adventures.

John and I have recently relocated to my family’s property in southern Tasmania where we run sheep and we are about to expand into leasing country for our cattle. We also train working dogs, and I can say seven of mine at home that we have got would not have the perfect manners of Mr Axel Rooney here. However, both Axel and my dogs are gifted with brilliant working dog genetics, and Axel has been to one of our working dog schools, and I can say he is a talented lad, even though he had never seen sheep in his life, never had a chance to work them.

It was during my university studies that I began to focus on how quiet the rural voice was within our media and our popular culture. Our rural society is mostly portrayed by city-centric media. During my thesis, I had found that ways of rural life and the importance of agriculture were reported or fictionalised in a kind of demeaning light, generally. There was stereotyping, there was over-simplification of rural issues, and farmers were often portrayed as rapers and pillagers of the environment. And in my journalistic rounds, I have discovered that that is not always the case.

Rural people were also battling policy that is dreamt up by people from within city environments that simply do not understand. Despite the fact that agriculture feeds the world, and our agricultural communities supports those people that feed the world, our rural voice is far too quiet. So, as a writer, I wanted to make a lot of noise. I wanted to bring to life a story that was not just centred around droughts, floods, fires. I wanted to tell the human side of agriculture. I wanted to let you know that not all young people are walking away from rural areas, and the young people today have expressed that.
There is a core group of us there that see there is a rich and vibrant future in farming and rural community. Now, as Danielle mentioned, 27,000 copies of “Jillaroo” have sold in the past seven months, and I have had a steady flow of emails. They are mostly from young girls who are hell-bent on drinking Bundy rum and going wild at B&S Balls, and heading off to a career as a jillaroo themselves, but a lot of them have been from older farming women who have been tangled up in the confusion and the conflict that farming families can often generate. And I know that, as people committed to rural health, you will find something to gain from the pages of “Jillaroo”.

It shows how conflict within farming families can generate ill health and even lead young people to suicide. There is also a farming accident with a tractor, which was based on a real accident that my friend actually had, and I know there are people within the audience that will certainly know what a PTO shaft on a tractor can do to a human body, if there are surgeons or nurses out there that have treated PTO accidents.

While there is a serious side to the novel, there is also a lighter side. My main aim was to write a book for people who are, firstly, not readers; and also for people who are too tired to read. I tried to imagine my cousin Claire, as I wrote the book. She is the sort of girl who never reads. She can ride a stock horse, drive a tractor, make a dress for a B&S Ball, so to get a special girl like her to read to the end of my book, was a challenge.

I also wanted males to take on the book—farming males that never read. So I had a catch. I decided I would put beer and sex on the first page. So, I think it has had the desired effect. I will read to you now just a short piece, and you might get an idea of the way I have hooked the males in:

Rebecca Saunders whistled to her dog, “Mossy, go way back”. In the glow of morning sunlight, the little kelpie, light on her feet, seemed to float out around the mob of sheep in the holding paddock. All that could be heard was her chain jingling around her neck as she cantered and crouched on the dusty ground. The sheep huddled and turned their heads towards Mossy’s motionless red and tan form.

Bec turned to open the gate, knowing Mossy would bring the mob steadily into the yards. Unclipping the chain, she dragged the gate’s creaking, rusted frame across dust, and whistled Mossy to stalk towards the sheep. Rebecca watched the sea of ewes move slowly towards her, with a ram in their midst, his head held high, with his lip curled up. His horns spired pompously around his face like a barrister’s wig.

Bec frowned at him. His scrotum really bothered her. It had been on her mind most of the night. She remembered her withered, wiry grandfather holding out both hands, with his bony fingers curved around the air. “Two full beer cans”, he had said. “Two full beer cans, that’s what they’re supposed to feel like”. Her grandfather had lifted the weighty scrotum of one of his rams and jigged the hefty sac in the palms of his hands. “Here, girl, have a feel”.

“So, how come?”, Bec thought to herself this morning. The ram, which her father had just paid $2000 for had one full beer can and one mini-bar bottle of gin for a scrotum. She shook her head as she closed the gate. If only her father had listened to her.

Thank you. So, hopefully that is enough to entice you to grab a copy. Mum and I will be upstairs with some, if you would like to. It is a light-hearted read in places, and tissue box material on your way home from the conference. Well, now, it is time to turn you over to someone who is a very talented and special lass. She is a friend of mine, Danielle Wood. She mentioned that we worked together in the early 90s, but it
It wasn’t until recently that Axel and Danielle and I met up for coffee, and I could not miss her. She had the most noble and wonderful dog sitting by her feet. She was fresh back from Broome and, like me, she had imported to Tasmania a gorgeous farm lad from WA called John.

So we had our Johns in common, our kelpies in common, and our writing in common, so it is little wonder that we have been a support for one another in recent years. I was at the point, the comfortable point, where Penguin were going to publish my novel, but Danielle was at that awful no-man’s land, where she did not know whether her novel would ever see the light of day. “The Alphabet of Light and Dark” was about to be posted off to the Vogel prize, and she was not sure what the outcome would be.

While Danielle had doubts, I had absolutely none, because Danielle is someone, like anyone who fulfils their dream. She has got the key ingredients. She has got courage, commitment and integrity and, after all, this girl loves playing big games in life and she loves adventure. So I will let Australia’s Vogel Award winner, Danielle Wood, take you away to remote Australia.

**Danielle Wood**

Thank you. Well, if Rachael has given a voice to rural Australia, I hope that I have been able to give a little voice to a different kind of Australia, perhaps a slightly more remote Australia. I watched the lovely footage that you had here as the conference started this morning, and I have to say that the Australia in those pictures is not my Australia.

I am a Tassie girl and I grew up on the coast and my family were lighthouse keepers, so my Tasmania, my Australia is here, just south of Hobart. It is remote now, where the lighthouse is, looking out over the southern ocean, but it would have been even more remote between 1877 and 1914, which is when my great-great-grandfather, Captain William Hawkins, was the lighthouse keeper there.

When my grandfather died about eight years ago, he gave me the memoirs of his grandfather who was the lighthouse keeper, and I knew that lurking somewhere in all his tall tales about his mischievous light at sea, I knew there was a novel lurking in there somewhere, and I just had to tease it out.

Strangely, I think I had to away to be able to really write that novel, and so I spent three years in Western Australia, half of that in Perth and half in Broome and, strangely, for such a cold and wind-swept novel, a lot of it was written in the tropics, in Broome, and I do not know if anybody here is from that part of the world, but if you have been to Broome, you will know that it can be an extremely expensive place to live, and I was a struggling writer at the time. We did not have a lot of money going around, so we ended up living in a corrugated iron shed that was 3 metres by 7 metres, and that included our bed, our toilet, my office, and our kitchen.

And we had a rat plague, and so we poisoned the rats and a number of them fell down between the corrugated skins of the walls, and in the tropics, the smell of melting rat can be a little bit overwhelming. So, then a cyclone hit and we discovered that our shed, which was only newly built, actually was not very waterproof and that when the horizontal rain hit the side of the shed and came down in between the skins of the
corrugated iron, we ended up with about an inch of water on the floor that was more or less marinated rat juice.

And I coped with this for as long as I could, sitting cross-legged on the bed, with everything stacked up around me, and scribbling away, bits of “The Alphabet of Light and Dark”, and then one day, John came home from work and I had spent the day watching maggots float across the marinated rat juice, and I said, “I’ve just about had enough. I think I really want to go home, now”.

So, I finished the novel, which is set in both historical and contemporary time. It is a celebration of place and I think that is something that all of us, no matter which Australia we come from, can understand. It is both contemporary and historical, and it is about some of the difficulties we have in 21st century Australia, of coming to terms with our sense of place and coming to terms with a reconciliation with our history. Here, in Tasmania, we have got a lot to look back over in our history, in terms of what we have done, and I like to think that a little bit of they thylacine soul lives on in Axel Rooney here.

“The Alphabet of Light and Dark” is mostly about how much love you can have for a place, and just as Rachael’s novel has a lot to do with her main character’s love for the land on which she was born, my novel really sings Bruny Island and how much I love this place. So I will just give you a little sneak preview. It is going to come out in August. I am afraid that I have absolutely no sheep’s testicles to offer you. It is an entirely different sort of a book, so this is going to end us on a quiet note, not on a high note, but I will just give you a little read:

Leaving, returning, there’s always a crossing—a stretch of time and distance between shores. “Perhaps I’m even invisible”, as he remembers thinking, on the day that she left Tasmania behind. Bass Strait was calm between its book-end islands, and from the deck of the tall, white ship she watched the sandy rim of the northern coast slip away, and felt herself become as featureless as the pale grey water all around her.

The ferry touched land, and in her small white car, she drove west. The road took her into the red dust and into the heat, into parched emptiness, both foreign and familiar, an Australia she knew only from images. Somewhere between a tumbled down, corrugated iron town and a rust coloured roadhouse, she pulled over and got out to breathe it in. She had never felt heat like it. It was not only on one side of her face or on her back, it was all over, beating down from the sky, radiating up from the earth to the undersides of her outstretched hands, filling every crevasse of her skin.

She looked around her and saw that there was nothing but the slick of empty bitumen, rolling east-west, like a conveyor belt, and the red earth and some small, desperate plants, rattling their seed pods in the hot wind. She could have travelled by aeroplane, placed nothing more than a silver capsule of hours between her origin and her destination. But standing in the humming heat, she knew why she had driven—to feel every inch of the distance.

In passing through those days of nothingness, she had taken herself so much further away. It felt like escape, as if she was passing beyond consequence. She drove until there was no more land, until her car reached a retainer wall, beyond which there was only sand and water. The sun eased down into the ocean, and in the dimness, she saw the shallow contour of Rottnest Island on the horizon. Her toes delved into the plush grass, the green of the city, a manicured meridian strip laid down between the expanses of desert and sea.

Essie was looking for a place that was unhaunted, a place without undertow, and she found it in a city too new, too clean, for memory. In Perth, Western Australia, the houses, the sky, the river, all shone with the unnatural gleam of a fresh-minted coin in your change. Where she’d come from, money expressed itself in the solid weight of sandstone blocks, of years stacked, one on top
of the other. In the west, it glittered. Perth city at night made her think of a jeweller’s window full of the bright strands of rhinestones.

In Perth, she found nothing of Hobart’s Gothic dark; no sandstone cracks breathing out old ghosts. This was a city for surfaces and reflections and, as she walked its streets, she flickered over the glass and chrome panels that held her for no longer than the time it took to pass. This city was resistant. Passers-by bounced off its angles. This was not a city for the enduring; this was a city for illusions, full of skyscrapers of make-believe money.

And even after 10 years, she still takes relief in the strange beauty of its denatured landscapes—the port’s orange-red cranes against the aqua sky; the brassy palms lining the foreshore of the river. She likes the way the eye skates over the hard, glinting surface, that there is no undertow.

Vivian Schenker, Conference Chair

Please thank them again, Rachael Treasure and Danielle Wood. Now, as Rachael told you, I think she will have copies of her book upstairs. And what a shame we cannot buy Danielle’s book yet, but it will just build up the excitement by August. I should also tell you at this point that there will be a Writers’ Festival display during morning tea today. There is going to be a display by local writers in the registration area—Tasmanian writers who have written about life in rural Australia, so you might want to pop in and have a look at that.

And I should also probably remind you at this point, as well, that art space is there. It is a place we want you to visit upstairs, and we have something perhaps to include in the conference art work, that we have, as Gwen Egg and Eva Richardson are going to weave your pieces into a mat, which we will keep as a memento of this 7th Conference. So, please drop in. No matter how small your contributions are they will be welcome.

Now, it is terrific, is it not, to hear some different voices at conferences like these, and absolutely necessary, too, to recognise as wide a range of viewpoints and perspectives as possible when it comes to making policy. There are a number of ways to do that. One is by awarding scholarships to people who might otherwise find it difficult to have their voices heard. The Des Murray Scholarship is awarded every second year to enable a younger person from a particularly remote area to come to this national conference. The young person should be committed to improving the health status of people in their region, and someone with a demonstrated ability to be an advocate for their local peers.

The award is named in honour of Des Murray, who was a pioneer of public service work on rural and remote health. Des died nearly four years ago now, but many of you will probably remember him as Director of Rural Health and Workforce Support, and a key member of the National Rural Health Alliance in its early years. His legacy lives on with his scholarship, and I would now like to invite Des’ wife, Mary Murray, to make the presentation to this year’s winners.
SPECIAL PRESENTATIONS

Des Murray Scholarship—presented by Mary Murray

- Brett Gibson from Emerald, Queensland
- Monica Walley from Port Lincoln, South Australia.

Mary Murray

Des would have said, “Mary doesn’t make speeches”, and he would have been right. So I would just like to say how proud I am today to present these scholarships to two very deserving young people who do a great deal for their community—Monica and Brett; and also to thank National Rural Health Alliance for honouring Des in this way. He would have been very proud.

Brett Gibson

Good morning, everyone. I would like to thank Mary and the organisers of the conference, as well as everyone for attending. I come from Emerald. It is a rural town about 300 kilometres west of the central coast of Queensland. It just sits pretty much right on the Tropic of Capricorn. It is a mining town. It also has a cotton industry as well as agriculture. We have been affected by the drought, as well as the surrounding area of the central highlands. We have had some rain, but still need a lot more.

I hold a position on the Queensland State Youth Advisory Council where we meet with State Ministers to advise on policy and legislation that affect young people, as well as raise issues. I have a particular interest in youth health, particularly mental health and health promotion. Also, in Emerald, I sit on a reference group that pretty much consists of young people as well as community and health workers, and it is mostly just an excuse to drink coffee and plot to change the world.

Our key interest is trying to increase the opportunities for young people to access health care, that is primary health care as well as through community organisations, and getting it out to the surrounding communities. Emerald is sort of a central area with a lot of small, more rural and remote communities around it, and looking at the social impacts of health, like transport and other implications that are restricting young people in rural communities from accessing health care.

I hope to take all ideas and practices back to the central highlands and meet a lot of people and share their ideas. Once again, thank you, Mary, for giving me the opportunity to be here, and I am sure I will continue to find the conference enjoyable and informative. Thank you.
Monica Walley

Hello. My name is Monica Walley. I am from Port Lincoln. I was born in Alice Springs Hospital, in the Northern Territory. I completed my year 12 studies at Port Lincoln High School, and my little and primary school at Ceduna Area School. I have just only recently moved to Port Lincoln, and I am training in Primary Health Care at the Port Lincoln TAFE. I am nervous!

In my teenage life, I have done a lot of experiences and volunteering work in my community. Things that I have done include working at the Ceduna Youth Centre for one year. I have experience in speaking to the youths around my community. I was an Aboriginal ATSIC committee member and an SRC member at Port Lincoln, speaking on behalf of the Aboriginal students. I have done some volunteering work at the Aboriginal sports carnival held in Port Lincoln. Also, I held a drug and alcohol information night with the young youths of Port Lincoln at the Mill Park Youth Centre.

I have been to a Future Leaders Conference held in Adelaide, last year, during one of the school holidays, which I think was held by ATSIC. These experiences have got me a long way to start my journey in the health career and I am looking forward to going to uni next year. I would like to just thank Mary for giving me the scholarship and for making it possible for me to attend this conference.

Mary Murray

Congratulations, congratulations.

Vivian Schenker, Conference Chair

Thank you very much, and congratulations to Brett Gibson and Monica Walley, winners of this year’s Des Murray scholarship.
Louis Ariotti Award—presented to Roger Strasser
by Marie Pietsch for Queensland Health

Vivian Schenker, Conference Chair

Okay, two more presentations now. Please welcome Marie Pietsch from Inglewood in south-west Queensland. She represents the Toowoomba Hospital Foundation and she is here to introduce the winner of this year’s Louis Ariotti Award.

Marie Pietsch

Colleagues and friends, on behalf of the Toowoomba Hospital Foundation, in collaboration with the Cunningham Centre, Southern Zone Rural Health Training Unit, Queensland Health, and the National Rural Health Alliance, I have the great pleasure in announcing the 2003 Louis Ariotti Award recipient. The bi-annual research awards usually provide funds for two $5000 in-front outback research grants, and one $1000 Louis Ariotti Award.

In 2003, there were no nominations received for the Infront Outback research grants.

The Louis Ariotti Research Award is proudly sponsored by the Toowoomba Hospital Foundation to recognise and encourage excellence and innovation in rural and remote health. It recognises those who have made a significant contribution to rural and remote health in Australia. This prestigious award is made every second year, and is named in honour of a legendary bush practitioner who has contributed significantly to improving rural health.

Louis Charles Ariotti was born in Innisfail, Queensland, in 1915. He graduated from the Sydney University with a desire to practice medicine in rural Australia and specialise in surgery. He eventually chose to settle in Charleville and began practice there in 1947. 10 years later, Louis became a Fellow of the Royal College of Surgery. Dr Ariotti’s practice was built on dedication to, and respect for his patients; a drive to perfect his surgical skills; and an ability to improvise and adapt his practice to address the needs of his patients.

He was committed to a holistic approach and incorporated techniques such as acupuncture, into his practice. Louis left Charleville in 1990, after 43 years of dedicated service. His valuable contribution to improving health in the bush, as well as his remarkable qualities as a person, remain well remembered to this day.

Previous recipients of the $1000 Louis Ariotti Award are Lyn Frager, John Humphreys, Max Kamien, Gordon Gregory and Sabina Knight. And now, the Louis Ariotti Award recipient for 2003 is Professor Roger Strasser. Roger was nominated by Dr John Togno. Professor Strasser was a general practitioner in Moe, a town of 17,000 people, two hours east of Melbourne in the Gippsland. After postgraduate studies in the United Kingdom and Canada, Professor Strasser joined the Moe Medical Centre in 1985. For seven years, he was the Gippsland regional co-ordinator for general practice training, and in 1989 joined Monash University as a part time senior lecturer.
From August 1992 to 2002, he was Head and Professor of Rural Health for Monash, Australia’s first multi-disciplinary multi-level rural health academic unit. Currently, he is the founding Dean of the Northern Ontario Medical School in Canada. His professional registration, he was an RACGP Rural Faculty Board member from its inception in April of 1992 until October 1999. In December 1993 to February 95, he was the Foundation Director of the Australian Rural Health Research Institute, which is Australia’s peak body for rural health research, and he chaired the Institute’s management committee until May 97.

He was an executive committee member and CME Director of the Victorian Rural Division’s Co-ordinating Unit, until June 98. In 1996 and 97, he chaired the Health Streams Quality Assurance Task Group of the Victorian Department of Human Services, and was a member of the Australian Ministerial Review of General Practice Training. Since 1999, he has been the assistant editor of thematic issues of the Australian Journal of Rural Health.

Since June 99, he was the chairman of the WONCA working party on rural practice, which developed the WONCA policies on training for rural practice, using information technology to improve rural health care and rural practice and rural health. He chaired the conference Scientific Committee for the First International Conference on Rural Medicine at Shanghai in China—that was in May 96; and is chairing the Fifth World Conference on Rural Health, Melbourne, 2002 Working Party.

Now, some of the research: a study of obstetrics in rural practice. This was a study of the effects of on-site x-ray and ultrasound facilities on utilisation in general practice; a study of the attitudes of Victorian rural general practitioners to country practice and training; a study of doctor and patient perceptions of general practitioners as resource manager/gatekeeper; studies of the health service needs and health service delivery in small rural communities; a study of the support needs of GPs in towns without hospitals; extended Latrobe injury study — that is the Elvis program; special co-operative audit of rural surgery — SCARS; Australian National rural general practice study; a study of models of sustainable rural and remote general practice services; a study of undergraduate medical placements with general practitioners; and development of a minimum data set of GP workforce and skills.

So, on closing, I congratulate you, Professor, and wish him well with his contribution to rural health, and I am sure, after reading all those, he is a well-deserved recipient.

Roger Strasser

Well, I would like to thank the Toowoomba Hospital Foundation for this award. I was fortunate enough to meet Louis Ariotti and he really is a truly inspirational individual and great model in rural health, and dedicated his life to improving rural health, so I feel it is a special privilege and a great honour to receive this award. Thank you very much.
**Vivian Schenker**

Thank you to Marie and congratulations, once again, to the winners of all the awards. Now, Nigel Stewart would like to say a couple of words before we go on to the next keynote speaker.

**Nigel Stewart**

I would like to acknowledge at this time somebody who contributed and advocated extremely well for Indigenous rural health. At these conferences, many of us will remember Puggy Hunter who came along and tirelessly and endlessly advocated for improved Indigenous health. I well remember Puggy saying, “You talk to us about ear disease”.

He said, “The only people who have got ear problems are you white fellers. You never listen to what we’re saying”. And I think, at this time of more serious things, we should bow our heads for a minute and think of the inspiration that Puggy gave us, and also the tragedy that he represents in shortened life expectancy that occurs for many Indigenous people. So just take a moment.

It is proposed that we look at some way of honouring Puggy, which the Commonwealth has done with scholarships, and we will do this for future Conferences. Thank you.

**Vivian Schenker**

…Well, we have already heard an amazing variety of different voices this morning, have we not? And we are going to continue now with a man who is going to talk a bit about finding your community voice. Now, I have been particularly looking forward to hearing from Larry Towney. He comes from Narromine where he is the Aboriginal Program Manager at Central West Centacare.

Now, Larry is a yarn spinner, a storyteller. He uses story telling as a way of empowering the people of his community. He uses it to help young people and, more recently, a network of men’s groups who meet with the aim of re-establishing their role in the community and dealing with issues of violence and respect. To tell us more about the “Three Rivers Men’s Program and the power of the yarn”, please welcome Larry Towney.
KEYNOTE 8—FINDING YOUR COMMUNITY VOICE
Three Rivers Men's Program—the power of the yarn

Larry Towney, Aboriginal Program Manager, Central West Centacare

Thank you. I would like to acknowledge and pay my respects to the traditional owners of this land, and I thank you for the very sincere and meaningful welcome. Allowing me to speak in your country, we recognise and support you in your struggle for recognition in your own country. We also remember the struggles of the ancestors: our grandparents, our parents, our uncles and our aunts, and the issues that they faced—racism and poor living conditions and past injustices.

It has been the custom of the Bula-ngumbaay Billa Gibi Galangu, the Three Rivers Men’s Group, to just when we come together, to stand in silence in remembrance of all of the Aboriginal people who have suffered those injustices in the past.

It is now well documented that Aboriginal families throughout Australia have experienced difficulties related to loss of identity and culture since the time of colonisation. These difficulties are compounded by the fact that mainstream services lack an understanding of the real needs of Indigenous people.

At present, as recognised by the Inquiry into Aboriginal Deaths in Custody, there are serious questions about the ability of mainstream services to respond to the needs of Aboriginal communities in culturally sensitive and appropriate ways, ways that contribute to the resurrection and honouring of Aboriginal knowledge and skills that contribute to healing within the Aboriginal community.

I work for Centacare. Centacare is a social welfare agency of the Catholic Church. We provide a number of services to the community. We are committed to access and equity principles and we are well advanced in implementing a range of strategies to ensure that people with barriers of race, language and/or culture, have equal and equitable access to services.

Centacare’s equity statement or equity principles provide a strong platform of flexibility to adapt programs that are culturally and spiritually framed. We believe in a philosophy, which underpins narrative approaches to healing in individuals, families and communities. Our Aboriginal men’s programs are based on a belief that healing comes from reclaiming our lost stories, developing a stronger sense of identity and belonging.

The aims and objectives are to develop culturally appropriate programs, which address the needs of Aboriginal men in our society. The objectives are to empower Aboriginal men to work towards self-determination, improve quality of life and relationships—the issues that we are faced with today—poor literacy and numeracy. The drop out rate is to be considered around 70 per cent. The contributing factor for that would be that we have never been given the opportunity to put culturally
appropriate teaching strategies or programs into the school system to suit the learning style or the learning needs of Indigenous people.

So therefore that brings about a lack of self-esteem. We are faced with the issues of unemployment, demoralisation, drugs and alcohol abuse, low impulse control, high crime rate, domestic violence, sexual assault and incarceration. Just recently I have been appointed to the Aboriginal Justice Advisory Council by the Attorney General and the issues that we are trying to address within the Justice Advisory Council is the incarceration rate.

And, as you can see, currently Aboriginal people comprise approximately 1.7 per cent of the population. However, Aboriginal people constitute approximately 19 per cent of the adult prisoners in New South Wales and approximately 40 per cent of juveniles in detention. And if that was a trend across Australia, given the population, we would be looking at between 80 and 90,000. Aboriginal people incarcerated in this country.

The other issues—and all of those things are contributing factors as well, the issue of suicide, Centacare, the programs that we have adapted. We decided to focus our attention on the underlying issues and placing attention where we believe it is needed. It was interesting to hear a statement yesterday from the Fishing, Swimming and Well-being presentation, and they make a very good point when they suggested that programs should be provided outside the established way of thinking, and that is where our focus is. Our focus is on the underlying issues: loss of culture from the very existence of colonisation, loss of identity, the need to understand our identity, a need to feel secure in our identity—remembering that Aboriginal men had the responsibility of protecting their tribal groups and were in control of the spiritual health of the clan. It was their decision to decide where to live, what rituals and initiation ceremonies were performed, and how it was achieved.

We were considered as the genitors. The word “genitors” is derived from the word “genesis”—the beginning, the source of life and the protectors of the country. And it is easy to see that in this day and age that we are having real problems in regard to loss of identity and loss of culture, because we have lost our role and we have to re-focus, and that is a contributing factor, too, as to why there is so much suicide amongst Aboriginal people.

The women became the foundation of the tribe or clan group by providing the sustainable support necessary in many ways—mostly by caring and the fostering of the children through dance ritual, food gatherings and much more. Of course, some of the other underlying issues, loss of spirituality. I am not talking about Christianity, I am talking about the connection to our spirituality—the personal search for meaning in life; having a sense of identity and a value system.

And, of course, today there is so much evidence of it, the underlying issues that we are grieving from the depths of our heart because of what has been taken away from us. And, ladies and gentlemen, all of these are the effects of colonisation, which I believe has never been fully addressed in our country.
Winsome Matthew from the Aboriginal Justice Advisory Council made this statement:

There is a need for a whole of self, whole of family, whole of clan and tribal healing. It is time to return to country, reorganise ourselves as to establish clearer lines for leadership or the development of local governance, the importance in developing approaches that are culturally and spiritually framed.

Some of the strategies that we use in the Aboriginal Men’s Program are a reflection of that—narrative approaches in a community setting which encourages “the yarn”. Counsellors call it “narrative therapy”. Anthropologists call it “the cosmology of mythology”. Aboriginal people call it “the yarn”. Men are invited to regular gatherings in culturally significant settings where meaningful conversations develop. This is a traditional way that our communities have dealt with issues. Over time, the talk deepens. Life stories are shared. Issues are tackled. Traditional practices are remembered, and healing and self-esteem starts to grow.

The language reclamation, the Wiradjuri language, most of our members are now speaking or reading quite fluently, and we greet each other, “Yama-ndhu marang. Ngawa, bala-dhu marang. Marang nganha”. And that is probably one of the most self-empowering programs that we have in our communities today. There are culture awareness activities—art, workshops and dance. I wished I had the time to show you on the video some of the dances that some of our Aboriginal men do in our Aboriginal Men’s Programs—fantastic, absolutely.

Overnight camps are very popular, well attended. These camps are alcohol and drug free, having a huge impact on all who attend. There is a video available, at a price. Both young and old are mixing, sharing their stories, values and ideas. Service providers are also invited to share information on what is available in the community and how best we can utilise those services.

The video that has been produced is an analytical video so that you, yourself, can analyse some of the very, very deep conversations that these men are trying to get across. In this next video—and I apologise for the background noise—is one of the Aboriginal men—and I do not like using the term “low socio-economic disadvantaged groups”, but that is who we are, and that is who I deal with. But, you know, these fellers are given the opportunity to be quite powerful and have a very powerful story to tell.

And just on that, I used to take my uncle up to my other old uncle, and they used to exchange stories. When I brought him back one night, I said, “What’s it like, unc, when you go up and visit old uncle?” He looked at me and he said, “Larry, it’s like medicine”. I apologise for the language.

[VIDEO SHOWN]

As you can see, probably one of the most powerful ways to get a message across is to get the Aboriginal men to tell their own stories in their own environment. The outcome that we see, conversations deepened, now in a community context. Men are exploring issues related to values, spirituality and culture. There is an increase in self-esteem. We see elders supporting the development of younger men. We have noticed a reduction in drug and alcohol abuse. If I had the time I could tell you a number of stories relating to that, too, as well.
There is a reduction in family violence within our men’s group. There’s a reduction in the number of criminal offences. There is an increased number gaining TAFE accreditations, and there is increased motivation to engage in business enterprises.

[VIDEO SHOWN]

Each member of the group is asked to stand with us in the following principles: respect your aims and the objectives of the program; respect and acknowledge the roles of women and children within the community; stand with us in the fight against domestic violence, sexual abuse of any form; teach younger men respect; mentoring of the younger men; alcohol and drug free camps; commitment to the language reclamation program.

What does it take? And this is the very last slide. It takes a real understanding of the real issues affecting our Indigenous communities. It needs to be clear of any political agenda. We need to have special gathering places. We need to be connected to our spirituality, our values, and meaning and purpose. It takes commitment. It takes passion. It takes vision. It takes hard work and, excuse the language, but I do put up with cheap bullshit and racist remarks from people who have no idea or understanding about the issues affecting the real Indigenous people of Australia. And that is where the hard work is, as well.

We need to be consistent and, as I just mentioned, in the Wiradjuri language, “Wiraygunhang” — no shit. And, last of all, ladies and gentlemen, heaps of barbecues. Thank you.

**Vivian Schenker, Conference Chair**

Thanks, Larry. I am sure, like me, you found that totally inspirational — no shit and lots of barbecues. Now, there is a prescription. We are going to move now from the local stage to the international arena, and the final voices we are going to hear in this morning’s session come from overseas.

We have got a dynamic husband and wife double act for you, now, both of them from the Northern Ontario Medical School in Canada — Dr Sarah Strasser is Consultant Director of Faculty and Staff Development; and Professor Roger Strasser, who we heard from very briefly a little while, is Founding Dean. Both, of course, have extensive experience in Australia — Roger as Head of Monash University’s School of Rural Health; and Sarah, most recently, as National Medical Adviser to the Australian College of Rural and Remote Medicine. To give us a view of Australia from “up over”, as they put it — Roger and Sarah Strasser.
KEYNOTE 9—VOICES FROM AFAR
Australia viewed from “up over”

Sarah and Roger Strasser, Northern Ontario Medical School, Canada

Sarah Strasser

Thanks to all of you, and the Conference, particularly Gordon, for getting us here. We will describe where we have come immediately from, how Canada compares with Australia, the view Canadians get of Australia and what we are doing over there.

Roger Strasser

So this is Canada, where we are now and you can see Canada’s ten provinces. Immediately to the south is the United States of America and you will realise from the red dot, that the centre of the world is no longer Murray, it is Sudbury.

Sarah Strasser

Which is very like Murray.

Roger Strasser

Sudbury is in the province of Ontario, and this is Ontario. The yellow area is Northern Ontario. It is around 1,000,000 square kilometres and less than 900,000 population, so a large rural and remote area. The main centres that are marked there with the dots are, down in the bottom right hand corner, the national capital, Ottawa, and Toronto is the capital of Ontario. Four hundred kilometres north of Toronto is Sudbury, and 1,000 kilometres west of Sudbury is Thunder Bay, and the Northern Ontario Medical School has two main bases, Thunder Bay and Sudbury.

So, here is an aerial view of Sudbury. As you can see, it is a city with many lakes and there are two arrows there. The arrow to the right points to our house. We have a beautiful home right on Ramsey Lake and the arrow to the left points to the Willett Green Miller Centre, which is the temporary home of the Northern Ontario Medical School.

Sarah Strasser

Well, these are the temperatures we have just come from and I have to tell you, after minus 15, cold is cold. At minus 30, the hairs in your nose freeze. The children are not allowed outside at school in those conditions.

This is not actually a snow day, because the bus is running. The yellow school bus is a thing of respect in Canadian community. Everything stops for the school bus. You can get fined $6,000.00 is you do not stop for the school bus. As you can see from this
picture, they have no white cars in Canada. However, there are a lot of young white haired women. I feel very at home.

Sudbury is actually the nickel capital of the world and mining is a big feature here. This is the Willett Green Miller Centre. As Roger mentioned, it has got the temporary offices of the Sudbury Base of the Northern Ontario Medical School.

This is the view from our road and we do not live too far from here, although I have yet to see Roger walk to work.

This is the view of Ramsey Lake, “our lake”, from Roger’s office.

This aeroplane in the front is Bearskin Airlines, called by the locals Scareskin Airline and is our normal mode of transport across the north, which is a million square kilometres, if Roger did not mention it.

This is a fantastic attraction right in the middle of Sudbury. I drop the children here and go and do my shopping and come back and pick them up. It is ten minutes from our house. There are six ski runs from beginning to advanced. There is a black run there, although you may not see it, and a bit more.

Another great feature on Ramsey Lake—this is the view from the other side of the lake from where we live. They create a two kilometre skating track, and although you cannot see any people there, it is a great place to catch up with people.

And this is another great pastime in the winter. This is ice fishing, and in fact, although you cannot see any here, these little cabins will often be found to have a satellite dish on top. They really set up home.

Roger Strasser

Okay. So, let us compare Australia and Canada. There are many similarities between Australia and Canada. Both are geographically vast and rather similar population distribution. Canada’s population is about 30 million, and, in fact, most of the population is within 100 kilometres of the United States border which is right to the south of Canada, and so another similarity. As some years ago, at a previous national rural health conference, one of the speakers described Australia as a land of fringe dwellers and in fact, you could say the same about Canada.

A major difference, really, for Canada is the proximity of the United States. And, in a very real sense, Canada in all sorts of ways is in the shadow of the United States. So, for example, after the terrorist attacks of September 11, immediately the security upon entry and exit to and from Canada was upgraded significantly because the biggest fear that Canada has is that a terrorist will be seen to enter the United States via Canada and then the Americans will just shut the border.

The Canadian economy is very much dependent on the American economy and so it is very much true that if the American economy sneezes, then Canada catches a cold.

This means, that for Canada and Canadians, it is very important to them to differentiate themselves from America and the United States. And so, in all sorts of ways, this is emphasised. Canadians see themselves as quite and not loud. They have
a very well developed social welfare service and then there is the health system. And, in fact, I think it is fair to say that it is an article of faith. It is almost ingrained in the Canadian psyche that they have the best health system in the world and certainly so much better than the American system.

In fact, they have a universal health insurance scheme, called Medicare, and in a lot of ways very similar to the Australian Medicare, but there are some key differences. In particular, that the system itself is run directly by the provinces. There is very little direct federal government involvement in providing health care. There are no private hospitals and there is no co-payment in the system.

And, of course, the United States is just next door which means that the health system generally, and particularly in medicine, is greatly affected by what happens in the United States, so there has been a much greater development of specialty and sub-specialty services even out of the major centres when you compare it to Australia.

During the 1990s, when there was the recession and the belt-tightening in Canada as in many other places, the federal government reduced its contribution to funding the health system from around 50–50, that is fifty per cent federal, fifty per cent provincial government funding to only about twenty per cent. And that has put tremendous strain on the system and led to a Royal Commission which reported just towards the end of last year. It was chaired by Roy Romano who had been the premier of the Province of Alberta and it certainly recommended a renewed at the national level to Medicare and the health system, and with particular emphasis on social determinants of health, on the social accountability of medical schools and on primary health care.

If we just look for a moment to the issues of rural and remote, again there are many similarities—limitations on resources, difficulties with transport and communication, shortages of health workforce and high turnover and certainly, many remote aboriginal communities that have poor access to services and poor health.

So, let us move on now and look at how Australia is seen from Canada. Sarah and I lived in Canada in the mid 1980s and during that two year period, Australia featured in the news only twice. The first time was when Australia won the Americas Cup, and I would have to say the Canadians were almost as happy and celebrating as Americans, because we beat the Americans.

The other time that Australia featured in the news was when the then Prime Minister, Bob Hawke, shed a tear in public. What was really interesting was that, that was the news. It was pretty much impossible to discover why he had shed a tear in public, but he had shed a tear in public.

I guess the other insight back in the mid 1980s, into how Canadians view Australians was that while we were there we had, on 26 January, which of course is mid-winter we held an Australia Day party and we invited people to come dressed Australian. And we certainly got some insights from that. In fact, we had, you know, several yacht
loads of sailors, quite a lot of tennis players with handle bar moustaches, but the person who actually won the prize came dressed as the Wizard of Oz.

Sarah Strasser

After being there for a month or so, I was beginning to get a bit anxious about this conference and realise that I was not hearing too much about Australia and so undertook a little bit of a study and, in fact, there are three things we hear about Australia in Canada. Basically, sport, catastrophes and there are a few Australian items that have permeated into their culture.

With regards to sport, my family were absolutely delighted that the AFL grand final was broadcast and we had a grand final party. No one else knew quite what it was, but never mind. We also got to see the Australian Open with live coverage which was excellent. Cricket—well, Shane Warne did hit the CBC news and when Canada then won a game at the World Cup we got to see a bit, but that is all.

Catastrophes: Bali was a shocking experience for Canada because I think they felt they could have been there too. The fires in Canberra got wide coverage and Gordon reminded us in an email how devastating that was. The runaway train in Melbourne—bit of a worry that. And, of course, with Iraq, the view in Canada is the US only has two allies, and that is, Australia and the UK. Canada is very much hopping from one foot to the other as to how it should go.

Now, the Australian items that have permeated into the culture are quite interesting, because we were sitting on the chairs in the auditorium behind a few that had actually been sponsored by Blunstones, and look what I found in the Toronto Globe and Mail advertised. I could not help but scan that in.

Ripcurl and Billabong are the clothes of the young Canadians and so my children are high up there, as being super cool. And we are going back with all of their clothes and none of ours, I would have to say. Wine has definitely hit the LSBO—the licensed liquor stores of Ontario. Wine is a very reasonable price. I think I buy it cheaper there than I can buy it here.

However, interestingly, there is no Australian food, but if you look you can find New Zealand lamb. My other source of information was Air Canada. Air Canada does this little world review each month and this was the one for us going over. Slop of the morning—now, although you cannot see it on this slide, they refer to the normal breakfast for Australians is left over pizza from the night before.

They also, however, did refer to one of the top ten hotels being the Park Hyatt in Sydney. I have yet to be able to go there, but I am told the room service is excellent.

And coming back this way, Air Canada actually put forward Australia as the best country for conferences and meetings, so—right on.

So, it is a fairly limited view that Canadians get of Australia. However, interestingly on an individual basis, when you talk to people, they actually have family connections here, so we have been wished very well with our trip here, and you know, if we see Aunty May, we have to say hullo.
Roger Strasser

Okay. Let us now just tell you a little bit about what we are doing over in Canada, and so back to Northern Ontario. The main industries in Northern Ontario are mining, forestry and tourism, hunting, fishing, canoeing, skiing and so on and so forth.

In terms of health services, there are perennial shortages and turn-over of health care providers. There are some significant successes, I would have to say. One is in a town called Marathon which is roughly in the middle of the yellow area—Northern Ontario right on Lake Superior there. It is a town of about 6,000 people that went for two years with fifty different doctors coming and going until one of the doctors who had gone, came back and stayed and said, “Okay, I am setting some limits to my practice. I am only available in this way and that way”, and then was able to recruit some others, and then negotiate with the provincial government a package salary arrangement. They now have eight doctors including two medical couples—usually have at least one registrar and are regularly voted to be best teaching practice in the north west of Ontario.

So, that is one success story. Another is the North Network, which provides a clinical telehealth service. That means that patients at sixty different sites across Northern Ontario have access to specialist care by video link without having to leave their community, and I guess the third success story is that there are two well established GP training programs—regional GP training programs, one in the west, one in the east, who each year graduate 30 general practitioners. And most of them are actually practising in Northern Ontario.

I would like to tell you, now, a little bit about the Northern Ontario Medical School. This is a medical school like no other, established through a collaboration of two universities, Lake Ed University in Thunder Bay and Laurentian University in Sudbury. It has a mandate to be responsive to the needs of the people and communities of Northern Ontario and has a commitment to being innovative.

So—just give you a quick overview of the activities of the medical school. We are developing education and training using the concept of the life cycle of a doctor in Northern Ontario, so a direct relationship with the high schools in the region to encourage more Northern Ontario students to see themselves as future doctors, to get the grades to get into the local universities, to then—it is a graduate entry program—undertake the undergraduate—the MD program, then do their post graduate training.

We are building up specialty training within the regional as well, providing professional education and professional development, continuing education, and then graduate studies, and we are looking for those graduates, those doctors, to complete Masters and PhDs and then become the academic faculty of the Northern Ontario Medical School.

Just a little bit more about the under graduate program. These are the five key features. The students will spend most of their time in small groups; patient centred, case-based learning; a focus on core curriculum—that is, that you reduce the minimum knowledge and skills which the students need to acquire in order to graduate as competent doctors; an emphasis on the whole health team and having the medical students learning from non-medical teachers and together with nursing and
other health students in the classroom and the clinical setting, and a lot of the learning out of the major centres.

Community-based medical education means that the students get the opportunity not only to learn about the diversity of communities and cultures in Northern Ontario, but to experience them for themselves and all of this is supported by high quality broadband communication information technology, so that the students and the teachers have the same access to information and educational resources as if they were in a metropolitan teaching hospital.

Research activity is very important with the medical school looking to act as a facilitator to build a capacity of research, building on existing strengths and developing new ones, and with the connecting theme that the research questions for the medical school will particularly focus on addressing the questions, the answer for which makes a difference to the people of Northern Ontario.

Community professional activities. Again, emphasis on the whole health team and engaging with all the health professional groups across the region, and involving communities, ensuring that the communities welcome the students, make them feel at home, and so when the students move on, they will want to come back for further training, and ultimately to settle into practice.

So the Northern Ontario Medical School—a medical school like no other—will have the special sense of being grounded in Northern Ontario and yet, at the same time, seeking to be internationally recognised as a centre of excellence in health, science and medical education research and service.

Sarah Strasser

Very rapidly, because I realise you are all dying for coffee. For me, personally, as well as working for the Northern Ontario Medical School, I also work for—I do not know if you can catch this on your screen, but you will see it in a minute—I work for the Shkagamik-Kwe Health Centre. This is a First Nations community health centre. The interesting thing, in part, is that I have become an OTD.

In Canada, this is called the International Medical Graduate, IMG, and the warning I have for Australia is that Canada is about to open their doors to IMGs/OTDs and it will be very welcoming, very attractive, very financially rewarding and this despite Canada having increased their medical school intake by over 10 per cent.

It has to lose some attraction for Australia, I would have to say, and of course, wear that. But just to let you know about the Shkagamik-Kwe clinic, I believe this is the first place that I have really felt at home, seeing First Nation patients. It is a fascinating centre. It is what I believe Puggy Hunter referred to as “smart medicine”. We combine traditional medicine with modern medicine. I am seeing my patients to the beat of the drum and it is a very exciting place to be.

I thought it was interesting that the colours of their circle are the same colours that the Aboriginal groups use here.

As well as providing medical services only to First Nations people, all the other programs that are listed here are available to anyone in the community. Not a lot of
non-aboriginal people take them up, however. One of the most exciting things, I found, was the traditional medicine room. It is chock-a-block full of all the traditional healing agents and each year they go on an expedition. This is actually a healing—it is a therapy in itself and it is very exciting for people to be involved in that.

I would just, finally, say that due recognition is given to the complexity of the problems that these patients bring in terms of, not only the work practice but the ethos and the culture. And right in the middle of this building, is a traditional healing room which looks like a wigwam to me, who is fairly uninitiated in these things and the smell of smoke wafts through the building and it is all very congenial and a very happy place to work.

This slide here is just to show you that we do get some summer. This is our house and this is the view from the lake, and what you cannot see, because we have not yet put it in the water, but we do have a fantastic boat, also. And, summer at the Willett Green Miller Centre.

Roger Strasser

We have two more slides, actually. So, just drawing this together, we have briefly told you where we are now and how Australia compares with Canada and outlander activities in Northern Ontario, and I think you can see there are many similarities and some differences between Australia and Canada, and really much that in Australia, can be learned from Canadian experience and vice versa.

We did have one other thing to show you, which goes back to 2001. I was invited to visit Canada for a week by the McMaster Medical School as a visiting lecturer, and wouldn’t you know it, Sarah bought a house in Tasmania, so we do have a picture which we cannot seem to show you of Kirkland’s Manse in Campbelltown. Sarah?

Sarah Strasser

This house has been great for me, because I have been restoring it and it is about to be advertised to rent out as a large family holiday house, which is something we have always needed and never found. And our thought was, and I have yet to actually speak to Gordon about this, but one of the traditions that Canadians have, at any conference like this, is to have a door prize. And so, we would like to offer a door prize for the dinner tonight. Whoever wins it, if they can get themselves there, can have a week in our house in Campbelltown that you cannot see.

But we would love you also to visit us in Canada. Please get the normed website and make contact.

Thank you. Thank you, very much.

Vivian Schenker, Conference Chair

Thank you, very much, to Professor Roger Strasser and Dr Sarah Strasser. Now, before you go, it is morning tea time.