Binan Goonj - Bridging Cultures in Aboriginal Health

Mary Martin

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You can see the title of my session for this afternoon, but just a little bit about myself. I live on North Stradbroke Island which is my father’s country, and I have two children and two grand-daughters, but I live at home with three dogs and two chooks. The chooks were because, you know, with the GST coming up, I thought I’d do the right thing and, you know, get a couple of chooks to save on the cost of eggs. I have two faithful chooks there now and every day they lay two eggs because every day I say to them, you know, “There are things you have to do for me and you have to lay the eggs.” So the eggs are actually stacking up now. “I’ll feed you and I’ll look after you but you have to lay the eggs.” Probably what I did with my kids too, although they didn’t lay eggs.

I guess that’s just who I am. When we go camping, I camp on the beach at Strad and the dogs come too. You can’t go to the beach without the dogs. But that’s just a little bit about myself and who I am. It’s not all of it, of course, but some of those things that make me who I am.

But the purpose of this session this afternoon was actually a continuance from my session yesterday [at the NACCHO Showcase] in regards to the RACGP Aboriginal Health curriculum. But before I do that I just wanted to say I’ve had the privilege of going to the last two Rural Health Conferences and never did I ever think that I’d be up here doing what I’m doing. It sort of just blows the mind, you know, you think, “Wow”. But you never — well, I never — I shouldn’t say you — but never think that it’s possible, but things are, because here I am.

So it’s a continuance of my session yesterday because it was a required text in the RACGP Aboriginal Health curriculum. But for those of you who aren’t aware of that, that’s fine. I just wanted to bring to your attention a cross-cultural package that may or may not be of some use to you. Have any of you heard of it at all? Okay. There’s probably various opinions about the book too. That’s all right too. We better get going otherwise we won’t get there.

But just to bring to your attention, I don’t know whether you want me to read it or not. I know it should be safe to assume that you can all read, but just to let you know how the materials in the book come about and I’ll show you who the team members were. They are the authors of the book; two non-Indigenous and the others are Aboriginal. There’s myself. Lyn’s from out Mitchell which is south-west Queensland. Roy from Yarrabahr and Ina’s sort of got Innisfail family, but she lives in Brisbane. But it was especially developed to familiarise non-Aboriginal health professionals with the distinctive needs and aspirations of Aboriginal people living in rural Australia.

We believe, to fully understand and deal with the health problems of Aboriginal people in society today, we need to examine the factors which led to their position of
predominantly low social status and powerlessness. It is only from a position of understanding that we can develop appropriate cross-cultural attitudes. It just says a little bit about all the team members have been active in analysing, administering, working in health care with Aboriginal groups, and that they draw heavily on our experiences and perceptions, and government reports as well as comments from those people who actually reviewed the project.

Now, you know how I talked about me and my chooks and the dogs, I’m just wondering if there are any people in the room who have ever actually had a chance to look at their own self in terms of their cultural identity at all? Hands up. So some of you have. You know, like I always knew that I was Aboriginal, but I never ever had the chance to look at myself in terms of what it meant being an Aboriginal person and living in Australia and things like that.

But it gave me the opportunity by being involved in the book and also actually doing the workshops to, I guess, enrich me about things that I hadn’t really thought about, because I knew things were happening like racism and you know the treatment down at the hospital, our mob getting locked up and things like that, but never ever thought about it in terms of how it all came about, because I guess we just live with those things every day. But in doing the workshop it actually enabled me to put it into perspective. Yes, I was just curious, that was all.

Just how we began the process of developing the material on the premise that Aboriginal people’s life chances are intrinsically linked to their past and present socioeconomic and cultural status in Australian society. We believe that it is impossible to understand the minority’s health situation unless we become aware of its history since 1788 and its place in Australian society then and now. And such understanding is also essential to facilitate positive cross-cultural interaction between the majority and minority. It includes an overview of the history of colonisation in Australia.

So what I’m doing now is just working you through the book just to let you know, perhaps entice, or give you some food for thought to think about doing the workshop. Who knows. An overview of the history of colonisation in Australia and its aftermath, because I know when I went to school we didn’t sort of learn about the Aboriginal side of things. It was about the natives and I didn’t think that that was my mob either. I don’t know who they were. I wasn’t quite sure who these natives were, you know. It may have been the fact that it was a little country school, but I don’t think so. It’s probably just how things were done in the Education Department at the time.

Consider the place of Aboriginal people in Australian society today, which includes the health status, interactions with the majority and how the nature of such interactions has influenced how the minority feels, sees itself, and reacts and interprets those things. So within the book then there are case study materials and they’re actually real. They are real things. If you’ve ever had a chance to look at the book those case studies are real and some of them not so long ago either, and we know that a lot of our people are still — those things still do happen.

Just some of the following constraints when the package was done. It focused on Aboriginal rather than Aboriginal and Torres Strait Islander. Concept of community not to include the geographic things but the family groups which occupied specific
territory. Attempt to explain the varying perspectives of health care workers and Aboriginal clients. Health care providers are most frequently members of the dominant majority and within this majority belong to essential respected and frequently powerful professions. Aboriginal clients, however, most frequently belong to systemically disadvantaged at-risk groups.

It is easier for health workers to adapt to different needs from their positions of strength. Such adaptation will not influence their life chances. Failure to develop appropriate cross-cultural skills — I think I must have left it out of the box — but what I was trying to say there was it’s easier for a health professional to change their attitude to a minority group than to have the minority group — by developing, you know, cross-cultural skills, to do that, by having the minority group — because if you don’t people within the minority group’s life chances will be affected whether it’s, you know, physical, social, emotional, mental.

But not only to develop their own knowledge and competence, the use of the book, but also that of others through in-service seminars and discussions and the material in the book could be discussed, adapted and restructured in collaboration with local Aboriginal communities. And the material should be presented in collaboration with Aboriginal facilitators. That was the intent of the book all along, because it’s a cross-cultural awareness. It’s not just talking about, you know, Aboriginal cultural issues. It’s about us. It was in terms of cross-cultural awareness, a two-way learning process.

And with the book there’s a facilitator’s guide to assist well-qualified, well-prepared facilitators who are able to reach out to different groups and discuss with them the issues and concerns that are foremost in Aboriginal people’s minds in relation to health, to explore in neutral and non-threatening way strategies so that cultural differences and diversity are valued. To meet these aims it is of course imperative that only well-prepared cross-cultural facilitators utilise the approaches, the resources and strategies outlined in this guide. Because if the guide is used by people who aren’t skilled cross-culturally you can do more harm than good, but sometimes you just reinforce the stereotypes that are out there.

I just wanted to quickly talk about culture shock. I think we all experience it sometimes in our lives and probably Aboriginal people more so than others would experience cultural shock when they need to go to hospital. That’s probably one of the reasons why, one of many reasons why our mob don’t front at hospital, you know, until they’re really crook. Like, you know, if you go overseas or things like that you learn about the country, but if you’re going into an Aboriginal community, do health professionals learn about those things that the community value, that they need to know about before they get there?
Mary Martin is the Recruitment and Promotion Service Manager for the Queensland Aboriginal and Islander Health Forum.

Mary’s mother’s people are from Bidgara from central Queensland. She currently resides in her father’s country, which is the Quandamooka region in Morton Bay, south-east Queensland.

After completing nursing training at the Mater Misericordiae Public Hospital in Brisbane she commenced work at the Aboriginal and Torres Strait Islander Community Health Service in Brisbane and is still involved with that organisation.

Mary has had the opportunity to have a multitude of roles in Aboriginal and Torres Strait Islander services, which has included being a client of the service, being involved in establishing and working in services, managing an Aboriginal health service and being involved on a Board.

Mary enjoys her work, meeting new people, facing challenges and presenting information.

She likes nothing better than to spend the weekend camping on the beach of North Stradbroke Island with her family and the dogs — fleas and all.