

The Children of the Sunrise

As my television program ended one night and the debate on the future of Aboriginal Australians was moving to another phase of tension and uncertainty, Patrick Dodson leant across the panel desk and said in a quiet, measured tone to Mal Brough :

“Minister, it is not fundamentally about policy it is about how you value Aboriginal people as human beings.”

The Minister for Indigenous Affairs continued our discussion as he walked off the ABC set. He was emotional and frustrated that he was not making enough progress around the country. Yet he was determined, he said, to do all he could to stop the collapse of Aboriginal family life.

“After all, “ Mal Brough said, “I have Aboriginal family”, a reference to at least some of his close kin who identified as “of Aboriginal heritage”.

Patrick Dodson brims with emotion too. Through tears in his eyes he talks of the three young men in his Kimberley extended family who have taken their own lives and of the elders buried way too young, in an endless procession of funerals and constant grieving.

Aboriginal people press their sweat onto the coffins as they are lowered into the ground and they have barely wiped the tears from their eyes when there’s news of another death, young men who have flung themselves onto electric wires on the power poles, ashamed men who know they can’t support their families and broken men who die in the long grass or in a police cell. The old and the young are in so much pain. The children are wailing now. I hear them constantly in my mind. And young and old they are disappearing so rapidly that a great deal of Aboriginal culture is vanishing before our nation’s eyes.

Is this what we see now as we contemplate the Federal Government’s plan to “save the children” by taking over 60 Northern Territory remote communities?

These are the Children of the First Sunrise, the descendants of the Ancestors who walked the coastlines of the world on the greatest human journey the world has known. These children, neglected and abused as our Nation has turned away, are the living expression of the world’s oldest continuous culture.

I do not romanticise their past or ignore the enormous sadness of their present. But it is essential to value Aboriginal people first as human beings. You may choose your own way of doing this, by looking at the longer timelines of history and how their adaptive brilliance and resilience has allowed them to endure climate change, species extinction, and the comings and goings of many other people. You may marvel at the abstraction, beauty and symbolism of the highest forms of their art, their grace in dance or original voice in words and music. You may admire their spiritual realms and the intensity of their belief. Or love them in the sporting arena where we all seem

to claim their exuberance as our own. But value them, first and finally, as human beings, especially at this time, as we hear it said, once again, that we are “saving their children”.

The Children of the Sunrise are indeed in danger. Aboriginal people are facing the greatest threat to their culture since the arrival of European illnesses and viruses over two centuries ago. A Black Death, a plague of chronic illness, has been cutting the heart out of several generations of Indigenous people.

We have had an emergency in the heartland of this country for over twenty years. Syndrome X, the doctors call it. This cluster of chronic illnesses, diabetes, renal disease, strokes, hypertension, cancer and heart disease, has reduced the life expectancy of Aboriginal people to seventeen years less than the rest of us. In the remote communities I have worked closely with over many years I rarely meet an Aboriginal man close to my age. Most of the people I knew there twenty years ago are gone. They are dying of totally preventable and treatable lifestyle illnesses, because the life to which they have been sentenced at birth is barely a life at all. This is our Great Australian Emergency.

Aboriginal babies die at two to three times the rate of white infants. In the remote communities around the country thousands of children fail to thrive and are malnourished. Many are damaged from birth through foetal alcohol syndrome, and contract diseases of poverty like scabies and anaemia and acute rheumatic heart fever.

It is worse than in most Third World countries. It is infuriating to all the medical staff struggling against the odds on the front lines of this emergency because everyone knows now that this Black Death is preventable. This doesn't have to happen in a nation as rich as ours.

The key to defeating Syndrome X is to improve the health and education of the young mothers. Dr Fiona Stanley and many others have told us this. Health and education go hand in hand because that young mother needs the life empowering knowledge to have a strong pregnancy and nurture a strong and smart child.

The cause of Syndrome X is in most cases the appalling poor health, nutrition, living conditions and lifestyle of the young mothers.

According to Professor John Bertram of Monash University whose team explored this pattern of illness here and in the USA, these Aboriginal children are being programmed for a disastrous life even in utero. Dangerously low birth-weight babies are born with too few nephrons in their kidneys. You don't catch up on nephrons. The hand you are dealt at birth is what you will live and die with. With too few nephrons the kidney of the Aboriginal child struggles and overcompensates, with an increased risk of scarring and ultimately early kidney disease.

This is the path that carries Aboriginal people towards a premature grave. But along the way there are many other terrible dangers, most of which can also destroy them. In an overcrowded house with 15 or more people crammed together there is great risk of illness and abuse. It happens like this everywhere I have seen severe disadvantage. In Australia as a whole as many as one in four girls and one in seven boys experience some episode of sexual abuse. In disadvantaged families the abuse rate climbs alarmingly. Who do they turn to? Mother and father may well be lost in alcoholism. Women and children crying for help know that no one really has been listening to them for a very long time.

It is over 20 years since I watched Rose Kunoth-Monks, that shining beauty in the great Australian film, "Jedda", walking with other proud and wise women of Central Australia. Through the streets of Alice Springs they marched, chanting that they would not be silent anymore. They wanted the abuse of their children to stop. They asked for our help and asked us to walk with them. But the Nation as a whole, and certainly government, State, Territory and Federal, did not listen then and even at times much later when it did, our Nation did not act.

We have turned away from the Children of the First Sunrise.

Numerous Government inquiries, Royal Commissions, States, Territory, and Commonwealth agreements, anguished cries from Magistrates, angry authors, endless investigations, PHD studies and shocking media reports have told us for decades that many of this nation's children go hungry, wandering away from school to look for a scrap of damper or junk food to fill their rumbling bellies, stumbling around with addled brains from petrol sniffing and dope smoking, losing sense of what is healthy and even normal, because of this traumatized state, a cross-generational trauma that confuses everything, scrambles all judgement, and sees morality surrender, despite the anguish of mothers and fathers who clutch at their children and try to protect them. Too many people, white and black, think it is hopeless. Too many have given up caring. A contagion of sadness and depression sees lives sinking like that big red ball on the horizon.

It was this tragic collapse, long ignored despite the pain of the very youngest and the old that set the stage for the Howard Government's dramatic seizure of 60 remote communities and a vast tract of Northern Territory land.

To understand the architecture of John Howard's policy you need to know the architects. You also need to recognize that several important steps have been taken over the past decade to arrive at this emerging blueprint for a new Aboriginal Destiny.

The Federal Government's refusal to say Sorry ended Reconciliation;
The Government's 10-point Plan undermined Native Title;
This was followed by denial of the Indigenous Right to Self-Determination;
The Abolishment of ATSIC;
The assault on Indigenous Self-Management and Autonomy;

The isolation of Indigenous leaders who do not support Assimilation;
The cultivation of a New Conservative, Pragmatism
And finally, a plan to change communal ownership of Aboriginal Lands.

There may be other parts of this long range planning that are not yet clear.
In time will all of the smaller remote communities be absorbed by funding only
the fifteen larger communities in the Northern Territory?
Will five-year lease control be followed by 99-year lease control that
effectively neutralizes or ends Aboriginal Land sovereignty?
Will life get easier for more than thirty large companies prospecting for
Uranium but a lot tougher for the people who own this Aboriginal land?
Will mainstreaming, assimilation and any other form of social engineering
allow the survival of Indigenous cultures beyond a token and reluctant
tolerance?

What is the long-term plan?

If it is about Aboriginal children, why have so many of the most respected and
authoritative Indigenous leaders been excluded from the discussion, let alone
the planning?

Behind the earnest tone of voice, there is something troubling in the Prime
Minister's almost bitter rejection of the views of other Indigenous leaders
beyond the handpicked few who have agreed to work with him.

The main Architects of the Federal Government's Emergency Plan are the
Prime Minister himself, the Minister for Indigenous Affairs and the head of the
Prime Minister's Department, Dr Peter Shergold. The latter has expressed his
frustration that much of the policy he has helped implement as one of the
nation's leading bureaucrats had only made life worse for many Aboriginal
people. Dr Shergold wanted a federal takeover of the communities. The
enthusiasm of Federal health Minister, Tony Abbott, for what he has called "a
new paternalism" encouraged this belief that
Federal control and a law and order intervention was the first move. The head
of the Prime Minister's Indigenous Affairs Department, Jeff Harmer agreed.
The Prime Minister's hand-picked Indigenous Advisory Council is headed by
Dr Sue Gordon, the Magistrate and she has given advice. But her caution
makes it clear that she has not been the principal influence.

The final solution draws heavily on the assessment of white academics who
have longed argued that Aboriginal communes are not viable and are
structurally part of the problem. Professor Helen Hughes of the ANU, the
Bennelong Society's Dr Gary Johns, and the former Sydney University
anthropologist, Roger Sandall reject the notion that Australia's 460,000
Indigenous people have distinctive rights to live on the lands traditionally
theirs or returned to them through Native Title. They share, with the Prime
Minister, a belief that this kind of thinking creates "exceptionalism" when, they
argue, all Australians should be treated as individuals.

The most curious aspect of this ideological view is that as individuals Aboriginal people are clearly the most disadvantaged in the nation. Their sense of community and attachment to land, damaged as these fundamental beliefs may be, remain the cause of their resilience, against the odds.

With supporters from the Right and the Left, from the Liberal and Labor Party backgrounds, we are living in a chapter of the Culture Wars that is confusing for many people but certainly not for those who see the solutions so clearly.

Warren Mundine, former President of the ALP, offered support to ending communal land ownership, joined the Prime Minister's National Indigenous Advisory Council and has now given qualified support to the Howard/Brough Emergency Plan for 60 Northern Territory remote communities.

This support has been a crucial part of the Prime Minister's political tactic of dividing the significant Indigenous leaders. He will have a harder time wedging Kevin Rudd who seems determined to keep the ALP on the same side as the government, just as it was in scrapping ATSIC.

It is the philosophy of Noel Pearson, the Cape York Institute Director that has clearly provided the emotional heat for this new Australian brand of "tough-love" towards Aboriginal people. God I detest that phrase. I have heard it in Canada and the United States, always used towards disadvantaged minorities, and always with a whiff of paternalism. Whatever Noel Pearson wants to call his policy, it is the mix of coercion and persuasion that has given John Howard and Mal Brough the impetus for the federal intervention in the Northern Territory.

Noel was paid as a consultant by the Federal Government to draw up a plan for Indigenous Welfare reform that extended the government's fledgling terms of mutual obligation and moved towards a much tougher treatment. Once a sharp tongued critic of many of the Howard Government's Indigenous policies, Noel spoke publicly of the burden and even the pain of trying to create programs that could lift the communities in the Cape. Like Patrick Dodson he came to the conclusion that only Government, the Federal Government, had the power and the money to bring the scale of support needed to change the disastrous pattern of Aboriginal life. Clare Martin mentions this too. The latest report on sexual abuse of Aboriginal children also notes that only the Federal Government can manage this.

The telling difference in policy between Patrick Dodson and Noel Pearson is that Patrick thinks the Government should resource Aboriginal people to develop their communities with an emphasis on their rights, fairness and a Treaty to enshrine these values. Noel wants a three-step plan: intervention through radical welfare changes, innovation created by Aboriginal institutions, and then the enlightenment when Aboriginal people are able to make their own choices with confidence. International experience certainly shows,

especially in Indigenous communities, that only when people manage their own destiny are real strides made in health and education.

The Cape York leader, burdened, in pain and in a sense frustrated by his own region's lack of progress despite all of his government lobbying and corporate partnerships, arrived at a point where he thinks his people cannot move on their own accord towards the light. For the children's sake, Noel pleads, 'problem parents' and whole families must be led to something better by cutting welfare payments, setting aside money for child care and food, and letting a committee of elders and a retired magistrate deal with the offenders. Noel has stressed care and rehabilitation. Will the Federal and Territory governments be able to introduce such help now when such pledges have never been met in our lifetime?

Noel Pearson says rather tellingly that the Howard /Brough Emergency Plan is not the Pearson plan. Phase one will enlist drastic cuts in family welfare payments to coax or coerce problem families. But Noel Pearson is cautioning that only problem families should taste this punitive approach, not an entire community where many families are trying to care for their children and get their kids to school.

At this point, as a Nation, we desperately need to find unity and I am not talking merely of a bi-partisan political approach, rare as that may be. In a state of true emergency with so many lives affected we need to respect the views of many other Indigenous leaders and the medical and educational organizations that have spent decades working in the struggle to improve Aboriginal lives. More than forty of the leading health and education organizations in this country committed to Tom Calma's "Close the Gaps" campaign, launched by Ian Thorpe and Cathy Freeman, and supported by every good educator and medical expert I know. These organizations want more than Phase One of an Emergency Plan. They want long term Federal Government commitment to a sustained program of development and support. They want to change the tone of this whole military like operation. They want to see more consultation with the Aboriginal people at the grassroots level because so, many of these people are afraid.

If this Emergency plan takes on the shape and tone of a military operation it will damage any chance of improving the lives of the children it seeks to assist.

In Native American communities, American Army doctors played a useful role in helping close the gaps in health and life expectancy. But many of those doctors were Native Americans. We still have less than one hundred Indigenous doctors and far too few Indigenous teachers and counsellors. An Indigenous task force is a vital part of any real emergency plan.

When I was a reporter filming in the early seventies Native Americans lived 12-16 years less than white Americans. But a rapid injection of primary health care, coupled with a well-funded program of affirmative action in education, has closed those gaps remarkably. Today Native Americans lag 3.5 years

behind the white life expectancy. It was education and economic development that lifted the standard of so many lives. The former US Surgeon General, Dr David Satcher said so after looking around Central Australia. "What is the solution to this misery?" he was asked. He didn't say "emergency seizure of the remote communities". He said "education, education, education."

So what lies ahead for the 60 Aboriginal communities in our heartland? The challenges will become much clearer even in the first few days. In most of the remote communities Aboriginal children only spot a policeman after there's been big trouble. They hardly ever see a doctor and get most of their treatment, if any, from remote area nurses. The first community where the new police, supported by the Army will arrive is Mutijula. It is an impoverished place on one side of Ulluru. With a luxury resort just a drive but nonetheless a whole world away there won't be quite the usual problem of finding somewhere for the visiting GP to stay. In most of Australia's thousand or so remote communities and outstations there is such a crisis in housing that even the nurses are crowded into often sub-standard quarters. Mutijula has a newly built police station, as it is one of the communities the federal government has pinpointed as a test case. Mal Brough has been determined to find a way of imposing government control of this community and others because the Minister believes this is the only way to save people from themselves.

The Northern Territory police have pointed out that in the sixty communities targeted for the Emergency Plan there are few available beds for visiting policemen. I do hope that these police, even experienced troopers who may have served in the Solomon Islands or Papua New Guinea, will be given some genuine education and cross-cultural training because most good men and women in the Territory, Aboriginal and non-Aboriginal, find this police work almost soul destroying. As a Nation we have allowed whole communities to disintegrate. We are asking a cop or a doctor to fix what we have failed to do.

The doctors who we are told will examine approximately 23,000 Aboriginal children under the age of 16 in more than 60 remote communities in the Northern Territory will find the children awkward about this medical inspection. The style of the announcement has accentuated this sensitivity because the implication already is that these children have done something terribly wrong. They will feel trepidation and some will feel shame. Every expert child counsellor I know agrees that this is not the way to treat a child who has been abused. The words do matter on occasions like this. If the Government had chosen instead to say that it had listened to Aboriginal leaders, health organizations and expert advisers and was coming now with the help Aboriginal people had called for to protect, nurture and help educate their children, we would have a cooperative atmosphere that offered far greater chance of true success.

I can tell you that my wife and I would not allow our children to be inspected en masse for possible sexual abuse or other neglect. Wouldn't you see a personal inspection as reasonable only if there were reasonable evidence that

something may have happened to one of your children? But we wouldn't agree with our entire schools or local community being called in for medical inspections. You may think this is too personal a comment. But it is one of the first questions my thirteen-year-old daughter asked me about John Howard's Emergency Plan. Knowing the sensitivity of the children in the communities my daughter remarked that this was going to be very hard for the girls she knows as friends.

Why should all Aboriginal children, all 23,000 of them, be examined now unless there is real evidence certain individuals have been sexually abused. The Federal health Minister replies, reasonably, that it will allow the doctors to audit their health and pattern of illness and work out who needs treatment.

Well, yes, the visiting GP's can perhaps give some short-term treatment and care. That's a very good thing. They will also list the numerous diseases and illnesses of poverty these children suffer, like Otitis Medea, acute rheumatic heart fever and lungs full of life threatening puss, the very same illnesses identified by every other medical assessor over the past decades.

It is worth remembering at this point that the Australian Medical Association has been calling for an additional \$460 million dollars a year in funding for primary health care to deal with an emergency that has grown steadily worse for over two decades. But then, I still say, what are we going to do to prevent the abuse and neglect of these children?

If a doctor finds a child has been sexually abused or neglected, the police may charge the alleged offender who would have little chance of posting bail and therefore could be held in gaol awaiting trial. What happens to the child? In remote communities, sometimes hundreds of kilometres from the nearest town, I have never encountered a therapist or counsellor of any real experience. These kids rarely see a dentist, let alone a psychologist. So the fate of the abused or neglected Aboriginal child remains uncertain. Will the child become a ward of the state? Will new hostels planned for larger towns hold more young children from remote communities? Are we going to repeat the mistakes of history or learn from them?

The short-term visitation and inspection Phase of the Emergency Plan only reinforces the uncomfortable truth that we do not have the essential services in place to provide care to these children and their families. So what is plainly required now is the establishment of adequate primary health care within reach of all of these communities. That will require funding on the levels recommended by the AMA and a massive and urgent recruitment campaign to get suitable health workers to the front lines.

The other main prong of Phase One of the Howard Emergency Plan is a ban on alcohol in many of the troublesome remote communities. Clare Martin, the Chief Minister, claims 90% of the Northern Territory already is declared "dry" and I do know several of the smaller remote communities that adequately enforce a self-imposed ban on grog. But the rivers of grog are part of an enormous business in the Territory where many seem to have the biggest

thirst on earth. From Darwin to Alice Springs many Territorians set staggering records and binge drinking is just part of life, self-destructive, damaging, but part of life.

So to cut off the “rivers of grog” to the remote communities I daresay the Mayor of Katherine, an ex-Nurse named Anne Shepherd, is right. White townfolk and liquor retail outlets will have to sensibly and cooperatively restrict the sale of alcohol to everyone to give this drastic measure any hope at all. The Katherine Mayor and many Territory police fear that the drinkers will defy the grog ban by coming into these larger country towns and joining the drunken drifters living in the long grass, men and women who sometimes never make it back to their homelands.

Is this what we want? Is this part of what is expected? Will the combination of welfare cuts and a booze ban encourage more people to abandon the outermost remote communities?

A sensible, sobering approach would be to establish adequate alcohol treatment teams in the communities during the period of this prohibition. An alcoholic can be irritable and even angry and violent when going through the withdrawal without help. The white man’s poison does tremendous damage to much of Australian society but everywhere you look there is a shortage of adequate treatment facilities.

After the necessary law and order, we plainly need real care and adequate services. The model I would urge the Prime Minister to consider is to tick off all of the most vital services that his own wife and children would need to live in reasonable safety and good health.

At this point we should link the fate of the remote communities to the long-suffering condition of our countrymen and women in all smaller Australian towns. It is an accurate rule that the further you travel from urban Australia the more disadvantaged the children are in health and education. This is where we need to invest some of that future fund in creative and innovative mobile medical services, assisted by the Internet.

Instead of thinking about the Internet and videos carrying destructive, abusive pornographic practice into these remote communities, recognize that properly funded Internet and videos can carry health education and vital diagnostic medicine.

We don’t have to retreat from remote communities. We have to engage in committed building up of their services until they are liveable little towns. ‘

I am truly sorry but this has never happened.

Nation building is about investing some fair part of our national bounty in proper health, housing, food and education for all of our children.

Yes, these are our children.

Closing the gap in life expectancy for these children calls for a far greater commitment than we have yet made in the Howard Emergency Plan.

Closing the Gap is this nation's greatest challenge and the way to close the gap in life expectancy is to close the gap in education.

A considerable body of international research, especially the work of Fraser Mustard, among Indigenous people in Canada, has established that for every extra year of education we provide to a whole community of young women we add up to four years to the life expectancy of their first child. Dr Ken Wyatt, the Director of Aboriginal Health in NSW, adds that every extra year of education for those young mothers will also reduce the chance of them losing their first baby by seven to ten per cent.

What more incentive can we want to now put in place a Literacy Brigade of suitably educated teachers and retired professionals to join the overwhelmed ranks of the teachers in the remote area schools? Our Governments, Territory, State and Federal, must build adequate housing to allow for the arrival and support of all of the services that make up a normal, healthy town.

Let's stop pretending it can't be done. Let's stop arguing about what has been spent and who is to blame.

It is essential that Federal, Territory and State Education departments aim higher, stop bickering and cooperate to improve the education of all of our children.

I believe at Ian Thorpe's Fountain for Youth Trust we are showing it is possible to work cooperatively with all of these levels of service for our children. We have had the strongest encouragement and support from Federal Education Minister, Julie Bishop, Dr Brendan Nelson and senior federal administrators who understand the vital connection between health and education. In the Northern Territory, Clare Martin's Education Department has vigorously supported this initiative working with Aboriginal teachers and Aboriginal health workers to engage Aboriginal families in the education of their children, to close the gaps between the home and the school, to build community libraries for the literacy backpacks in the Jawoyn communities of Arnhem Land.

There just aren't as many hands as we need on the front lines of this crisis.

That is the great challenge to ease the emergency.

We need to make this personal.

This is our responsibility and every day is a precious opportunity.

So raise your voice and use every breath for the Children of the Sunrise.

Jeff McMullen
Address to Australian Catholic University Sydney
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