

The Canberra Times

Aboriginal health debate revived

Canberra Times 19th December 1994

THE CASE for a major reorganisation of Aboriginal health-care delivery has been overwhelming for some time, but has gained impetus from a review ordered by Cabinet eight months ago. The setting then was Cabinet's rejection of proposals and commitments made by the former Minister for Health, Graham Richardson, carried forward by his successor, Carmen Lawrence. Dr Lawrence failed to persuade her colleagues either of the need for radical reorganisation or for any substantial fresh funds, though she was able to retrieve from her humiliation at least an extensive review. The draft report of that review is now circulating.

What is clear is that the basic diagnosis was right, that the stop-gap medicine then applied, including minor fresh funding dressed up as a substantial commitment, was unlikely to make much difference. Now perhaps it might.

A major symbol of change was to have been a shift of responsibility for Aboriginal health from the Aboriginal and Torres Strait Islander Commission, and a hand-over to the Department of Health and Human Services. There are good reasons. ATSIC has shown that it lacks health expertise and the capacity to set priorities. Bringing Aboriginal health into the main public-health debate clearly is needed if it is to have access to expertise and funds.

However, much more than a change in the captaincy of the Titanic is needed. Dr Lawrence's department has yet to develop any significant expertise or administrative capacity for assumption of the load. While there is now a

good critique of how things have been going wrong, policy prescriptions are not as well developed.

Even the review is a disappointment in that it provides little useful information about the capital investment, or resources, needed for any substantial change. Focusing on the money which has been directly given to Aboriginal communities, usually through Aboriginal medical services, would be wrong. There are problems, some of which flow from poor resourcing. Others may flow from faults in how such services have been organised. But, as the report points out, these services are responsible for only a fraction of the funds which are being, or which should be, spent both on Aboriginal health services and on others such as housing, water, infrastructure and so on, and which can create conditions for good health.

Aboriginal Australians are citizens, like any others, of states and territories, but state and local government authorities have failed to meet obligations to provide them with services and facilities which other Australians take for granted. In some cases, money specifically for improved Aboriginal services has not been put to good account. States have been protesting for years about tied Commonwealth grants but, as the report points out, their record on their Aboriginal-health commitments shows that sometimes they cannot be trusted. Then again, the Commonwealth's record in pushing the states to meet their obligations is equally lamentable.