

## The Canberra Times

### Action, not just fixes, in Aboriginal health

**H**EALTH Minister Graham Richardson went, saw and was as appalled as so many ministers have been over the years about Aboriginal health conditions. "We are going to have to do something about it. I know a million politicians have promised all that in the past 100 years, but it has come time to do something," he said yesterday after a tour of Northern Territory and Western Australian Aboriginal communities. He is quite right, on both points, but can he get more done than all those others who have failed?

Senator Richardson is set in "fix-it" mode. It is commendable and encouraging that he wants to get something done, but if it were so easy, something would have been done a long time ago. The difficulties of Aboriginal health are not just those of resources or even of political will. There is a reasonable amount of money sloshing around the system. Well-meaning ministers and governments have tried to improve things, but they run into troubles posed by lifestyles and by conflicting lines of responsibility. Even measures to help Aborigines can make the fight against ill health and poor living conditions harder. The out-station movement, for example, has been seen as positive by many policy-makers, observers and Aboriginal communities. However, it has its costs: people out in the bush have less access to health, education and many other facilities. Still, these people are often much better off than

Aborigines living on the fringes of towns. Good health comes from a healthy lifestyle, and that is what many Aborigines do not have. Helping and encouraging those people into such a lifestyle requires a bundle of successful policies (including ones that offer the chance of steady jobs) — so far, success has not been achieved.

Senator Richardson is right when he says that lack of coordination in different state, territory and federal sources of Aboriginal health funding is "an extraordinarily wasteful and stupid way to do business". One of the fears of those who criticised the establishment of the Aboriginal and Torres Strait Islander Commission was that it would further fragment the delivery of services. Senator Richardson says he does not want to get into an argument about who is responsible for Aboriginal health, adding that the health mess has to be cleaned up and he does not care who does it as long as someone does. This is a bit of easy-speak which avoids a crucial issue. Senator Richardson knows quite well that proper lines of responsibility are vital to achieving good policy. His department, where the expertise resides, should take more responsibility and ATSIC should have less. For the rest, there should be a massive drive on the problem, but also a realisation that it will not be solved by "fix-it" approaches, nor even by the social-justice package that will come in the