

**HEALTH POLICIES AND THE DEVELOPMENT  
OF  
ABORIGINAL SELF MANAGEMENT  
IN THE  
NORTHERN TERRITORY**

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**The development of health policies and Aboriginal self-management in the Northern Territory are exciting achievements in an area where progress is unfortunately slow and good news rare. This Northern Territory experience ably illustrates the nexus between aims and outcomes, and the role of the beneficiaries themselves in determining policy direction and implementation.**

**History reports that the first European settlement in the Territory was at Fort Dundas on Melville Island between 1824 and 1829. The first military surgeon was one Dr Gold, but we can't say much about the quality of his work, because, ironically, he was killed by Aboriginals.**

**The North Australian Medical Service was not established until 1927, one hundred years later, when Dr C.E.A. Cook was appointed as Army Medical Officer and Government Protector of Aborigines. Within one year the service had two medical officers to serve a population of about 20,000, three quarters of whom lived in the north, and the rest in the centre.**

**The Northern Territory is in a unique situation with regard to Aboriginals. While Aboriginal people comprise a little over 1 per cent of the Australian population, in the Territory they represent 24 per cent of the total population of 145,000.**

**The Territory has come a long way since the early days of Dr Cook. By the time self government was achieved on 1 July 1978, the Commonwealth Department of Health under Sir William Refshauge had developed an integrated health service with hospitals at Darwin, Alice Springs, Gove, Katherine and Tennant Creek, and a network of urban and rural health centres covering the length and breadth of the Territory. Responsibility for health was transferred from the Commonwealth Government to the Northern Territory**

**Administration on 1 January 1979, with the establishment of the Northern Territory Department of Health. Dr Charles Gurd, who had been Territory Director of Health, became the first Secretary for Health in the Everingham Government.**

**The Commonwealth Government also established a program for training Aboriginal health workers. This program has undergone significant development under the Territory Government which in its own words, “places a high priority on solving the problems of Aboriginal health”. (1) The Territory Health Worker Program has attracted a great deal of attention. In fact it was singled out by the Australian Parliament’s House of Representatives Standing Committee on Aboriginal Affairs as the model upon which Australian state training programs should be based.**

**The need for Aboriginal people to be involved in their own health care has been recognised in the Northern Territory for many years. As early as 1953, groups of male hygiene workers were brought to Darwin and Alice Springs for short courses and between 1958 and 1963, courses were conducted in Darwin for Aboriginal hospital assistants. Unfortunately these courses were not entirely suitable for Aboriginal people at the time.**

**By 1967, a specialised training course was established by Dr John Hargrave for the detection and care of leprosy patients which proved to be far more successful and continues to this day. Its success allowed the closure of the East Arm Leprosy Hospital in 1981, and the management of leprosy patients in the community.**

**Back in 1972 a change in concept occurred which was successfully followed for the next 10 years. It was decided to develop a new Aboriginal health worker training scheme which would emphasise “on site” training rather than extended courses away from**

communities. Unfortunately, due to various administrative problems, this Territory wide program did not commence until 1976 when an education and training task force was established.

Also in 1971 another innovative development occurred in Central Australia, with the Health Department giving recognition to Aboriginal traditional healers or "Ngangkari". By 1973, ten departmental positions were made available for employing traditional healers. This experience led to a greater understanding in the bureaucracy of traditional Aboriginal medical systems, beliefs and practices relating to health care.

By 1977 the Aboriginal Health Worker Training Program was well established over the whole of the Northern Territory. Training centres operated in Darwin, Alice Springs and Nhulunbuy. The number of health workers doubled to reach 300 by 1979. An essential part of the program was that health workers were selected by their own communities. They were trained to solve common medical problems such as diarrhoeal diseases, chest and skin infections. It was considered that clinical skills were essential to their gaining community acceptance.

Health care delivery underwent rapid and dramatic change. Health workers now worked under doctors and nurses at all rural health centres, while others worked on their own using medical kits in their homeland centres.

By June 1981, much progress had been made. The Health Worker Program was in place and had achieved a great deal of support and acceptance – a giant leap forward had occurred, but there were still problems. There was no agreement as to the next step. Also emphasis was on the training of the health workers but not on what they would do as graduates. What would be the limits of their

responsibilities? Two further questions were of great importance – how did Aboriginal people perceive “health” and what was the government’s policy? These questions needed to be answered if the future was to be as successful as the past.

Five people – two Aboriginals (Margaret Valadian and Gatjil Djerrkura), one Indian (Dayalan Devanesen), John Hargrave and one newcomer (Keith Fleming) – discussed these issues under the shade of a huge Darwin Milkwood tree in September 1981. A major breakthrough occurred after many hours when Gatjil developed a form of words which explained what “health” meant to Aboriginal people. The discovery was a moving experience. By way of explanation, all societies develop a single word to describe indescribable concept – for example, leadership, love, honour, courage. Gatjil told us there is no word “health” in Aboriginal languages. He said that health means “to promote and strengthen the life of Aboriginal people as a means of ensuring their survival and growth”. We then found that this sentence can be translated back as a single word into every language we tested. For the Warlpiri people of Central Australia this word is “wankaru” – so we could now say instead of the “Yuendumu Health Centre” – the Yuendumu Wankaru Centre.

Thus the important question of responsibility could be properly addressed. “Health” is a western concept – and therefore the Government’s responsibility. When the Department said to an Aboriginal community that it had a “health problem” the community rightly said “well you fix it”. With the knowledge of the meaning of health to Aboriginal people, the Department now had an effective means of communication regarding “health” in both cultures and could clearly define responsibilities. A policy was developed which was readily embraced by Mr Tuxworth, now Chief Minister, then Minister for Health, and endorsed by the

**Government. This policy with its goal, objectives and principles has been the cornerstone of the Northern Territory Department of Health Aboriginal health strategy since 1981. (2)**

**The goal of the Aboriginal health policy is to promote and strengthen the “life” of Aboriginal people in the Northern Territory as a means of ensuring their survival and growth.**

**The objectives are:**

- 1. To promote amongst Aboriginal people an awareness of the need for an active commitment to health and fitness as a means of survival and growth.**
- 2. To ensure Aboriginal people have access to primary and secondary health care.**
- 3. To ensure active participation by Aboriginal people in all aspects of the health care systems.**

**The principles are:**

- 1. In keeping with the government’s policy of self-management, Aboriginal people themselves also have a responsibility to promote their own health life.**
- 2. The most effective programs are those developed through a process of community involvement and participation.**
- 3. The most effective health care service is one which employs Aboriginal people at all levels of the service.**
- 4. Traditional medicine is a complementary and vital part of Aboriginal health care and its value is recognised and supported.**
- 5. Health care services may be run by government and non-government agencies.**
- 6. Health care services must be co-ordinated and operated in tune with each other to ensure maximum efficiency and effectiveness of health care services.**

**In summary, health means LIFE.**

**The Minister in his press statement announcing the policy said in part:**

**“The success of the new scheme depended greatly on the acceptance of Aboriginal health workers who had emerged as effective health practitioners in many of their communities.**

**This will not mean that western medicine in its accepted form will be abandoned, or that basic health standards will drop in Aboriginal communities.**

**But it does mean Aboriginals will be increasingly responsible for their own primary and secondary health care, actively supported by Health Department personnel.”**

**This policy was accompanied by various organisational changes within the Department. In 1981 a central office Division of Aboriginal Health was established, headed by Dr John Hargrave, to co-ordinate and oversight the implementation of the policy and all related Aboriginal health programs at regional levels. Mr Brian Dixon, a Warramunga Aboriginal from Tennant Creek, was the first Aboriginal at an executive level in the Health Department. Appointed on 11 October 1982, he was the Aboriginal Community Co-ordinator in the new division. Aboriginal health issues were thus given and seen to have a special priority. A massive education program was launched and people were converted both in and out of the Department to the new direction.**

**Aboriginal health workers had been given responsibility to organise annual conferences from 1978 – and by the third conference which**

was held in Alice Springs they had become quite successful. The fourth conference was held in Darwin in September 1981 and provided the forum for the formal presentation of the new policy by the Minister for Health and the Secretary of the Department. Fortunately, both presentations were video-recorded by the health workers and subsequently played to a wide audience throughout the Territory.

**But what about management skills?**

The career structure that had been proposed by the task force in 1977 allowed Aboriginal health workers to be in charge of their health centres at some future time. Their first hurdle would be to obtain the Basic Skills Certificate, then the Post Basic Skills Certificate and finally to pass management courses. A further impediment to placing health workers in charge of health centres was that they were part of the nursing administrative hierarchy. Health workers were responsible to community health nurses, who were in charge of the community health centres.

Aboriginal health workers and some Aboriginal community leaders took the opportunity at the fourth conference to express their desire to accept greater responsibility for running their own health centres immediately. They did not wish to wait for formal managerial courses.

At the end of the conference, the seminar's chairman, Mr. Harry Singh, the Senior Health Worker from Belyuen Health Centre asked for permission to manage the health centre. The Regional Director of the Darwin Region was requested to implement this change at Belyuen. All did not go well. There was considerable backlash from certain sectors, which had been vocal in pushing for greater Aboriginal self-management (3). But despite this, the move was

**successful and four years later, this centre and thirty-four others in the Territory, are under Aboriginal management.**

**By June 1982, sufficient operational experience had been gained to be able to refine the implementation of the policy. For example, health centres were placed under Aboriginal management only when both the Health Workers and the Aboriginal community agreed. The decision rested with the Aboriginal people and not the Department of Health, whose role now was to support that decision.**

**On the second of June, 1982, Mr Tuxworth delivered a major statement on Aboriginal health to the Northern Territory Legislative Assembly. This statement reinforced the government's intention that the policy be implemented and moved the speed of implementation into top gear. This, in part, is what he said:**

**“In essence the Government's policy is to :**

- ensure effective Aboriginal management of a large part of its rural service.;**
- allow nursing sisters on settlements with Aboriginal health workers to withdraw at an appropriate time and then to play a supportive role as resource people or as on-site trainers;**
- register Aboriginal health workers under legislation.”**

**These were policies of great vision, involving also great risk. But Mr Tuxworth had many times espoused the view that he had confidence in the ability of Aboriginal people to meet the challenge and succeed. The implication of the new management direction was that the government was now prepared to give the control of budgets, hiring and firing of employees, management of local**

health facilities and control of resources to Aboriginal people. This move was considered essential as it was recognised that the main health problems of Aboriginals stemmed not only from medical considerations but from social and political factors as well.

To implement these initiatives the Katherine Institute for Aboriginal Health was established in July 1982 under the direction of an Aboriginal, Mr Michael Mace, with a BA from Queensland University. His appointment as Principal of the Institute was formalised on 2 March 1983. He was the second Aboriginal in the Public Service in the Department of Health at an executive level. The Institute for Aboriginal Health, established as a residential facility on the campus of the Katherine hospital, replaced the training centres in Darwin and Gove.

The Institute was given operational responsibility for the management and teaching of Aboriginal health workers in Darwin, Katherine and the East Arnhem regions, and controlled its own budget of over two million dollars. Mr Mace set about establishing Aboriginal health Workers Councils in the top end and the centre to advise the Institute on its programs and activities.

This development led to two very significant changes. Firstly, because the Institute was responsible to the Aboriginal Health Division at central office, a separate hierarchical structure for Aboriginal health workers was created which removed them from both nursing and regional control. Secondly, it firmly and for the first time, placed Aboriginal health in hands of Aboriginal people. Events from then on were often shaped by outside influences but decisions and outcomes were always under Aboriginal control.

Significant changes began to take place. Towards the end of the 1983, Aboriginal health workers from the East Arnhem region broke away from the Katherine Institute and reorganised their own training unit. In 1984, a new management committee made up of senior health workers from Darwin and Katherine regions met and decided they wished to make changes to the operational activities of the Institute, as well as health worker training. The committee called a meeting at the Katherine Gorge and the changes they wanted were agreed. An elected Principal, Mr Billy Campbell, a health worker from Yarralin, assumed control of the Institute.

In 1985 there was a move by some Darwin region health workers to break away from the Institute. However, a large meeting of health workers called by the Institute to discuss the issue, voted strongly in favour of the Darwin health workers remaining with the Institute. Aboriginal health management was taking a dynamic direction and these events were occurring in a government department.

All the while similar changes had been taking place in Alice Springs. The Aboriginal Health Worker Training Centre established in 1978 began to take responsibility for the management of health workers after the new policy was implemented in 1981. The strong Alice Springs Regional Council which was formed, recommended the amalgamation of the Training Centre and the community located Child Health Unit which had been formed in the early 1970's to care for sick children outside the hospital environment. Both units combined to form the Aboriginal Health Unit, with an Aboriginal, Mr Ted Hampton appointed as Manager. When he left in 1984, Mrs Kathy Abbott was the first health worker to be appointed as Manager.

**The Aboriginal Health Unit finalised the production of training and assessment manuals for the Basic Skills Certificate for all health workers in the Territory in 1983, laying the foundation for a uniform standard of training, an essential pre requisite to the registration of Aboriginal health workers.**

**Throughout the Northern Territory today, Aboriginal health workers are responsible to their own management councils established in Gove, Katherine and Alice Springs. With support coming from their own ranks, more health centres are being run by health workers each year. Doctors and nurses are required to continue to make routine visits to the various self-managing health centres to provide consultation and teaching services. Health workers can now claim to be Allied Health Professionals in their own right, able to relate laterally to doctors and nurses.**

**Several innovative measures have been taken by the Health Department to support health centres that opted for Aboriginal self-management. Regional Directors were asked to give these centres a higher priority for such things as repairs and maintenance. Several complicated forms were replaced by simpler forms that enabled health workers to cope more easily with the paper work. A simple colour coded imprest system was devised to assist health workers to order therapeutic drugs.**

**One of the special features of the Health Worker Training Program is that it trains both literate and non-literate health workers. Aboriginal communities select their own health workers without reference to any western educational standard. The present head of the Katherine Institute of Aboriginal Health, Mr Jack Little, is non-literate but is very effective, a person of considerable influence and a great leader.**

Literacy and numeracy programs, developed and taught in conjunction with the Northern Territory Department of Education and the Institute for Aboriginal Development, have encouraged many Aboriginals, including older people with traditional decision making power to enlist as Health Workers. These programs have contributed significantly towards effective Aboriginal self-management.

In conclusion, government policies, and departmental and Aboriginal initiatives, have played a major role in the development of Aboriginal health in the Northern Territory. Aboriginal self-management is now well developed in the Territory and has dispelled two myths along the way.

The first is that government institutions cannot promote and establish within themselves Aboriginal decision making process. This myth would now be refuted not only by the experience of the Department of Health, but even more strenuously by the Aboriginal Health Worker Councils and the Health Workers themselves.

A second myth – that Aboriginals do not seize opportunities – has also been laid to rest. Aboriginal health workers have emerged in a very short space of time as an allied health professional group which is very effectively managing its own affairs.

The culmination of the Territory Government's policy for Aboriginal health was the passage of the Allied Health Practitioners Registration Bill in the August 1985 Sittings, providing legislation to register Aboriginal health workers through their own registration board.

**The Legislative Assembly of the Northern Territory of Australia is the first legislative body in the world to register its primary health care workers, giving them legal recognition. It is another step forward for Aboriginal health workers who will be able through their registration board, to set their own professional and ethical standards, and exercise disciplinary measures against their members if necessary.**

**Four years have now passed since this latest Aboriginal health initiative in the Territory began – and it is moving with increasing strength from success to success.**

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