THE NORTHERN TERRITORY OF AUSTRALIA

Copy No. 1

CONFIDENTIAL

CABINET DECISION

NO. 301

Submission No.: 261

Title: INVOLVEMENT OF THE NORTHERN TERRITORY GOVERNMENT IN NEW INITIATIVES IN ABORIGINAL HEALTH PROGRAMMES IN THE NORTHERN TERRITORY

Cabinet approved the Executive Member for Resources and Health arranging a meeting with appropriate Commonwealth Ministers to discuss health services in the Northern Territory and strategies for the upgrading of environmental health in Aboriginal communities with a view to reaching agreement in principle that -

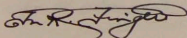
(a) the overall responsibility for the health of all N.T. citizens remain with the N.T. Government Health Service;

(b) an Aboriginal consultative committee on health be established to assist government to consider and develop policies on Aboriginal health in the Northern Territory;

(c) the Co-ordinator-General be totally responsible for the planning, installation, upgrading, maintenance and operation of essential services in Aboriginal communities, and if necessary, that special units be established within appropriate Departments to carry out such work;

(d) properly structured training schemes be developed and implemented by the N.T. Department of Health to qualify Aboriginals to be effectively involved in the health management of these communities and the provision of essential services in these communities and a broader review of the vocational training needs of Aboriginals in the Northern Territory be undertaken with a view to developing and implementing such training, especially in those areas conducive to more effective self-management;

(e) a programme be implemented immediately to ensure that potable water be readily accessible to all the Aboriginal population of the Northern Territory within three years;



(M.R. FINGER),
Secretary to Cabinet.
3.5.78

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CABINET DECISION

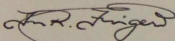
NO. 301 Contd.

Submission No.: 261

Title: INVOLVEMENT OF THE NORTHERN TERRITORY GOVERNMENT IN NEW INITIATIVES IN ABORIGINAL HEALTH PROGRAMMES IN THE NORTHERN TERRITORY

(f) sufficient funds be provided by the Commonwealth Government to ensure that an acceptable impact is made on the upgrading of environmental health in Aboriginal communities in the Northern Territory; and

(g) all funding for government health services in the Northern Territory be channelled through the Northern Territory Department of Health.



(M.R. FINGER),
Secretary to Cabinet.

3.5.78

THE NORTHERN TERRITORY OF AUSTRALIA

CONFIDENTIAL Copy No. 1

FOR CABINET SUBMISSION No. 261

Title:	Involvement of the Northern Territory Government in new initiatives in Aboriginal Health Programmes in the N.T.
Cabinet Member	Resources and Health - Mr. I. Tuxworth.
Purpose:	To formulate an attitude by the Northern Territory Government towards :- (a) Aboriginal Health Services in the N.T. (b) Environmental health of Aboriginals in the N.T. with a view to reaching, understanding and agreement with Commonwealth Government Ministers on policy and initiatives in respect of these matters.
Relation to existing policy:	• The Liberal and Country Parties Aboriginal Affairs Policy of 25th November, 1975. • State agreements on Financial Responsibilities for Aboriginal Health Programmes.
Timing/ legislative priority:	Discussions with Commonwealth Ministers to take place as soon as possible, preferably in May 1978. No legislation is foreshadowed.
Announcement of decision, tabling, etc.:	No announcements to be made until after discussions with the Commonwealth.
Action required before announcement:	Discussions with Commonwealth Ministers for Health, Northern Territory, Aboriginal Affairs and Education.
Staffing implications, numbers and costs, etc.:	No staffing implications at this stage.
Total cost:	Not applicable in respect of this submission.

CONFIDENTIAL

Comment by Director of Finance:

ABORIGINAL HEALTH PROGRAMS

The submission does not call for the outlay of Northern Territory funds as such in 1978/79.

However depending on the results of the discussions there may be a continuing requirement for the N.T. Health Services to service aboriginal communities in the future. The submission indicates that the Australian Government is prepared to accept responsibility for this matter.

If Cabinet decides to support the attendance of the Cabinet Member for Resources and Health then it will become necessary for the Finance Unit to provide briefing on the financial aspect to the Cabinet Member.

Signed: W. HULL

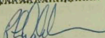
Date: 28 April 1978

Comment by Public Service Commissioner:

Approved/Not Approved

Signed:

Date:

Comment by Director of Finance:	
	Approved/Not Approved
Signed:	
Date:	
Comment by Public Service Commissioner:	Although it is stated that there are no financial or staffing implications associated with this submission, in practice there may be needs for additional staff to implement some of the recommendations. (See recommendations f and g)
	A~~pproved/Not Approved~~
Signed:	 R. DONALDSON for Public Service Commissioner
Date:	27 April 1978.

THE ISSUE

1. The Commonwealth Department of Health has a responsibility in the Northern Territory to provide a health service to all its citizens. This will become a responsibility of the N.T. Government on 1st July, 1979. The policy of the Commonwealth Government to fund separate and parallel Aboriginal health services requires a clear understanding of the relationships which will exist between the two Health services, especially in the areas of finance, operation, duplication or sharing of facilities and equipment, preventative programmes, monitoring and the ultimate responsibility for the health of those N.T. Citizens who are served by Aboriginal health services. It is considered that these aspects need to be clearly understood and accepted by all concerned if friction is to be avoided and a positive co-operative relationship is to be developed.

2. It is well recognised that the health of Aboriginals in the Northern Territory and indeed in most other parts of Australia, falls far below the level of other Australians. It is also a fact that except for those who are an integrated part of the main urban communities, Aboriginals are notable for their low standard of living, high levels of illiteracy, unemployment and alcoholism as well as a pitifully low standard of environmental hygiene. There is a close relationship between these two aspects of Aboriginal life and little impact can be made on the former unless a positive programme is planned and instituted to deal with the latter.

BACKGROUND

3. Attachment "A" is a background paper on Trends in the Provision of Health Services in Aboriginal Communities in the Northern Territory. This paper, prepared by the Northern Territory Division of the Commonwealth Department of Health in March 1978 traces the changes which have taken place in the provision of a health service to Aboriginals prior to 1973 up to the present date.

4. It refers to policy changes which took place in late 1972 which set the pattern for the development over the next five years.

5. It highlights the training programmes which have been undertaken by the Departments of Education and Health and expresses regret that the curtailment of some functions of the Department of Aboriginal Affairs or the devolvement of such responsibilities to other organisations and the lack of clear and positive policies in respect of other areas of vocational training, resulted in a lack of training in management and trade skills which would inject trained Aboriginals into these important areas of self-management.

6. The paper then acknowledges the growth in the principle of Aboriginal health services based on the organisation of the Central Australian Aboriginal Congress, but also foreshadows such services for the northern part of the Northern Territory.

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7. While the paper does not raise objections to the policy of Aboriginal health services, it does warn that these in themselves will not solve the health problems of Aboriginals if the problems of environmental health are not also drastically reduced and calls for a clarification of the role of Commonwealth and State Governments in the areas where Aboriginal health services will operate.

8. Attachment "B" is a background paper on "Environmental conditions on Aboriginal Settlements in the Northern Territory" prepared by Dr. C. H. Gurd, the Director of Health (N.T. Division

9. This paper poses the question as to the reason for the wide gap in the level of health attained by non-Aboriginals as against Aboriginals despite the fact that both groups are serviced by the same health service and points to the vast difference in the environmental conditions and socio-economic status as being the most relevant factor. It draws attention to the fact that similar problems elsewhere in the world have responded favourably to measures which should be receiving more attention and support in Australia.

10. The paper warns that although there has been an improvement in health where a homeland movement has taken place, those remaining in the main centres still suffer from the inadequate health environment brought about by insufficient housing, inadequate water reticulation, and poor sanitation, often accentuated by the unreliability of the services that do

exist. It also warns against complacency with the improvement in the health of Aboriginals who have moved out to homeland centres as a growth of the population of these centres would soon precipitate the sort of problems they have faced in the main centres which would then require the provision of the same essential services.

11. The paper stresses the urgent need to upgrade environmental conditions and extend them in a way which ensures that essential services reach everyone in the community and that these services are reliable by making them the sole responsibility of an "Authority" which would be in a position to employ and train reliable staff. It also stresses the need for the re-introduction of a properly structured vocation training scheme which would produce trained Aboriginals from within the community who would be able to be fully involved in the provision of these services and in the management of town services.

12. In both these aspects of Aboriginal health programmes the financial policy of restraint by the Commonwealth Government has and will continue to curtail the improvements which are so urgently needed.

CONSIDERATION OF ISSUES

13. This submission seeks the agreement of Cabinet to the Executive

Member for Resources and Health meeting with the Commonwealth Ministers for Health, Northern Territory, Aboriginal Affairs and Education with a view to obtaining an agreement by the Commonwealth to the strategies proposed in this submission. These are :-

Aboriginal Health Services

(a) That there be no increase in the number of Aboriginal Health Services in the N.T. until such time as those which now exist have had an opportunity to operate for sufficient time for their effectiveness to be assessed.

(b) That funds for such services whilst being provided by the Department of Aboriginal Affairs be supervised by the N.T. Government Health Service.

(c) That the overall responsibility for the health of all N.T. citizens remain with the N.T. Government Health Service and that the monitoring, assessment and supervision of Aboriginal services be the responsibility of this professional arm of the N.T. Government.

(d) That the responsibility for the development and implementation of training courses for all Aboriginal health workers be that of the N.T. Government Health Service and that existing proposals receive urgent consideration.

14. These recommendations if accepted will establish firmly the role and responsibility which the present Commonwealth Department of Health and the future N.T. Government Health Service have in relation to any ethnically oriented health service which would become supplementary rather than parallel services.

Environmental Health

15. While the total upgrading of the environmental health of Aboriginal communities requires consideration and action in respect of almost all aspects of their well-being in its broadest terms and will need to be undertaken over a long period there are measures which need to be implemented quickly to bring about some immediate improvement.

(a) An Aboriginal consultative committee on Health should be established to assist the Government to consider and develop policies in relation to Aboriginal health in the Northern Territory. This would be similar to the committee which has been established to consider education and should include representatives of N.A.C., Aboriginal communities and Aboriginals with special expertise in health matters.

(b) Creation of an authority especially and totally responsible for the planning, installation, upgrading,

maintenance and operation of essential services in specified Aboriginal communities. Such an authority would be set up within a government department with the expertise to undertake such responsibilities, but must operate in a way which ensures the reliability of essential services and, having no other responsibilities, should be committed to providing a top class service. It must be involved with the communities and work out with them the most appropriate ways of dealing with the provision and operation of such services. Some of the problems at present seem to be that responsibility for essential services is fragmented, different organisations are responsible for various aspects of such services and their planning, and development does not involve the community itself with the result that such services are inappropriate for the communities themselves.

(c) It is essential that Aboriginals be employed in all aspects of the provision of essential services on Aboriginal communities and until they are properly trained they cannot be involved in a meaningful way. It is important that there be training schemes especially aimed at producing such employees, especially in the trades of plumbing and diesel operation.

(d) It is vital that potable water be accessible to the living areas of all Aboriginals if there is to be an

improvement in the general health of communities. The agreement of the Commonwealth should be sought to a goal which aims to achieve this for 90% of the Aboriginal population of the Northern Territory within three years. This need not necessarily involve the provision of massive additional funds, but could probably be largely achieved by a re-organisation of some existing programmes.

(e) The only formal effective vocational training of young Aboriginals in the Northern Territory at the present time is in the areas of health and education. It has been found that such training has produced worthwhile results because it is properly planned, properly carried out, and is oriented towards known employment avenues. It is evident that other employment opportunities exist in Aboriginal communities and training aimed towards these vocations needs to be developed and part of such training could best be done in a vocational training institute. The Commonwealth should be asked once again to consider the vocational training needs of Aboriginals with a view to developing such training.

OPTIONS

Aboriginal Health Services

16. That an Aboriginal Health Commission be established which

becomes responsible for all Aboriginal Health in the Northern Territory.

- Such a commission could be given the responsibility for the control, supervision, funding and assessment of all Aboriginal health services.

- It is considered that this would be wasteful of public monies, and divisive within the total N.T. community. There would be problems with the duplication of facilities and equipment or difficulties in the sharing of these. There would also be problems with ultimate responsibility for overall public health within the Northern Territory, especially in health emergencies which represent a threat to the whole N.T. community - e.g. epidemics and tropical diseases such as malaria and dengue.

17. That Aboriginal Health Services be allowed to continue to proliferate without any responsibility to a professionally oriented authority or to each other.

- Such a situation would be untenable in terms of good government, effective health management and good relations between professional services.

Environmental Health

18. That no special consideration be given to the acceleration of

measures to improve environmental health in Aboriginal communities.

- If such an option were accepted then it would also have to be accepted that little further impact would be made on the upgrading of Aboriginal health in the Northern Territory because of the reasons spelled out in Attachment "B" despite expenditure of additional funds.

Public Impact of Recommendations

19. There is likely to be resistance from some Aboriginal organisations in respect of these recommendations on funding and supervision of Aboriginal health services and they will probably seek national support.

20. There should be general support for the upgrading of environmental health and the potential criticism against additional expenditure may be avoided if the need of such a programme is properly explained to the public.

Financial Consideration

21. There are no financial implications for the N.T. Government in these proposals as the main purpose of the submission is to put forward recommendations to the Commonwealth for the

development of policies and strategies on the issues concerned. There may be financial implications if agreement is reached on the recommendations, but the development of subsequent individual Cabinet submissions on these would have to take into account financial implications. It may be necessary for the Commonwealth to reconsider priorities if these proposals are to be implemented without additional funds.

Employment Considerations

22. None in respect of this submission.

Commonwealth and Local Government Relations

23. The aim of this submission is to enable the Executive Member for Resources and Health to seek agreement with the Commonwealth which will clarify relationships in respect of Aboriginal health services and reach agreement on a joint strategy for the upgrading of environmental health in Aboriginal communities.

Co-ordination

24. To date consultation has been between the Commonwealth Department of Health N.T. Division (Drs. Gurd and Reid) and the Aboriginal Liaison Unit (Mr. Lovegrove). Clearly there will be implications in due course for the N.T. Government departments of Transport and Works, Treasury, Health, Community

Development and Education as well as the N.T. Public Service Commissioner, if agreement in principle is reached with the Commonwealth on the recommendations in this submission.

Legislation

25. None expected.

Publicity

26. No publicity is expected prior to meetings with the Commonwealth Ministers. If agreements are reached a joint statement may then be appropriate. There is considerable potential for positive publicity.

Timing

27. Commonwealth Ministers have indicated a willingness to meet on 2nd May, 1978 in Canberra. This date now clashes with the first day of the next sittings of the N.T. Legislative Assembly. An alternative date which has been tentatively suggested for such a meeting is 5th May, 1978.

RECOMMENDATION

28. That the Executive Member for Resources and Health arrange a meeting with appropriate Commonwealth Ministers to discuss

Aboriginal health services in the Northern Territory and strategies for the upgrading of environmental health in Aboriginal communities with a view to reaching agreement in principle that :-

(a) There be no increase in the number of Aboriginal Health Services in the Northern Territory until such time as those which now exist have had an opportunity to operate for sufficient time for their effectiveness to be assessed.

(b) Funds for such services whilst being provided by the Department of Aboriginal Affairs be supervised by the N.T. Government Health Service.

(c) The overall responsibility for the health of all N.T. citizens remain with the N.T. Government Health Service and that the monitoring, assessment and supervision of Aboriginal services be the responsibility of this professional arm of the N.T. Government.

(d) The responsibility for the development and implementation of training courses for all Aboriginal health workers be that of the N.T. Government Health Service and that existing proposals receive urgent consideration.

(e) An Aboriginal consultative committee on health be established to assist government to consider and develop policies on Aboriginal health in the Northern Territory.

(f) An authority or special unit within an existing organisation be established to be totally responsible for the planning, installation, up-grading, maintenance and operation of essential services in specified Aboriginal communities.

(g) Properly structured training schemes be developed and implemented to qualify Aboriginals to be effect-ively involved in the management of these communities and the provision of essential services in these communities and a broader review of the vocational training needs of Aboriginals in the Northern Territory be undertaken with a view to developing and implementing such training, especially in those areas conducive to more effective self-management.

(h) A programme be implemented immediately to ensure that potable water be readily accessible to 90% of the Aboriginal population of the Northern Territory within three years.

(i) Sufficient funds be provided by the Commonwealth Government to ensure that an acceptable impact is

Amended page 13

Aboriginal health services in the Northern Territory and strategies for the upgrading of environmental health in Aboriginal communities with a view to reaching agreement in principle that:-

(a) All funding for health services in the Northern Territory is to be through the Northern Territory Department of Health.

(b) The ultimate responsibility for the health of all Northern Territory citizens remains with the Northern Territory Government Health Service.

(c) An Aboriginal consultative committee on Health be established to assist government to consider and develop policies on Aboriginal health in the Northern Territory.

Amended page 14

(d) The Co-ordinator-General establishes a special unit within an existing organisation to be totally responsible for the planning, installation, up-grading, maintenance and operation of essential services in Aboriginal communities.

(e) Properly structured training schemes be developed and implemented by the Northern Territory Department of Health to qualify Aboriginals to be effectively involved in the health management of these communities and the provision of essential services in these communities and a broader review of the vocational training needs of Aboriginals in the Northern Territory be undertaken with a view to developing and implementing such training, especially in these areas conducive to more effective self-management.

(f) A programme be implemented immediately to ensure that potable water be readily accessible to 90% of the Aboriginal population of the Northern Territory within three years.

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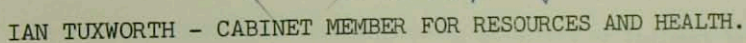

IAN TUXWORTH - CABINET MEMBER FOR RESOURCES AND HEALTH.

TRENDS IN THE PROVISION OF HEALTH SERVICES IN ABORIGINAL COMMUNITIES IN THE NORTHERN TERRITORY

Prepared by: The Northern Territory Division
Commonwealth Department of Health
March 1978

The past 5 or 6 years have seen great changes in the growth and development of rural health services throughout the Northern Territory. The situation has changed from the time when health was a welfare responsibility of Church or Government to a phase where several Government departments and Aboriginal organisations are actively providing services and programs.

In the same period Government expenditure be it direct or indirect has substantially increased seemingly in parallel to mounting concern throughout the Nation with Aboriginal health issues.

This brief paper sets out some of the organisational problems that have emerged from these rapid developments and urges that long term Government policy in this area be more closely defined.

THE FIRST PHASE - PRIOR TO 1973

Prior to 1973 health services to Aboriginals in the Northern Territory were the responsibility of the Welfare Branch of the Northern Territory Administration and to a lesser extent the independent missions.

The Northern Territory Health Department's responsibilities were largely confined to urban areas and hospitals.

Generally Aboriginal health attracted few Government resources and the sparse health intelligence available indicated the health situation was poor over much of the Northern Territory and, that the situation was further threatened by increasing congestion in Government settlements and missions following rapidly declining work opportunities on pastoral properties.

There was no political voice for Aboriginal people.

Clearly the situation was unsatisfactory and by the end of 1972 the Government had made two major policy decisions that would set the pattern for development over the next 5 years.

- Australia would seek to be a multi-cultural society and support and encouragement would be given to cultural minorities.

- in the Northern Territory functional Government Departments were given responsibilities in Aboriginal communities.

THE SECOND PHASE - 1973-1977

This was a turbulent and rapidly changing period. Developments can perhaps best be described on the basis of functional activities.

- The Health Department introduced a program to develop comprehensive services throughout the Northern Territory and this is now well under-way. Health centres were established in all main communities, Regional hospitals were redeveloped and communication links in the form of vehicles, aircraft and radio communications built up. District based staff were appointed and the training of Aboriginal people to take their place in this network was begun with the pioneering Aboriginal Health Worker training program. Considerable work of an original nature was done by Departmental staff by way of inquiries into traditional medical systems and the importance of this work is now widely recognised. The health network, so established has enabled comprehensive health intelligence to be gathered in respect of the Northern Territory aboriginal population enabling priority programs to be developed and progress to be measured.

  The rate of development in the past year has slowed considerably because of Government spending restrictions and has affected particularly Aboriginal health worker training.

- The Education Department has followed a similar course and now supervises a network of rural schools and manages an Aboriginal Teacher training program.

- A political network for Aboriginal people in the Northern Territory has also been rapid to develop. The hearing of land right claims has undoubtedly added momentum to this culminating in the recent establishment of Land Councils. The National Aboriginal Committee and the Northern Territory Legislative Assembly have also been successful arenas for an Aboriginal political voice.

- The fourth major area of activity on Aboriginal communities is the operation of local government and the provision of local government services. The Northern Territory Administration (Welfare Branch) used to have the functional responsibility in this area (together with their agents - the Department of Construction). Regrettably the successors of the Welfare Branch - the Department of Aboriginal Affairs - have drastically curtailed their functional activities in the field so that the training of Aboriginals to manage a local government network is really non-existent. The situation has been worsened by the virtual absence of vocational training in trade skills on Aboriginal communities.

This unfortunate situation has had a major health consequence in that the provision and maintenance of housing, water supplies and sewage services has fallen far behind other functional developments in Aboriginal communities and is now the major limiting factor to health improvement.

- the fifth development of relevance to this discussion was the formation of the Central Australian Aboriginal Congress (CAAC) in Alice Springs in 1973. Initially intended to be a representative organisation of the main Centralian Aboriginal communities, the CAAC submitted later in 1973 to the Minister for Health that radical new approaches would be required to bring about improvements in Aboriginal health. This view was encouraged and in mid 1974 the CAAC proposed a "Community Development Alternative Health Model". The Department supported this multi-disciplinary approach on an experimental basis.

In mid 1975 the CAAC proposed that an Aboriginal Medical Service be established in Alice Springs to provide a general practitioner service to the fringe dwellers. The Department supported this proposal on the grounds that such a service may be able to better deal with health problems of a more social nature - particularly alcohol abuse. The Aboriginal Medical Service was funded later in the same year and extra funds provided for an alcohol programme early the following year (both by the Department of Aboriginal Affairs).

THE THIRD PHASE - AFTER 1977

The significant character of this third phase is that at least three major issues that had their origins some years before were now rapidly coming to a head. From a health point of view, the first of these namely, the lack of progress in the establishment of a local government and community services network is of major concern. Health and Education are both in a position of having significant numbers of trained Aboriginals who can and do play a much greater part in the running of their own Community services. Regrettably there are very few Aboriginal managers or tradesmen.

Statistically, over the past 2 or 3 years Aboriginal child mortality data has, after an initial rapid decline, begun to plateau out. There is much evidence to link this very closely with the circumstances in which Aboriginal people live.

A second issue of importance is the health activities of the CAAC. Initially advocating alternative approaches to Aboriginal health care, this organisation is now operating parallel health services mainly of an orthodox kind. The following list of proposals the CAAC has been closely involved with either directly or indirectly:

- early 1975 - proposed nursing home in Alice Springs.
- mid 1976 - proposed mobile medical team for the North-west reserves of South Australia. Funded 1977.
- mid 1976 - proposal to establish a hospital at Papunya under the auspices of the Lyappa Council.
- March 1977 - proposal to establish a health research unit.
- April 1977 - venereal disease mass treatment campaign proposal.

- February 1978 - North Australian Aboriginal and Islander health service proposal for Darwin.
- March 1978 - Aboriginal Medical Service for Katherine under the auspices of the Kalano Association proposed.
- March 1978 - Aboriginal Dental service proposal for Alice Springs.
- March 1978 - in conjunction with the Royal Flying Doctor Service establish an Aerial Medical Service for CAAC medical officers.

The parallel nature of these services is very evident, however funding and supervision of the proposals is or would be the responsibility of the Department of Aboriginal Affairs. Suffice to state in this brief review that the addition of more doctors and medicines to Aboriginal communities can only have at best a marginal effect on Aboriginal health when the urgent need is for drastic improvement in environmental conditions.

A third issue of importance is the formation of a Northern Territory Government in July of this year and the transfer to that Government of State health services by mid 1979. The role of Commonwealth and State Governments in the provision of health services to Aboriginals is yet to be resolved and is clearly going to be made more difficult by the proposed fragmentation of the services.

These three issues need to be resolved by Government policy if an unfortunate inheritance is to be avoided for the Northern Territory Government.

OCCASIONAL PAPER ON ENVIRONMENTAL CONDITIONS ON ABORIGINAL SETTLEMENTS IN THE NORTHERN TERRITORY

THE ABORIGINAL HEALTH SITUATION

The pattern of Aboriginal health is similar throughout Australia, and its standards are considerably inferior to those applicable to the rest of the community.

How is it, we should ask, that Aboriginal infant mortality in the Northern Territory, serviced by the same health services, is nearly three times greater than that applicable to non-Aboriginals?

Indeed, in the Northern Territory, the Aboriginal people who live in poor environmental conditions and with a low socio-economic status represent an under-developed community living side by side with the non-Aboriginal sector which enjoys all the benefits and hazards of the affluent society. The juxtaposition of the two economies, as much perhaps as the degrading conditions under which Aboriginals live, together with unemployment rates in excess of 50%, combine to provide a pervading aura of hopelessness for Aboriginals who have reacted similarly to other cultures when passing through comparable conditions, that is by heavy drinking, lawlessness and vandalism.

The under-developed Aboriginal sector demonstrates the classical features expected of that situation, i.e. low socio-economic status, high birth and population growth rates, high morbidity and mortality levels, and poor environmental conditions. The situation invites the application of the same principles which have been found to be successful in meeting this problem in most other parts of the world.

It is true that general environmental conditions on Aboriginal settlements in the Northern Territory have improved somewhat with the "homelands movement" by which family groups have broken away from the conglomerate settlements and moved back to their traditional lands. But, even so, a sizable proportion of the population on most individual settlements lives in areas which have not yet been provided with any of the so-called essential services, i.e. water, sanitation and electricity. Certainly, the general health of people who have moved to their traditional lands has improved. This has been due to a temporary improvement in environmental standards and nutrition, afforded by the move of a small group of people to a favourable site, usually with easy access to water. However, while a small group living in these circumstances is likely to benefit from improved fishing and hunting opportunities and escape from the sanitary pitfalls of the settlements for the time being, the growth of the community will soon provoke the same dangers experienced in the original settlement, which will then require the provision of the same essential services. The recent outbreak of Shigella infection at Peppimenarti is such an example, when a crisis situation was stemmed by flying in building material for construction of a water supply and latrines.

Poor environmental conditions themselves induce a recognisable pattern of disease, including :

i. those facilitated by lack of water, which include trachoma, skin sores, scabies, head lice and leprosy.

ii. those diseases with a close connection with poverty - such as snotty noses, running ears, acute rheumatism and nutritional disorders, and

iii. those diseases whose spread is assisted by over-crowding, like tuberculosis, bronchitis, meningitis, etc.

In the conventional wisdom of our society this situation invites a "drug-response" - the call for additional health services, more medicines and more doctors and nurses, when what is really required is the treatment of the appalling environmental and sociological conditions under which Aboriginals live, as well as a stepped-up educational programme.

The Northern Territory Health Department holds the view that the service is rapidly reaching an optimal stage where its rural health services can accurately monitor Aboriginal health conditions, provide personalised treatment and mount effective preventive campaigns. It's additional needs in this area are therefore modest, the most important being the further development of the highly successful Aboriginal Health Worker scheme, including the training of dental workers, and literacy and numeracy courses for adults. Indeed, much greater health dividends can be expected from programmes aimed at correcting the poor environmental conditions and low socio-economic status of Aboriginal areas than by plowing more money into conventional "medicine".

It should be appreciated that although a considerable amount has been done about the provision of water, sewerage and electricity services on Aboriginal settlements, a great deal remains to be done to achieve greater coverage of these services, as well as their efficient operation. Indeed, the whole organisation needs to be re-examined in all its stages, including the suitability of designs for use in isolated areas, and the use of appropriate technology to ensure reliability rather than sophistication. Electricity breakdowns occur all too often and as it is usual for water and sewerage pumps to be electrically operated, a power failure causes a concomitant water shortage and breakdown of sewerage services. More than this, they cause intermittent action of deep freezes so that large supplies of frozen food are not uncommonly lost or re-frozen after a thaw. A good example of this situation occurred recently at Hooker Creek (Lanjamanu) when both diesel generators failed due to inadequate long term maintenance.

Individual settlement units in the Northern Territory, whether it be the power house, water supply or sanitation, are too sm

to be operated in isolation and Government needs to provide some kind of authority to ensure continuity of trained staff, standardisation of equipment, and prompt response to breakdowns. Staff training is of absolute importance and apprenticeship schemes need to be launched to train indigenous plant operators, including periods of theoretical and practical training at suitable Territory centres.

Such a scheme, which would need to be set up and operated in close co-operation with Aboriginal Councils, would provide more settlement employment opportunities for Aboriginals and, when operating, besides providing greater efficiency, would also provide much greater pride in and understanding of these services.

Conclusion

Vocational training on Aboriginal settlements has been sadly neglected and a comprehensive training programme needs to be launched on the lines of the Health Worker and Teacher Training Programmes. Such a programme would provide job opportunities and invite considerable interest among Aboriginals, as well as improving the operating efficiency of the essential services presently provided.

The conditions of living on settlements are far too low for our National conscience, much less Aboriginal well-being, and there is an urgent need to improve environmental conditions as a matter of the highest priority.

In this context it must be appreciated that one person in four in the Northern Territory is an Aboriginal, and their neglect can only work against the greater prosperity of the Territory. It is therefore important for the Northern Territory to pioneer a new path aimed at the raising of living standards and making the Aboriginal a full partner in Australia's newest State. The consequent improvement in environmental conditions can confidently be expected to provide additional dividends by way of improved health standards.

C. H. GURD.
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