Marie McInerney and Summer May Finlay reported on the The Lowitja Institute's inaugural International Indigenous Health and Wellbeing Conference in Melbourne, from November 8-10, 2016, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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“We want to contribute to Indigenous empowerment across the world” – previewing Lowitja Conference 2016

Marie McInerney writes:

The Lowitja Institute, Australia’s national institute for Aboriginal and Torres Strait Islander health research, will stage its first ever international conference, welcoming Indigenous keynote speakers from across the globe.

Lowitja Institute CEO Romlie Mokak said the conference comes at a time of rising xenophobia globally and domestically, and at a “critical juncture” in Australia, with the need for a “big yarn” about constitutional recognition and reconciliation – which will play a vital role in the health of Aboriginal and Torres Strait islander people.

In an interview ahead of the conference (you can watch an excerpt here and below), Mokak called for Indigenous health leaders to be able to break through the “cultural ceiling” in government.

He said Indigenous colleagues in New Zealand, Canada and the United States remain “speechless in disbelief” that an Aboriginal or Torres Strait Islander person has never headed up Aboriginal and Torres Strait Islander health within the Health Department.

Mokak also called on government to move to five-year funding for Indigenous programs and to apply equal accountability to itself and mainstream health providers as it does to over-burdened Aboriginal and Torres Strait Islander community organisations.

The Lowitja Institute International Indigenous Health and Wellbeing Conference 2016, held in Melbourne from November 8-10 under the theme ‘Identity, Knowledge, Strength’, will canvas Indigenous health issues and research from the work of the Truth and Reconciliation Council in Canada through to on-the-ground programs in Indigenous communities from Brazil to India.
Mokak said the theme aims to explore how Indigenous peoples’ identities are “constantly being constructed by others”, to understand how Indigenous knowledge systems preceded Western science and remain critical to the future of Indigenous people, and to pay respect to and sustain the strength that has seen Indigenous people of the world survive genocide.

The keynote speakers include big international names in Indigenous health and justice:

- Professor Megan Davis, a Cobble Cobble woman from Queensland, who is Professor of Law at the University of New South Wales and the current Chair and expert member of the United Nations Permanent Forum on Indigenous Issues
- Chief Wilson Littlechild, Commissioner with the Truth and Reconciliation Commission of Canada, which last year released its final report
- Gunn Heatta, an Indigenous Sami woman from northern Norway who Mokak says runs the only Sami mental health and drug and alcohol service in the country
- Professor Karina Walters, an enrolled member of the Choctaw Nation of Oklahoma, whose work includes leading the HONOR Project, a nationwide health survey that examines the impact of historical trauma, discrimination, and other stressors on the health and wellness of Native American LGBT and two-spirited men and women
- Moana Jackson, Ngati Kahungunu/Ngati Porou and a lawyer working in New Zealand on Treaty/constitutional issues and international Indigenous rights, including as a member of the UN Committee on Indigenous Rights.

Littlechild’s plenary on Wednesday will be followed by a panel on ‘Truth telling – Unfinished Business’, chaired by Professor Marcia Langton.

Another panel session, on Thursday, will review the progress of the Close the Gap campaign. Panellists will include Richard Weston from the Healing Foundation and Fadwa Al-Yaman from the Australian Institute of Health and Welfare.

**International focus**

Mokak said the international focus is part of the ambition for the Lowitja Institute.

“In this context, we are thinking not just Aboriginal and Torres Strait Islander people, we want to contribute to Indigenous empowerment across the world,” he told Croakey.

The rise of xenophobia in Australia and globally was important context for the conference, as “the glue that holds us together continues to be weakened and diluted”.

That creates an environment where “it’s easy for black fellas to be the target on any number of things,” he said.

At the conference, Lowitja will also launch a global snapshot of Indigenous and Tribal People’s Health, a “companion piece” to a world first population study of Indigenous people across the globe that was published earlier this year as part of a Lowitja collaboration with British medical journal *The Lancet*. Among other findings, including identifying critical gaps in knowledge and data about Indigenous people in various nations, the report found that being Indigenous in a wealthy country does not necessarily lead to better outcomes.
Mokak wants the study to be ongoing: “If Indigenous people of the world are not even counted, how can we get to understand whether we are going forwards or backwards.”

**Indigenous perspectives still ‘not at the policy table’**

Mokak recently delivered the Cranlana Programme’s 2016 Medicine & Society Oration – you can read it in full here or listen to it via Radio National’s Big Ideas program – saying the absence of Aboriginal and Torres Strait Islander people in the most senior roles in government is “disastrous for policy development and implementation because – largely – our perspectives are not at the table”. He said:

“We are outsiders to the intimate internal discussions about our very own health and wellbeing. This results in policymaking distant from those who are most invested in ensuring that instruments of state work for them. We need to understand how the differences between Indigenous worldviews and the dominant Eurocentric worldviews influence the development of policies and frameworks.”

“It’s a fundamental point,” he told Croakey. “Indigenous knowledge needs to be valued, it can’t be tokenistic, it can’t be romanticised, it’s not icing on the cake…it’s central.”

The speech highlights the disruption and distress caused to Indigenous health and other services from cuts in the 2014 Budget, and argues that governments must “relinquish their role of ‘fixers’ and negotiate as ‘enablers and facilitators’.”

Mokak said the state uses a range of instruments on Aboriginal and Torres Strait Islander peoples – legislation, policy, guidelines, contracts, funding agreements – often to the “utter detriment of our people”.

He said Lowitja’s 2011 Overburden Report analysed the complex contractual environment for the Aboriginal community controlled health sector and found that highly fragmented funding from multiple sources imposed a heavy and onerous burden of reporting and acquittal that was not shared by equivalent mainstream metropolitan health providers.

In effect, he said, it concluded that “the funding of the sector imposed barriers to care, impeded efficiency and diverted vital resources away from the ultimate goal of improving health outcomes for clients.”

That contrasted, he said with an “astounding” dearth of evaluation of government programs in Indigenous health, which needed to be built in and funded in all programs.

“I’m as strong as anyone on the need for accountability, but accountability often gets translated in our world as black organisations being compliant,” he said. “The accountability framework the other way does not often get prosecuted, let alone built into the design.”

Mokak said his call for government to “step away” so Indigenous organisations can take the lead and to consider five year Indigenous funding agreements was not inconsistent with the Prime Minister’s ‘with us not to us’ mantra on Indigenous affairs.

He did not want to comment on recent reports (which have sparked alarm) that former Prime Minister Tony Abbott wants to replace Nigel Scullion as Indigenous Affairs Minister, but said he had been heartened by the recent Dungala Kaeila Oration delivered by Martin Parkinson, the head of Prime Minister and Cabinet, at the Rumbalara Football and Netball Club in Shepparton in regional Victoria.
That too is worth a read.

Since taking up his position at Lowitja two years ago, Mokak has often spoken of the organisation’s role – “we’re a black organisation, not an Indigenous research unit within an institution” – in creating a “black space” where Indigenous people can “have the difficult yarns we need to have.”

This conference would also provide such a space, he said, pointing as an example to a workshop session on ‘Healing from homophobia and preventing suicide’ being led by Dameyon Bonson, the founder of Black Rainbow, Australia’s peak suicide prevention organisation for Indigenous LGBTI people, their families and their communities.

“When we have our own conversations within our own spaces, we’re not having to explain ourselves to others,” Mokak said.

“The difficult conversations really just speaks to the fact that we are Indigenous people are not homogenous…

“There will be a range of views on a range of issues and for us to all be boxed in as having ‘the Indigenous perspective on x’ is an injustice. Yes, we have to have collective, strategic, unifying voices on certain things but we need diversity and robust, respectful engagement on others.”

• Follow @RMokak – and watch the clip below.

Lowitja Institute CEO Romlie Mokak previews the 2016 conference.
A strong and welcoming start to #LowitjaConf2016

“Identity, knowledge and strength.” These are the themes for the first international conference convened by the Lowitja Institute, and they were in full display during opening formalities in Melbourne today and last night.

Journalist Marie McInerney provides detailed reporting from the conference in forthcoming articles, but in the meantime, here are some tweets from the Welcome Ceremonies last night and the Welcome to Country this morning, as well as from presentations by Dr Lowitja O’Donohue and Minister Ken Wyatt.

Welcome to Country
A strong and welcoming start to #LowitjaConf2016

Aniya Dianne Kerr says we're lucky we have Facebook so we can share information/experiences from around the world on health. #LowitjaConf2016

Kathleen Oliphant liked

Summer May Finlay @OnTopicAus - 1h
Aniya Di Kerr says we are lucky to have Facebook. We can see each other day. Share. We can be with ppl on Facebook. #LowitjaConf2016

Summer May Finlay @OnTopicAus - 1h
Melbourne is said to have 4 seasons in 1 day, what Europeans don't know is there are 6 says Gheran Steel during Welcome #LowitjaConf2016

AntiRacismProEquity liked

Dr Anita Heiss @AnitaHeiss - 1h
Two young fellas dance a welcome to delegates as we settle into our seats at #LowitjaConf2016. Making my heart melt!
Dr Lowitja O’Donoghue

You can track Croakey's coverage of the conference here.

A strong and welcoming start to #LowitjaConf2016 #LowitjaConf2016 #LowitjaConf2016 #LowitjaConf2016

Dr Lowitja O’Donoghue
A strong and welcoming start to #LowitjaConf2016

Federal Minister Ken Wyatt

Summer May Finlay @OnTopicAus - 38m
@KenWyattMP says many in the to have taught him much. His humbleness is a strength, Lucky to be hearing from him. #LowitjaConf2016

Lowitja Conference @LowitjaConf2016 - 49m
Dr O’Donoghue calls for Indigenous ppl to take their rightful place at heart of the nation. Indigenous ppl must lead #LowitjaConf2016

You can track Croakey’s coverage of the conference here.
You can track Croakey's coverage of the conference here.

A strong and welcoming start to #LowitjaConf2016

Lowitja Conference @LowitjaConf2016 - 32m
KanWyattMP says social + cultural determinants contribute to 31% of Indigenous health gap #LowitjaConf2016

Kathleen Clapham @kathleenclapham · 32m
Hon Ken Wyatt - 'The social and cultural determinants of health underpin everything we do.' #LowitjaConf2016

Megan Williams @MegBastard · 4m
Structural reform + addressing social, cultural det of health requires Aboriginal-led research @LowitjaConf2016 @westsysnews @NDARCNEWS

Kathleen Clapham @kathleenclapham
Hon Ken Wyatt - 'The social and cultural determinants of health underpin everything we do.' #LowitjaConf2016

Renee Blackman @RenBlackman · 22m
Hear it! @KenWyattMP cultural competency is the key to improving health for mob @ATSIC_HS Bris #LowitjaConf2016

Andrew Gosbell @AGosbell · 22m
@KenWyattMP cultural competency and respect critical for improving Indigenous health outcomes #LowitjaConf2016

Marie McInerney @mariomcinerney · 36m
Huge step to have the National Aboriginal and Torres Strait Islander Health Plan acknowledge role of racism: @KenWyattMP #LowitjaConf2016

Kathleen Clapham @kathleenclapham · 36m
Hon Ken Wyatt - racism acknowledged as a critical issue in implementation of Aboriginal Health Plan #LowitjaConf2016
Evening welcoming ceremony

You can track Croakey's coverage of the conference here.

A strong and welcoming start to #LowitjaConf2016
You can track Croakey’s coverage of the conference here.

A strong and welcoming start to #LowitjaConf2016

#LowitjaConf2016

 Croakey
“Conference News Service”
You can track Croakey's coverage of the conference here.

A strong and welcoming start to #LowitjaConf2016

Watch this interview to learn more about the significance of the Standing Rock Sioux Nation's fight for their country.
Acknowledging sponsors

Andrew Gosbell @AGosbell - 16m
Great that @acenonline is sponsoring and a privilege to represent the College at #LowitjaConf2016

Summer May Finlay @OnTopicAus - 18m
@RMokak says it’s not just abt having a yarn but taking action for Indigenous ppl around the world. #LowitjaConf2016 @NACCHOAustralia

Lowitja Conference and 1 other liked
Summer May Finlay @OnTopicAus - 34m
Big shout out to all the sponsors of the @LowitjaConf2016 who have helped to make this amazing conference possible. #LowitjaConf2016
Trending before morning tea, day one

Australia Trends - Change

Ben Barba
Ben Barba released by Sharks after failing a drugs test

#girlboss

#ElectionFinalThoughts
@MarkPlackett1 and @helenbevan are
Tweeting about this

#LowitjaConf2016
@DrSRP1, @AnitaHeiss and 47 more are
Tweeting about this

#WMSFMelb

Russell Broadbent
Liberal MP Russell Broadbent slams
colleagues for 'politics of fear'

For more tweets and ‘selfies’, check out the #LowitjaConf2016 Wall of Selfies page at the
end of this report.
Warning over “devastating” impact of Federal changes to childcare funding

Marie McInerney writes:

Federal Government changes to childcare funding would have “a devastating impact” upon Aboriginal and Torres Strait Islander children, families and communities, leading Indigenous health advocates have warned.

June Oscar, CEO of the Marninwarntikura Fitzroy Women’s Resource Centre in Fitzroy Crossing in Western Australia, and prominent Indigenous medico Dr Mark Wenitong joined former Australian of the Year Professor Fiona Stanley in calling on the Government to address their concerns.

Speaking at the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne, Stanley said the changes to childcare funding could see around 70 Aboriginal early childhood learning centres shut down from next April, despite the critical role of early learning being a “no brainer”.

You can track Croakey’s coverage of the conference here.

She called on health services and organisations to urge the Federal Government to set aside dedicated funding of $100 million, out of a total $2 billion child care package, to ensure centres like the Baya Gawiy Children and Family Centre in Fitzroy Crossing would stay open.

The conference heard that the Baya Gawiy early childhood learning and care centre in Fitzroy Crossing, operated by Marninwarntikura, is facing an uncertain future due to changes being introduced in the Jobs for Families Child Care Package.

Stanley said: “I am absolutely so anguished that at this time when the Federal Government has set up a Royal Commission to investigate the Don Dale disaster in the Northern Territory, they are now stopping to fund the Aboriginal community services in this nation that would actually be the interventions that prevent kids getting into Don Dale.”

“Incoherent” policy

Wenitong, Public Health Medical Advisor from the Apunipima Cape York Health Council told Croakey it was “completely incoherent from a policy perspective” that such services end up being casualties during major policy shifts.

“From a primary health care perspective and adult chronic disease, the bang for the buck is in early childhood, we all know that,” he said.

“They’re the ones that work, they work best for our mob, and if we want generational change, that’s where we have to start.”

Earlier at the conference, June Oscar outlined the risk to the Baya Gawiy Children and Family Centre, which has no guarantee of funding beyond July 2017.

Oscar said centres like Baya Gawiy bring together “the wealth of Indigenous and western knowledge”, simultaneously creating safety and stability in the present and eliminating harms in the future.

“Locally appropriate and community owned early childhood centres are the most effective form of combined crisis intervention and prevention,” she said.

“We cannot afford for changes in policy and legislation to deconstruct their framework.” (See her presentation).

“In vulnerable communities like ours a setback in the health, education and care of our children is disastrous. Once again we would be left in a precarious position with no structural supports to enable us to overcome inequality,” she said.

Indigenous health and education advocates like the Secretariat of National Aboriginal and Islander Child Care (SNAICC) have been warning for nearly a year that crucial Aboriginal and Torres Strait Islander services are at risk in the Federal Government’s overhaul of childcare funding, and have written to every Federal Minister urging them to step in.

They say the changes will see the end of the Budget Based Funded (BBF) program, which provides funding for child care centres outside the mainstream system – most of them for Indigenous families in regional and remote communities, while other changes will also particularly affect Indigenous families.

Early this year a report by Deloitte Access Economics, commissioned by SNAICC, warned the new childcare package was likely to “significantly reduce access” to early learning for Indigenous children and threaten the viability of remote services.
Enabling legislation is due to come before Parliament later this month.

Stanley, retired Professor of Paediatrics and Child Health at the University of Western Australia, was speaking at the launch of a new global snapshot of Indigenous and Tribal People's Health, a "companion piece" to a world first population study of Indigenous people across the globe that was published earlier this year as part of a Lowitja collaboration with the international medical journal The Lancet.

She said it was “unacceptable” to de-fund successful Aboriginal community services that delivered much more than early childhood but were also a focus for culture, wellbeing and employment.

“All the evidence from around the world is that a very rich early childhood experience is the most important one for brain development, the world knows that,” she said. “This is a no brainer.”

Oscar said Baya Gawiy, the only early childhood centre in a 260 kilometre radius, was “breaking the cycles of inequality” and was a vital link in the chain of intergenerational health wellbeing and prosperity that needs to grow in Australia.

Oscar said:

“When a child is given the best start in life that child succeeds throughout their life. That positive chain of reaction sounds something like this: their mother has pre-natal and post-natal care; parents and carers are supported in maternity and parental programs; they can enrol their children in 0-5 full time learning and care; that child will go to school ready; will maintain good attendance throughout their schooling, could go onto higher education; and then can seriously choose to be whatever they want to be.”

Oscar asked: What is the reality of a child not beginning their life like this?

“It is what we have now. Statistically it is more likely that an Aboriginal child will go to jail than achieve a degree in higher education. Can we look our children in the eyes and explain that this is their future?”

Watch Dr Mark Wenitong and June Oscar discuss the impact of the childcare funding changes.
New advisory group

Also at the conference, Assistant Minister for Health and Aged Care Ken Wyatt announced the makeup of a new advisory group established to assist with the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan.

He said it would include representatives of the Department of Health and Prime Minister and Cabinet, and of the Australian Institute for Health and Welfare.

Indigenous health sector representatives would include Healing Foundation CEO Richard Weston (as co-chair), National Aboriginal Community Controlled Health Organisation (NACCHO) CEO Pat Turner, Apunipima Cape York Health Council's Dr Mark Wenitong, Ms Donna Ah Chee, Chief Executive Officer of the Central Australian Aboriginal Congress Aboriginal Corporation, and Julie Tongs OAM, Chief Executive Officer of Winnunga Nimmityjah Aboriginal Health Service in Canberra.

Jurisdictional members of the National Aboriginal and Torres Strait Islander Health Standing Committee would also join, he said.

Wyatt said the acknowledgement of racism as a critical component for health in the National Health Plan was a “huge step forward” and said he was delighted the Implementation Plan had “sown seeds to tackle social and cultural determinants of health”, which he said contributed to 31 per cent of the gap in life expectancy between Indigenous and non-Indigenous Australians.

Speaking later to Croakey, he indicated he may support a move, heralded by Prime Minister Malcolm Turnbull, to replace the words “insult” and “offend” with “vilify” in Section 18C of the Racial Discrimination Act, as a move to meet demands from ultra Coalition conservatives while not scrapping the provision.

His comments came as the Federal Government set up a parliamentary inquiry into the Act to determine whether it imposes unreasonable limits on free speech and to recommend whether the law should be changed.

Wyatt said he would always fight to ensure people are not “racially vilified” but he said he did not want to see Parliament persuaded to “repeal” Section 18C.

“I would rather see a reconstruction that has strong words that stood the test against vilification and racism.”
Tweets and reports from the conference

Many presentations profiled cultural strengths and determinants of health.

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**Indigeneity as a Health Determinant**

*Positive identity, identity based on deficits, and negative identity are all seen within Indigenous populations*

- Oldest cultures in the world – strong, vibrant, adaptable, resilient, sustainable
- Culture, language, tradition
- Self-determination, self-governance, non-interference, tolerance

Durie – the challenge is to facilitate the development of healthy identities based on cultural strengths, not on disadvantage, disease burden and discrimination.

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**Aboriginal Program · The Fathering Project**

The Fathering Project in collaboration with Prof Len Collard has undertaken a project to create an Aboriginal fathering program. Others to collaborat... thefatheringproject.org
Warning over “devastating” impact of Federal changes to childcare funding #LowitjaConf2016
Warning over “devastating” impact of Federal changes to childcare funding #LowitjaConf2016

Aboriginal Culture is a strength—there are positive impacts on health & wellbeing.

Social and emotional wellbeing (SEWB)

- family
- land and waters
- community
- spirituality
- ancestry
- language
- culture
- individual health

CULTURE
Aboriginal and Torres Strait Islander cultures have their own unique histories, traditions, and contributions to life with a corresponding connection to culture and community.
Warning over “devastating” impact of Federal changes to childcare funding

#LowitjaConf2016

You can track Croakey’s coverage of the conference here.
Warning over “devastating” impact of Federal changes to childcare funding #LowitjaConf2016

You can track Croakey's coverage of the conference here.
A sensory feast

The Dhungala Children’s Choir provided one of the program’s many highlights.
Warning over “devastating” impact of Federal changes to childcare funding
Warning over “devastating” impact of Federal changes to childcare funding #LowitjaConf2016

Sensory feast - song, stories and images #LowitjaConf2016

A standing ovation for the Dhungala Children's Choir. Well deserved! #LowitjaConf2016
For more tweets and ‘selfies’, check out the #LowitjaConf2016 Wall of Selfies page at the end of this report.
You can track Croakey's coverage of the conference [here](http://bit.ly/2gny8q1).

Powerful stories from Canada’s Truth and Reconciliation Commission

Marie McInerney writes:

As a boy, Chief Wilton Littlechild spent 11 years called “Number 65”. That was the “name” he was allocated when taken from his family and put in an Indian Residential School.

The removal of tens of thousands of Indigenous children from their families in Canada was part of a policy that sought to “kill the Indian in the child”, Chief Littlechild told the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne.

Chief Littlechild helped to lead a seven-year investigation by Canada’s Truth and Reconciliation Commission into the country’s “saddest, darkest, most unknown history”, to unveil the truth and hear the stories of the survivors, many of whom were subject to abuse in the government-funded church-run boarding schools.

Littlechild, a Maskwacis Crees Honorary Chief, told the conference how new arrivals at the schools would have their long braids cut off, traditional clothing taken away and names changed. The commission heard of four-year-old girls having pins stuck on their tongues when they spoke their tribal languages.

“It was a direct assault on our languages, our cultures, our families and our communities,” he said.
“My name for 11 years was ‘Number 65’. (I’d hear) ‘Number 65, pick up that pen, dummy!’”

His seven sisters lived in the same facility but they had no contact with him.

“Today I don’t know them. I know their names but I don’t know them as sisters,” he said.

“When you do that for small children...take away their identity, family, language and culture...serious consequences happen from that and it’s now playing out on the streets of our cities. Abused become abusers, in some instances we traumatised our own families.”

Cultural genocide

Accepting the Commission’s final report last year, Canadian Prime Minister Justin Trudeau said it catalogued “one of the darkest chapters in Canadian history”.

This history had had a profoundly lasting and damaging impact on Indigenous culture, heritage, and language, Trudeau said. Canada’s Chief Justice Beverley McLachlin said it amounted to “cultural genocide”.

It was a story that resonated with many other Indigenous people from across the globe attending the conference. It also prompted calls for a similar commission for the Stolen Generations in Australia, with Indigenous health leaders saying Australian Governments were yet to show the courage that Canada had.

“You’d have to say that successive governments have failed the ticker department,” said Richard Weston, CEO of the Healing Foundation.

“As an Aboriginal and Torres Strait Islander person, it hurts my soul,” he said. “I love this country but when you have leadership where the truth is right in front of you and you make excuses, we’re all the poorer for it,” he said.

In a later panel discussion, leading Indigenous academic Professor Marcia Langton told delegates that former Prime Minister John Howard, who long resisted delivering an apology, considered the Stolen Generation had in fact been “rescued”.

Charged with a ‘sacred trust’

In Canada, more than 150,000 First Nations, Métis and Inuit children were taken from their families and placed in 130 residential schools across the country.

The schools date back to the 1870s, but the last one closed only in 1996.

Littlechild said the Indian Residential Schools Truth and Reconciliation Commission (TRC) was established in 2008 after 15,000 law suits were lodged by former students against governments and churches.
The courts, “in their wisdom”, called the litigants together and asked if they would settle out of court. The former students agreed on four conditions: that there must be a foundation established for healing, compensation for those who wanted it, a separate process for those who suffered severe physical, mental and sexual abuse, and that a ‘truth commission’ be established that provided a “blanket” of personal, health and cultural safety for those who told their stories.

He said the three commissioners were aware that they had been granted a “sacred trust”, as people came forward to tell stories that many had been hiding for 40 or 50 years.

The court-ordered truth commission was unique in the world, he said: the first to look at what happens to children if they are removed and what happens to the parents and their trauma.

Yet it faced significant resistance in its early days. “The government was actually destroying records, burning, shredding: we had to go to court three times to tell the government to turn over documents,” he said.

It was, he said, very emotionally challenging to hear the physical, mental, spiritual and sexual abuse inflicted on children and the distress of families as the Commission took evidence across the country, visiting 77 communities, holding 240 hearing days and taking 7,000 statements.

“I knew the abuse was there, I went through it personally, but I didn’t really understand the depth of what went on,” he said.

He has a picture etched in his mind, of four little boys, huddled together, frozen to death, because they tried to run away from school, which was 2,500 miles from their home.

“How are you going to run away from sexual abuse when you’re that far from home?” he asked.

Another moment sparked a rethink about the Commission’s approach to healing, when a young girl at one of the public hearings, angry at this hidden shameful history, asked: ‘Why didn’t I learn about this in school, why has this not been told to me?’

In response the Commission set up education days in public hearings, had 14,000 school children come and listen to the survivors, and held seven national events – staged under different themes: respect, courage, love, truth, humility, honesty, wisdom – to “publicly educate Canada”.

The event staged on ‘love’ came from the anguished cries of pain or anger heard many times from traumatised survivors.

“(They told us): We know a lot about punishment but we don’t know what love is.’ So many times people would say: ‘I hate myself, I hate that my skin is brown, being told ‘you won’t amount to anything’.”

But he said they are now saying, “I’m now beginning to heal”.

Principles of reconciliation

The Commission has produced 10 principles of reconciliation, shaped by the framework of the United Nations Declaration of Rights of Indigenous Peoples, and 94 calls to action. You can read about its work and recommendations here.

There’s hope that there will be the political will and commitment to put them into action, buoyed by the commitment of Prime Minister Trudeau who remembered his Grade 6 teacher skipping a chapter in the class history book, saying ‘you’re not going to be interested’. He later found out it was the chapter on Indigenous history.
“He was brought to tears,” said Littlechild, who currently serves as an advisor on Indigenous rights to the United Nations Human Rights Council.

The commission also calls for universities and medical schools to teach this part of Canada’s history, so that doctors and other health practitioners, judges and lawyers, and other professions will understand. That was also welcomed by Aboriginal and Torres Strait Islander health advocates, particularly in relation to risks for people with foetal alcohol syndrome disorder (FASD) in the justice system.

Littlechild said the Commission was a good model to use to not only resolve conflict, “but restore and repair that historical damage”.

Its conclusion was that the report is “only the beginning of reconciliation”. All people have a human right to the truth of what happened to them, but it is hard, he said, to go straight from truth to reconciliation.

What was needed now was government and the Indigenous community working together, to restore relations, language and culture.

“We say culture can now be considered as treatment.”

Ahead of a standing ovation from delegates, he said that as difficult as the Commission’s work was, he was blessed to have done it.

“Going through this journey of the commission was a healing experience for me because many times, through tears and anger, I was hearing my own story being told in front of me, so I had to work on my own healing in a spiritual or cultural way so I could survive the commission myself.”

Reporting via Twitter
You can track Croakey's coverage of the conference here.

Powerful stories from Canada's Truth and Reconciliation Commission #LowitjaConf2016

You Retweeted
Lowitja Institute @LowitjaInstitute · 22h
Removal of children was direct assault on our families communities culture Chief Wilton Littlechild #LowitjaConf2016

You Retweeted
Danielle Dries @daniil_criches · 22h
"In the buzz-word of the day, #assimilation; in the language of the 21st century, #culturalgenocide" Residential schools #LowitjaConf2016

TRC Results

"Children were taken from their parents and sent away to residential schools, where they were forbidden to speak their native languages, forced to wear white-man's clothing, forced to observe Christian religious practices, and not infrequently subjected to sexual abuse. [...] In the buzz word of the day, assimilation; in the language of the 21st century, cultural genocide."

Chief Justice Beverley McLachlin
You can track Croakey's coverage of the conference here.

Powerful stories from Canada's Truth and Reconciliation Commission #LowitjaConf2016
You can track Croakey's coverage of the conference here.

Powerful stories from Canada's Truth and Reconciliation Commission

#LowitjaConf2016

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**Melissa Sweet @croakeyblog - 21h**

New word: we need ReconciliACTION, says Chief Littlechild #LowitjaConf2016

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**TRC: PRINCIPLES OF RECONCILIATION**

7. Perspectives of **Aboriginal Elders & Knowledge Keepers** re: concepts & practices of reconciliation are vital to long-term reconciliation.

8. **Aboriginal cultural revitalization**, & integration of Indigenous knowledge systems, oral histories, laws, protocols & connection to land are essential to the reconciliation process.

9. Reconciliation requires **political will, joint leadership**, trust building, accountability, transparency, & investment of resources.
You can track Croakey’s coverage of the conference here.

Powerful stories from Canada’s Truth and Reconciliation Commission

#LowitjaConf2016

You Retweeted
Summer May Finlay @OnTopicAus - 22h
Littlechild: Reconciliation is going to take all of us. #LowitjaConf2016
@NSWRC @RecAustralia

You, Aboriginal Health, Bronwyn Fredericks and 7 others

Melissa Sweet @croakeyblog

What matters for Indigenous peoples’ health?
Chief Wilton Littlechild #LowitjaConf2016

INDIGENOUS PERSPECTIVES ON THE RIGHT TO HEALTH

- Right to self-determination
- Holistic health: spiritual and physical well-being
- Prevention and promotion of wellness
- Indigenous knowledge and traditional medicines
- Solutions-focused: good practices
Powerful stories from Canada’s Truth and Reconciliation Commission

#LowitjaConf2016

Professor Marcia Langton chaired a panel with Chief Littlechild, June Oscar and Professor Karina Walters.
You can track Croakey's coverage of the conference here.

Powerful stories from Canada's Truth and Reconciliation Commission #LowitjaConf2016

Stories from the Stolen Generations

Introducing "Sharing our stories of healing" - @RichJWeston of @HealingOurWay #LowitjaConf2016
You can track Croakey’s coverage of the conference here.

Powerful stories from Canada’s Truth and Reconciliation Commission

#LowitjaConf2016

"Healing occurs throughout a person’s life journey as well as across generations. It can be experienced in many forms ... Mostly, however, it is about renewal, leaving behind those things that have wounded us and caused us pain. Moving forward in our journey with hope for the future, with renewed energy, strength and enthusiasm for life.”

Helen Milroy
Cultural security is critical for Indigenous children: #LowitjaConf2016 statement

International delegates representing American Indian, Hawaiian, Canadian First Nations, Maori and Sami communities with Lowitja Institute patron Dr Lowitja O’Donoghue after the presentation of gifts at the conference close. They are holding a two-sided mural presented to the Lowitja Institute by Hawaiian delegate Meleanna Meyer (top row, centre)

The importance of cultural security for Indigenous children is at the centre of a call to action issued by delegates at an international Indigenous health conference in Melbourne.

A statement released by the Lowitja Institute International Indigenous Conference on Health and Wellbeing also calls on governments to fully implement the UN Declaration on the Rights of Indigenous Peoples.

The statement, published in full below, calls for cultural models of care, and for Indigenous children to have access to “culturally secure early childhood education”.

It follows the launch of a national campaign, Family Matters, which aims to eliminate the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2040.
The statement also comes amid warnings that Federal Government changes to childcare funding will adversely affect Aboriginal and Torres Strait Islander children’s access to culturally secure services. (Watch an interview here with June Oscar and Dr Mark Wenitong).

The statement also calls for decolonising of research processes.

Conference participants also formally stated their support for Standing Rock Sioux in opposing the Dakota Access Pipeline in the United States of America.

The #LowitjaConf2016 Statement

The Lowitja Institute International Indigenous Conference on Health and Wellbeing was held in Melbourne 8–10 November.

The Conference asserts that Indigenous peoples across the world have the right to self-determination, as expressed in the United Nations Declaration on the Rights of Indigenous Peoples. The right to self-determination underpins the right to health.

The truth about Indigenous peoples must be told, heard and known, for justice to ensue. Only then can we achieve genuine reconciliation.

The experience of Indigenous peoples the world over, is a shared experience of colonisation. The conference heard that the primary goal of colonisation was about ‘killing the spirit of Indigenous peoples’ – as evidenced through the theft of land, language and culture.

We are all responsible for knowing the historical trauma and the continuing impacts that trauma has on Indigenous peoples today. This requires decolonisation of everyone’s thinking and of attitudes, in order to reset the relationship between Indigenous peoples and non-Indigenous people. Indigenous intellect, knowledge, values, practice and ceremony must be at the forefront of solutions to Indigenous issues.

We honour our ancestors’ resilience, strength and wisdom. In this moment in time, our obligation is to our future generations. As Indigenous peoples, we ask ourselves: What kind of ancestor did my own ancestors want me to be? What kind of ancestor do I want to be? What kind of ancestor do I want my children to be?

The conference was based on three themes – Identity, Knowledge and Strength. The conference states that:

Identity

• Indigenous peoples must be recognised as such

• The importance of culture in continuing our strength and resilience must be recognised

• Indigenous peoples share common experiences but also diversity across and within communities.

Knowledge

• Indigenous thinking, intellect, wisdom must be valued
• We must decolonise the research process. Indigenous peoples are the leaders in the research in relation to our own people. Any Indigenous research must primarily and directly be for the benefit of Indigenous people.

Strength
• We must be fully empowered to exercise the right to self-determination over our own lives
• We must change the pathway, directed by Indigenous peoples, to deliver a promising future for our children.

Call to Action
• We call on everyone to ensure that we grow strong Indigenous children into strong and healthy adults able to reach the full potential of their lives. For this to happen, we must:
  • Have a new and different way of working together
    • Enable Indigenous children to have cultural security and strong identity
    • Enable Indigenous children to have access to have culturally secure early childhood education
    • Enable Indigenous people to measure and monitor our progress.
  • We call on all governments to fully implement the UN Declaration on the Rights of Indigenous Peoples.
  • We call on all nations and their citizens to know the truth in relation to Indigenous peoples, and to act on that truth.
  • We call on all governments to support the goals that have been identified by Indigenous peoples. This requires proper resourcing and long term commitment to the health and wellbeing of Indigenous peoples.
  • We call on governments to resource, to fund and to commit to Indigenous Institutions at all levels. Indigenous institutions need to lead the way in supporting Indigenous Peoples to achieve health and wellbeing.
  • We call on all governments to establish cultural models of care, and for Indigenous peoples to define our own success and how we measure that success.
  • We call on all to protect the land to which we belong. Only when the land is healed, can we achieve true health and wellbeing.
  • Furthermore, the Conference stands by, and with, Standing Rock Sioux in its opposition to the Dakota Access Pipeline in the United States of America.
Indigenous health advocates in shock over Trump’s election

The election of Donald Trump as President of the United States has raised deep concerns for Indigenous peoples from the United States attending the conference.

Delegates expressed shock at Trump’s election and concern over his past racist remarks and financial investment in the pipeline being fought by around 200 American Indian tribes through the #StandingRock protest.

“I’m praying and hoping there will be no damage but I’m not really confident,” Choctaw health leader Professor Karina Walters told Croakey after delivering a keynote speech on historical trauma.

“It’s so complicated,” she said. “We have Indigenous people who voted for Trump…I honestly don’t understand because it works against our best interests,” she said.

Walters is an enrolled member of the Choctaw nation of Oklohoma who directs the University of Washington’s Indigenous Wellness Research Institute.

She said there were concerns about Trump’s investment in Energy Transfer Partners, the company behind the Dakota Access Pipeline that about 200 American Indian tribes have come together to oppose as “water protectors” to stop it crossing the Missouri River.

As it closed, the Lowitja Institute conference, attended by delegates from Brazil to Norway, issued a statement calling for greater respect worldwide for Indigenous rights (as reported at Croakey) and declaring solidarity with the #StandingRock protests.
It said:

“Furthermore, the Conference stands by, and with, Standing Rock Sioux in its opposition to the Dakota Access Pipeline in the United States of America.”

Walters told delegates at the conference she had hoped to open her keynote with talk about the power of women, with the expectation that Hilary Clinton would win.

“Clearly we have a long ways to go, babies,” she said. “I’m in mourning at the moment.”

Trump has infamously called leading Democrat Senator Elizabeth Warren “Pocahontas,” mocking her claim to Cherokee and Delaware Indian heritage.

Walters said he had also made other “very derogatory comments...saying to other communities that they ‘don’t look Indian’ as if he’s the expert”.

“That kind of language is damaging, not just because it comes from a leader (who has been elected President). Those kind of comments really serve a purpose, they’re not accidental, they serve a purpose to maintain the status quo,” she said.

Walters said Trump may appoint an advisory panel to inform him on Indigenous issues, but she was “not convinced he understands, based on his prior comments, what the federal trust responsibility is, what our treaty rights truly are and what his responsibility is as president of the United States, what his obligations are to Indigenous people.

“I don’t know how we are going to undo some of the problems around issues of our sacred rights and land title and water title with this presidency,” she said.

Hawaiian delegate Kailauni Odom from the Kokua Kalihi Valley in Honolulu said Trump had expressed “really no interest” in the Indigenous people of Hawaii and had been “pretty sexist and racist” in his remarks.

“It’s quite a shock to all of us that he is there,” she said.

She expected his policies to be “detrimental to all of us”, including on climate change, “but we have within our knowledge and foundation ways to persevere,” she said.

“We’ve faced adversity before and we will again,” she said.
A healing walk with ancestors along the Trail of Tears

An innovative program to develop wellness among people of the Choctow Nation in Oklahoma is promoting cultural strengths and ancestral teachings to enable healing from historical traumas, instead of putting the focus on health problems and Western interventions.

The program, which takes community members out to walk an historically significant trail for ten days, following their ancestors’ footsteps, was profiled in a powerful keynote address to the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne.

Marie McInerney writes:

During the first half of the 1800s, as many as 100,000 American Indians were forcibly re-located west of the Mississippi River from their homelands in the East, along what is now known as The Trail of Tears.

They were rounded up at gunpoint, often separated from their families, many were given no time to bring their possessions, and they were forced to travel, by foot, horse, wagon and boat.

Now around 100 of their descendants from the Choctaw tribe have walked in their footsteps in an effort to find new cultural solutions to chronic health issues and to transcend historical trauma.

“Our ancestors did not walk that Trail of Tears for us to be dying the way we are dying,” Professor Karina Walters told the conference.
You can track Croakey’s coverage of the conference here.

Walters, an enrolled member of the Choctaw nation of Oklahoma who directs the University of Washington’s Indigenous Wellness Research Institute, was approached by her tribe to come up with a break-through health innovation.

Choctaw people currently have high rates of obesity and are on track for one in three people to be suffering Type 2 diabetes by 2050.

For the first time in Choctaw history, Walters was told, large numbers of parents are set to outlive their children, despite the community having access to all the standard interventions, including a state of the art gym, walking paths, and healthy hospital menus.

Walters said she asked the director of the local health service that invited her to do the project why these services were seeing so little impact on chronic disease rates. He told her there was “a sadness that I can’t put my finger on”.

Walters realised she needed to “flip the script” for a health intervention, to create an innovation that was not about more services, but about the power, love and vision their ancestors expressed for future generations on the Trail of Tears, in their survival of colonisation and forced expulsion.

Instead of taking Western medical responses and adding a cultural lens, Walters sought to create a Choctaw model, with Western extras where needed.

She said:

- **We’ve spent too much time creating our wellness in systems of services.**

- **They’re important, but we’ve become dependent on services to be cultural spaces for us.**

- **We really have to move beyond static models, to recognise complex interconnections of health and wellbeing from structural inequality to epidemiological memory.**

- **Literally our bodies, minds and spirits are inextricably linked across time and space.”**

With the Choctaw community, Walters designed the Yappalli (“to walk slowly and softly”) Choctaw Road to Health program to take community members out on the trail for ten days at a time, where they could “wake up in the morning, say prayers and think about what their ancestors could teach them today.”

On the trail, people do not discuss substance abuse or suicide interventions but instead explore traditional teachings and medicines for staying healthy and well and in balance.

They are encouraged to think about the tribe’s original teachings or instructions about life and living, and to ask:

- What kind of ancestor did my ancestors envision me to be?

- What kind of ancestor do I want to be?

- What kind of ancestor do I want or envision future generations to be through my actions today?
Echoing an earlier powerful presentation by Chief Wilton Littlechild about the forced removal of Canada’s Indigenous people, Walters described the violent and traumatic history of colonisation in the United States.

It manifested not just in military conflict and forced expulsion, but – like Canada, Australia and elsewhere – with many tens of thousands of American Indian children removed from family and placed in boarding schools run with militarised discipline and high rates of sexual assault.

“The whole intention was ‘to kill the Indian to save the man’,” she said of widespread policies to “civilise” American Indian people by teaching them English and converting them to Christianity.

“It was a direct spiritual assault, not just an assault on body and land,” she said.

A book, *Voices from the Trail of Tears*, provides heart-wrenching accounts of the forced removal of many Indian tribes to make way for white settlers following the 1830 passage of the Indian Removal Act. One reports squads of troops sent to search out with rifle and bayonet every small cabin for their occupants. It says:

“Families at dinner were startled by the sudden gleam of bayonets in the doorway and rose up to be driven with blows and oaths along the weary miles of trail that led to the stockade. Men were seized in their fields or going along the road, women were taken from their (weaving) wheels and children from their play.”
In the book, editor Vicki Rozema says the Trail has become “a symbol of the oppression of all native Americans in the expansion of the United States to the Pacific Ocean….The removal of the southeastern Native Americans west of the Mississippi is one of the great tragedies in United States history. While each of the five civilized tribes has shown incredible resilience in fighting back from the decimating effects of their removal, the terrible injustice of broken treaties, discriminatory laws, unenforced court rulings, land grabbing, and ethnocentric intolerance, all done in the name of western expansion, will forever be a blight on the memory of the American people.”

Walters, quoting a Choctaw proverb – “the breeze that ruffles the stream knows not the depth below” – told delegates she had made it her career mission to catalogue the impact of that history after being told in academic circles there was “no evidence” that trauma visited on American Indians early in colonisation had any generational impact.

While the term intergenerational trauma is used in Australia to refer to the historical trauma of colonisation (see, for example, the mental health text Working Together), Walters distinguishes between the two.

She says intergenerational trauma can be triggered by natural disasters like earthquakes and the flooding of homelands, and defines historical trauma as relating to “man-made events that target particular communities with the intention of committing genocide or ethnocide or epistemicide – the destruction of knowledge systems”.

Her research has found evidence of “intergenerational transmission” of post traumatic stress, depression and drug and alcohol abuse, she said.

One of its biggest impacts, she said, was to disrupt relational ways of being, including with the land, and to create “a narrative about ourselves” that is not healthy, from alcohol abuse through to shaped understandings that “bigger babies” were healthier because they were the only ones in previous generations to survive famines and dislocation.

“Health risk is not something innate to our biology, but the cumulative impact of colonisation and racism over our and our ancestors’ lifetimes,” she said.

However with the Yappalli project, Walters felt she was at a new stage in her life, with communities saying they knew about historical trauma and asking instead, “how do we transcend it?”.

They determined the project would not be defined by collective traumas and struggles and a colonial mindset, but by ancestral teachings, their “original instructions for healthful living”, the protocols for responsibilities to one another and themselves.

It has been run three times over three years, preparing and supporting nearly 100 Choctaw women plus Indigenous and non-Indigenous allies to walk a small stretch of the Trail, which was designated as a national historic trail by Congress in 1987.
Covering about 120 kilometres over ten days, it’s taken them down dirt paths and through hills, forests and swamps, camping in all sorts of places where the trail in still intact, from wildlife refuges with swamp creatures, bugs and alligators through to the downtown campus of the University of Arkansas.

In their preparation and while underway, the participants have explored Choctaw history, language and culture, chronicling daily reflections, meeting with local people and visiting museums.

The project’s goal is to graduate 150 Choctaw women health leaders from 12 tribal districts over five years – individuals who have transformed their own lives as examples for friends and families and who can then work in their communities within a deep cultural framework that also incorporates Western behavioural science, but with the foundation “always Choctaw”.

The project reported that engagement with place and experiential learning, particularly the physical and emotional challenge of the Trail, facilitated changes in health beliefs, attitudes, and behaviours, including some participants permanently losing significant weight.

As Walters said in this article:

*Interventions often do a great job telling people what to do and what not to do, but what they really need to do is to remind people why we exist as Choctaw. Why are we here as a people? Why do we live? That’s the glue that holds together any interventions we do in the community.”*

Read more here.

**Watch interview with Professor Karina Walters**

[Watch interview with Professor Karina Walters]
Nature provides a therapeutic setting for the Indigenous Sámi peoples

In Norway, the Indigenous Sámi peoples are returning to cultural practices on country, as part of moves to develop better health and to tackle mental health and substance abuse issues.

The move towards nature-based therapy that embeds Sámi norms and values was profiled in a keynote presentation to the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne.

Marie McInerney writes:

Young people and their extended families are learning to master traditional skills like building and sleeping in snow caves in Arctic temperatures under programs being created by a unique Indigenous Sámi health service in Norway.

Gunn Heatta, a Sámi woman from the northern part of Norway, said the programs bring Sámi families together, out into wilderness areas, to address mental health and substance abuse issues.

At the core of the programs are Sámi values, including the concept of “narrideapmi” or “soft teasing” – “not teasing to make others feel bad but to make them laugh” – and the focus on the collective over the individual, with a much broader sense of extended family than in mainstream Norwegian society, including for the elderly and those with disability.

“We share the catch,” she said, explaining that she is Aunty to her cousin’s children.
The programs are part of a growing reclamation of Sámi culture and embedding of Sámi norms and values in healthcare in a region where many Sámi people often don’t know they are Sámi or are “ashamed” to admit it because of past and current discrimination, she said.

“They come in like a Norwegian family and they go out as a Sámi family,” said Heatta, who heads the Sámi Norwegian Advisory Unit for Mental Health and Substance Use (known as SANKS), the only service and organisation of its type for Sámi people.

Yet the programs still struggle in the mainstream Norwegian health system to assert their rights to culturally appropriate and safe interventions, and to self-determination, she said.

Heatta told the conference that Sámi people, who live in the northern areas of Norway, Sweden, and Finland and on the Kola Peninsula in Russia, have not generally suffered the violence inflicted on many other Indigenous peoples under colonisation.

However, she said, a history of forced assimilation, ethnic discrimination, and continuing loss of land – with the threats today from mining, tourism, wind farms and climate change – have led to an extinction of language and culture for many Sámi people.

“Most Sámi don’t speak their own language anymore, and a lot of Sámi people do not know they are Sámi people or don’t want to tell that they are,” she said.

“It’s been very shameful to be Sámi,” she said, explaining that, prior to World War Two, researchers had measured the shape of Sámi people’s skulls to declare them the “lowest on the scale”.

### Asserting culture

Now, she said, many young people are discovering they are Sámi and are beginning to assert their culture more strongly, often in the face of family opposition.

The population of Sámi people, who share different language groups and cultural practices, across Scandinavia is officially estimated at 100,000, although it is believed to be higher.

Norway was the first country to ratify the protection of land rights pursuant to the International Labour Organisation’s Convention No. 169 concerning Indigenous and Tribal Peoples (which Australia has yet to sign), and the Sámi Parliament recently celebrated its 25th anniversary.

However, the United Nations reports that Sámi people experience ten times more discrimination than ethnic Norwegians, that their language is severely threatened, and that Norway has only narrowly interpreted the ILO provision of “ownership and possession”.

Heatta said SANKS also struggles still to convince mainstream Norwegian services of the need to take different cultural approaches for Sámi people and has yet to be able to incorporate Elders and traditional medicines as much as it wants into care models.

Patients often use traditional healers “but many of our therapists don’t dare to document that you are talking about these sorts of things,” she said.

“In Norway, it’s a welfare state system and very important (to the system) that everything should be just exactly the same,” she said.
“But when you are Indigenous that’s not good enough: we want the result (of health interventions) to be the same, but we can’t do it in the same way. This is very difficult to explain in Norway.”

Learning by doing, together

Thus there has been the move to go “on country”, out into the wilderness areas where the culture is based, to bring together very extended families – not just siblings and parents, but often full ‘blended’ families – for weeks at a time.

“You pass it on by doing it together,” she said of Sámi cultural values and practices.

Heatta outlined two programs that take participants out into nature, where they stay in Sámi tents (lavvu) or cabins, and talk while working side by side to catch fish and prepare traditional foods.

Education is given a big focus so that children and young people don’t fall behind – SANKS teachers liaise with a child’s school, but then also tap into nature as well.

She described one mother sitting around the fire, sharing dinner in a Sámi tent and saying “this was the kind of food we had often at home when I was a child”. It was the first time she had told her family she was Sámi.

Heatta said the programs emphasised five main Sámi values:

• independency (or to ‘manage by your own’)
• inter-personal relationships connected to sensitivity, humour and time, based around the Sámi concept of ‘narrideapmi’
• extended family – valuing neighbourhood and extended family
• live close to nature
• importance of language.

“We are changing the context for treatment from the therapy room to the nature,” she said.

“Since this is more familiar to the family, they become the experts, not the therapists... It gives them a feeling of mastery of situations.”

Watch this interview with Gunn Heatta at the conference.
You can track Croakey’s coverage of the conference here.

Nature provides a therapeutic setting for the Indigenous Sámi peoples.

Way of working
- Steered by the pace of the nature and the family
- Here and now important
- Great extent of flexibility
- Communicate verbal and nonverbal
- Families try / experience new ways to do things / be together
- Use metaphores / symbols from the nature

Research
- Sámi adolescents participating in Sámi cultural activities and with Sámi language competence had less mental health problems (Turin et al, 2011)
- Ethnic discrimination
  - Ethnic discrimination and a strong Sámi identity are related to more anxiety and depression in Sámi adolescents (Turin et al, 2010; Kvernmo submitted)
  - Ethnic discrimination towards Sámi adults affect physical health in many domains negatively (Hansen et al, 2016; Hansen & Sarrie, 2012; Hansen, 2015)
Nature provides a therapeutic setting for the Indigenous Sámi peoples #LowitjaConf2016
On self-determination, sovereignty and other critical Indigenous health matters

Marie McInerney writes:

The screen flicks through old black and white photos of Aboriginal and Torres Strait Islander people staring straight to camera, as Indigenous film-maker Rachel Perkins reads from the 1846 petition to Queen Victoria from Aboriginal people exiled on Flinders Island in Bass Strait.

They humbly urge the Queen to protect them from a tyrannical overseer and express disappointment at the failure of colonial authorities to keep their promises – “an agreement which we have not lost from our minds since & we have made our part of it good”.

These are the opening lines from a 12-minute segment of a documentary being made by Perkins and Indigenous constitutional law reform expert Professor Megan Davis.
When finished, it will be shown at a series of Indigenous-led dialogues across the country staged by the Referendum Council to advance work on recognising Aboriginal and Torres Strait Islander peoples in the Constitution. Hopefully it will also be shown more broadly, particularly in schools and workplaces.

Davis provided a sneak preview of the film during her keynote address at the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne.

It tracks continuous calls for justice and self-determination from Aboriginal and Torres Strait Islander people since colonisation, and underlines how these calls have been mostly ignored or rejected.

It traces the 1881 petition from the Yorta Yorta people to the Governor of New South Wales for “a sufficient area of land granted to us to cultivate and raise stock”; the 1886 Corranderk petition: “We should be free like the White Population, there is only few Blacks now remaining in Victoria, we are all dying away now…”; David Unaipon’s call in 1926 for the establishment of an Aboriginal state; William Cooper’s 1933 Petition to the King; the 1938 Day of Mourning; the Wave Hill walk off; and the 1967 Referendum.

It’s a powerful history lesson that’s still yet to be taught well in most Australian schools, providing a catalogue of places and people that should be household names.

And it comes amid growing frustration in Aboriginal and Torres Strait Islander communities that decades of vital inquiries and recommendations for urgent change, such as those from the Royal Commission into Aboriginal Deaths in Custody and the Bringing Them Home report, end up in filing cabinets and on dusty shelves, not in action on the ground.

Donna Ah Chee, CEO of the Central Australian Aboriginal Congress in Alice Springs, said we should not have needed a Royal Commission into the abuses at the Don Dale juvenile detention centre.

“I think what we need is a Royal Commission into why are there all these reports, what’s happened to the recommendations,” she told Croakey at the conference. (Watch her video interview here with Dr Megan Williams about the success of CAAC’s integrated model of child and family services as a core part of primary health care.)

“Aboriginal people are sick and tired of being consulted,” she said. “It’s about time governments started to implement what we see works and what we know makes a difference.”

Bipartisanship, fatigue and time for some dreaming

For Davis, immediate past Chair of the United Nations Permanent Forum on Indigenous Peoples and a member of the Referendum Council, the film shows that all significant developments in Indigenous advocacy for structural reform “have come through activism or litigation”.

It also raises questions for her about a tradition of bipartisanship on Indigenous issues in Australia, as she outlined in this article in The Monthly about the failure of successive governments to listen to the work, ideas and research of Aboriginal and Torres Strait Islander communities.
She said bipartisanship intuitively makes sense for coherence and continuity. But she says it does not always sit well in a parliamentary liberal democracy where important disagreement about the substance and content of laws and policies should be publicly ventilated and debated – particularly Australia’s “disavowal” of self-determination.

“In some ways bipartisanship has locked our people out of the conversation, because those discussions are had about us behind closed doors,” she said.

Davis told delegates she accepts there is “Constitutional reform fatigue” in the community and much concern that recognition will be “just a commemorative plaque” rather than substantive, structural reform that changes Aboriginal and Torres Strait Islander peoples’ lives on the ground.

But she said the work goes on. The Referendum Council, appointed last year by Prime Minister Malcolm Turnbull, has held meetings this year in Broome, Thursday Island, and Melbourne to invite advice from Traditional Owners, Aboriginal organisations and leaders, and people involved in Treaty discussions.

Flowing from that, she said, will be a new phase – deliberative rather than consultative – to explore what Aboriginal and Torres Strait Islander communities want reform to look like.

This will end next year (once hoped to be the year in which the referendum would be held), with a national convention of Indigenous leaders at Uluru, where “the political pragmatism and feasibility of all these measures and viability will come into play”.

But Davis hopes that 12 First Nations dialogues to be held in coming months will allow some time to dream, even though the reality of the past and the film may discourage them.

“To ask communities to imagine Australia could be a different place requires them, often very vulnerable communities, to suspend disbelief about the way politics deals with Aboriginal and Torres Strait Islander people,” she said.

The deliberations will ask them “to separate out their political thinking and their questions about viability and political reality, and spend some time just dreaming what meaningful change would look like for them on the ground.”

Earlier at the conference, Lowitja Institute patron Dr Lowitja O’Donoghue had called on Aboriginal and Torres Strait Islander people working in health research to heed the powerful words of poet Oodgeroo Noonuccal from Song of Hope:

- To our fathers’ fathers
- The pain, the sorrow;
- To our children’s children
- the glad tomorrow.

Davis said:

“To borrow from Lowitja and Oodgeroo: Let’s use this opportunity to take our place at the heart of the nation and build that glad tomorrow.”
Sovereignty, health and power

In another session at the conference, medical anthropologist Dr Gregory Phillips talked about the need for a true substantive shift in power for Aboriginal and Torres Strait Islander people, from the wards of hospitals through to Constitutional reform.

It was a powerful provocation and call for transformative change, drawn from his recent thesis: *Dancing with power: Aboriginal health, cultural safety and medical education* and referencing both the liberation medicine work of public health advocate Dr Paul Farmer and the eight white identities defined by United States African American Studies Professor Barnor Hesse.

Croakey readers might also be interested to watch his 30-minute lecture delivered earlier this year at Melbourne’s Wheeler Centre: *Should Australian cities bear Indigenous language names?*

A research fellow at the Baker IDI Heart and Diabetes Institute in Melbourne, Phillips pointed to evidence that self-determination is “the factor that makes a difference” in health and social outcomes – more than workforce capacity, funding levels, and the design of programs.

Yet, he said, Australia continued to mistake inclusion for equity.

Drawing parallels with feminism and marriage equality movements, he said Australia was good at “doing equality based on white terms of reference”, where Aboriginal and Torres Strait Islander people were expected to be grateful for being included – on advisory and reference committees “ad nauseam”, through to in the Constitution – rather than having the system cede power. It’s a challenge that he said he recently put to the Victorian Government, which is independently working to build the pathway to a Treaty.

Phillips welcomed the commitment, describing a Treaty as “a seat at the table” versus the “crumbs off a table” that Constitutional Recognition delivers. But he said it still needs to be given effect by Western sovereignty, is subject to the whims of governments and is “still not a fundamental change in the power imbalance”.

That manifests in the health system with acts of “charity”, such as Reconciliation Action Plans and NAIDOC week sausage sizzles, while Aboriginal and Torres Strait Islander people are still seen as the problem, “naughty people” who drink too much and don’t eat enough fruit and vegetables.

“If we define individual capacity and compliance as the problem….then that's what your intervention is going to be,” he said.

As in his thesis, Phillips said the power dynamics of domestic violence can open a window on how to think about “whiteness” in Australia, in the often sick relationship between Aboriginal and non Aboriginal people that is based on power, manipulation and blame rather than confronting truth.

That’s to be seen, he said, in the concession from the Expert Panel on Constitutional Recognition to put aside demands for greater Aboriginal and Torres Strait Islander sovereignty because they would be highly contested by many other Australians and could put Recognition at risk.

“I don’t blame anyone for incrementalism … but if that’s all we do, we're putting our power in the abuser, hoping they will change,” he said.

> “What we do in Australia is we try to forget, to just go forward and do the ‘warm fuzzies’.

> “We have to change the national conversation from reconciliation to truth and reconciliation or, to be honest, to peacemaking because …. we're still in the war in many ways.”

On self-determination, sovereignty and other critical Indigenous health matters

#LowitjaConf2016

Croakey

“Conference News Service”
You can track Croakey’s coverage of the conference here.

On self-determination, sovereignty and other critical Indigenous health matters

#LowitjaConf2016

Reporting from the Twittersphere

chelsea bond @drcebond · Nov 8
What hap when u get Indig hth xperts 2gether? They talk self determination + sovereignty not #closethegap #LowitjaConf2016

Lowitja Conference Retweeted
Rosalie Schultz @RemoteRosalie · Nov 7
Megan Davis keynote tells it like it is. #LowitjaConf2016

IndigenousPHAA and 2 others Retweeted
Kathleen Clapham @kathleenclopham · Nov 7
Prof Megan Davis on failure of successive govts to listen to Aboriginal research #LowitjaConf2016

Donna Weeks and 2 others Retweeted
Dr Anita Heiss 🌐@AnitaHeiss · Nov 7
Prof Megan Davis is a constitutional lawyer & former chair of UN Permanent Forum on Indigenous Issues. Follow @mdavisqder #LowitjaConf2016

Kathleen Clapham @kathleenclopham · Nov 7
Wow! What a comprehensive overview provided by Prof Megan Davis. Hope it will be available as podcast. #LowitjaConf2016

Renee Blackman liked
Kathleen Clapham @kathleenclopham · Nov 7
Megan Davis - Social justice package arising from Mabo decision has never been implemented #LowitjaConf2016
On self-determination, sovereignty and other critical Indigenous health matters #LowitjaConf2016

Tweeting Dr Phillips

Summer May Finlay @OnTopicAus · Nov 8
Gregory Phillips owning his presentation on whiteness & sovereignty. Love his work! #LowitjaConf2016

Karen McPhail-Bell @solomon_kazza · Nov 8
Gregory Phillips unpacks way #whiteness is similar to a domestic violence relationship at #lowitjaconf2016, inc Hesse's 8 white identities

There is a regime of whiteness, and there are action-oriented white identities. People who identify with whiteness are one of these. It's about time we build an ethnography of whiteness, since white people have been the ones writing about and governing Others.

1. White Supremacist
   Clearly marked white society that preserves, names, and values white superiority

2. White Voyeurism
   Wouldn't challenge a white supremacist; desires non-whiteness because it's interesting, pleasurable; seeks to control the consumption and appropriation of non-whiteness; fascination with culture (ex: consuming Black culture without the burden of Blackness)

3. White Privilege
   May critique supremacy, but a deep investment in questions of fairness/equality under the normalization of whiteness and the white rule; sworn goal of 'diversity'

4. White Benefit
   Sympathetic to a set of issues but only privately; won't speak/act in solidarity publicly because benefitting through whiteness in public (some POC are in this category as well)

5. White Confessional
   Some exposure of whiteness takes place, but as a way of being accountable to POC after: seek validation from POC

6. White Critical
   Take on board critiques of whiteness and invest in exposing/marking the white regime: refuses to be complicit with the regime, whiteness speaking back to whiteness

7. White Traitor
   Actively refuses complicity, names what's going on; intention is to subvert white authority and tell the truth at whatever cost, need them to dismantle institutions.
You can track Croakey’s coverage of the conference here.

On self-determination, sovereignty and other critical Indigenous health matters

#LowitjaConf2016

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Marita Heffler @m_helf • Nov 8
"We shouldn’t just have a seat at the table, we own the table”.

chelsea bond @drcbond
AProf Phillips highlights limits of ‘inclusion/equity’ discourse: terms of ref unchanged + Aboriginal ppl remain problem #LowitjaConf2016

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chelsea bond @drcbond • Nov 8
AProf Phillips describes whiteness as a form of domestic violence visited upon Aboriginal Australia #indigenous_health #LowitjaConf2016

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chelsea bond @drcbond • Nov 8
Medicine used to practicing benevolence rather than social justice says A/Prof Phillips #LowitjaConf2016

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chelsea bond @drcbond • Nov 8
AProf Phillips highlights limits of ‘inclusion/equity’ discourse: terms of ref unchanged + Aboriginal ppl remain problem #LowitjaConf2016

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Marita Heffler @m_helf • Nov 8
Fantastic presentation. Systematic & forensic dissemination of structural changes needed to effect REAL change #lowitjaconf2016

Summer May Finlay @OnTopicAus
LIVE on #Perscope Gregory Phillips on sovereignty & whiteness at #lowitjaconf2016 perscope.tv/w/avFOFDEwOTU0...

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Marita Heffler @m_helf • Nov 8
A/Prof Phillips dropping truth bombs and exploding the myths of charitable inclusion.

chelsea bond @drcbond
AProf Phillips highlights limits of ‘inclusion/equity’ discourse: terms of ref unchanged + Aboriginal ppl remain problem #LowitjaConf2016
Courage, honesty, celebration and imagination – and other ethics for Indigenous health research

Research ethics was, not surprisingly, a major theme at the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016.

Below is the first in a series of three articles on research ethics, arising from the conference.

Marie McInerney writes:

One of the biggest impacts of colonisation has been to destroy and denigrate Indigenous knowledge systems and intellectual traditions across the globe, according to leading Maori constitutional lawyer and Treaty of Waitangi expert Moana Jackson.

Speaking at the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 last week, Jackson warned this threat is not over and that an unethical research approach to Indigenous peoples can in itself be “a colonising act of dispossession”.

In his keynote address, he outlined 10 ethics that he believes should underpin any research into and about Indigenous peoples. See them listed below.
His address in Melbourne focused on the themes of #LowitjaConf2016 – Identity, Knowledge, Strength – and the insights of his beloved mokopuna (grand-daughter) who, with the wisdom of an eight-year-old, observed: “it’s not what you learn, it’s how you learn”.

It was a message explored in many presentations at the conference that detailed efforts of Indigenous people and organisations to reclaim and transform research for Indigenous people and communities, and the challenges they face.

One New Zealand research organisation detailed how its research was located, physically and metaphorically, in the tribal meeting place. Any tricky or important discussions would be held there. “That’s the way we ground who we are and what we do,” said Heather Gifford from Whakauae Research in Whanganui.

Others detailed the risks of being co-opted, often without power, influence or proper funding, to “authenticate” non-Indigenous led research or of being expected to be the holders of knowledge on “all things Indigenous”. See more below.

Of Ngāti Kahungunu and Ngāti Porou descent, Jackson is Director of Nga Kaiwhakamarama I Nga Ture (the Māori Legal Service), a former Director of the Maori Law Commission and played a key role in developing the UN Declaration on the Rights of Indigenous Peoples.

In his Lowitja keynote, he talked about the question of knowledge, how every people on the planet developed their own “acute and astute intellectual tradition”, with a search for knowledge that is culturally determined and shaped by the land on which they live, which “in turn shapes their history, their relationships, the ways they see the world”.

“Among the many brutal, damaging things that colonisation has done to Indigenous people has been to convince them there is indeed only one way of seeing the world, only one system of knowledge,” he said, adding that any belated recognition of an Indigenous intellectual tradition sees “a certain quaint exotic interest” but in no way universality.

The impact of that view has been devastating, he said. “If you take away the knowledge system of a people, if you take away the intellectual tradition of a people, along with the land, along with the political ability to make decisions for the people of that land, then you remove basic strength and integrity of that people’s culture,” he said.

He sees one of the coarsest examples of that destruction in the renaming of places of meaning for Indigenous people, as a form of graffiti, such as the small island of Waikawa or “bitter water”, renamed prosaically by Captain Cook as Portland Island.

In the same destructive way, he said, colonisers replaced the “deeply individual but inherently collective identification of place” with ways of defining Indigenousness that suited them, with the “mythology of the blood quantum”, that a person’s identity is determined by how much Maori, Cree, Aboriginal or other Indigenous blood they may have.

“That not only disrupted our understanding of what it means to be us, it's also caused and continues to cause immeasurable heartache and pain to Indigenous people. It leads to often hurtful comments: 'you can't be a real Maori, you can't be a real Aboriginal, you're too white, as if that is the determinant of what makes us uniquely Indigenous,” he said.
Echoing the concerns of many presenters at the conference, Jackson said the Western intellectual tradition and its research methodology came with the presumption that colonisers could research anything and anyone they wanted, that they could “research, deconstruct, displace and replace Indigenous knowledge systems.”

Describing academic freedom as a social construct, he said there remains a conviction that non-Indigenous people have some automatic right to research what they wish and a resistance to understanding that Indigenous people are most capable of researching Indigenous issues or that different knowledges count.

He said that in many Indigenous knowledge systems, written literature is only recent, but the knowledge exists in the poetry, songs, history and traditions of the people.

“Yet to try to get a university to accept that that way of knowing and seeing the world constitutes a valid literature review is one of those many struggles that Indigenous researchers and people continue to wage,” he said.

**Ten ethics**

Here are summaries of his 10 ethics for research into and about Indigenous people:

1. **Prior thought:** acknowledge the ideas and values that Indigenous people may already have developed about an issue and tell a story that is sourced in the prior thought that has shaped the Indigenous intellectual tradition.

2. **Moral choice:** determine on what right do you decide to make that research happen, upon whose authority do you decide that it’s worthwhile, and what is the morality involved in investigating that issue?

3. **Time:** understand that Indigenous people have different and valid constructs of time from the linear Western Christian tradition, which may include a circular notion that time turns back on itself or that the past is always with us or in front of us.

4. **Power:** understand that the choice of questions to be asked and the ability to fund research are questions of power that are never divorced from the research that one wishes to undertake. Research that does not acknowledge that power, which often fails to acknowledge the imbalance of power, is dangerous for indigenous peoples.

5. **Change:** ensure that research, particularly in the often-stressed lives of Indigenous people must seek solutions that will bring about change in their lives and in the relationships that they have with non-Indigenous people. Research that merely perpetuates the status quo is of little value.

6. **Courage:** for Indigenous peoples, it takes a certain courage to undertake research, to try to maintain integrity in a research environment that is not necessarily conducive to Indigenous understandings. The challenge for non-Indigenous researchers is whether they will be courageous enough to allow Indigenous people to make the decisions about how that research should happen, how it should be implemented.

7. **Honesty:** be honest about the research done upon Indigenous people for too long that too often led to flawed and dangerous policies, genocidal acts of destruction and absolute diminishment of rights of Indigenous people to be themselves.
8. **Imagination**: respect, in all stories that Indigenous people around the world tell, a willingness to merge imagination with fact, to rhyme fantasy with reality, to create a way of seeing the world in all its complexity with certain poetic vibrancy. And if we are to imagine a future divorced from the past, then be honest about the racism that runs though colonisation.

9. **Celebration**: If as Indigenous peoples we are to research who we are, we should also take the time to celebrate our resilience, our survival and take joy in what we have managed to keep. For those non-Indigenous people who wish to be allies, who may wish to research Indigenous issues, take some simple pleasure in the celebration of what Indigenous peoples achieve and know that every time they exercise their right to self determination, that is not a denial of your right to be who you are, that is simply a reclaiming of what has been taken by history from us.

10. **Modesty**

Jackson ran out of time to fully explore the final point, but you can watch him discuss the 10 ethics in a video in this Fala Media post.

**Research as a tool for transformation**

In other sessions at the conference, delegates heard a range of presentations building on Lowitja Institute patron Dr Lowitja O'Donoghue's call to always question the point of research: *Whose interests does it serve? Who will benefit? Who is asking the research questions? What are the drivers of the research? And who is at the steering wheel?*

Perspectives of Aboriginal Research Officers conducting research into the remote Australian context (Central Australian Aboriginal Congress).

**Our Men Our Healing**

The conference heard of impressive results from the Our Men Our Healing co-design project run by three Healing Foundation projects in the Northern Territory which allowed men to see themselves as nurturers, teachers and protectors.

Researcher Steven Torres-Carne quoted women in the communities as saying they remembered the day the men began the program. “(They said): we remember that day as the day they started their healing.”
Reclaiming and transforming research and practice

A session on three Maori case studies from Aotearoa/New Zealand reported a real awakening of Indigenous-led research in recent years, with a focus on it being “a tool for transformation...that actually has to make a difference for services on the ground.”

Presenters talked about how multiple accountability is a big issue for Maori health researchers, being accountable to funders, academic leaders, and to their own tribe and Maori communities more broadly, with additional responsibility to nurture the next generation of researchers and strengthen their own cultural competency. Another constant question was how to engage with community with integrity: not to be expedient, nor convenient.
Denise Wilson from the Auckland University of Technology said her team ran workshops to support young Maori students so they are not pushed into Western ways, and now refused to act just as advisors to projects.

“If people want us, they can name us (as researchers),” said “A lot of work goes into being an advisor with no recognition of that hard work.”

At another session on reforming practice and research agendas, Dr Deb Duthie, Senior Lecturer in the Oodgeroo Unit of the Queensland University of Technology, described what she regarded as unethical questions and assumptions about Indigenous scholars and researchers.

“It’s often assumed that, as a researcher who is Aboriginal, that all my research is conducted in an Indigenous space,” she said. “I am also seen as the Indigenous knowledges expert, the ‘knower of all things Aboriginal’. She described requests from media and others to ‘describe Aboriginal and Torres Strait Islander culture’, who she then refers to the Tindale map and the knowledge that 500 nations equal 500 different protocols and traditions.

She said she is often asked to join non Aboriginal research teams by people she has not met who see Indigenous researchers “as a means to their end rather than a reciprocal and collaborative process with Indigenous researchers.”

Tweets from session
Values

Hauora Tangata: holistic understanding of wellbeing

Manaaki Tangata: care and respect

Mātauranga: knowledge is the key enabler of Māori growth and development

Ngākau Tapatahi Aurere: we operate with professionalism, integrity, diligence and genuine passion

Rangatiratanga: the right of Māori to determine their own aspirations, and the pathways for achieving them
Leading Aboriginal researcher raises some critical questions for the NHMRC

The National Health and Medical Research Council (NHMRC) promotes its investment in building capacity among Aboriginal and Torres Strait Islander researchers – but what about its own capacity to do this work?

Dr Chelsea Bond, an Aboriginal (Munanjahli) and South Sea Islander Australian and a Senior Lecturer with the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland, raises some important questions in the article below about the NHMRC’s capacity to envisage and enable Indigenous-led research.

She suggests the NHMRC should attend to the structural barriers within its own institution that might be hindering the careers of Indigenous health researchers.

This is the second article in a series at Croakey examining research ethics, arising from the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016. (See the previous article in this series).

What is NHMRC’s capacity to resource Indigenous-led research?

Chelsea Bond writes:

This month ANU researcher Gaetan Burgio published an article in The Conversation about the 2017 NHMRC grant outcomes. Titled “Is the NHMRC funding process fair?” Burgio noted that some applicants may have an unfair advantage over others, observing that “younger researchers” and “women” were less likely to be successful.
He failed to make mention of the challenges facing Aboriginal and Torres Strait Islander health researchers in the NHMRC grant process. He did point out that funding had been awarded to a “centre of excellence to find a solution to alcohol-related health problems in Aboriginal populations”.

Interestingly, the Centre of Research Excellence funding was actually targeted toward “Indigenous researcher capacity building”, not alcohol problems.

The Centre of Research Excellence in Indigenous Researcher Capacity Building, we were told by the NHMRC, intended to:

- build capacity among Aboriginal and Torres Strait Islander researchers, facilitate networks of Aboriginal and Torres Strait Islander leaders in health research and/or produce a leadership cohort able to provide training and development opportunities for Aboriginal and Torres Strait Islander research students and early-career researchers. Some applications may address both Indigenous researcher capacity building and Indigenous health and well-being”.

The successful bid was awarded to an investigative team led by a non-Indigenous researcher, with only two out of nine of the chief investigative team identifying as Indigenous. The other unsuccessful teams shortlisted were all led by Indigenous researchers, and most were situated within specified Indigenous health research centres or institutions (just for the record, I was not an investigator on any research team bidding for the CRE).

There is no suggestion here that the successful team won’t make a meaningful contribution to building the capacities of Indigenous health researchers; rather this decision raises broader questions about NHMRC’s Indigenous health capacity building agenda and most critically their capacity to invest in Indigenous-led research.

While the recent funding decision suggests that Indigenous health researchers don’t have the capacity to lead an Indigenous Centre of Excellence in Indigenous researcher capacity building, the recent International Indigenous Health Conference hosted by the Lowitja Institute (Australia’s National Institute for Aboriginal and Torres Strait Islander Research) reminded us there is currently a critical mass of Indigenous health researchers leading the way in both improving Indigenous health and building the capacities of other Indigenous health researchers.

It also argued, via the Lowitja Conference Statement, the importance of investing in Indigenous-led research. Indigenous-led research is more than a numbers game of including Indigenous researchers on research teams. It is, according to Rigney, about ensuring that Indigenous peoples’ “interests, experiences and knowledges [are] at the centre of research methodologies and the construction of knowledge about us”, which is necessary to counter the “racialised research industry [which] still prevails in Australia”.

We can witness in the recent NHMRC decision how the benevolent agenda of ‘Indigenous health researcher capacity building’ has been used to remind us of our incapacities, including racialised imaginings of the “drunken Aborigine”.
It would seem wherever we go, we are reminded of *Indigenous people’s propensity to alcoholism* despite the fact that *Indigenous people are more likely to abstain from alcohol than non-Indigenous people*.

While alcohol is a significant contributor to the burden of disease experienced by Indigenous Australia (8%), it also remains a significant contributor to ill health and premature death in the broader Australian population (5%).

A crude analysis of NHRMC’s funding over the past 15 years reveals alcohol-related research in the general population accounts for less than 1% of all NHMRC funding while over 6% of identifiable Indigenous health research funding (with Fields of Research (FoR) code = Aboriginal and Torres Strait Islander Health or Indigenous Health) has been allocated to research addressing alcohol-related problems (not counting the additional $2.4 million investment for the CRE).

Indigenous health researchers understandably are questioning just who exactly is *benefitting from this investment* as well as the knowledge that is being produced about Indigenous peoples.

The NHMRC boasts of its commitment to Indigenous health, by committing a minimum of 5% of all research expenditure to Aboriginal and Torres Strait Islander health and indeed it often exceeds this amount.

Of the $398 million purported to have been invested in Indigenous health research over the past 15 years (2000 – 2014), less than half of that investment (43%) is classified within the FoR codes ‘Aboriginal and Torres Strait Islander Health’ or ‘Indigenous Health’.

Regardless of the amount of investment in Indigenous health research, however, it would be most interesting to know what proportion of that investment has contributed directly to the ‘capacity building’ or career development of Indigenous health researchers in lead research roles.

Indeed, the NHMRC provides dedicated funding opportunities for Indigenous health researchers such as PhD scholarships and early career fellowships. In more recent years, they introduced an ‘Aboriginal and Torres Strait Islander’ category within their Career Development Fellowship scheme.

I have tried (unsuccessfully) to apply for career development support from the NHMRC. In the year that I applied, I was the only applicant for this category, yet was unsuccessful as I was deemed ‘uncompetitive’ – with who exactly I am not sure.
I later realised that this ‘peoples’ scheme is not specifically for Aboriginal and Torres Strait Islander people, but for researchers to develop their careers via Aboriginal and Torres Strait Islander health research.

This appears to conflict with international best practice in Indigenous health research, with several keynote presenters at the Lowitja Conference observing the United Nations Declaration on the Rights of Indigenous Peoples and the right to self-determination as it applies to Indigenous health research.

**This begs the question; why is there dedicated support for Indigenous health researchers as PhD students and early career researchers and no explicit investment in career development and advancement of Indigenous health researchers?**

The NHMRC has expressed a firm commitment to gender equity by working toward improving "the retention and progression" of women in science. This agenda includes reportage on what proportion of funding allocated each year is for female researchers, appropriate consideration to career disruption in applicant’s track record, introduction of part-time schemes, seeking gender equity on review panels and reviewing institutional gender practices across the sector.

There is a clear demarcation in the NHMRC’s agenda when it comes to women and Indigenous researchers. One focuses on opportunities while the other focuses on incapacities.

The former seeks to enhance opportunities for women researchers through redressing the structural barriers within the NHMRC grant processes that have denied women a research career, rather than insisting that they lack ‘capacity’ or even for that matter, that capacity might be built by someone – possibly men – doing research on women.

**Thus the challenge remains for the NHMRC and its Indigenous health capacity building agenda; what is its capacity to envisage and enable Indigenous-led research and attend to the structural barriers within its own institution that might be hindering the careers of Indigenous health researchers?**

In highlighting the disjuncture between NHMRC’s commitments to Indigenous and female researchers, I am not suggesting that ‘equity’ should replace the current ‘capacity building’ agenda.

At the recent Lowitja Conference, Associate Professor Gregory Phillips cautioned of the dangers of inclusion and equity discourse. Instead, he called for a new terms of reference in Indigenous health which centre Indigenous sovereignty.

Centring Indigenous sovereignty demands a relationship between Indigenous and non-indigenous Australia that is premised upon justice instead of benevolence.
It requires an ideological shift away from ONLY building the capacities of Indigenous peoples to recognising our EXISTING capacities as Indigenous peoples and as Indigenous health researchers, as well as our right to drive Indigenous knowledge production.

More importantly, according to Phillips, it demands “a constructive critique of the enabling environment and systems of privilege within which we operate.”

It does not necessitate the exclusion of non-Indigenous health researchers in our affairs, but it does mean ending the monopoly they hold, which at present is being masked by a lack of transparency in reporting on Indigenous health research expenditure.

Who knows – perhaps such moves might bring about the necessary changes so desperately needed to improve Indigenous health outcomes?

**Dr Chelsea Bond** is an Aboriginal (Munanjahli) and South Sea Islander Australian and a Senior Lecturer with the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland. Follow on Twitter: @drcbond

See the first article in this series on research ethics at Croakey: **Courage, honesty, celebration, imagination and other ethics for Indigenous health research.**

And stay tuned for the next article in this series, in which Dr Chelsea Bond shares a letter to herself as a young researcher.

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**Note from Croakey**

The NHMRC has responded to the following questions raised by Dr Bond.

1. **What proportion of the NHMRC investment in Indigenous health research has contributed directly to the ‘capacity building’ or career development of Indigenous health researchers in lead research roles?**

**NHMRC:** In 2015–2016, expenditure for Aboriginal and Torres Strait Islander health research was $53,417,684. This expenditure covers all NHMRC funding schemes of Aboriginal and Torres Strait Islander health research.

People Support expenditure for Aboriginal and Torres Strait Islander health research in the same period was $8,303,288. This figure shows only expenditure of People Support schemes for Aboriginal and Torres Strait Islander health research derived from the overall expenditure above.

In 2015–2016, four per cent of awarded grants had an Aboriginal and/or Torres Strait Islander researcher as a Chief Investigator. The above information is publicly available from the 2015-2016 NHMRC Annual Report.
A further search of ‘capacity building’ as a keyword revealed that in 2015, the following grants were awarded:

- Associate Professor James Ward for a Centre of Research Excellence—Health Services ($2,496,848) and
- Professor Brian Smith, for a project grant—Training health professionals in tobacco cessation and evidence translation for Aboriginal Australians ($832,723).

2. Why is there dedicated support for Indigenous health researchers as PhD students and early career researchers – but no explicit investment in career development and advancement of Indigenous health researchers?

**NHMRC:** We understand ‘dedicated support’ to refer to Aboriginal and Torres Strait Islander health research streams for Postgraduate Scholarships and Early Career Fellowships.

There is an Aboriginal and Torres Strait Islander stream for Career Development Fellowships (CDF). Section 6.5 of the 2016 CDF funding rules refers to Aboriginal or Torres Strait Islander Fellowships:

‘NHMRC is committed to ensuring opportunities are available for researchers who are of Aboriginal or Torres Strait Islander descent in health research across all its People Support programs. Applicants to this category must be of Aboriginal and Torres Strait Islander descent and may be conducting research in any health or medical research field. The Fellowship can be full-time or part-time.’

In 2015–2016:

- Postgraduate Scholarships—three were funded
- Early Career Fellowships—nine were funded
- Career Development Fellowships—five were funded
- Research Fellowships—three were funded
- Practitioner Fellowships—zero were funded
- Translating Research into Practice Fellowship—one was funded (page 41, Annual Report)

NHMRC also has funding for the Facilitation of International Indigenous Researcher Networks (FIIRN) in Postgraduate Scholarships and Early Career Fellowships, where we provide $11,000 to Aboriginal and Torres Strait Islander scholars or fellows to travel overseas to establish linkages/mentorships with other Indigenous researchers. This aims to build on the intentions of the former Tripartite Agreement and current ‘Letter of Intent’, and specifically targets early career Aboriginal and Torres Strait Islander researchers to:

- Facilitate appropriate international mentoring linkages
- Support NHMRC’s strategic objectives in relation to building capacity aimed at Aboriginal and Torres Strait Islander researchers.

3. What is the capacity of the NHMRC and its Indigenous health capacity building agenda to envisage and enable Indigenous-led research and attend to the structural barriers within its own institution that might be hindering the careers of Indigenous health researchers?
**NHMRC:** The Principal Committee Indigenous Caucus (PCIC) provides advice to the NHMRC Council and CEO on issues relating to Indigenous health research and the implementation of Road Map II. More details of the PCIC is available here—https://www.nhmrc.gov.au/health-topics/indigenous-health/indigenous-advisory-and-stakeholder-engagement

Capacity building among Aboriginal and Torres Strait Islander researchers is a major issue under consideration by PCIC.

Road Map II also includes capacity exchange as one of its seven action areas. NHMRC with PCIC are currently developing Road Map III and will hold a series of national consultations in 2017.

The Structural Review of NHMRC’s Grant Program is examining and providing advice to the CEO of NHMRC on:

- the structure of the grant program, including:
  - The impact of the grant program on the health and medical research sector and
  - The flexibility of the grant program to meet future needs for health and medical research in Australia; and
- Alternative models and their potential to overcome the current challenges.

Support for Aboriginal and Torres Strait Islander health research and researchers is one of the key issues being considered in the Review. Associate Professor Noel Hayman is on the Review’s Expert Advisory Group.
Letter to my former self: 7 insights for becoming an ethical Indigenous researcher

Dr Chelsea Bond at her 2001 graduation ceremony where she received the University of Queensland medal for academic excellence, with her husband Matthew Bond (left) and parents Vern (now deceased) and Elaine Watego. (Photo supplied by author).

*** WARNING: Aboriginal and Torres Strait Islander readers are warned that this article contains an image of a deceased person ***

Exploring some of the ethical tensions for emerging and early career Aboriginal and Torres Strait Islander researchers was the focus in a range of sessions at the recent Lowitja Institute International Indigenous Health and Wellbeing Conference 2016 in Melbourne.

At one session, presenter Dr Chelsea Bond, an Aboriginal (Munanjahl) and South Sea Islander Australian and a Senior Lecturer with the Aboriginal and Torres Strait Islander Studies Unit at the University of Queensland, framed her experiences and advice as a ‘letter to my former self’.

She reprises and expands on the letter in the post below, which is the final article of a three-part series examining research ethics, arising from the Lowitja conference.
Chelsea Bond writes:

Recently I joined an Indigenous-led research team to undertake research (funded by The Lowitja Institute) to explore the importance of cultural identity to health and well-being of Aboriginal and Torres Strait Islander young people within diverse educational settings.

In the course of applying for ethics approval to conduct this research we realised there were innumerable ethical tensions for us as Indigenous researchers which were not attended to within the questions asked of us by our institutional Human Research Ethics Committee.

While there is a critical mass of Indigenous researchers emerging, it would appear that much of the Indigenous health research ethics discourse remains dominated by the demands of non-Indigenous research engagement with Indigenous peoples and communities.

Chief Investigators Dr Deb Duthie, Mr Ali Drummond and myself presented some of these challenges at the Lowitja Institute’s inaugural International Indigenous Health Research Conference in Melbourne last week. Featured here is an excerpt from this presentation, which is framed as a letter I wrote to my former self; in recognition of the fact that my undergraduate and postgraduate training had equipped me to be an ethical researcher, while the process of becoming an ethical Indigenous researcher was something that I had to learn along the way.

Dear Former Self,

Please know that you are more than a ‘capacity building project’.

Capacity building while framed around ‘good intent’ and benevolence to the blacks, will also work to insist that you remain the ‘subject’ of research, and never the knower of your experience. Capacity building talk will actually serve to remind you of your incapacities as evidenced by the recent NHMRC announcement to fund a Centre for Research Excellence in Indigenous health researcher capacity building.

Be very wary of capacity building agendas – and know that your presence is critical to building the capacities of the sector that has thus far tragically failed our mob. If you only see yourself as a capacity building project, you not only limit the possibilities of your intellectual work, but you will find yourself restricting the possibilities of other Indigenous scholars who are leading in their own right.
Be the author, not the authoriser – on publications and on research grants.

As an Indigenous researcher with a PhD you will find yourself very popular, particularly come grant round. People will ask you to be their friend, join their team, add your name and/or your CV to the work that they are producing – and they will often ask little of you in return…except of course your cultural capital and credentials.

Be strong, and be sovereign. Early in your career in building a track record, you may have to join someone else’s research team; but invest in the work that you have the ability to invest in intellectually. Don’t be used as ‘black window dressing’ to authorise white knowing – you are a knower.

As a knower, remember you still have a responsibility to know yourself culturally first.

But this doesn’t mean that you should do it via your intellectual work. Many people around you are doing their personal identity crises via their PhD – which authenticates them academically and thus, they believe, culturally. Do not visit your identity project upon other Indigenous people. Be honest about your standpoint and how this is influencing the knowledge you are producing about Indigenous peoples. Your ancestry should not prohibit you from self-interrogation – your ancestry does not make you immune from silencing Indigenous knowledges or perpetuating structural violence through western research paradigms.

And yes, Indigenous knowledges are legitimate.

In Towards an Australian Indigenous Women’s Standpoint, Professor Aileen Moreton-Robinson points out:

“Questions about the integrity and legitimacy of Indigenous ways of knowing, and being, have more to do with who has the power to be a knower than the validity of non-western knowledges.”

She goes on to argue that the silencing of Indigenous knowledges is “enabled by the power of patriarchal knowledge and its ability to be the definitive measure of what it means to be human and what does and what does not constitute knowledge”.

Do not be deterred by the absence of engagement with Indigenous scholarship within your school or supervisory team – just because they don’t see it or read it does not mean it doesn’t exist. Indigenous knowledges and Indigenous research methodologies are legitimate and you have a critical role in legitimatising them too. Engage with Indigenous scholarship – read it, critique it, and cite it!

Be a good community member – even in the academy.

Research grant applications might demand that we big-note ourselves but being a good community member means knowing your place. Knowing your place is not about playing small – but instead emphasises community and cultural responsibility over perceived notions of individual rights relating to the right to know and the right to speak. The invitation you’ve been given may seem lucrative but if there is someone better placed to speak or write, do what you know to be right.
Being a good community member means supporting others and being accountable to our community regardless of the institution that employs us. It includes engaging in respectful debates – critiquing and challenging each other good ways without jumping to claims of “lateral violence”. Racial solidarity has its place, but Indigenous scholarship will be stronger through developing ways to engage intellectually with each other.

**Don’t be a successful researcher – be a great one.**

Princeton University Professor *Cornell West* states:

“If your success is defined as being well-adjusted to injustice and well-adapted to indifference then we don’t want successful leaders. We want great leaders – who love and respect the people enough to be unbought, unbound, unafraid and unintimidated to tell the truth”.

Truth telling is not a lucrative career choice. As an Indigenous scholar you are embedded in the institutions that have produced the knowledge which created and sustained racial hierarchical arrangements which placed us at the very bottom. Your presence should disrupt at every turn, not affirm. Which leads me to the last, and most critical lesson…

**Race is real and so is racism and are ever present within Indigenous health research.**

It is witnessed and sustained by research endeavours that seek to illustrate our deficit, deviance and death, and insist too that our knowledges are dead, quaint or unscholarly. To not deal with race is an injustice that we perpetrate on ourselves and we need to stop ignoring race intellectually and interpersonally.

Indigenous health inequalities will not be reduced by pretending that racism isn’t really affecting us, psychologically, materially, and physiologically. To perpetuate the myth that race isn’t real, and to minimise or invisibilise racism’s role in the production of racialised health inequalities is one of the most unethical things you could ever do.

Yours Sincerely,

Dr Chelsea Bond
A final, multi-media wrap of #LowitjaConf2016

#LowitjaConf2016 whoop whoop! Hands up! Who is EXCITED by today's amazing line up!
@First1000DaysOz @NACCHOAustralia

Our final post from the Lowitja Institute International Indigenous Health and Wellbeing Conference 2016, held recently in Melbourne, compiles the video and broadcast interviews, and reports on award winners.

It also includes a compilation of tweets and selfies – warm thanks to all who helped to share the #LowitjaConf2016 news via social media, with the result that the conference trended on Twitter.

Thanks also to the conference organisers who enlisted the Croakey Conference News Service, and enabled us to bring these articles and interviews to our readers.

Keynote speaker Professor Karina Walters is an enrolled member of the Choctaw nation of Oklahoma who directs the University of Washington’s Indigenous Wellness Research Institute. Here she talks to Summer May Finlay about historical trauma, truth and reconciliation, and the implications for American Indians of the election of Donald Trump as President. See our report on the breakthrough health intervention that she helped design for her tribe, which sees Choctaw women retracing the footsteps of their ancestors along the Trail of Tears, along which as many as 100,000 American Indians were forcibly re-located in the 19th century.
Chief Wilton Littlechild was one of three commissioners who led Canada’s Truth and Reconciliation Commission to hear the stories of First Nations, Métis and Inuit children who were taken from their families and put in Indian Residential Schools, where many were abused. It was a very personal journey, as he tells Summer May Finlay in this interview, as he also spent many years in a Residential School, known only as ‘Number Sixty Five’ – all part of a policy that sought to “kill the Indian in the child”. Read the story from his address too, and you can read the Commission’s final report here.

Gunn Heatta, who heads the Sámi Norwegian Advisory Unit for Mental Health and Substance Use, talks about two innovative programs that take Sámi young people and families out into the wilderness to master their health and culture. They are part of a growing reclamation of Sámi culture and embedding of Sámi norms and values in healthcare in a region where many Sámi people often don’t know they are Sámi or are “ashamed” to admit it because of past and current discrimination. Read the story from her keynote address here.

Assistant Health and Aged Care Minister Ken Wyatt talks to Croakey about the National Aboriginal and Torres Strait Islander Health Plan, Section 18C, and the upcoming Federal Budget. The Minister, who this year became Australia’s first Indigenous member of a Federal Ministry, told the conference the acknowledgement of racism as a critical component for health in the National Aboriginal and Torres Strait Islander Health Plan was a “huge step forward” and he believed the subsequent Implementation Plan has “sown seeds to tackle social and cultural determinants of health”, which he said contributed to 31 per cent of the gap in life expectancy between Indigenous and non-Indigenous Australians. Read his full speech and our conference report here.
Indigenous health and community leaders **Dr Mark Wenitong** and **June Oscar** sound the alarm at the Lowitja Conference over changes to child care funding which they warn could see around 70 Aboriginal early childhood learning centres shut down from next April, despite all the evidence showing the critical and lifelong role of early learning. Read our story about their concerns [here](#).

**Kaiulani Odom** from the Kokua Kalihi Valley in Honolulu talks about issues facing the Indigenous people of Hawaii, including climate change, food security and birthing.

Hawaiian health advocate **Meleanna Meyer** shows a mini replica of a double-sided mural presented as a gift from the Hawaiian Indigenous delegation to the Lowitja Institute, and describes its meaning.
A conference eve interview at the Welcome to Country celebration event ahead of the Lowitja Conference with American Indian delegates and presenters, Michelle Connolly, from the International Group Indigenous Health Measurement, and Ben Geboe, from Canada’s McGill Uni and the American Indian Community House in New York. They talked about their own welcome ceremonies, and particularly the #StandingRock protests led by the Sioux people, with significant support from Indigenous communities internationally, which are aiming to block the construction of an oil pipeline near their land by the Texas-based company Energy Transfer Partners (which counts US President elect Donald Trump among its investors).

Lowitja CEO Romlie Mokak talks to Croakey ahead of the 2016 Lowitja Institute International Health and Wellbeing Conference, the first international conference to be staged by Australia’s national Aboriginal and Torres Strait Islander health research institute.

Cultural highlights

Archie Roach performs Took the Children Away at #LowitjaConf2016
You can track Croakey’s coverage of the conference here.

Richard Weston (the Healing Foundation), Alwin Chong (University of South Australia) and Melissa Sweet (Croakey) on a poster presentation that outlines a decolonising framework for research and practice, developed to inform Sweet’s PhD on the brutal history of the lock hospitals.

Award winners

Inaugural Lowitja Institute award for Outstanding Achievement in Indigenous health and wellbeing: the late Tiga Bayles, a Birri Gubba Gungalu man and a Dawson River Murri who was the Chief Executive Officer of the Brisbane Indigenous Media Association’s 98.9FM radio station and a long-time leading figure in the Aboriginal rights movement. Read more about his work and life here.

Lowitja Institute Aboriginal & Torres Strait Islander Student Award 2016: Dr Lisa Whop, Research Fellow, Menzies School of Health Research to acknowledge her landmark research into cervical screening participation and outcomes for Aboriginal and Torres Strait Islander women.

L-R: Dr Lisa Whop, Assoc Prof Gail Garvey, Dr Roxanne Bainbridge (Photo: Fiona Hamilton)
Lowitja Institute Aboriginal & Torres Strait Islander Research Leadership Award 2016: Associate Professor Gail Garvey, Menzies School of Health Research, for her commitment to and excellence in Aboriginal and Torres Strait Islander research over the past 20 years. Her achievements include publishing 53 refereed articles in national and international journals (including 16 in 2016), and being awarded competitive research funding in excess of $20 million over the past five years, nearly half as Principal Investigator.

Lowitja Institute Aboriginal & Torres Strait Islander Emerging Researcher Award 2016: Dr Roxanne Bainbridge, Associate Professor Indigenous Health Research, Central Queensland University for her work to strengthen researcher capacity and improve the integrity and quality of health research to maximise its impact and benefit for Aboriginal and Torres Strait people. This she has done as lead investigator of 34 grants since 2010, as an author, mentor and collaborator.
Tweet-reporting

Dr Anita Heiss @AnitaHeiss • 9h
Donna Murray CEO @IAHA_National presents on strengthening our future Aboriginal & Torres Strait Islander #health workforce #LowitjaConf2016

Summer May Finlay Retweeted
Dr Anita Heiss @AnitaHeiss • 11h
@IAHA_National is a NFP org and has over 900 members across the allied health sector. #LowitjaConf2016

Summer May Finlay Retweeted
Daniel James @MrDTJames • 11h
The fantastic Donna Murray laying it down at #LowitjaConf2016

Who we are...
Indigenous Health Australia (IAHA) is a national not for profit, member-based Aboriginal and Torres Strait Islander allied health organisation.

We aim to improve the lives of Aboriginal and Torres Strait Islander peoples and influence generational change, through national health leadership, building responsive workforce, advocacy, partnerships and support across the multiple sectors that influence health and wellbeing.
A final, multi-media wrap of #LowitjaConf2016

Croakey
Conference News Service

You can track Croakey’s coverage of the conference here.
You can track Croakey’s coverage of the conference here.

Sally Fitzpatrick @binkandumissme - Nov 9
Looking Forward Project answer is not restoring trust as there has never been trust. Just colonisation

Carmen Parter @carmenparter - Nov 8
Tony’s poster on policy as a determinant of health #LowitjaConf2016 @CentrePoche @LowitjaConf2016
You can track Croakey's coverage of the conference here.

A final, multi-media wrap of #LowitjaConf2016 #LowitjaConf2016

And you can watch Finlay's presentation here.
You can track Croakey's coverage of the conference here.

Dr Anita Heiss Retweeted
Lowitja Conference @LowitjaConf2016 · 12h
Justin Mohamed of Reconciliation Australia says Indigenous hith wont improve until we address unresolve issues as a nation
#LowitjaConf2016

Dr Anita Heiss @AnitaHeiss · 12h
New & creative strategies need 2b developed & implementd in a unified manner & lead by Indigenous people. @JustinMohamedRA #LowitjaConf2016

Dr Anita Heiss @AnitaHeiss · 12h
As I work to assist @IconGroupAU develop their REFLECT RAP it's valuable to hear @JustinMohamedRA speak at #LowitjaConf2016 today.

Dr Anita Heiss @AnitaHeiss · 12h
If u think our country is unified then u just need 2 look @ social media on Jan 26 2C how unified we are. @JustinMohamedRA #LowitjaConf2016

Summer May Finlay Retweeted
Melissa Sweet @croakeyblog · 6h
Now up at #LowitjaConf2016

A final, multi-media wrap of #LowitjaConf2016
You can track Croakey’s coverage of the conference here.

Wendy Watego, of the STARS Institute of Learning & Leadership, conducted a powerful workshop using props and humour to challenge participants to think and act differently.
You can track Croakey’s coverage of the conference here.

A final, multi-media wrap of #LowitjaConf2016
Cultural events were a conference highlight

Beautiful, @deborahcheetham and the #Dhungala children’s choir #LowitjaConf2016 #youth #talent

#TorresStraitIslander @LowitjaConf2016 #LowitjaConf2016 #culture #identity #knowledge #strength @NACCHOAustralia

Torres Strait Island dancers. Wonderful. #LowitjaConf2016
Wrapping up

You can track Croakey's coverage of the conference here.

For more tweets and ‘selfies’, check out the #LowitjaConf2016 Wall of Selfies page at the end of this report.

Twitter analytics

Conference participants were fantastically engaged in sharing the #LowitjaConf2016 news – read 33 pages of Twitter transcript.

On Twitter, there were almost 50 million impressions and more than 1,400 participants.

Warm thanks to all #LowitjaConf2016 tweeps.
#LowitjaConf2016 – Wall of Selfies

You can track Croakey's coverage of the conference here.

#LowitjaConf2016

#LowitjaConf2016 – Wall of Selfies

Croakey
“Conference News Service”
You can track Croakey’s coverage of the conference here.

#LowitjaConf2016 – Wall of Selfies

First 1000 Days @First1000DaysOr - Nov 9
Me and my inspiration! With Lowitja, who likes my hair ‘curly’! Lol

Kerry Arabena @KerryArabenaKerry - Nov 9
Sefie Wall Croakeyblog @ACCHOAustralia #LowitjaConf2016

Ken Wyatt MP @KenWyattMP - Nov 7
Great catch up with Dr Lowitja O’Donoghue at #LowitjaConf2016
@ACCHOAustralia @LowitjaConf2016

Good Morning folks....Good Morning........@LowitjaConf2016

For @croakeyhouse #LowitjaConf2016 Selfie wall - the wonderful Guthrie sisters, Mary and Jill @ACCHOAustralia

Journal 40 CELEBRATING 40 YEARS OF PUBLICATION ANIVERSARY SPECIAL EDITION

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Conference News Service
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#LowitjaConf2016

#LowitjaConf2016 – Wall of Selfies

Summer May Finlay @CairnsVision Dr
Quick selfie with @PNAAus CEO @LowitjaHeld @LowitjaConf2016

© You, Aboriginal Health, Brandy Pekodola and 7 others
You can track Croakey's coverage of the conference here.

#LowitjaConf2016

Lowitja Institute
Recognise Health

@KerriArabena @KerriArabena

#LowitjaConf2016

#LowitjaConf2016 – Wall of Selfies

Lucy McGarry @lucymcgregor 13h
Opening night of the conference and I've made some new friends already... #LowitjaConf2016 do you find your way home Ruth?

Antoinette Braybrook @antbraybrook Nov 9
Always love catching up with @sisters #LowitjaConf2016 @AntiaLees @VPILSvictoria @MerriKO

Maria McInerney @marksmcinerney 3h
More from #LowitjaConf2016 cultural program. Rob Bamblett and his boys - @archieroach later this week
You can track Croakey's coverage of the conference [here](#).
You can track Croakey's coverage of the conference here.

#LowitjaConf2016 #StandingWithStandingRock @RMokak @mdavisqlder @karinawaiters20 Moana Jackson, Chief Wilton Littlechild: pic Fiona Hamilton

#LowitjaConf2016 – Wall of Selfies

L-R: Dr Lisa Whop, Assoc Prof Gail Garvey, Dr Roxanne Bainbridge (Photo: Fiona Hamilton)

#LowitjaConf2016 #Listening, tweeting, trending! #LowitjaConf2016

Unfinished Business Panel discussion.

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**Croakey Conference News Service**

- Reporting by Marie McInerney and Summer May Finlay
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- Layout and design by Mitchell Ward