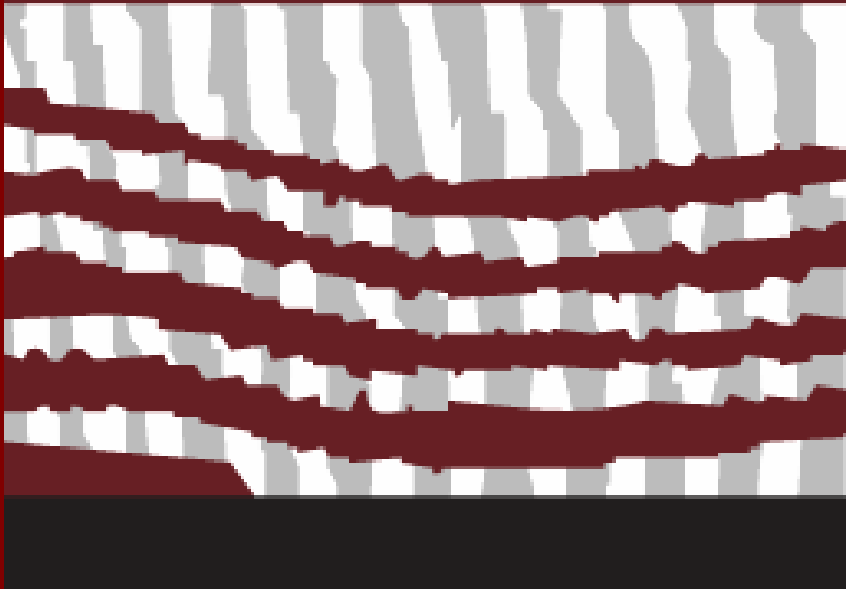


Indigenous Health and Wellbeing: The Importance of Country

Cynthia Ganesharajah



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Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
ALRA	<i>Aboriginal Land Rights (Northern Territory) Act 1976 (Cth)</i>
ICNRM	Indigenous cultural and natural resource management
ILUA	Indigenous Land Use Agreement
IPA	Indigenous Protected Area
NAHS	National Aboriginal Health Strategy
NATSIS	National Aboriginal and Torres Strait Islander Health Survey 2004-05
NTA	<i>Native Title Act 1993 (Cth)</i>
PBC	Prescribed Body Corporate

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1. INTRODUCTION

For Aboriginal people, land is not only our mother – the source of our identity and our spirituality – it is also the context for our human order and inquiry.¹

Our identity as human beings remains tied to our land, to our cultural practices, our systems of authority and social control, our intellectual traditions, our concepts of spirituality, and to our systems of resource ownership and exchange. Destroy this relationship and you damage – sometimes irrevocably – individual human beings and their health.²

A key aspect to improving Indigenous wellbeing is exploring the relationship between land and wellbeing. Evidence exists which suggests there are positive physical health outcomes from living³ or working on country. However, it has also been argued that Indigenous health cannot improve whilst Indigenous peoples continue to live outside urban areas.⁴ These competing views will lead to the adoption of very different strategies for addressing Indigenous health issues. Therefore, it is critical to develop an understanding of the value of native title, the return of lands generally, or the capacity to live or work on country, to Indigenous peoples' wellbeing. The aim of this paper is to provide an overview of relevant material. The central argument is that Indigenous health strategies should take into consideration the importance of connection to country to maximise their effectiveness.

Wellbeing is part of a holistic understanding of life. The *Social and Emotional Well Being Framework*, based on Aboriginal definitions of health, recognises that a holistic and whole-of-life view of health is essential to achieve positive life outcomes for Indigenous peoples.⁵ Notions of health are encompassed in the broader concept of wellbeing. Consequently, studies of the social determinants of health are useful in considering influences on wellbeing. Broadly speaking there are two models of health – the biomedical model and the social determinants model. The biomedical model of health focuses on isolating the specific cause of illness. Medical research centres on the different levels of the human body and the way these interact in order to explain

¹ Foundation for Aboriginal and Islander Research Action, 'Aboriginal people and the land' in Justin Healey (ed), *Issues in Society*, Vol 256, Native Title and Land Rights, 2007, pp.1-3, 1.

² Pat Anderson, 'Priorities in Aboriginal health', in G. Robinson (ed) *Aboriginal health, social and cultural transitions: proceedings of a conference at the Northern Territory University, Darwin, 29-31 September, 1995*, NTU Press, Darwin, 1996, pp.15-18, p.15.

³ See for example, Robyn McDermott, Kerin O'Dea, Kevin Rowley, Sabina Knight and Paul Burgess, 'Beneficial impact of the Homelands Movement on health outcomes in central Australian Aborigines', *Australian and New Zealand Journal of Public Health* vol. 22, no.6, 1998, pp.653-8.

⁴ Helen Hughes and Jenness Warin, 'A New Deal for Aborigines and Torres Strait Islanders in Remote Communities', *Issue Analysis* No.54, 2005.

⁵ Social Health Reference Group, *Social and Emotional Well Being Framework a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*, report to the Department of Health and Ageing, Australian Government, Canberra, 2004. ('*Social and Emotional Well Being Framework*').

illnesses.⁶ Although this approach has been successful it is limited. In contrast, the social determinants of health model focuses on societal structure and psychosocial factors, such as socioeconomic status, housing and gender.⁷

In a seminal study, Garnett and Sithole found positive associations between activities that Indigenous people perceived as beneficial to their health and health outcomes linked to excess morbidity and mortality.⁸ The activities were related to time spent 'caring for country', that is, time spent on traditional lands ('on country') engaged in traditional activities. This finding suggests that health initiatives must look beyond the traditional biomedical model and adopt a model that incorporates the broader social determinants of health. The study supports the assertion that connection to country, or behaviours related to forming a connection to country, are an important influence on the social determinants of Indigenous health.⁹ Given that wellbeing is affected by social determinants of health,¹⁰ the implication is that connection to country is also central to positive wellbeing.

The paper begins with a discussion of the meaning of 'wellbeing'. Section 3 presents research that investigates the impacts of country and connection to country on aspects of wellbeing. Section 4 contrasts two different explanations of why living or working on country has not improved Indigenous health thus far. Section 5 outlines current programs that provide opportunities for living or working on traditional lands or land generally. Section 6 draws together the information presented in the preceding sections.

2. WHAT IS INDIGENOUS WELLBEING?

Generally speaking, the idea of wellbeing is broader and more inclusive than conceptions of health. Arguably, however, the Indigenous conception of health is actually a holistic understanding of wellbeing. For example the *National Aboriginal Health Strategy* (NAHS) defines health as:

Not just the physical well-being of the individual but the social, emotional and cultural wellbeing of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life

⁶ Sherry Sagers and Dennis Gray, 'Defining what we mean' in Bronwyn Carson, Terry Dunbar, Richard Chenhall and Ross Bailie (eds), *Social Determinants of Indigenous Health*, Allen & Unwin, Crows Nest NSW, 2007 pp.1-20, p.4.

⁷ Sagers, above n6, p.13.

⁸ Stephen Garnett and Bev Sithole, *Sustainable Northern Landscapes and the Nexus with Indigenous Health: Healthy Country, Healthy People*, Land and Water Australia, Australian Government, 2007.

⁹ See also, Paul Burgess and Joe Morrison, 'Country', in Bronwyn Carson, Terry Dunbar, Richard Chenhall and Ross Bailie (eds) *Social Determinants of Indigenous Health*, Allen & Unwin, Crows Nest NSW, 2007 pp.177-202.

¹⁰ Graham Henderson, Carrie Robson, Leonie Cox, Craig Dukes, Komla Tsey and Melissa Haswell, 'Chapter 8: Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People within the Broader Context of the Social Determinants of Health' in (eds) Ian Anderson, Fran Baum and Michael Bentley, 'Beyond Band-aids: Exploring the Social Determinants of Aboriginal Health' Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, pp.136-165, p.136.

Nevertheless, notions of wellbeing are considered more holistic and adopt a whole-of-life view of health. It is, however, difficult to find definitions of wellbeing.¹¹ Rather the common approach is to describe components of wellbeing. The Australian Bureau of Statistics (ABS) has identified eight areas for the measurement of wellbeing; family and community, education and training, health, work, economic resources, crime and justice, and culture and leisure.¹² It should be noted that policy documents tend to use the terminology of ‘mental health and social and emotional wellbeing’. Therefore, mental health is seen as distinct from, but also related to, social and emotional wellbeing.

The *Social and Emotional Well Being Framework* for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing is currently the key document outlining strategies for improving Indigenous wellbeing. It is based on the NAHS definition as well as the guiding principles of the *Ways Forward* report. The first guiding principle recognises the critical importance of land to Indigenous wellbeing:

Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.¹³

Rather than being identified as a specific wellbeing factor, land seems to be a powerful and pervasive underlying influence. That is, land may influence the factors identified by the *Social and Emotional Well Being Framework* as influencing wellbeing. These factors include physical health problems, substance abuse, child development problems, cultural dislocation, family breakdown and social disadvantage.

3. SOCIAL DETERMINANTS OF HEALTH: RECOGNISING THE IMPORTANCE OF COUNTRY

In contrast to the literature on wellbeing, research on the social determinants of Indigenous health is beginning to recognise the central importance of country and connection to country. Although country is still seen as an important underlying influence on social determinants, there are a growing number of studies investigating the direct relationships between country and health. As noted above, given that health is a measure of wellbeing, the social determinants of health are also important factors for wellbeing.¹⁴

¹¹ Henderson, above n10, p.148.

¹² Australian Bureau of Statistics, *Measuring Wellbeing: Frameworks for Australian Social Statistics*, Australian Bureau of Statistics, Canberra, viewed at 17 July 2008 <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4160.0>>.

¹³ *Social and Emotional Well Being Framework*, above n5, p.13.

¹⁴ Hendersen, above n10, p.136

3.1. The poor state of Indigenous health

This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes when it comes to overall life expectancy.¹⁵

As highlighted here in the Prime Minister's apology to the Stolen Generations the state of Indigenous peoples' health, at a population level, is abysmal. Despite numerous reports and inquiries¹⁶ it does not seem to be improving. The evidence of poor health is largely statistical. Although it is important to focus on solutions without becoming mired in depressing statistics, these statistics provide context and illustrate the nature and extent of the health problems that need to be addressed.

The 2007 ABS report *Selected chronic conditions among Aboriginal and Torres Strait Islander Peoples* highlights some of the health issues faced by Indigenous peoples.¹⁷ It focuses on rates of diabetes, cardiovascular disease and kidney disease – each of which develop through an individual's lifetime and can be prevented, delayed or mitigated – in the 2004-2005 period. It was found that Indigenous people were more than 1.3 times more likely to have cardiovascular disease, 3 times more likely to have diabetes and 10 times more likely to have kidney disease. A common risk factor, capable of being managed, for all three conditions is obesity. In the same 2004-2005 period it was reported that among Indigenous people aged over 35 years, 83% of those with diabetes, 76% of those with cardiovascular disease and 69% of those with kidney disease, were overweight or obese. Importantly, in a comparison of people living in remote versus non-remote areas, people in remote areas had consistently higher rates of each condition.

¹⁵ Australian Prime Minister Kevin Rudd, 'Apology to Australia's Indigenous Peoples' (Speech delivered in the House of Representatives, Parliament House Canberra, 13 February 2008).

¹⁶ See Appendix 7 of the National Aboriginal and Torres Strait Islander Health Council, *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Context*, report to the Australian Health Minister's Conference, Canberra, 2003.

¹⁷ Australian Bureau of Statistics, *Selected chronic conditions among Aboriginal and Torres Strait Islander Peoples*, Australian Bureau of Statistics, Canberra, viewed at 17 July 2008

<<http://www.abs.gov.au/ausstats/abs@.nsf/latestproducts/5AB12BE9F12ABBC7CA25732C002082BD?opendocument>>.

Indigenous persons: Prevalence of selected chronic conditions – 2004-05						
	Remoteness				Total	
	Remote		Non-Remote			
	'000	%	'000	%	'000	%
Diabetes	11.6	9.2	17.4	5.0	29.1	6.1
Cardiovascular disease	17.7	14.1	38.2	11.0	55.9	11.8
Kidney disease	3.8	3.0	4.9	1.4	8.7	1.8
At least one condition	24.8	19.7	49.5	8.7	74.3	15.7
Total	126.0	100.0	348.3	100.0	474.3	100.0

Source: ABS 2004-2005 NATSIHS p1

This report was part of the *National Aboriginal and Torres Strait Islander Health Survey 2004-05* (NATSIHS) which investigated the health and wellbeing of Indigenous people across Australia.¹⁸ A critical point to note is that definitions of remoteness vary greatly. The category 'remote' may at times include townships, rather than being limited to outstations.

Another important issue, discussed in greater depth below, is that living on traditional lands in a remote area is not itself determinative of health outcomes. Rather, the focus should be on the quality of life and the ability to connect to country. However, as remoteness is sometimes cited as a key aspect of Indigenous health issues,¹⁹ it is useful to investigate some health statistics from remote areas. For this purpose health and wellbeing statistics in the Northern Territory will be briefly outlined. The focus is on the Northern Territory given that in 2006 81% of Indigenous people living in the Northern Territory lived in remote or very remote areas.²⁰

In a comparison of health outcomes between Indigenous people in remote versus non-remote areas of the Northern Territory in 2004-2005, only 10 out of 25 health indicators reported a statistically significant difference (Table 1). That is, for the majority of health indicators used in the study, there were no differences in rates of ill-health between Indigenous people in remote and non-remote areas of the Northern Territory. With respect to wellbeing, the NATSIHS examined the wellbeing of Indigenous people living in the Northern Territory in remote and non-remote regions. Two sets of wellbeing indicators were investigated – indicators of positive wellbeing (Table 11) and indicators of psychological distress (Table 12). The data reported that people living in remote areas had higher rates of positive indicators and lower rates of

¹⁸ Australian Bureau of Statistics, *National Aboriginal and Torres Strait Islander Health Survey: Australia, 2004-05*, Australian Bureau of Statistics, Canberra, viewed at 17 July 2008

<<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4715.0.55.0052004-05?OpenDocument>>.

¹⁹ See generally, Hughes and Warin, above n4. See also Helen Hughes, 'The Economics of Indigenous Deprivation and Proposals for Reform' *Issue Analysis*, no.63, 2005.

²⁰ Australian Bureau of Statistics, *Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006*, Australian Bureau of Statistics, Canberra, viewed at 17 July 2008, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyCatalogue/14E7A4A075D53A6CCA2569450007E46C?OpenDocument>>.

indicators of psychological distress. However, it is not clear whether these differences are statistically significant. Further, the relative standard error in relation to the indicators of psychological distress data is generally within the range considered too high for practical purposes. As a result, firm conclusions about wellbeing cannot be drawn.

Overall, the statistical data is complicated and varied. From comparisons of Indigenous and non-Indigenous persons it is obvious that Indigenous health is problematic. However, whether poor Indigenous health is attributable to life in remote areas, and as a corollary, lack of access to services, is uncertain. Other factors, such as connection to country, also play a significant role.

3.2. Country, Connection to Country and Health

‘Country’ can be described as the lands with which Indigenous people have a traditional attachment or relationship.²¹ The phrase ‘connection to country’ is more complex, and has been described by Garnett and Sithole as follows:

Connection to land is achieved through very specific localised knowledge of a region’s natural history that is coupled with complex layers of past personal and family experiences, and deeper connection to the past and therefore to Aboriginal identity via traditional stories and beliefs. This nexus between land and people is ongoing through hunting and gathering and simply being on ‘country’ [references omitted].²²

Their description is based on Deborah Rose’s much cited definition:

Country is multi-dimensional – it consists of people, animals, plants, Dreamings; underground, earth, soils, minerals and waters, air...People talk about country in the same way that they would talk about a person: they speak to country, sing to country, visit country, worry about country, feel sorry for country, and long for country.²³

Indigenous peoples’ relationship with country is complex and multifaceted. It has also been well documented, despite the relatively recent incorporation of connection to country into health literature.²⁴ The studies demonstrate that country and connection to country is intricately linked to caring for country, maintaining cultural life, identity, individual autonomy and Indigenous sovereignty.²⁵ Each of these has its own implications for the social and emotional wellbeing of Indigenous peoples. However,

²¹ Garnett and Sithole, above n8, p.6.

²² Garnett and Sithole, above n8, p.25.

²³ Deborah Rose, *Nourishing Terrains: Australian Aboriginal Views of Landscape and Wilderness*, Australian Heritage Commission, Canberra, 1996, p.7.

²⁴ See Burgess and Morrison, above n9.

²⁵ See generally Garnett and Sithole, above n8; McDermott, above n3; Rodney Morice, ‘Women Dancing Dreaming: Psychosocial benefits of the Aboriginal outstation movement’, *Medical Journal of Australia* Vol. 2, No.25/26, 1976, pp.939-942; Paul Burgess, F.H. Johnston, D.M.J.S Bowman, and P.J Whitehead, ‘Healthy Country: Healthy People? Exploring the health benefits of Indigenous natural resource management’, *Australian and New Zealand Journal of Public Health*, vol.29, no.2, 2005, pp. 117-122.

it should be emphasised that in considering the broader policy implications of the research on the nexus between land and wellbeing, a holistic approach must be adopted. Further, at the outset, it is critical to recognise that each of these aspects must be understood and explained from an Indigenous perspective.²⁶

Studies have confirmed that an Indigenous person's perception of their own or their community's health is closely intertwined with the health of their country. For example, one study reported that Aboriginal people in the Murray River region attributed aspects of their own poor physical or mental health to the poor health of the Murray River.²⁷ Due to environmental degradation and legal restrictions on access, Aboriginal people were unable to pass on traditional knowledge or pursue traditional activities which were closely connected with the river system. This shift in activity had negative impacts on Indigenous peoples' self-assessed physical and mental health:

Everything was related to around the river. Everything they did everyday was related to around the river. And we're moving further and further away from these things, which I think is harming us a little bit.

So the impact...isn't just in physical health but in mental health. So mental health issues affect physical health, which compounds the problem. And ... it all relates to that connection (with the land and river).²⁸

3.3. Early Research

The earliest study of the relationship between living on country and health and wellbeing is Morice's 1976 study in the Northern Territory.²⁹ Morice recorded his observations of the differences between Kungkayunti a newly established small outstation and Papunya an established town-like community. The site for Kungkayunti was carefully chosen by tribal Elders and was an important dreaming site. In contrast, Papunya was established in the 1940s primarily for the ease of delivering services from a centralised location. Morice described particular psychosocial differences between the two communities. The return to a more traditional lifestyle at Kungkayunti increased Indigenous autonomy, social cohesion and identity and deterred antisocial behaviour. Additionally, he noted lower rates of alcohol and aggression at Papunya which he attributed to the largely autonomous lifestyle at Kungkayunti. Overall, Morice concluded that the outstation movement had

²⁶ See for example, Burgess and Morrison, above n9.

²⁷ Eileen Willis, Meryl Pierce and Tom Jenkin, 'The Demise of the Murray River: Insights into Lifestyle, Health and Well-Being for Rural Aboriginal People in The Riverland', *Health Sociology Review*, vol.13, Symposium on Rural Health: Patients & Practitioners, 2004, pp.187-197, p.189. See also Jessica Weir, 'The traditional owner experience along the Murray River' in Emily Potter, Alison Mackinnon, Stephen McKenzie and Jennifer McKay (eds), *Fresh Water: New Perspectives on Water in Australia*, Melbourne University Press, Carlton, 2007, pp.44-58, p.44.

²⁸ Willis, above n27, p.194.

²⁹ Rodney Morice, 'Women Dancing Dreaming: Psychosocial benefits of the Aboriginal outstation movement', *Medical Journal of Australia* Vol. 2, No.25/26, 1976, pp.939-942.

many benefits and provided Indigenous people with the opportunity for reintegration, heightened self-esteem and autonomy.

An important implication of the study is that living in a rural community is itself not sufficient to improve health. Rather, there must be a relationship with the place of living and a traditional or cultural lifestyle. Critically there must also be autonomy and choice. This view is reflected in the comments of Mick Dodson:

The return of people to their country, or the gaining of other land to live on, is an essential part of grappling with the manifold underlying sources of health problems. But mere 'ownership' of land, in the western legalistic sense, will not immediately resolve the historical and contemporary social and cultural pressures which surface in alcohol abuse, violence and physical and mental ill health. These matters will only respond to the building of a real sense of control in individual and community life.³⁰

This also has important implications for assessments of the benefits of living on country. Instead of looking solely at numbers of Indigenous people living on country and their health, research should focus on the quality of living on country. Further investigation might focus on questions such as; are Indigenous people living on or near country able to choose how they express their connection to country? Even if they own country do they have the means of transport needed to access it? Despite the fact that ownership of, or inhabitation on, land itself may not improve health, it does enable Indigenous people to use land in health and wellbeing initiatives.

In 1995 the *Getting Strength from Country: Report of the Outstation Impact Project* investigated the delivery of health services to outstations in the Kimberley Region.³¹ Through consultation with outstation residents the study reported the existing conditions of health and health services. It was found that Aboriginal perceptions of health were holistic and closely linked with country, in particular the ability to be free on country. This reflected the authors view that:

The outstation movement is a major act of Aboriginal self-determination and a re-affirmation of cultural and land-linked values. As such it represents an impressive package of social justice gains and has important, positive consequences for health, certainly insofar as identified social and even economic precursors of Aboriginal ill-health are concerned.³²

³⁰ Mick Dodson, *Aboriginal and Torres Strait Islander Social Justice Commissioner Second Report 1994*, Aboriginal and Torres Strait Islander Social Justice Commission, Australian Government, Canberra, 1994 cited in Jeannie Devitt, Gillian Hall and Komla Tsey, 'Underlying causes', *CARPA Newsletter*, vol.33, , 2001, pp.3-12, p.7.

³¹ Dick Smith and Pam Smith, *Getting Strength from Country: Report of the Outstation Impact Project – Concerning the Delivery of Health Services to Outstations in the Kimberley Region, Western Australia*, report to the Western Australian Health Department, Western Australian Government, Perth, 1995.

³² Smith, above31, p.5.

However, it was noted that this holistic perspective did not preclude the need for critical health infrastructure. Generally, the outstation movement was regarded as having a positive impact on the social and economic precursors of poor health. That is, living on an outstation decreased the risk factors of poor health. Although negative health outcomes were found, these were thought to be outweighed by positive health outcomes and were considered capable of being addressed. Additionally, the report investigated why Aboriginal people chose to live on outstations. It found that in 83% of outstations, affiliation with country was the primary reason for living on an outstation.

The next significant research was the study by McDermott *et al.* in 1998 which focused on the comparative physical health outcomes of living on homelands (that is, on country) versus centralised communities.³³ The results indicated that people living on homelands had lower rates of diabetes, cardiovascular risk factors, hospitalisation and death. Although the study did not focus on mental health or social and emotional wellbeing, arguably physical health outcomes have a significant effect on overall health and wellbeing. In 2008 a follow-up to the original study was conducted.³⁴ The results reported that people living in decentralised communities continued to have lower rates of the health factors noted above in comparison to the average rates for Indigenous people living in the Northern Territory. Again the researchers attributed these results to the decentralised mode of outstation living. Importantly, however, they also acknowledged the importance of primary health care to the observed health gains.

3.4. Healthy Country, Healthy People

The Garnett and Sithole study builds upon other research focusing on the concept of healthy country, healthy people. With respect to research chronology, the initial research was a literature review in 2005, followed by a book chapter and a book published in 2007.³⁵ In 2008 the Garnett and Sithole study was published. A further article that has yet to be published reports the same results, however, that article focuses solely on the impact of country on human health (not environmental health).³⁶

The basic argument of the healthy country healthy people movement, reiterated through each research piece, is that engaging in on country activities such as Indigenous cultural and natural resource management (ICNRM) has positive outcomes for factors of human health and wellbeing. Therefore, by addressing health risk factors ICNRM will ultimately lead to costs savings in health. ICNRM also has

³³ McDermott, above n3.

³⁴ Kevin Rowley, Kerin O’Dea, Ian Anderson, Robyn McDermott, Karmananda Saraswati, Ricky Tilmouth, Iris Roberts, Joseph Fitz, Zaiman Wang, Alicia Jenkins, James D Best, Zhiqiang Wang and Alex Brown, ‘Lower than expected morbidity and mortality for an Australian Aboriginal population: 10-year follow-up in a decentralised community’, *Medical Journal of Australia*, vol.188, 2008, pp283-287.

³⁵ Paul Burgess, F.H. Johnston, D.M.J.S Bowman, and P.J Whitehead, ‘Healthy Country: Healthy People? Exploring the health benefits of Indigenous natural resource management’, *Australian and New Zealand Journal of Public Health*, vol.29, no.2, pp.117-122. Burgess and Morrison, above n10. M.K. Luckert, B.M. Campbell, J.T. Gorman and S.T. Garnett (eds) *Investing in Indigenous Resource Management*, Charles Darwin University Press, Darwin, 2007.

³⁶ Fay H. Johnston, Susan P. Jacklyn, Amy J Vickery and David MJS. Bowman, ‘Ecohealth and Aboriginal testimony of the nexus between human health and place’, *EcoHealth*, vol.4, 2007, 489-499.

important environmental and ecological benefits. These benefits can be used to encourage investment in ICNRM and the recognition of ICNRM as an economically valuable form of employment. The recognition of ICNRM as valued employment will in turn have positive consequences for wellbeing (through self-esteem, identity and social inclusion). Overall, investment in ICNRM will result in benefits to human and landscape health.

The research represents a shift in focus from *where* to *how* better health outcomes may be obtained. Early research tended to focus on the health and wellbeing benefits of living on country, that is, it focused on where better health outcomes are obtained. In contrast the healthy country healthy people movement, recognising that it may not be possible for Indigenous people to live on country for reasons of ownership or practicalities, focuses on how better health outcomes may be obtained. It investigates the impact of caring for country. Rather than provide an overview of each component in the healthy country healthy people movement, it is more useful to consider the results in terms of the effect of country and connection to country on determinants of health and, by implication, wellbeing. Although the research does not always organise the results in precisely these terms, there seem to be two key themes – identity and autonomy. The connection between land and identity is discussed both directly and then indirectly in the context of the impact of ICNRM on Indigenous peoples' ability to care for country and maintain cultural life. Autonomy is discussed with reference to the impact of ICNRM on individual autonomy. Although not explicitly considered, the research also has important implications for community autonomy or broader Indigenous sovereignty.

In terms of methodology, as noted above, the Garnett and Sithole paper and the unpublished article were research studies. The primary focus of the research was to investigate the associations between participating in ICNRM and participants' health and wellbeing. The effect of ICNRM on the landscape was also considered – in this context, however, these results are useful as a further argument in favour of ICNRM to improve human health. The results were obtained through observation, general conversations and semi-structured interviews. These were conducted with the people of Maningrida, a coastal Aboriginal community in Arnhem Land in the Northern Territory comprising a main settlement as well as many spread out outstations or homeland communities. To determine the qualitative effect of participating in ICNRM the results of observations and conversations were interpreted with reference to broader literature on the nexus between health and land. To investigate the quantitative effects, a scale quantifying participation in ICNRM was incorporated into a program of preventative health assessments aimed at the early detection and intervention for chronic diseases. Significantly, the definition of ICNRM was based on community understandings.

3.4.1. Identity

The research reiterates the critical importance of land and connection to land to the identity of Indigenous people. Through ICNRM people were able to simply be on country, actively manage country or perform cultural activities such as gathering traditional foods and landscape burning. Health benefits developed through the reaffirmation of connection to country, and therefore the ability to fulfil critical aspects of identity:

[B]oth health benefits and benefits to landscape health derive primarily from the sense of well-being that comes from maintaining or re-establishing cultural connections to country as well as the more obvious influences of better diet and more exercise.³⁷

The perception of Indigenous people was that ICNRM allowed them to care for country. Generally speaking, caring for country is about more than environmental management and includes:

- Burning (cleansing for ceremony and for hunting)
- Let[ing] the country know we are there – using resources, hunting and fishing
- Protecting the integrity of the country through respect
- Protecting and enhancing species diversity
- Protecting sacred areas
- Providing a new generation and teaching them on country
- Learning and performing ceremonies³⁸

Caring for country is more than a cultural obligation, it is also necessary for the health of land. For Indigenous people the land is wild or sick if not managed by its people.³⁹ The land needs human engagement and is sentient. Moreover, if the people care for country, the country will care for the people:

When we go langa [to] country we have to look after that Country ...
we do that good way and im [country] look after us.⁴⁰

People involved in ranger activities reported that they felt a sense of self worth and pride. They felt that their activities were beneficial at a range of levels, individual, community or clan, regional and for the country. Through ICNRM people were able to care for and manage country in a way that not only benefited themselves but also country. By affirming their relationship with country ICNRM participants affirmed their sense of identity as Indigenous people.

Another important aspect of identity influenced by ICNRM was the ability to maintain cultural life and consequently community bonds. For example, when traditional foods were gathered on country a portion was taken back into town and shared with family. Of critical importance was the ability to educate young Aboriginal people about traditional culture. Intergenerational transmission of cultural knowledge, practices and law was a deep concern of adult Aboriginal people who 'were afraid that young people would lose their culture, their skills and eventually their country'.⁴¹ By working on country, young people were able to learn and respect traditional culture. Essentially ICNRM provided a mechanism to enhance social cohesion by allowing the community to get involved in on country activities.

³⁷ Garnett and Sithole, above n8, p.25.

³⁸ Deborah Rose, *Dingo Makes Us Human: Life and Land in an Australian Aboriginal Culture*, Cambridge University Press, Cambridge, 1992, pp.106-7 cited in Burgess and Morrison, above n9, p.181.

³⁹ Burgess and Morrison, above n9, p.189; Burgess, above n35, p.118.

⁴⁰ Burgess and Morrison, above n9, p.181.

⁴¹ Garnett and Sithole, above n8, p.23.

3.4.2. Autonomy

Although the paper by Garnett & Sithole does not explicitly discuss autonomy, the earlier research contains an interesting discussion of the potential impacts of working on country on individuals. Burgess and Morrison argue that by developing the knowledge and skills necessary to care for country individuals can achieve a sense of autonomy. They are able to move from being looked after, to looking after others.⁴² ICNRM is a mechanism by which individuals manage country and develop a sense of control. Interestingly, Garnett and Sithole did note that:

Even if people are living on or near country, identify strongly with traditional country and speak traditional languages fluently, there is a strong stratification across Indigenous society among those actively involved in management of country and those who, for a variety of reasons, are not.⁴³

When individuals are unable to develop their autonomy and identity through a positive relationship with country they are likely to become frustrated. This frustration may be expressed through substance abuse and violence.⁴⁴ This sense of frustration may be compounded by the pressures of town life. The literature review by Burgess *et al.* noted that Aboriginal people living in towns often voice feelings of powerlessness. This is supported by the results of the Garnett and Sithole paper which reported that Indigenous people felt that when they were on country they could avoid the stresses of town life, ‘humbug’ (incessant or unreasonable demands from relatives), and avoid exposure to harmful substances and violence.

Although it was not explicitly discussed, the research has important implications for community autonomy and Indigenous sovereignty. As noted by Murrandoo Yanner at the 2008 Native Title Conference, when governments depend on Indigenous people to perform valuable services this has a consequential impact on the existing power inequalities.⁴⁵ Indigenous people engaged in valued services, such as ICNRM, can use service delivery as a bargaining tool or a form of leverage. This goes at least some way towards reducing Indigenous peoples’ vulnerability to power inequalities and increases autonomy, an important determinant of health. Yanner also noted the possibility of working with non-government bodies such as corporations. Partnerships with non-government organisations will increase the political independence of Indigenous people by avoiding conditional government funding. Government funding may be provisional on Indigenous acceptance of preconditions such as political non-activism. Although corporations are likely to require Indigenous people to meet certain conditions, these conditions are more likely to relate to environmental objectives (rather than political objectives). What this means is that Indigenous people have greater control over their own lives and their futures. As noted earlier and

⁴² Burgess and Morrison, above n9, p.193.

⁴³ Garnett and Sithole, above n8, p.37.

⁴⁴ Burgess and Morrison, above n9, p.193.

⁴⁵ Murrandoo Yanner, Untitled, (Speech delivered at the Native Title Conference 2008, Perth, 4 June).

explored further below, control over life is an important determinant of mental health and wellbeing.⁴⁶

3.4.3. Physical Health Outcomes

The study by Garnett and Sithole also investigated the relationship between self-reported participation in ICNRM and health risk factors. The results were adjusted for age, sex, and primary place of residence.⁴⁷ The results found an inverse relationship between ICNRM and some risk factors. That is, as ICNRM participation increased, the prevalence or extent of risk factors decreased. Significant inverse associations were found with the risk factors for developing diabetes or cardiovascular disease.⁴⁸

4. WHY HAS INDIGENOUS HEALTH NOT IMPROVED?

Despite the potential benefits of living and/or working on country for wellbeing, it is clear that Indigenous health and wellbeing has not improved. The critical question is why. Generally there seems to be two schools of thought. The first view is that Indigenous health problems are largely due to the continued support for remote living.⁴⁹ The second view is that health interventions have not engaged with and addressed the social and cultural determinants of health.⁵⁰ It is useful to explore both these viewpoints before moving to a discussion of opportunities for living or working on country.

4.1. Uneconomic remote living perpetuates poor Indigenous health

The strongest proponent of the argument that remote communities are the main cause of Indigenous disadvantage is Helen Hughes. Essentially, Hughes adopts an economic perspective and argues that the ‘uneconomic remote homelands movement and the absence of private property rights under native title legislation are at the core of deprivation’.⁵¹ Deprivation is compounded by ‘separatist’ (that is, differential) policies and practices in relation to education, housing, healthcare, law and governance. Strategies to address deprivation are; abolishing communal land ownership, introducing 99 year leases, clinical health strategies, privatising health care, improving English literacy, and removing differential legal and policy treatment.⁵²

⁴⁶ Jeannie Devitt, Gillian Hall and Komla Tsey, ‘Underlying causes’, *CARPA Newsletter*, vol.33, , 2001, pp.3-12, p.4.

⁴⁷ Garnett and Sithole, above n8, p.25.

⁴⁸ Garnett and Sithole, above n8, p.26

⁴⁹ Hughes and Warin, above n4.

⁵⁰ Burgess and Morrison, above n9, p.188.

⁵¹ Helen Hughes, ‘The Economics of Indigenous Deprivation and Proposals for Reform’, *Issue Analysis*, No.54, p.1.

⁵² See generally, Hughes, above n50, p.17; Hughes & Warin, above n4.

Hughes makes three key arguments. First, communal land ownership is uneconomic because it impedes pastoral, agricultural and mainstream tourist development.⁵³ Additionally, income from communally owned projects is not distributed, but often misappropriated by people on councils, associations or corporations. When income is distributed to community members it is wasted or stolen due to lack of personal property rights. Hughes also claims that communal land ownership discourages environmentally sound practices. Second, there is no productive work on remote communities. According to Hughes:

Fruit picking is the only major source of commercial employment that matches the 'human capital' profile of Aborigines and Torres Strait Islanders who want to break out of welfare dependence.⁵⁴

Although she notes the existence of the Indigenous art industry, she argues that until Indigenous people increase their literacy and numeracy they will not be able to take advantage of the income earned from artistic endeavours. Third, the poor education system is a critical factor underlying unemployment. In particular, Hughes criticises the teaching of English in secondary rather than primary schools. In her view:

The emphasis on local cultures and the absence of English also precludes progression in world history and geography and natural sciences. Current curriculums condemn Aboriginal and Torres Strait Islanders to lives of ignorance.⁵⁵

In addition, she cites the poor quality of teaching materials and the teachers themselves as a contributing factor.

Overall, this approach fails to recognise that first, economic wealth and prosperity do not equate to good health and wellbeing and second, privatisation and economic liberalisation do not, and cannot, address the underlying causes of disadvantage. These are social issues that cannot be addressed in purely economic terms. Additionally, it assumes a one-size-fits-all approach. On the one hand Hughes argues that, 'Every Aboriginal and Torres Strait Islander woman and man, like every other Australian, is entitled to choose how she or he wants to live'. Then two sentences later she removes this choice by stating that 'Dismantling it [the policies supporting the outstation movement] to pave the way for economic activities that will lead to employment and higher incomes is essential'.⁵⁶ A better economic approach is the one developed by Amartya Sen which sees development in terms of the freedoms it achieves.⁵⁷ Finally, and perhaps critically, although Hughes briefly mentions Noel Pearson and Warren Mundine, she rarely engages with Indigenous perspectives on education, employment, health or connection to country.

⁵³ Hughes, above n51, p.11.

⁵⁴ Hughes, above n51, p.8; Hughes and Warin, above n4, p.8.

⁵⁵ Hughes and Warin, above n4, 5.

⁵⁶ Hughes, above n51, p.15.

⁵⁷ See generally, Amartya Sen, *Development as freedom*, Oxford University Press, Oxford, 1999.

4.2. Health research must engage with the social determinants of health

The second view is the one adopted by the researchers of the healthy country healthy people movement. They argue that health interventions have failed to address the social determinants of health. This is due to the adoption of a largely clinical biomedical model. In contrast to the biomedical approach, they advocate an approach which engages with Indigenous definitions of health, fosters multidisciplinary inquiry and modifies practices in health research.⁵⁸ This was the approach adopted for the Garnett and Sithole study. Indigenous definitions of ICNRM were used and a multidisciplinary team comprising traditional owners, ecologists, social scientists, medical practitioners and policy analysts was assembled.⁵⁹

The key argument is that in order to improve Indigenous health, programs must engage with the underlying determinants of health. Programs must seek to address issues such as mastery and control, social integration and cohesion, and governance. It is argued that these issues are tied to Indigenous relationships with country. Therefore, one particular strategy to address poor Indigenous health and wellbeing is to facilitate on country programs that allow Indigenous people to express and satisfy their connection to country. This will have a positive influence on the social determinants of health and will ultimately lead to benefits for Indigenous health and wellbeing. These benefits can even be characterised in economic terms as the savings attained from preventing disease and ill-health in later life.⁶⁰ With respect to continuing support for the outstation movement in the form of continued funding for housing, the researchers argue that recognising the economic value of ICNRM and other similar programs will increase the economic sustainability of remote communities.⁶¹

In direct contradiction to Hughes, the healthy country healthy people researchers argue that ICNRM is an economically viable form of employment for Indigenous people in remote communities. This is because the activities involved in ICNRM require that people live close to or on the land being managed. In their view the reason the economic viability of such work has not been previously recognised is due to the failure of the market to acknowledge and appreciate the value of the work done through ICNRM.⁶² This argument is supported by the work of economists such as Jon Altman.⁶³ Additional research on this issue is being conducted by the Desert Knowledge Cooperative Research Centre through the Livelihoods in Land research project.⁶⁴

⁵⁸ Burgess, above n35, p.118.

⁵⁹ Garnett and Sithole, above n8, p.11.

⁶⁰ Johnston, above n36, p.15.

⁶¹ Garnett and Sithole, above n8, p.33.

⁶² Burgess and Morrison, above n9, p.185.

⁶³ J. Altman, G.J. Buchanan, G.J. and L. Larsen, 'The Environmental Significance of the Indigenous Estate: Natural Resource Management as Economic Development in Remote Australia', Centre for Aboriginal Economic Policy Research Discussion Paper No 286/2007, The Australian National University, Canberra, 2007.

⁶⁴ Desert Knowledge CRC, 'Core Project 1: Livelihoods inLand', Desert Knowledge CRC, viewed at 17 July 2008, <<http://www.desertknowledgecrc.com.au/research/livelihoods.html>>.

Perhaps the greatest strength and weakness of the healthy country healthy people research is that it is specific to a particular Indigenous community. As noted by Garnett and Sithole the results are not transferable to other communities, given the specificity of the definition of ICNRM.⁶⁵ However, it is possible to adopt a similar methodology. In addition, the study does not make clear whether participation in ICNRM prevents illness or if it is people who are already healthy participate (and as a corollary, if people who are ill do not participate in ICNRM). The researchers suggest this may be determined through longitudinal studies.⁶⁶

A critical implication flowing from the healthy country healthy people movement is that Indigenous people must be able to express and satisfy their connection to country. This issue was raised in the earlier discussion of early research focusing on the relationship between living on country and health. Generally, it seems fair to say that for some Indigenous people simply being on country is sufficient to make them feel better, whilst for others wellbeing is contingent on carrying out activities on country that are perceived as worthwhile.⁶⁷ It is possible that the critical factor is autonomy: Autonomy over self and control over country. The importance of control has significant consequences in the context of land rights and native title determinations.

The impact of control and empowerment has been explored in research on the social determinants of health. In their review of interventions to improve Aboriginal health, Campbell et al. identified what they termed the ‘community development and empowerment’ approach.⁶⁸ This approach encompasses programs that focus on assisting communities, identified in terms of identity, geography or issue, to develop solutions to identified problems. Health initiatives may use community participation as a means of ensuring cooperation with health programs, or as an end, in that it facilitates empowerment and responsibility, or as both a means and an end. Community empowerment can be described as:

[A] social action process that promotes participation of individuals, organisations and communities in gaining control of their lives both in their community and in the larger society... [it is] a process that progresses along a dynamic continuum of: individual empowerment, small groups; community organisations; partnerships; and political action.⁶⁹

Critically, they noted the need for comprehensive and long-term evaluations of existing community development programs. This is necessary in order to derive broader benefits from successful initiatives.

⁶⁵ Garnett and Sithole, above n8, p.40.

⁶⁶ Garnett and Sithole, above n8, p.40.

⁶⁷ Johnston, above n36, p.9; Garnett and Sithole, above n8, pp.23-24.

⁶⁸ Danielle Campbell, Priscilla Pyett, Leisa McCarthy, Mary Whiteside and Komla Tsey, ‘Community Development and Empowerment – A Review of Interventions to Improve Aboriginal Health’ in (eds) Ian Anderson, Fran Baum and Michael Bentley, ‘Beyond Band-aids: Exploring the Social Determinants of Aboriginal Health’ Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, pp.165-180.

⁶⁹ Campbell, above n68, pp.167-8.

5. Opportunities for Living or Working on Country

5.1. Living on Country

In 2006 the Australian Bureau of Statistics (ABS) detailed the proportion of Indigenous people living in urban and regional areas. According to ABS data 31% Indigenous people live in cities, 22% in inner regional areas, 23% in outer regional areas and 24% in remote and very remote areas in Australia.⁷⁰

The existence of a significant number of Indigenous people living in outer regional, remote and very remote areas may be partially attributed to the outstation or homelands movement. The phrase ‘outstation or homelands movement’ generally refers to the choice of many Indigenous people to return to live on their traditional lands in the 1970s. This movement occurred through different mechanisms in different states and regions. For example, in the Northern Territory the *Aboriginal Land Rights (Northern Territory) Act 1976* (Cth) facilitated the return of land to Aboriginal peoples.⁷¹ In contrast, in Western Australia outstations were; formed on unallocated Crown land, excised from pastoral leases, or formed on land obtained through a 99-year lease.⁷² Since the *Mabo*⁷³ decision in 1992, and the subsequent passage of the *Native Title Act 1993* (Cth) in 1993, Indigenous people are potentially able to gain ownership, control or access over traditional lands through native title rights.

For many Indigenous people the outstation movement was an opportunity to return to traditional cultural ways of living and reconnect with traditional land.⁷⁴ This movement may have also represented a rejection of the centralised towns and missions that were established around the 1930s. Overall, it has been argued that the outstation movement provided the opportunity for fulfilling cultural obligations including caring for country, intergenerational transmission of traditional law and culture, and greater autonomy.⁷⁵ Although the outstation movement is generally considered a decentralising process, as Glaskin points out, it also contains a centralising element. Outstations incorporated under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Cth) (previously the *Aboriginal Councils and Associations Act 1976*) must comply with a range of incorporation and administration processes. These obligations will have an impact on the traditional or cultural governance structures of Indigenous communities, and the relationship of those communities to their land.⁷⁶

⁷⁰ Australian Bureau of Statistics, *Population Distribution, Aboriginal and Torres Strait Islander Australians*, 2006, Australian Bureau of Statistics, Canberra, viewed at 17 July 2008, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyCatalogue/14E7A4A075D53A6CCA2569450007E46C?OpenDocument>>.

⁷¹ Katie Glaskin, ‘Outstation Incorporation as a Precursor to a Prescribed Body Corporate’ in (eds) James Weiner and Katie Glaskin, *Customary Land Tenure and Registration in Australia and Papua New Guinea*, Asia-Pacific Monographs, 2007, pp.199-222, p.202.

⁷² Glaskin, above n71, p.203.

⁷³ *Mabo [No2] v Queensland* (1992) 175 CLR 1

⁷⁴ Morice, above n29, p.940.

⁷⁵ Burgess, above n34, p.119.

⁷⁶ Glaskin, above n71, pp. 200, 202.

5.2. Land Rights

Devitt et al. argue that the problems in Indigenous health are the result of the current and continuing dispossession of Indigenous people.⁷⁷ In their view, ‘achieving recognition of land rights is a necessary step on the path to wellbeing’.⁷⁸ However, they note that rights to land are themselves insufficient to improve health. What is needed is the ability to utilise land as desired. In addition to the outstation movement, land rights and native title have, to some degree, increased Indigenous land holdings and enabled life on or control over traditional lands.

Land rights systems have the potential to positively influence Indigenous health and wellbeing by facilitating relationships with country. With the exception of Western Australia, all states and territories in Australia have some form of land rights legislation. In the Northern Territory, close to half of the Territory’s land has been transferred to Indigenous people under the *Aboriginal Land Rights (Northern Territory) Act 1976* (Cth) (‘ALRA’).⁷⁹ Under the ALRA land is granted in two ways. First, at the time of enactment land held as government reserves were automatically transferred. Second, a claim may be brought before the Aboriginal Land Commissioner if the land is wholly owned by the Government or Aboriginal people and is not subject to any other interests. The property interest that is granted under the ALRA is characterised as ‘inalienable freehold’. It is equivalent to a freehold title but cannot be sold or otherwise divested.⁸⁰ If a claim is recognised then communal title to the land is vested in an Aboriginal land trust for the benefit of traditional landowners. Traditional landowners are defined as the group that has primary spiritual responsibility for sacred sites, and who are entitled to hunt and gather, on the land.⁸¹ They are represented by a Land Council who acts as an intermediary between them and the Land Trust. Before making any dealings with the land, the Land Trust must obtain instructions from the Land Council that is in turn required to consult and obtain the consent of the traditional owners.⁸²

The ALRA has in some instances enabled Indigenous people to live and work on country in a way that positively influences their health and wellbeing. One example of this is the work undertaken in the Tanami region of the Northern Territory. According to the Central Land Council, 90% of the land held in the Tanami region is Aboriginal freehold under the ALRA. Approximately 4,2000 square kilometres was returned on

⁷⁷ Devitt, above n46, p.7.

⁷⁸ Devitt, above n46, p.7.

⁷⁹ Department of Families, Housing, Community Services and Indigenous Affairs, *Land rights program*, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra, viewed 6 April 2006, <http://www.fahcsia.gov.au/internet/facsinternet.nsf/indigenous/programs-land_rights.htm>. See also, Productivity Commission, *Overcoming Indigenous Disadvantage: Key Indicators 2007 Report*, Productivity Commission, Australian Government, Canberra, 2007.

⁸⁰ Native Title Research Unit, *Land Rights*, Native Title Research Unit, Australian Institute for Aboriginal and Torres Strait Islander Studies, Canberra, viewed at 25 March 2009, <http://ntru.aiatsis.gov.au/research/resourceguide/national_overview/national10.html>.

⁸¹ Section 3(1) *Aboriginal Land Rights (Northern Territory) Act 1976* (Cth).

⁸² Central Land Council, ‘The Land Rights Act + Changes’ Central Land Council, 2007, viewed 27 March 2009, <http://www.clc.org.au/Ourland/land_rights_act/Land_rights_act.html>.

21 December 1992.⁸³ Possession of legal rights over this region has facilitated the Central Land Council to develop and implement programs for working on country. The northern part of this land has been declared an Indigenous Protected Area (IPA) under the *Caring for Country* initiative (discussed further below), and a proposal that the southern part also be declared an IPA is under consideration.⁸⁴ By doing this the Central Land Council has been able to obtain funding for, or work collaboratively with other organisations on, a range of activities that promote caring for country. These activities include a wetlands fire mitigation project and a regional biodiversity monitoring program.⁸⁵ Importantly, they provide an opportunity for Indigenous people to work on country, care for country and ultimately, express their connection to country.

The ALRA has been described as ‘one of the most important social justice reforms enacted in Australia’.⁸⁶ Yet outcomes under the ALRA may not always positively impact, or may not fully realise the potential for, improvements to Indigenous health and wellbeing. One of the most troubling components to the ALRA is the provision for 99 year leases that was introduced in the *Aboriginal Land Rights (Northern Territory) Amendment Bill 2006* (Cth). Nicole Watson argues that the introduction of 99-year leases will exacerbate the denial of Indigenous sovereignty and lack of control over traditional lands.⁸⁷ Traditional owners of land who choose to grant a 99 year lease will lose the ability to determine how their land is utilised. This is because once the lease granted it is administered by the lessee who has the authority to make decisions regarding subleases (although it must adhere to any conditions specified by traditional owners or land councils in the head lease). This has critical implications for Indigenous peoples’ relationships with country. As discussed earlier, for some people simply living on country does not equate to connecting with country. Similarly, oversight of subleases through the conditions imposed in a head lease may not be a relationship through which connection to country can be expressed. As Aboriginal and Torres Strait Islander Social Justice Commissioner Tom Calma pointed out, ‘While a lease is not alienation in fact, there is no doubt that it will have the effect of alienation in practice’.⁸⁸ This alienation in practice will have intergenerational effects. Some commentators have questioned whether the land returned after the

⁸³ Central Land Council, ‘“Mongrel” Station Has New Future: Tanami Downs Land Claim’, *Land Rights News*, vol.2, no.27, 1993.

⁸⁴ Department of the Environment, Water, Heritage and the Arts, *Northern Tanami – Indigenous Protected Area*, Department of the Environment, Water, Heritage and the Arts, Canberra, viewed 3 April 2009, <<http://www.environment.gov.au/indigenous/ipa/declared/northern-tanami.html>>.

⁸⁵ Central Land Council, *Fire management*, Central Land Council, Alice Springs, viewed 3 April 2009, <http://www.clc.org.au/Looking_after_Country/fire.html>; Central Land Council, *Threatened species*, Central Land Council, Alice Springs, viewed 3 April 2009, <http://www.clc.org.au/Looking_after_Country/threatened_species.html>.

⁸⁶ Senate Standing Committee on Community Affairs, *Aboriginal Land Rights (Northern Territory) Amending Bill 2006*, Senate Standing Committee on Community Affairs, Canberra, 2006, p.3.

⁸⁷ Nicole Watson, ‘Implications of land rights reform for Indigenous health’, *Medical Journal of Australia*, vol.186, no.10, 2007, pp.534-536.

⁸⁸ Submission to the Australian Senate Community Affairs Legislation Committee on the Aboriginal Land Rights (Northern Territory) Amendment Bill 2006 (Cth) from the Aboriginal and Torres Strait Islander Social Justice Commissioner and Acting Race Discrimination Commissioner, Tom Calma, submission 5, *Aboriginal Land Rights (Northern Territory) Amendment Bill 2006*, p.11.

expiration of a 99 year lease will be recognisable physically or culturally to the descendants of the original title holders.⁸⁹

5.3. Native Title

The content, nature and scope of the native title rights recognised will have a significant impact on health and wellbeing either directly or indirectly. Whether native title rights exist is determined by the procedures of the *Native Title Act 1993* (Cth) (NTA).⁹⁰ Importantly, native title decisions can be made through the court process or through a consent determination. It should be noted that when decisions are made by consent determination they are not limited to the framework of the NTA or the common law, in that they may incorporate ancillary agreements.⁹¹ Even if rights under Indigenous law or custom are found, they may have been extinguished, either completely or partially, by a number of government actions. Where partial extinguishment has occurred, native title rights are described as non-exclusive. Instead, the native title rights may co-exist with other interests, such as pastoral or mining interests. Although the native title holders will still have a range of rights, determined on a case-by-case basis, they may not have the right to exclude others from accessing the native title claim land or to make decisions about its use. However, it is possible that rights to access land, or to hunt and use resources on the land may continue. Native title rights that are not subject to any extinguishing acts are generally considered exclusive and include the right to control access to, and use of, the area.⁹² However, it is still possible for non-native title holders to use the land if it is permitted NTA. That is, exclusive possession may be affected by ‘future acts’, but the manner of approving a future act is governed by the NTA.⁹³ Future acts may be dealt with through the right to negotiate or through Indigenous Land Use Agreements (ILUA).

The rights awarded through native title claims are central to the ability of Indigenous people express and satisfy their connection to country. Continued access to country is imperative to cultural continuity as it allows hunting and gathering, travelling through country, teaching young people, and maintaining bonds with members of the community.⁹⁴ Although some aspects of connection to country are expressed physically, the underlying phenomenon is essentially spiritual and is critical to wellbeing. These activities are also beneficial to country as they form part of traditional environmental management practices.⁹⁵ Given the centrality of land to Indigenous peoples’ spirituality, identity, community and culture, it is apparent that the doctrine of extinguishment, and indeed the entire native title process, can have

⁸⁹ Mick Dodson and Diana McCarthy, ‘Communal land and the amendments to the Aboriginal Land Rights Act (NT)’ Research Discussion Paper, Native Title Research Unit, Australian Institute for Aboriginal and Torres Strait Islander Studies, 2006.

⁹⁰ See *Western Australia v Ward* (2002) 213 CLR 1; *Members of the Yorta Yorta Community v Victoria* (2002) 214 CLR 422; *Commonwealth v Yarmirr* (2001) 208 CLR 1.

⁹¹ Lisa Strelein and Jess Weir, ‘Conservation and human rights in the context of native title in Australia’, paper circulated at World Conservation Congress, Barcelona, 5 -14 October 2008.

⁹² *Western Australia v Ward* (2002) 213 CLR 1

⁹³ Division 3 *Native Title Act 1993* (Cth); *Western Australia v Commonwealth* (1995) 183 CLR 373; *Fejo v Northern Territory* (1998) 195 CLR 96; *Yanner v Eaton* (1999) 201 CLR 351.

⁹⁴ Kado Muir, ‘This Earth has an Aboriginal Culture Inside’: Recognising the Cultural Value of Country’, *Land, Rights, Laws: Issues of Native Title*, no. 23, 1998, p.7.

⁹⁵ Muir, above n94, p.6.

significantly detrimental impacts. As argued by Kado Muir, the legal system impacts on the ability of Indigenous peoples to maintain a way of life free of oppression, marginalisation and injustice. It also affects the relationship between Indigenous and non-Indigenous Australians. Therefore, recognition of native title has the potential to increase Indigenous health and wellbeing by positively influencing determinants of health – that is by facilitating relationships with country and community.

The potential of native title to enhance wellbeing, however, has not always been realised. Often, even if native title is found, the native title holders do not have adequate rights or resources to deal with their land they desire.⁹⁶ The native title holders are reduced, as described by Wayne Atkinson, to a state of permissive occupancy.⁹⁷ One particular instance where native title has not facilitated but has instead impeded Indigenous peoples' ability to access and use their country is the native title settlement of the Nharnuwangga, Wajarri and Ngarla people. In 2000 it was found that native title existed in the claim area and a Prescribed Body Corporate (PBC) was established as required under the NTA. As part of the claim, the group entered into three agreements; a heritage agreement, an ILUA and pastoral access protocols. Rights to be acknowledged as traditional owners, to hunt, fish and gather, and to access and camp on the area were recognised, but only where native title was not extinguished.⁹⁸ Native title to fauna was extinguished in all the wildlife sanctuaries and nature reserves in the area.⁹⁹ No native title rights or interests in minerals and petroleum were recognised. In the ILUA the right to negotiate was substituted for a right to consult. In order to exercise the right to consult the group must demonstrate that native title exists over the area concerned. However, the PBC does not receive any funding or assistance and cannot provide the prerequisite native title survey.¹⁰⁰ With respect to co-existence with pastoral leases, at the time of the decision native title could be extinguished by improvement or enclosure of parts of pastoral leases: the definition of improvement or enclosure has since broadened significantly and created much uncertainty.¹⁰¹ The signed pastoral access protocols impose a range of conditions on the native title holders, the most controversial being the requirement for public liability insurance.¹⁰² As Michelle Riley notes:

Because we cannot afford to take out the policy, we are effectively stopped from going onto our traditional land. This has caused unbearable sorrow for our people, many of whom spent their entire lives on stations. They built the fences that the Court now says extinguishes our native title.¹⁰³

⁹⁶ Muir, above n94, p.7.

⁹⁷ Wayne Atkinson, 'Balancing the scales of Indigenous Land Justice in Victoria', *Land, Rights, Laws: Issues of Native Title*, vol.5, no.3, 2006, p.3.

⁹⁸ Michelle Riley, 'Winning' Native Title: The experience of the Nharnuwangga, Wajarri and Ngarla people' *Land, Rights, Laws: Issues of Native Title*, vol.19, no.2, 2002, pp. 2-5.

⁹⁹ Agreements, Treaties and Negotiated Settlements Projects, 'Clarrie Smith v State of Western Australia [2000] FCA 1249 (29 August 2000)' Agreements, Treaties and Negotiated Settlements Projects, viewed at 17 July 2008, < <http://www.atns.net.au/agreement.asp?EntityID=620>>.

¹⁰⁰ Riley, above n98, p.4.

¹⁰¹ Riley, above n98, p.4.

¹⁰² Frances Flanagan, 'Pastoral Access Protocols: The Corrosion of Native Title by Contract' *Land, Rights, Laws: Issues of Native Title*, vol.19, no.2, 2002, pp.5-12.

¹⁰³ Riley, above n98, p.4.

The experience of the Nharnuwangga, Wajarri and Ngarla people is just one example of where native title has not fulfilled the expectations of Indigenous people. It is likely that many native title holders experience difficulties in accessing their land, or managing their land even if access is possible.

5.4. Working on country

There is growing government and private support for and investment in programs that allow Indigenous people to work on country. For example, in 2006 the Federal and Northern Territory Governments signed the *Healthy Country, Healthy People Schedule – Supporting Indigenous Engagement in the Sustainable Management of Land and Seas* under the *Overarching Agreement on Indigenous Affairs*.¹⁰⁴ The Schedule sets out improved joint working arrangements between the Australian and Northern Territory Governments in the area of supporting Indigenous engagement in sustainable land and sea management. It elaborates four key objectives: simplify and streamline funding support; improve and promote partnership agreements; map existing investment and ensure complementary future investments and; target investment to deliver environmental, socio-cultural and economic benefits. In 2007 a review of the investment plan was published. The report *Healthy Country, Healthy People Schedule: Supporting Indigenous Engagement in the Sustainable Management of Northern Territory Land and Seas: A Strategic Framework*¹⁰⁵ identifies elements contributing to the success of Indigenous land and sea management groups and priority needs. Importantly, it elaborates a strategic framework to guide investment in the area.

More broadly, programs facilitating on country work may be funded solely by Indigenous bodies or in conjunction with governments or corporations. Also, they may be general programs or specific to Indigenous peoples. Here, the focus is on programs targeted specifically at Indigenous peoples. The programs are described as ‘natural resource management’, ‘Indigenous natural resource management’, ‘Indigenous natural and cultural resource management’, and ‘ranger programs’. Often these titles are thought to refer to the same things.¹⁰⁶ However, it is important to be aware of the differing perspectives which underlie natural resource management and other Indigenous driven programs. It is also worth noting the distinction between the concept of caring for country, the services delivered by the Department of Environment, Water, Heritage and the Arts under *Indigenous Australians Caring for Country* banner, and initiatives under the banner such as the Caring for Country Unit of the Northern Land Council which comprises a number of ranger groups. The 2007

¹⁰⁴ Department of the Chief Minister, *Overarching Agreement on Indigenous Affairs*, Northern Territory Government, viewed 7 March 2009 <<http://www.nt.gov.au/dcm/people/agreement.html>>.

¹⁰⁵ Andra Putnis, Paul Josif and Emma Woodward, *Country, Healthy People Schedule: Supporting Indigenous Engagement in the Sustainable Management of Northern Territory Land and Seas: A Strategic Framework* CSIRO, Australian Government, Canberra, 2008.

¹⁰⁶ B. Sithole, P.J. Whitehead, and S. Kerins, ‘Background: Issues and the Policy Environment’ in M.K. Luckert, B.M. Campbell, J.T. Gorman and S.T. Garnett (eds), *Investing in Indigenous Resource Management*, Charles Darwin University Press, Darwin, 2007, pp.4-10, p.5. See also, Joe Morrison, ‘Caring for country’ in Jon Altman and Melinda Hinkson (eds) *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*, Arena Publications Association, North Carlton, 2007, pp.249-262.

Desert Knowledge CRC report *Examples of NRM contracting within Australia* contains useful examples of natural resource management across Australia.¹⁰⁷

The distinction between natural resource management and caring for country can be described as a philosophical one. The paradigm of natural resource management is based on Western understandings of nature as separate from humans and an economic resource to be utilised to its maximum capacity by humans.¹⁰⁸ In contrast, the concept of caring for country, which forms the basis of Indigenous natural resource management or indigenous natural and cultural management, focuses on the relationships between nature and humans. Nature is seen as living and connected to human life.¹⁰⁹ Caring for country involves:

[L]ooking after all of the values, places, resources, stories and cultural obligations associated with that area, as well as associated processes of spiritual renewal, connecting with ancestors, food provision, and maintaining kin relations.¹¹⁰

This distinction is important when assessing the impact of participation in natural resource management programs. In particular, some natural resource management programs may not contain the elements which allow participants to fully express or satisfy their connection to country. The ability to satisfy connection to country is central to wellbeing. This must be recognised when investigating the relationship between participation in natural resource management and health and wellbeing.

The healthy country healthy people research tends to conflate natural resource management and caring for country:

Customary obligations to country overlap with the aspirations and activities of formal ranger programs. Indeed the cultural obligations to country were the primary driver in the initiation of the ranger movement so that, unlike conventional ranger programs which might be expected to concentrate on natural resource management, cultural management often has primacy in ICNRM (references omitted).¹¹¹

For many Aboriginal peoples NRM is ‘caring for country’ because it embodies deep spiritual obligations and patterns of behaviour proscribed by enduring metaphysical associations with geography.¹¹²

Although the lack of distinction was not problematic in the healthy country healthy people research as definitions of ICNRM incorporated Indigenous conceptions of caring for country, the distinction should be made clear in other cases.

¹⁰⁷ Rob Law, Jocelyn Davies and John Childs, ‘Examples of NRM contracting within Australia’, Working Paper 7, Desert Knowledge CRC, 2007.

¹⁰⁸ Jessica Weir, *Murray River Country* (PhD Thesis, Australian National University, 2007) 128.

¹⁰⁹ Weir, above n106, p.129. See generally Jessica Weir, ‘Connectivity’ *Australian Humanities Review*, vol.45, 2008, pp.153-164; Burgess, above n35, p.120.

¹¹⁰ Altman, above n63, p.37

¹¹¹ Garnett and Sithole, above n8, p.23.

¹¹² Burgess, above n35, p.118; See also Burgess and Morrison, above n9, 189.

5.4.1. Caring for Country Initiatives

The following discussion is limited and provides an example of a scheme that provides opportunities for Indigenous Peoples to work on country. The rationale for providing this example is twofold. First, it presents an alternative to the view that there is no economically viable or valuable work for Indigenous Peoples living outside of urban areas. Second, those interested in the impact of living and/or working on country could consider collaborating with groups engaged in these types of programs in order to investigate the impact of participation on health and wellbeing.¹¹³

The Department of Environment, Water, Heritage and the Arts under the banner of the Caring for Country initiative administers schemes that facilitate on country work. These schemes include Indigenous Protected Areas, Working on Country, and the Indigenous Heritage Programme. The focus is on the first scheme because data exists in relation to the impact of participation on health and wellbeing. More detailed information about the other schemes is available from the Department's website.¹¹⁴

The Indigenous Protected Areas (IPA) scheme provides support for Indigenous communities to manage their land for conservation. The scheme was established in 1996 and at present there are 25 declared IPAs across Australia. The definition of IPA includes areas of land or waters over which Indigenous people have custodianship. The scheme caters for two different types of initiatives. The first is the development of an IPA on Indigenous owned land. The second is the development of co-management arrangements, where Indigenous people have a management role in government owned land.¹¹⁵ Funding for each IPA is dependent on the stage of the project. Projects that are in a consultation phase, that is, groups who are going through the process of investigating whether or not to declare their land as an IPA, receive funding on a yearly basis. Once a plan of management has been developed and an IPA is declared, funding is granted for a period of 4 years (in the last financial year 2007-2008 funding was granted for a period of 5 years). Essentially, the scheme allows Indigenous people to retain control over how their land is managed (in relation to the first type of initiative).¹¹⁶

One example is the Dhimurru Indigenous Protected Area (another is the Tanami IPA discussed above in the context of land rights). The Dhimurru IPA was declared in October 2000 and is managed by the Dhimurru Aboriginal Corporation (Dhimurru) on

¹¹³ A useful report in this context is the 2007 report by Alice Roughley and Susie Williams, *The Engagement of Indigenous Australians in Natural Resources Management: Key findings and outcomes from Land & Water Australia funded research and the broader literature*, report to Land & Water Australia, Canberra, 2007.

¹¹⁴ Department of the Environment, Water, Heritage and the Arts, *Indigenous Australians Caring for Country*, Department of the Environment, Water, Heritage and the Arts, Canberra, viewed 1 March 2009 <<http://www.environment.gov.au/indigenous/index.html>>.

¹¹⁵ Department of the Environment, Water, Heritage and the Arts, *Indigenous Protected Areas – Funding*, Department of the Environment, Water, Heritage and the Arts, Canberra, viewed 1 March 2009 <<http://www.environment.gov.au/indigenous/ipa/funding.html>>.

¹¹⁶ Marcia Langton, Zane Ma Rhea and Lisa Palmer, 'Community-Oriented Protected Areas for Indigenous Peoples and Local Communities', *Journal of Political Ecology*, vol.12, 2005, pp.23-50, p.36.

behalf of the Yolngu traditional owners.¹¹⁷ Dhimurru is governed by an elected Board comprised of 10 members drawn from the traditional owners.¹¹⁸ It is responsible for formal decision-making, implementation of the plan of management and oversight of management programs. The IPA also has an Advisory Group that provides advice on programs and assists with collaborative arrangements. Membership of the group consists of two representatives from Dhimurru and one each from the Northern Land Council, Parks and Wildlife Commission of the Northern Territory and the Department of Environment, Water, Heritage and the Arts. A range of activities are conducted in the Dhimurru IPA. Some of these programs are directed at monitoring and protecting wildlife, for example the Carpentaria Ghost Nets Programme.¹¹⁹ In 2001 the prestigious Banksia Award was awarded to the Dhimurru for a collaborative marine project with WWF Australia, Conservation Volunteers Australia and Northern Territory Fisheries.¹²⁰ Importantly, there are also programs aimed at passing on traditional knowledge to younger generations.

The potential benefits of the IPA scheme are significant on a range of levels – social, cultural, environmental, and economic. An evaluation of the IPA scheme found that 95% of communities involved in IPA reported economic benefits and 74% reported that IPA assisted in the reduction of substance abuse and contributed to functional families.¹²¹ Factors such as substance abuse and a functional family have obvious links to health and wellbeing. By positively influencing these factors, the IPA scheme has the capacity to positively influence health. Also amongst the issues canvassed by the report was an examination of whether IPA initiatives met the expectations of the Indigenous participants. Critically, most communities noted that the IPA scheme allowed them, at least in some way, to establish a connection to country, care for country and pass on traditional knowledge.¹²²

6. Conclusion

As presented in sections I and II, Indigenous perceptions of health and wellbeing are holistic and include a range of life factors. These factors or social determinants include, amongst other things, physical health problems, cultural dislocation, social disadvantage, identity and autonomy. At present, there is no general agreement on the best framework for addressing these factors. However, as demonstrated in section II, there is a growing focus on the potential of country and connection to country to assist

¹¹⁷ For a more detailed discussion of the Dhimurru Indigenous Protected Area see Langton, above n116, pp.39-41.

¹¹⁸ Dhimurru Aboriginal Corporation, *Dhimurru IPA Plan of Management 2008-2015*, Dhimurru Aboriginal Corporation, viewed 7 March 2009, <<http://www.dhimurru.com.au/plans.html>>.

¹¹⁹ Dhimurru Aboriginal Corporation, *Queensland and Northern Territory Working Together For a Cleaner Gulf*, Dhimurru Aboriginal Corporation, viewed 3 April 2009, <<http://www.dhimurru.com.au/newsGhostnets.html>>.

¹²⁰ Department of the Environment, Water, Heritage and the Arts, *Dhimurru Indigenous Protected Area*, Department of the Environment, Water, Heritage and the Arts, Canberra, viewed 3 April 2009, <<http://www.environment.gov.au/indigenous/ipa/declared/dhimurru.html>>.

¹²¹ Brian Gilligan, *The Indigenous Protected Areas program - 2006 Evaluation*, report to the Department of the Environment and Heritage, Canberra, 2007.

¹²² Gilligan, above n121, pp.35-38.

in health initiatives. This focus is based on the recognition of the central importance of land to Indigenous peoples' identity, spirituality, community and culture.

The healthy country healthy people research demonstrates that Indigenous natural and cultural resource management can have positive impacts on the social determinants of health. The most important suggestion flowing from the research as a whole is that the most determinative factor may be connection to country. Further, this connection may not necessarily be satisfied by simply living on country. Instead, as explored in section III, connection to country is affected by the potential for autonomy, access and use country as desired. The need for autonomy or control has important implications in the context of creating opportunities for caring for country either through residence or work programs. If Indigenous people are to have control over programs facilitating a connection to country, such programs must be administered within a framework that provides for some degree of decentralised authority.

There are a range of opportunities for Indigenous people to live or work on country. These were canvassed in section IV. However, these opportunities may not always translate into a practical opportunity for Indigenous people to express and satisfy their connection to country. This is was described in relation to particular aspects of the land rights framework in the Northern Territory and some native title outcomes. In contrast, in some instances, natural resource management programs may facilitate caring for country which can be conceptualised as a practical expression of connection to country.

It is also important to keep in mind that establishing a scientific or quantitative link between land and health does not mean that such a link must exist before rights to health or land are recognised. Indigenous land rights and the right to health do not need to be justified.¹²³ Rather, research can develop an understanding of Indigenous perspectives on health, use those standards to perform qualitative and quantitative investigations and on the basis of results obtained make suggestions to funding institutions which may benefit Indigenous peoples.

¹²³ Barbara Flick and Brendan Nelson, 'Land and Indigenous Health', *Land, Rights, Laws: Issues of Native Title*, vol.3, no.4, 1994.

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Wolsko, Christopher, Lardon, Cecile, Hopkins, Scarlett, and Ruppert, Elizabeth, 'Conceptions of Wellness among the Yup'ik of the Yukon-Kuskokwim Delta: The Vitality of Social and Natural Connection', *Ethnicity and Health*, vol.11, no.4, 2006, pp.345-363.

Yanner, Murrando, Untitled, speech delivered at the Native Title Conference 2008, Perth, 4 June 2008.

8. Selected Annotated Summary of Materials

8.1. Land and Health

Burgess, Christopher P., Berry L., Helen, Gungthorpe, Wendy and Bailie, Ross, 'Development and preliminary validation of the 'Caring for Country' questionnaire: measurement of an Indigenous Australian health determinant', *International Journal for Equity in Health*, vol.26, no.7, pp

This article reports the results of a study aiming to pilot and validate a questionnaire measuring caring for country as an Indigenous health determinant. The questionnaire demonstrated adequate consistency and validity. Additionally, a significant association was found between participation in caring for country activities and activities promoting good health. There was also an association between residence in homelands and caring for country activities.

Burgess, Paul, and Morrison, Joe, 'Country', in Bronwyn Carson, Terry Dunbar, Richard Chenhall and Ross Bailie (eds) *Social Determinants of Indigenous Health*, Allen & Unwin, Crows Nest NSW, 2007 pp.177-202.

The chapter discusses the importance of place to the health outcomes of Indigenous peoples. It emphasises the importance of Indigenous rather than Western standards and definitions of place, identity and valuable work. In particular, it discusses the relationship between interaction with country and identity and social cohesion. It suggests that the failure of previous health initiatives can be partly attributed to the misguided focus of governments and service providers. It advocates the use of cultural and natural resource management as a mechanism for improving Indigenous and environmental health.

Burgess, Paul, Johnston, F.H., Bowman, D.M.J.S., and Whitehead, P.J., 'Healthy Country: Healthy People? Exploring the health benefits of Indigenous natural resource management', *Australian and New Zealand Journal of Public Health*, vol.29, no.2, 2005, pp. 117-122.

This article contains very similar discussion to the chapter listed above. It highlights the failure of alternative health paradigms in order to support the implementation of natural resource management as a model for improving Indigenous health. It emphasises the reciprocity of caring for country: Natural resource management has positive impacts on personal autonomy, social cohesion and governance.

Flick, Barbara and Nelson, Brendan, 'Land and Indigenous Health', *Land, Rights, Laws: Issues of Native Title*, vol.3, no.4, 1994.

The paper contains a general discussion about land and Indigenous health. The authors argue that scientific research measuring the link between land ownership and health is unnecessary undermine the right to health by requiring

utilitarian justification. Further, scientific research is conducted according to Western standards. Rather, Indigenous people must have control of and responsibility for solutions. Health care should be delivered in way that assists Indigenous empowerment.

Garnett, S.T., Luckert, M.K., Campbell, B.M., Gorman, J.T., Kerins, S., Morris, L., Morrison, J. and Whitehead P.J., 'Summary and Conclusions: Problems and Promise in Supporting Indigenous Natural Resource Management' in M.K. Luckert, B.M. Campbell, J.T. Gorman and S.T. Garnett (eds), *Investing in Indigenous Resource Management*, Charles Darwin University Press, Darwin, 2007, pp96.

This chapter contains a brief summary of each chapter in the book. It also discusses the broader implications of the issues raised throughout the book. It presents four arguments for investing in Indigenous Natural Resource Management (INRM); avoiding majority free-riding at Indigenous cost, greater incentives, greater cost effectiveness, and associated health benefits. Further INRM benefits a range of policy areas. The chapter then discusses how current investment in INRM could be enhanced and outlines avenues of further investigation.

Garnett, Stephen and Sithole, Bev, *Sustainable Northern Landscapes and the Nexus with Indigenous Health: Healthy Country, Healthy People*, Land and Water Australia, Australian Government, 2007.

The study investigates the nexus between Indigenous Natural and Cultural Resource Management (ICNRM) and human and landscape health. It was conducted in the Maningrida community. A significant relationship was found between participation in ICNRM and indicators of health and wellbeing. There was also a link between ICNRM and biodiversity conservation. The researchers argue that ICNRM can be seen as an integrative framework that has a range of benefits across health, employment education and governance.

Johnston, F.H., Jacklyn, Susan, Vickery, Amy and Bowman, D.M.J.S, 'Ecohealth and Aboriginal testimony of the nexus between human health and place', *EcoHealth*, vol.4, 2007, 489-499.

This article presents a subset of the research presented in the Garnett and Sithole paper. It focuses solely on the connection between country and human health in the Aboriginal community of Maningrida. The results, in the form of interview responses and researcher observations, canvass the range of effects of on country visits and reasons why people did not visit country. The discussion explores why the well-documented nexus between human and landscape health has not been integrated into policy. It is namely due to the difficulties in using qualitative evidence, the need for a cross-sectoral approach, and the lack of evaluation of past and current initiatives.

Johnston, F.H, Burgess, Paul, and Bowman D.M.J.S, 'A case for Indigenous Natural Resource Management and Health' in M.K. Luckert, B.M. Campbell, J.T. Gorman and S.T. Garnett *Investing in Indigenous Resource Management*, Charles Darwin University Press, Darwin, 2007, pp91-96.

This chapter contains a brief overview of previous research on the link between participating in natural resource management and health outcomes. It emphasises the potential costs savings in health through prevention in the form of natural resource management. It highlights the need for further research and clarification.

McDermott, Robyn., O'Dea, Kerin., Rowley, Kevin., Knight, Sabina., and Burgess, Paul, 'Beneficial impact of the Homelands Movement on health outcomes in central Australian Aborigines', *Australian and New Zealand Journal of Public Health* vol. 22, no.6 , 1998, pp.653-8.

The study compares the health outcomes of Indigenous peoples living on homelands with those of people living in centralised communities in central Australia. Initial health assessments were performed in 1987-8 and the follow-up in 1995. The results found that people living on homelands had lower rates of diabetes, cardiovascular risk factors, hospitalisation and death. The authors suggest that the results should be considered when assessing investment in health initiatives.

Morice, Rodney, 'Women Dancing Dreaming: Psychosocial benefits of the Aboriginal outstation movement', *Medical Journal of Australia* Vol. 2, No.25/26, 1976, pp.939-942.

The study contrasts life at a newly established small community with life at a larger more town-like community. In particular the study explores group dynamics, identity, authority, medicine and alcohol and aggression. The author concludes that the outstation movement has many benefits and provides Indigenous people with the opportunity for reintegration, heightened self-esteem and autonomy.

Scrimgeour, David, 'Town or country: which is best for Australia's Indigenous peoples?', *Medical Journal of Australia*, vol.186 no.10, 2007, pp532-533.

The author criticises claims that Indigenous Australians living in remote countries have poorer health outcomes than those living in rural or urban settings. The author points to the problems in data and data collection. Further, the data is mixed with some outcomes better for Indigenous people in remote communities and others better for those in urban areas. The author concludes that more support is needed for Indigenous health initiatives regardless of location.

Watson, Nicole, 'Implications of land rights reform for Indigenous health', *Medical Journal of Australia*, vol.186, no.10, 2007, pp.534-536.

The article discusses the nexus between land and health (refers to the Morice and McDermott articles). The author suggests that the denial of Indigenous sovereignty may be a factor influencing health. Also, it is argued that the impacts of the Aboriginal Land Rights (Northern Territory) Amendment Bill

2006, particularly the introduction of 99-year leases, will exacerbate the denial of sovereignty and autonomy.

Weir, Jessica, 'Connectivity', *Australian Humanities Review*, vol.45, 2008, pp.153-164.

The paper explores the concept of connectivity in environmental knowledge frameworks. It examines the philosophy underlying current water management systems and argues that the current philosophy is insufficient to respond to the ongoing difficulties in water management. The framework must be reconceptualised to recognise the ongoing relationships with water. Indigenous perspectives can inform this reformation.

Weir, Jessica, 'The traditional owner experience along the Murray River' in Emily Potter, Alison Mackinnon, Stephen McKenzie and Jennifer McKay (eds), *Fresh Water: New Perspectives on Water in Australia*, Melbourne University Press, Carlton, 2007, pp.44-58.

The chapter describes the impact of the degradation of the Murray-Darling River Basin on traditional owners. The change in the river system has led to a corresponding change in the identity, culture and practices of the traditional owners.

Willis, Eileen, Pearce, Meryl, Jenkin Tom, 'The Demise of the Murray River: Insights into Lifestyle, Health and Well-Being for Rural Aboriginal People in The Riverland', *Health Sociology Review*, vol.13, Symposium on Rural Health: Patients & Practitioners, 2004, pp.187-197.

The study investigates the perceived health and wellbeing impacts of the changing relationship between the Murray River and the Aboriginal people from the Riverland. These impacts were explored through focus group discussions. Two themes emerged from discussions. Firstly, the lack of access to the river and river resources (due to poor water quality and legislative restrictions) had negative implications for traditional activities which were closely linked to the river. Secondly, the changes have negatively impacted on availability of traditional foods and ability to pass on traditional knowledge and culture. There is some discussion of the broader effects of these two themes on wellbeing.

8.2. Social Determinants of Health

Bartlett, Ben, 'Implications of the social determinants of health research', *CARPA Newsletter*, vol.33, 2001, pp.13-19.

The article discusses the importance of control, social networks and support, child and maternal health and economics to health.

Campbell, Danielle, Pyett, Priscilla, McCarthy, Leisa, Whiteside, Mary and Tsey, Komla, 'Community Development and Empowerment – A Review of Interventions to

Improve Aboriginal Health' in (eds) Ian Anderson, Fran Baum and Michael Bentley, 'Beyond Band-aids: Exploring the Social Determinants of Aboriginal Health' Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, pp.165-180.

The chapter presents the results of a review of literature on health interventions with a community development focus. It was found that the literature is extremely limited and that only a small number of studies discuss the theory and application of community development approaches. The chapter also presents key factors in successful initiatives.

Devitt, Jeannie, Hall, Gillian and Tsey, Komla, 'Underlying causes', *CARPA Newsletter*, vol.33, 2001, pp.3-12.

The article provides a broad overview of the underlying causes of poor Indigenous health. It describes the concept of health and the health status of Northern Territorians. It then discusses the impact of a range of factors including; control, chronic stress, cultural change, dispossession, employment/income, education, poverty, and social inequality. It suggests that a complex approach is required incorporating access to health care, health education, Indigenous control, and mechanisms to address poverty and social inequality.

Saggers, Sherry and Gray, Dennis, 'Defining what we mean' in Bronwyn Carson, Terry Dunbar, Richard Chenhall and Ross Bailie (eds), *Social Determinants of Indigenous Health*, Allen & Unwin, Crows Nest NSW, 2007 pp.1-20.

The chapter considers differing models of health and the influences on these models. It contrasts a purely biomedical approach, to an approach that recognises the influence of society and particular societal factors on health.

8.3. Wellbeing

Henderson, Graham, Robson, Carrie, Cox, Leonie, Dukes, Craig, Tsey, Komla, and Haswell, Melissa, 'Chapter 8: Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander People within the Broader Context of the Social Determinants of Health' in (eds) Ian Anderson, Fran Baum and Michael Bentley, 'Beyond Band-aids: Exploring the Social Determinants of Aboriginal Health' Papers from the Social Determinants of Aboriginal Health Workshop, Adelaide, July 2004, pp.136-165.

The chapter reviews the social determinants of health framework. It then discusses the concept of social and emotional wellbeing, and looks at issues specific to the Indigenous context. It outlines the difficulties of measuring and assessing social and emotional wellbeing. Throughout the chapter are suggestions for future directions in research.

McLennan, Vanette, 'Australian Indigenous Spirituality and Well-Being: Yaegl Community Points of View', *Aboriginal and Islander Health Worker Journal*, vol.27, no.5, 2003, pp.8-9.

The study investigates conceptions of wellbeing and spirituality in the Yaegl community. It briefly discusses the importance of land.

Social Health Reference Group, *Social and Emotional Well Being Framework a National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009*, report to the Department of Health and Ageing, Australian Government, Canberra, 2004.

The document sets out the national framework for addressing issues of wellbeing in the Indigenous context. It discusses conceptions of health and wellbeing. It then outlines key strategic directions to achieve what are considered the three fundamental elements of care for each Indigenous community.

8.4. Natural Resource Management / Caring for Country

Altman, Jon, Buchanan, G.J and Larsen, L, 'The Environmental Significance of the Indigenous Estate: Natural Resource Management as Economic Development in Remote Australia', Centre for Aboriginal Economic Policy Research Discussion Paper No 286/2007, The Australian National University, Canberra, 2007.

The paper maps Indigenous land holdings across Australia in terms of their environmental significance. These land holdings include a significant proportion of areas of high conservation priority. The paper canvasses existing Indigenous conservation programs and argues that greater investment is needed. It suggests that through greater investment these programs may become an important source of employment for Indigenous peoples.

Lane, Marcus, 'Buying back and caring for country: Institutional arrangements and possibilities for Indigenous land management in Australia', *Society and Natural Resources*, vol.15, 2002, pp.827-846.

The author discusses the advantages and disadvantages of three frameworks for Indigenous land management in Australia; institutional, community-based and reticulated/facilitated. The author then argues for a hybrid model i.e. mediated community-based natural resource management. The article begins with discussion of factors that influence Indigenous participation in natural resource management an exploration, then explores past and current schemes.

Morrison, Joe, 'Caring for country' in Jon Altman and Melinda Hinkson (eds) *Coercive Reconciliation: Stabilise, Normalise, Exit Aboriginal Australia*, Arena Publications Association, North Carlton, 2007, pp.249-262.

The chapter discusses the environmental and cultural benefits of caring for country or natural resource management programs (the author does not

distinguish between the two programs). It then goes on to describe three particular programs – Healthy Country, Healthy People, Working on Country and Indigenous Protected Areas – which are supported through the Community Development Employment Projects (CDEP). The author suggests that CDEP should be primarily used to fund caring for country programs.

Roughley, Alice and Williams, Susie, *The Engagement of Indigenous Australians in Natural Resources Management: Key findings and outcomes from Land & Water Australia funded research and the broader literature*, report to Land & Water Australia, Canberra, 2007.

The report is essentially a synthesis of the knowledge generated by a range of Land & Water Australia projects. It discusses research outcomes under 4 key themes: values and methods for effective engagement of Indigenous Australians in NRM and knowledge management; the nexus between land, water and the health of Aboriginal people; developing Indigenous livelihood through NRM; and the implications for developing and implementing NRM policy in Indigenous Australia.

Sithole, B., Whitehead, P.J. and Kerins, S. 'Issues in Indigenous Natural Resource Management' in M.K. Luckert, B.M. Campbell, J.T. Gorman and S.T. Garnett (eds) *Investing in Indigenous Resource Management*, Charles Darwin University Press, Darwin, 2007, p.4.

The chapter contains a brief overview of the focus, practices and implications of Indigenous Natural Resource Management in the Northern Territory. The chapter's primary purpose is to orient the reader in the context of the book as a whole.

8.5. Economic Perspectives

Altman, Jon, Buchanan, G.J and Larsen, L, 'The Environmental Significance of the Indigenous Estate: Natural Resource Management as Economic Development in Remote Australia', Centre for Aboriginal Economic Policy Research Discussion Paper No 286/2007, The Australian National University, Canberra, 2007.

The paper maps Indigenous land holdings across Australia in terms of their environmental significance. These land holdings include a significance proportion of areas of high conservation priority. The paper canvasses existing Indigenous conservation programs and argues that greater investment is needed. It suggests that through greater investment these programs may become an important source of employment for Indigenous peoples.

Hughes, Helen, 'The Economics of Indigenous Deprivation and Proposals for Reform' *Issue Analysis*, no.63, 2005.

Hughes, Helen and Warin, Jenness, 'A New Deal for Aborigines and Torres Strait Islanders in Remote Communities', *Issue Analysis* No.54, 2005.

These two papers criticise the outstation movement and subsequent initiatives supporting the movement, for example the recognition of native title and its focus on communal title, from an economic perspective. The authors argue, amongst other things, that; there is no productive work in remote communities, that communal land ownership has stifled economic development, and that living in remote communities perpetuates disadvantage in terms of housing and health. These issues can be addressed by; abolishing communal land ownership, improving English literacy, introducing 99 year leases, privatising health care, and removing differential legal treatment.

8.6. Outstations

Altman, Jon, 'The governance of outstations in the Maningrida region, north-central Arnhem Land, and the challenges posed by the new arrangements: Some emerging observations from the Indigenous Governance Project', paper presented at the CAEPR-Reconciliation Australia ICG Project Workshop with NT and Australian Government Partners, Darwin, 5 December 2005.

The paper describes the governance of outstations in the Maningrida region by the Bawinanga Aboriginal Corporation (BAC). It canvasses the historical settlement process and the current governance structure, methodology and issues. The paper also discusses the implications of the 2004-2005 changes to the Community Development Employment Projects scheme on the BAC.

Glaskin, Katie, 'Outstation Incorporation as a Precursor to a Prescribed Body Corporate' in (eds) James Weiner and Katie Glaskin, *Customary Land Tenure and Registration in Australia and Papua New Guinea*, Asia-Pacific Monographs, 2007 pp.199-221.

The paper provides an overview of the historical and ongoing frameworks for the establishment of outstations. It does this in the context of the Bardi and Jawi peoples' native title claim.

Dick Smith and Pam Smith, *Getting Strength from Country: Report of the Outstation Impact Project – Concerning the Delivery of Health Services to Outstations in the Kimberley Region, Western Australia*, report to the Western Australian Health Department, Western Australian Government, Perth, 1995.

The study begins with a brief overview of the outstation movement in the Kimberley region and discusses the importance of holistic perspectives in Indigenous health. Through consultation with outstation residents the study reports existing conditions of health and health services. It concludes that the positive health outcomes of the movement outweigh the negative health outcomes. It makes recommendations for addressing the negative outcomes, and suggests a model for the delivery of health services.

8.7. Native Title

Atkinson, Wayne, 'Balancing the scales of Indigenous Land Justice in Victoria', *Land, Rights, Laws: Issues of Native Title*, vol.5, no.3, 2006.

This paper critically analyses the outcomes of the Wimmera consent determination. It criticises the Victorian framework of Indigenous land rights, and the outcomes of decisions such as the Yorta Yorta decision.

Flanagan, Frances, 'Pastoral Access Protocols: The Corrosion of Native Title by Contract' *Land, Rights, Laws: Issues of Native Title*, vol.19, no.2, 2002, pp.5-12.

The paper examines in detail the pastoral access protocols that form part of the Nharnuwangga, Wajarri and Ngarla native title determination. It contains a brief history of the relationship between Indigenous people and the pastoral industry. It then looks at the future implications of pastoral access protocols for the native title system.

Muir, Kado, 'This Earth has an Aboriginal Culture Inside': Recognising the Cultural Value of Country', *Land, Rights, Laws: Issues of Native Title*, no. 23, 1998.

The article examines the relationship between Indigenous and non-Indigenous laws in the concept of extinguishment and the cultural and social impacts of future acts. Importantly, it describes the importance of native title rights of occupation, use and enjoyment to connection to country.

Riley, Michelle, "'Winning' Native Title: The experience of the Nharnuwangga, Wajarri and Ngarla people' *Land, Rights, Laws: Issues of Native Title*, vol.19, no.2, 2002, pp. 2-5.

The article discusses the impact of native title on the Nharnuwangga, Wajarri and Nglara people.

8.8. Comparative

Griffin-Pierce, Trudy, 'When I am lonely the mountains call me: The impact of sacred geography on Navajo psychological wellbeing', *American Indian and Alaskan Native Mental Health Research*, vol.7, no.3, 1997, pp.1-10.

Comparative work. This article contains the author's observations on the ability of Indigenous students to cope when away from their traditional lands. It begins with a discussion of Navajo theology and connection to traditional lands.

Schwab, R.G., 'Kids, skidoos and caribou: The Junior Canadian Ranger program as a model for re-engaging Indigenous Australian youth in remote areas', Discussion Paper No 281, Centre for Aboriginal Economic Policy Research, 2006.

The author proposes the adoption of a model, similar to the Canadian model, which would provide a mechanism for engaging young Indigenous Australians. The report highlights similarities between the Australian and Canadian context. It describes in detail the structure and benefits of the Canadian Junior Ranger program.

Wolsko, Christopher, Lardon, Cecile, Hopkins, Scarlett, and Ruppert, Elizabeth, 'Conceptions of Wellness among the Yup'ik of the Yukon-Kuskokwim Delta: The Vitality of Social and Natural Connection', *Ethnicity and Health*, vol.11, no.4, 2006, pp.345-363.

Comparative work. The study investigated Indigenous conceptions of wellness and the impact of acculturation and enculturation on health. The results indicated that conceptions of wellness were interlinked with traditional lifestyle and values. In particular wellness was linked to connecting with the environment and the community.

8.9. Other

Abbott, Kathy, 'Return to the Heart', *Aboriginal and Islander Health Worker Journal*, vol.28, no.2, 2004, pp4-5.

The article describes the Akeyulerre Apmere cultural health service. A main aim of the program is to provide opportunities for Indigenous people to be taken out to country. This is seen as central to the health and wellbeing of Indigenous people.

Australians for Native Title and Reconciliation, *Success stories in Indigenous Health: A showcase of successful Aboriginal and Torres Strait Islander health project*, Australians for Native Title and Reconciliation, viewed 17 July 2008, <www.antar.org.au/success>.

The report provides examples of a range of successful health initiatives. There is a description of each initiative and the reasons for its success. Of particular relevance is the Mt Theo Outstation Program. The program involves the rehabilitation of young Indigenous 'petrol sniffers' by taking them to an outstation and conducting a range of programs and activities.

Walter, Maggie and Mooney, Gavin, 'Employment and welfare' in Bronwyn Carson, Terry Dunbar, Richard Chenhall and Ross Bailie (eds) *Social Determinants of Indigenous Health*, Allen & Unwin, Crows Nest NSW, 2007, pp.153.

The chapter distinguishes neoclassical conceptions of employment and wealth from Indigenous conceptions. It advocates the use of 'workfulness' which includes activities which are valued at the community and cultural levels, rather than 'employment', as a more accurate term in the Indigenous context. By using this term, the value of Indigenous work through programs such as the CDEP can be assessed more holistically.