

KEY THINKERS FORUM

Opinion Paper

TRADITIONAL ABORIGINAL HEALING & WESTERN MEDICINE

On 28 April 2016, the Poche Indigenous Health Network hosted its 7th Key Thinkers Forum, bringing together over one hundred health professionals, community members, academics, students and policy makers. This 'Poche Opinion' explores some of the key thematic issues raised during the forum.

Professor Tom Calma AO, Patron and Chair of the Poche Network, facilitated the forum, guiding the conversation between audience members and a panel of guest speakers.

Panel members included:

- Debbie Watson, Ngangkari/healer and Director of Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC);
- Margaret Richards, Ngangkari/healer;
- Dr Francesca Panzironi, ANTAC CEO;
- Professor Ngiare Brown, University of Wollongong;
- Dr Victoria Grieves, ARC Indigenous Research Fellow and
- Professor Elizabeth Elliott AM.

In order to stimulate the discussion, a [Briefing Paper](#) was made available prior to the event, and the Forum was accessible online as a LIME Network [SLICE OF LIME](#) Seminar. The video-recording is [available here](#). You can download a copy of the [event program here](#) and PowerPoint [presentation here](#).

The Poche Network would like to thank Nathan Moran from the Metropolitan Land Council for welcoming attendees to Gadigal Country and Uncle Max Harrison for performing a traditional smoking ceremony.

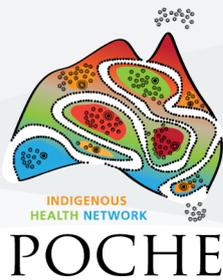
Privileging Indigenous knowledge systems - ways of being, seeing and doing

Is traditional Aboriginal healing and Indigenous knowledge the missing link needed to close the gap? As we considered this question, the broader notion of incorporating the philosophies of Aboriginal and Torres Strait Islander culture and spirituality into **all areas** of Aboriginal development was emphasised as central. The forum discussed the centrality of this issue by examining the role of Aboriginal traditional medicine and Ngangkari healers within the western medical health system.

What happened to Aboriginal traditional medicine in Australia?

Two key thematic questions on Aboriginal traditional medicine were overarching:

- Why can't we find any reference to Aboriginal Australian traditional medicine in key international literature on Indigenous health?



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- Why historically, is Aboriginal traditional medicine not found as a core component of Australia's Indigenous health policy?'

The international and human rights framework

Despite international human rights standards forming the foundational principles of the 'Close the Gap' campaign, it was discussed that there has been a limited application of those standards in Australia.

The United Nations Declaration on the Rights of Indigenous Peoples

- Article 24.1 states, '*Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals*'.

Whilst symbolically Articles 24 and 31 were identified as crucial international human rights instruments; Aboriginal traditional medicine is yet to be enacted into Australian health policy in a significant and practical way.

So where are we now?

The Australian Government's *National Aboriginal and Torres Strait Islander Health Plan* announced in 2014, is the first National health policy to reference and centrally place culture as an essential toward meeting its objectives in Aboriginal health. However the plan leaves open any robust solutions to the practical challenges of policy implementation in this space. Also while peak Aboriginal health services and bodies do not necessarily practice traditional medicine and healing, they generally work to cultivate culturally safe and supportive services that are not just restricted to clinical interventions.

Despite the neglect of Aboriginal traditional medicine in Australia's current legal and policy frameworks, Ngangkari (Aboriginal traditional healers) continue to practice in their communities. Debbie Wilson and Margaret Richards, both Ngangkari, spoke to the forum, describing how they came to be Ngangkari, and the types of treatment they provide. Debbie was born in Alice Springs and was taught by her father to heal. She travelled around with her father and learnt from a young age that "spirit is important" for health and wellbeing. Margaret was also taught by her father, healing in Adelaide and sometimes Melbourne.

Professor Elizabeth Elliott gave an example of the benefits she had witnessed when traditional medicine was closely integrated with western medicine, providing the Fitzroy Valley as an example. The Nindilingarri Cultural Health Services doesn't specifically deliver health services, but it brokers them between health professionals and the community. One of its aims is to promote the integration of Aboriginal culture into western medicine. Nindilingarri promotes the principal: two ways, two windows - acknowledging the benefit of combining western and traditional medicine. Part of what Nindilingarri do is help educate

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any health professional that comes to work in the Valley on the culture of the Valley. The outcome is an effective collaboration.

Understanding how the theoretical framework of Indigenous Knowledge Systems must inform our approaches to Indigenous health policy

One view is that the predominance of western, science-based medicine has led to the marginalisation of Aboriginal traditional medicine. In particular, the historical preoccupation within mainstream science to view knowledge of health as having developed in a linear progression, from ‘primitive’ to ‘advanced’, with Aboriginal medicine being relegated to the “primitive, distant, dreamtime” and therefore to a place of non-predominance. Positioning Aboriginal knowledge systems and traditional medicine within western medicine and science requires a holistic understanding about how Aboriginal ‘ways of doing’ is contextualised within a much deeper, broader holistic way of being.

FIG 1: Presentation extract: A case study: Kanyini as a cultural determinates model for health

“The concept of Kanyini (Central Australia) is a cultural construct reinforcing how Aboriginal people hold care and nurture for all. It reflects the reciprocal nature of responsibility, empathy, connection, compassion for all, not just Aboriginal people. It is strengths based approach, not deficit based model”. Prof. Brown reinforced the need to translate culturally valid and appropriate concepts into our way of “doing things” and being, embedding them both institutionally and personally.

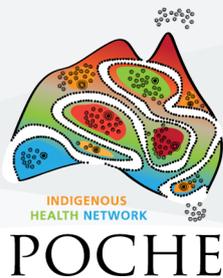
– Professor Ngiare Brown



So what does “Indigenous Knowledges Systems” actually mean?

In trying to unpack this idea to fully understand the current condition of Aboriginal traditional medicine and why it has been forgotten or overlooked, requires a complex understanding of what has led us here in the first place.

This marks a return to the broader major theme running across the entire forum - stressing the importance of **Indigenous Knowledge and Practices**. This means culturally distinctive ways of seeing, knowing, doing and being in the world. Therefore not only are Indigenous



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Knowledge systems inherently different or contrast to Eurocentric/westernized ways of seeing, knowing and doing, but are also, more importantly, culturally grounded.

Indigenous methods and cultural models of practice place emphasis on the centrality of how culturally specific ways of being are innately linked to and informed by the distinct legacy of a colonial history, dispossession, loss of land, loss of language, destruction of custom, culture and kinship. Moreover, the resilience and evolution of these knowledge systems, as they arise in new contexts, is challenging and they are challenged and undervalued.

The following questions were asked during the forum and exemplify this notion in practice:

Can Aboriginal traditional healing be taught? Should it be?

The possibility of teaching Aboriginal traditional healing to other non Indigenous traditional healing practitioners was raised as a potential way of making Aboriginal healing more widely available. Members of the forum explained this would be *impossible*. Aboriginal traditional healing is not something that can be learned by others alien to Ngangkari culture and heritage.

Can Aboriginal traditional healing be taught? Should it be? (continued)

One audience member added, “Medicines are meant to be shared, but not propagated for financial gain.” “It’s a secret business, healing.” Another told the forum that Ngangkari are born to be healers, “Healing chooses you, you don’t choose it”; knowledge is passed down from parents to select children, and elders choose who will be taught.”

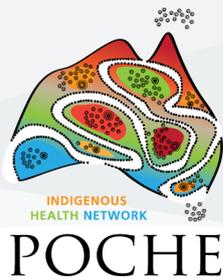
It clarified that the two knowledge systems need to stand side by side. We need an understanding and acceptance of the role traditional medicine has in healing and prevention, without needing to understand how it works

Aboriginal people avoiding mainstream health services

“It is well known that Aboriginal people see hospitals as places of dying” (Dr. Victoria Grieves). If non-Indigenous Australians are able to accept that knowledge and views of health differ, then we may be closer to accepting that the needs of Indigenous Australians might be different.

Why don’t all medical students learn about Aboriginal traditional medicine?

It was noted that currently there is virtually nothing on this in the current course work across most institutions and agreed that there is a need for Universities to do more to increase Indigenous cultural awareness and competency. One way to do this is to engage Ngangkari (or Aboriginal people with cultural authority to speak) and embed their knowledge institutionally to help raise understanding and awareness.



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Concluding Reflections

- There is a need to recognize and acknowledge the importance of Aboriginal systems for knowing, doing and being. Increasing and expanding the mainstream understanding about the concept of Indigenous health and wellbeing; “how you are in the context of your environment” (Victoria Grieves) we need to change perceptions, and particularly expand attitudes within western medicine and policy making.
- Mainstream initiatives that engage with Aboriginal cultural practice, philosophy, spirituality and traditional Aboriginal medicines are examples of how to enact the theoretical concept of Indigenous Knowledges into reality and practice. However, there are too few examples of where this is happening in a meaningful and enduring way.
- Particular emphasis must focus on the need to ensure we identify Aboriginal people with cultural authority to speak.
- It must be emphasised that incorporating sacred traditional Aboriginal medicine and healing into the mainstream should not be done for the propagation of financial gain. Nor should it be seen as trying to take the place of western medicine, especially not for what are commonly seen as “white man’s illnesses” (for example diabetes or renal failure).
- Approaches to Aboriginal health within University medical curricula and Government policy should be holistic and based on a sophisticated knowledge of Indigenous wellbeing. This includes social and emotional wellbeing in the context of cultural, environmental and social determinants. A starting point is looking toward the theoretical frameworks and policy’s set out and established by peak Aboriginal health organisations and other major Indigenous peak bodies.