ABORIGINAL AUSTRALIA - THE REALITY AND NOT THE MYTH

In the planning of any National Aboriginal Health Strategy, the reality of Aboriginal Australia must first be addressed.

But many of the realities of Aboriginal Australia - both pre- and post-colonial - have been obscured by the processes of both history and 'history-in-the-making' throughout the last two hundred years.

There is a great deal of truth in Napoleon's assertion that only conquerors write history - but there is even more truth in the assertion that only conquerors celebrate it.

Dressed in the hand-me-downs that are the legacy of dispossession and dispersal, Aboriginal Australia could hardly have felt at home at White Australia's extravagantly self-congratulatory, glitzy bash last year.

But the vulgar trumpettings, the epically Philistine commercialism of the idolised nouveaux-riche, the ruckus adolescent displays of iron-fisted jingoism that were so much a feature of the Bicentennial Celebrations all seemed entirely justifiable to a White Australia intoxicated by the "pioneering spirit".

For this is a history forged in the cauldrons of colonisation, a history in which the processes of mystification have been very much at work for the last two hundred years.

It has served to sanitise a convict past that was not nearly as noble as the headline-grabbing, declaratory utterances of last year would have had the world believe. And those who prefer to think that White Australia's convict beginnings brought civilisation to these shores would do well to remember that 'these poor souls' who came in chains were not always the innocent victims of a brutal class system but, more often than not, as Robert Hughes has so well shown in "The Fatal Shore", the bona fide murderers, thieves, and rapists of what Britain once called its "criminal classes". Moreover, those who were sent here to keep 'these poor souls' in chains were seldom of much "better stock", hardly that elite of Britain's colonial service that comprised the British Raj in India and hardly of the same ilk as some of those men of vision went to New Zealand or to East Africa. Notwithstanding this, the early Australian colonies were to become the only ones in the whole of the British empire to which Britain "transported" its own free labour force and this, plus the elements that comprised it, had horrendous implications for the Aboriginal people.
Not even to be kept alive for their labour, as indigenous people were in other parts of the British Empire, Australian Aborigines were to become the only indigenous people throughout the whole of this Empire to be shot for sport, to be massacred en masse, or to have their waterholes poisoned.

But, even after the transportation to the Australian colonies of a convict labour force was abolished, the colony of Queensland was to avail itself of indentured slave labour from the Pacific until the introduction of the White Australia Act, after Federation in 1901, made it necessary for Queensland to put an end to slave traffic the same year.

The colonising lust for land with nobody already in occupation of it continued well into this century with White Australia still preferring to ignore the existence of Aborigines, even as a potential labour force.

As a result, it was not until World War I broke out while Australia’s cattle industry was still rapidly expanding in the far outback that the severe depletion of a union-protected White Australian labour force meant Aborigines finally began to be recognised as a viable work force - albeit a very much underpaid one.

And, whilst White Australia has readily admitted that it once "rode on the sheep’s back", it has never been prepared to admit that, as the cattle industry began to eclipse the importance of the wool industry, White Australia also rode on the backs of black stockmen in the outback.

But history has done much more than give support to the widespread and persistent notion amongst White Australians - and, to some extent, amongst Aborigines themselves - that Aborigines are hopelessly unreliable as a work force because "they’re too lazy to work".

Most of all, official Australian history of the last two hundred years has had to give credence to the legal fiction of "terra nullius" - White Australia’s most cherished self-sustaining myth.

As a result of this, history has tried to ignore the existence of Aboriginal Australia and, where this has not been possible it has used all the processes of mystification to deny, diminish, and to depreciate the dispossessed.

Without the means to de-mystify White Australia’s history and dismantle its mythology, Aborigines continue to be the subject of so many misconceptions.

To name but a few:

there was nothing here of value before the coming of the white man;

if Aborigines were here, they occupied the continent, not so much as human beings, but in no more orderly a fashion than the rest of the flora and fauna, of which they were part (as the wording of 'possession in the name of King George III of the land and everything in it' suggests);

if Aborigines were to be considered as human beings, then they, like everyone else, must have come from somewhere else (usually, it is always suggested, from the Southern Indian peninsula, since this fits the white man’s pro-conceived ideas of migration and enlightenment always coming from the North to the South);

that the "beastly, un-Christian practices to which missionaries and early settlers reacted with such shocked excitement" (Robert Brain, "Rites Black and White") and the absence of any churches were clear proof of a wanton Godlessness and the absence of any spirituality;

that, in an extended family system, Aborigines brod indiscriminately. (This was brought about because early settlers made these observations from a purely ethnocentric viewpoint, without realising that such extended family systems include many ceremonial relatives who are not blood relatives but who are addressed and referred to as such. In fact, a very effective selective breeding system, developed over many thousands of generations and known as the "skin" system, requiring elders to know all their peoples' genealogies for eight, sixteen, and sometimes thirty-two generations back, precluded any in-breeding; and modern geneticists have now realised that Aborigines have known a lot more for thousands of generations about "cross-cousin" marriages than the Royal Families of Europe.);

that the rules for healthy living in a predominantly nomadic society are really only a display of backwardness and ignorance and that such mechanisms as 'walkabout' were not an effective economic measure, hygiene device, and sometimes a spiritual reinforcement as important as the Church's Retreat, but nothing more than an indication of unreliability and inconsistency;

that, despite the fact that, in some Aboriginal languages there are as many as 4,000 words for different parts of the body, Aborigines were so primitive that they know nothing about the anatomy - not even that copulation could lead to conception;
that a 50,000 year-old oral tradition reflecting many levels of formality in language as a vehicle for "holding the law" and "carrying the knowledge" should give way to a society in which it is far more important to be literate than articulate, a society which follows "the letter of the law" rather than "the sound of the law" and which reverses "a man of letters" rather than "a man of sound"; that the use of English, as the language of the conqueror and the only worthwhile measure of any real intelligence, should prevail, and that official policies of stamping out the Aboriginal languages have been warranted - all this despite the fact that these languages are so highly evolved and complex that fluency in them might require a working vocabulary of up to 30,000 words compared to the 2,000-word vocabulary required for fluency in English; and that, in the absence of monarchs, presidents, sultans, maharajahs, or chieftans and without any parallel to the rise of the Nation States of Modern Europe after the 15th Century, Aboriginal rule by Council of Elders and the protocol of co-existence and avoidance did not add up to any recognisable system of administration.

Given such heavily inculcated beliefs amongst White Australians, it should come as no surprise that a survey conducted amongst medical undergraduates at the University of Queensland this year showed that ninety per cent of them believed Aborigines were to blame for their own problems.

White Australia's self-supporting mythology has spared Contemporary Aboriginal Australia no less than it has traditional Aboriginal Australia.

As a result, Aborigines are yearly subject to fashions in the white man's thinking and choices are confined to stereotypes created by history. Once in vogue were those of us who were "not real dark" but, unless such people wear T-shirts or badges declaring their Aboriginality today, it is generally assumed they must be ashamed of it.

Exceptions have always been made for those who demonstrate the hallmarks of success in the white man's world and those who have refused to feel exceptional - and grateful for it - have generally been seen as having traitorously rejected the white man's acceptance of them as one of his own.

And so, the football hero will not be treated as shabbily as his kith and kin as long as he is as careful as Jane Austen to hide any intelligence he might have, as long as he is always the toothless tiger, affable, sociable, and no more of a threat to the dominant society in Australia than a gladiator would have been in Ancient Rome.

But with changes in fashions, the pristine noble savage of the tea-towel subculture variety (the only "real Aborigines") have more recently been courted as a colourful aberration to the mainstream "Australian way of life".

Clearly, Aborigines and Aboriginal Australia labours under the imposed definitions of White Australia.

It is White Australia that tells us who is Aboriginal and who is not; when we can be Aboriginal and when we cannot; what is 'typical' Aboriginal behaviour and what is not; and that we're "all the same" except when it suits White Australia for some of us to be 'different from the rest'.

But to look at the reality:

The fact is, however, that Aborigines are not and never have been any more homogeneous than the English or the French.

This cannot be overlooked in any problem-solving exercise in contemporary Aboriginal Australia, especially in the development of a National Health Strategy.

Enormously diverse living conditions throughout a continent with such a varied land formation, flora, and fauna dictated the evolution, over many thousands of generations, of a society that had to be heterogeneous for the sake of its own survival.

And, while this heterogeneous pre-colonial society is very much extent, held together as it always has been by a complex system of co-existence through protocol and avoidance, it has nevertheless been greatly modified, even in the farthest-flung parts of Australia.

But these post-colonial modifications have tended to make for a greater rather than a lesser heterogeneity in Aboriginal Australia today.

This is despite the growth of a pan-Aboriginalist Movement and the politically expedient "stick-togetherism" it has fostered in the last fifty or sixty years.

For, added to the existing heterogeneity that came out of the soil before colonisation, new dimensions in diversity have been introduced by the manner in which the conquest of Australia has taken place. This conquest has not happened overnight. It is a process that, in many parts of Australia, continues to this day.
While it began with European settlement in the south-eastern corner of the continent it has continued with a frontier that has fanned out at a varied pace to the west and the north, reaching some parts of the far outback only in the last fifty years or so. This has done much to create varying degrees of adjustment or resistance to the demands of a dominant Western major society on the part of the Aboriginal people. Added to this is the fact that the white people who arrived with Captain Cook were somewhat different from those who began to arrive in the Northern Territory late last century and throughout the first half of this century, they themselves, having come from a society that has changed greatly from the days of Georgian England a society that has undergone many changes at its source and many locally influenced changes in Australia.

But the spread of the white frontier has also been accompanied by an enormous "Balkanisation of the Blacks" - a process aptly referred to in Africa by Nigerian writer, Wole Soyinka, as "The Diaspora of the Blacks". This has meant that Aboriginals have not just remained on their land and been overtaken by the white frontier and the greatly changed living conditions that it has brought with it. It has also meant that Aboriginals have been "relocated" to accommodate this white frontier.

Obviously, then, in formulating health policies and strategies, it is important to take account not only of the effects of the white frontier on those who still live on their traditional land, but also of the effects of a growing inapplicability of rules once appropriate for healthy living. But, equally, it is important to consider that effects of the imposed Diaspora on the great majority of Aboriginal people who have been shunted around from one end of Australia to the other in order to make way for 'white settlement' and who have since mostly found themselves in the most appalling living conditions in enforced close settlements.

This Diaspora, this Balkanisation, has been so extensive that, in parts, has been arbitrarily applied with expedient definitions of Aboriginality. It has resulted in the removal of some of the Pitjantjatjara and Pintubi to Papunya and some of the Pitjantjatjara to places as far away as Adelaides and Goulburn Island; some of the Walpiiri from the north-west of the Northern Territory to Darwin and Warrabri, between Alice Springs and Tennant Creek; the children of the Kalkadoon and Kurli peoples around Mt. Isa and Normanton to Brisbane; the Darnabada to Yeppoon near Rockhampton, to Stradbrooke Island, Mackay, and Townsville; people from the north-west of NSW and the south-west corner of Queensland to Cherbourg; and people from all over Queensland to Palm Island. Aboriginal people were moved from all parts of NSW to Cummeragunja and from all parts of Victoria to Corranderk in the Dandongas.

More sinister, however, was the Diaspora of the Tasmanian Aborigines, herded, as they were, into one corner of the island in an attempt to exterminate them completely.

 Whilst children who did not meet with the requirements of an imposed definition of Aboriginality based on a blood quantum theory or mere cosmetic conformity were often removed to cities to be raised in isolation from the influence of Aboriginal parents, to be "domesticated" and "civilised", and taught to aspire to nothing more than mediocrity in the white man's world, whilst seeing their Aboriginal ancestry as a cross to bear; others were taken to places such as Palm Island, once considered to be conveniently far enough away from white settlement to become the largest Aboriginal settlement in Australia by the early sixties as an orphanage and penal settlement.

But, for the most part, Aboriginal reserves such as Papunya, which, by the late seventies, had surpassed Palm Island as the largest Aboriginal settlement in Australia, were established on land with such inadequate water supplies that it was of no use to the pastoral industry. These kinds of reserves, of which there are many, were to prompt world-renowned Australian ophthalmologist, Professor Dame Ida Mann, when she was asked in the thirties what drugs she would prescribe for outback Aboriginals with so much trachoma, to remark: "Drugs? I'd prescribe water. If governments were to put the water on, nobody would have had trachoma!" And, while these reserves have provided cheap labour pools for the surrounding industry, it should be remembered that they fit the description of "concentration camps without barbed wired" because most of them were established in conjunction with official policies of Smooth the Dying Pillow.

The denial of land rights clearly makes Aboriginal health a sovereign issue.

The disastrous state of Aboriginal health has been well-documented for many years in numerous Government and Parliamentary reports and, whilst the findings of these reports are not contradicted by this report, this report outlines for the first time a comprehensive National Aboriginal Health Strategy.

And the purpose of this report and its recommendations is to outline the manner in which this National Aboriginal Health Strategy will:

- Introduce fundamental changes on a preventative health-care basis to effect lasting improvements in Aboriginal health;
(2) Alleviate the acute, existing health problems in the short term, while effecting (1) and without adopting a panacea approach that might make the application of (1) more difficult in the longer term; and

(3) Ensure a more cost-efficient approach to improving Aboriginal health on a preventative health-care basis in both the longer term and the shorter term as outlined in (1) and (2).

But in seeking to meet these requirements, it has been necessary for all those involved in this report to recognise the enormous diversity of lifestyle in Aboriginal Australia that is now largely due to Australia’s post-colonial history and its continuing conquest.

As a result, it has been found that it cannot be emphasised enough that not all Aboriginal communities are entirely traditional anymore, not all Aboriginal communities are the same, and that, because these communities do not conform to some arbitrary norm, there are no general standards that can be applied with any surety in the provision, or assessment of effectiveness, of primary and preventative health care programs.

(Mr John Newfong, a distinguished writer and journalist has been commissioned to provide this section of the report, Aboriginal Australia - The Reality and Not the Myth, using excerpts from his book, "A Black Light").

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ABORIGINAL PEOPLES’ CONCEPT AND PERCEPTION OF HEALTH

Aboriginal culture is the very antithesis of Western ideology. The accent on individual commitment, the concept of linear time, the switch in focus from spiritual to worldly, the emphasis on possession and the pricing of goods and services, the rape of the environment and, above all, the devaluing of relationships between people, both within families and within the whole community, as the determinant of social behaviour, are totally at variance with the fundamental belief system of Aboriginal people.

"Health" to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.

Prior to colonisation Aboriginal peoples had control over all aspects of their life. They were able to exercise self-determination in its purest form. They were able to determine their "very-being", the nature of which ensured their psychological fulfilment and incorporated the cultural, social and spiritual sense.

In Aboriginal society there was no word, term or expression for 'health' as it is understood as in western society. It would be difficult from the Aboriginal perception to conceptualise 'health' as one aspect of life. The word as it is used in Western society almost defies translation but the nearest translation in an Aboriginal context would probably be a term such as "life is health is life."

In contemporary terms Aboriginal people are more concerned about the "quality of life". Traditional Aboriginal social systems include a three-dimensional model that provides a blue-print for living. Such a social system is based on inter-relationships between people and land, people and creator beings, and between people, which ideally stipulates inter-dependence within and between each set of relationships.

ABORIGINAL SPIRITUALITY WAS, AND IS, ESSENTIALLY LAND-CENTRED.

Aboriginal people were totally dependent on the land and on all it could provide. To cope with this, they developed a social organisation that would enable them to use their natural environment successfully.
The Aboriginal health methods practised then are often still prominent in the delivery of health care in many Aboriginal communities today. This is despite the introduction of Western-style health systems which are primarily interested in the recognition and treatment of disease. Aboriginal medicine seeks to provide a meaningful explanation for illness and to respond to the personal, family, and community issues surrounding illness have survived. Aboriginal medicine and practices are a complex system closely linked to land based cultural beliefs. For this reason, Aborigines in contemporary Australia see health as a sovereign issue.

In the world of modern medicine, Aboriginal practices are being recognised and accepted and should be further encouraged as an important part of an appropriate and culturally sensitive approach to health care.

The growing acceptance of Aboriginal practices has now extended to the fields of nutrition, pharmacopoeia, and most importantly the law.

This Working Party therefore sees health as:

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

Our working definition of primary health care is:

"Essential health care based on practical, scientifically sound, socially and culturally acceptable methods and technology made universally accessible to individuals and families in the communities in which they live through their full participative participation at every stage of development in the spirit of self-reliance and self-determination."

A corollary of self-determination is responsibility. Aboriginal people exercised this with respect and regard for ALL.

This contrasts with the view commonly held by the general community that the health of people is the domain of the specific agencies established to provide care. The Health Department, the general practitioners, the specialist and the hospital were seen as the principal means of securing the desired improvements in the health of the community. Simply put, these agencies were expected to do what was required to make people healthy.

For governments this has meant a pre-occupation with diseases and organisations rather than with underlying, often non-medical, causes of ill health.

Political Realities

Political realities that pertain to health in Aboriginal Australia must also be addressed.

Aboriginal people often feel that the motivation for government action in Aboriginal health come as a response to intermittent long-term solutions for future generations. The art of the Aboriginal problems are made by government and any commitment only until media attention has eased or until the next election.

The National Aboriginal Health Strategy Working Party (NAHSWP) attempted to establish a mechanism that would enable, as far as communities and their organisations, professional organisations, and other interested bodies to try and ensure that any National Aboriginal Health Strategy that is developed is supported by the Aboriginal community and the Australian community at large.

The Working Party recognises that no matter how sound the strategy, or how broadly it is supported within the community, it will fail if there is a lack of political will and commitment on the part of governments.

However strong political will is, in itself not enough to carry change. What is needed is a preparedness and capacity to the strategy. The Working Party is conscious that this may not be an easy task, particularly in the present political climate. However the Working Party is convinced that without a supported by those who endorse the principles on which it is based, the Report may be condemned to a life gathering dust on politicians office shelves.

At the present time there is a growing concern on the part of Governments and Oppositions in Australia's Parliaments with the Aboriginal people.

This concern, reflects in part the hardening of general community attitudes to assisting Aborigines. More likely it has government.
There is also disturbing evidence of a move away from a position of co-operative, bipartisan political support in Aboriginal affairs. This Working Party which arose out of the perception by Commonwealth, State and Territory Ministers that, despite the commitment of significant resources over the past 15 years, there has been little or no obvious improvement in the health status of Aboriginal people.

Ministers are continually being assailed with allegations of duplication, competition, and waste in the health services area. There is also a growing belief amongst politicians, and particularly Ministers, that sufficient resources are currently available to make significant improvements in Aboriginal health and that the task is to redirect and focus those resources.

Yet it must be remembered that it was the demands of the community controlled Aboriginal Health Services that all Governments, whether State, Territory or Commonwealth should formulate and endorse a truly national Aboriginal health strategy, which accepted the fact that Government agencies responsible for improving Aboriginal health were failing dismally.

It is clear from the views expressed to the Working Party during their consultations that this view cannot be sustained. There is too much evidence of unmet, even unknown need, to suggest that a mere re-arrangement of resources will achieve the significant improvements that the disastrous state of Aboriginal health clearly demands.

At the same time Aboriginal organisations have been appealing to international forums such as the UN to coerce governments into increasing the level of real resources allocated to Aboriginal organisations. At the international level this has led to criticism of Australia's domestic performance in regard to Aboriginal people and charges of hypocrisy in relation to its international condemnation of the policies of South Africa and France.

There is also a growing sense of failure by governments and bureaucracies in dealing with the range of Aboriginal "problems" and neither Ministers nor their Departments have been able, or indeed have even tried to develop a coherent, consistent long-term policy which achieves specific goals and objectives to a reasonable time scale.
Development, controlled by one group of people, will invariably reflect the norms and values of that group. The imposition of non-Aboriginal concepts and practices on Aboriginal people international standards for the protection of cultural rights.

Defining Aboriginal Community Control

Some definitions of community control in terms of health, which have been put to the Working Party, include:

"Community control is the local community having control of issues that directly affect their community."

Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape, state and national levels.

Community participation and control of the means by which Aboriginal people have in countering the systems imposed on them by non-Aboriginal people. Such imposed systems must be modified to accommodate Aboriginal aspirations if an appropriate and effective national health strategy for Aboriginal people is to be developed.

COMMUNITY ATTITUDES TO COMMUNITY CONTROL

Community attitudes to Aboriginal community control will obviously vary. Some Aboriginal communities are equipped to simply not have the resource level of community development to even contemplate assuming responsibility and control of their own affairs. Many of the submissions received by the Working Party supported the concept of community control.

The Aboriginal Community Recreation and Health Services Centre of South Australia incorporated in their submission stated that:

"Aboriginal community controlled Health Services are the most likely means of achieving improvements in Aboriginal Health."

and Victorian Aboriginal Health Service Co-op Ltd stated:

"We will welcome government cooperation and collaboration, but your history and our history demand that such takes place ON OUR TERMS."

In their submission to the Working Party the Royal Australian College of General Practitioners pointed out:

"Aboriginal people should be closely involved in and have control over health resources. There should be opportunities for Aboriginal people to gain adequate training and acquire administrative skills for positions of authority. We support the concept of community controlled Aboriginal medical services."

The Department of Aboriginal Affairs stated that:

"...State and Territory Governments are responsible for the health of Aboriginal people in the same way as they are for all other citizens."

and went on to say that ..."Assistance is also provided to Aboriginal community-controlled health services in the belief that Aboriginal people must be more closely involved in all aspects of the health system if there is to be a real and lasting improvement in Aboriginal Health."

In a submission from Deakin University it was outlined that the newly formed School of Nursing had put forward suggestions in developing strategies to maximise the involvement of Aboriginal people in their own health care.

"Deakin’s contribution to this aim could be to educate Aboriginal people as Registered Nurses to enable them to work in the Aboriginal community taking over the supervisory role that non-Aboriginal nurses frequently have over Aboriginal Health Workers, as well as to work as independent practitioners, and in the mainstream health organisations."

Outlining his concerns a former Senior Health Worker employed by a government organisation submitted that:

"The communities believe that the rural sisters working in the clinics should come under the control of their community councils. In too many communities white people were having the say and not the Aboriginal people. The Aboriginal people and white people should all be working together to solve the health problems."

It was obvious from the consultations that community control and participation was paramount in the minds of many people, both Aboriginal and non-Aboriginals.
Taking into account the different developmental stages of communities and the current expectations being placed on community councillors and leaders it is little wonder that the concept of Aboriginal community controlled health services in some cases are contemplated with awe. The reluctance of some communities to change the status quo relates directly on the fact that they are already floundering, without adequate resources and support, in dealing with every day administrative problems affecting their communities. Most agreed however that when the time was right they would establish their own community controlled health service.

A typical response in favour of local Aboriginal community controlled health services was:

"People would work for the people and would provide a service that people would trust."

In general, non-Aboriginal people recognised the need for more Aboriginal participation but were noticeably reserved when discussing the need for Aboriginal control. Many had little or no idea as to the implications of Aboriginal community control and were too far entrenched in the current health system, based on the medical model, to promote or contemplate an alternative.

**BENEFITS OF COMMUNITY CONTROL/PARTICIPATION**

The benefits of Aboriginal community control and participation can already been seen where Aboriginal health service and other Aboriginal community controlled organisations exist. The mere fact that community control shuns dependence on non-Aboriginal systems is a benefit. It promotes responsibility, understanding and allows communities to be active participants. As a result communities are able to identify health problems and possible solutions, contribute to needs based planning, be involved in ongoing evaluation.

Communities become active participants rather than passive recipients, and the development processes that emerge allows from the design of structure to meet the specific health needs of Aboriginal people rather than attempting to "fit" Aboriginal people to the existing system.

Community control rides the systems of paternalism, promotes awareness and raises self esteem. The latter being crucial to the overall well being and health of Aboriginal communities.

In the document "Formulating Strategies for Health for All by the year 2000" the World Health Organisation identified that:

"Measures have to be taken to ensure free and enlightened community participation, so that notwithstanding the overall responsibility of governments for the health of their people, individuals, families and communities assume greater responsibility for their own health and welfare, including self-care."

The benefits of Aboriginal community control and participation are numerous, some are listed below:

- provides a service which is acceptable to the community it serves;
- prevents covert and overt racism from doctors, nurses, receptionists and other non-Aboriginal staff working in Aboriginal health;
- prevents unethical behaviour;
- prevents presumptions about lifeways and illnesses which may lead to inaccurate diagnosis;
- has a social and cultural awareness of the people it serves;
- provides appropriate cultural support for patients both pre and post diagnosis;
- has a priority commitment to raising the health status of the people it serves;
- offers training, education and employment to Aboriginal people.
- provides culturally acceptable staff;
- provides flexibility;

Provides a resource for the non-Aboriginal community in the following ways:

- relevant training arena;
- a culturally appropriate medium to use as a research base;
- a culturally appropriate information centre.
Aboriginal Health Centres generally evolve as a multi purpose resource centre to be used for seeking advice, reference material, human resources etc. (this of course depends on the size and functions being carried out by a particular community controlled health service). Larger services such as the Victorian Aboriginal Health Services, the Perth Aboriginal Medical Service, Perth, the Aboriginal Medical Service, Redfern and the Broome Regional Aboriginal Medical Service clearly demonstrates this multi functional role.