

Chapter 2: Indigenous Insights into Oral History, Social Determinants and Decolonisation

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This paper is dedicated to Aunty Iris Lovett-Gardiner, Kerrup-Jmara Elder, 1926–2004

“ I’ve had a good life. I don’t care what it sounds like, I enjoyed it. Of course you get moans and groans off people, but not all the time that sour that it turns you away from life altogether. That’s the wrong attitude ”

Aunty Iris Lovett-Gardiner, in Lovett-Gardiner & KHT Inc. 1997:100

Introduction

The concept for this paper arose from a minor Master thesis in public health written by Aunty Joan Vickery (Vickery 2004). The thesis explored the use of oral history as a time-honoured Indigenous Australian research method that could be used to create decolonisation in research to improve health. This paper builds on this and other writings from Indigenous Australians in this area to explore further the relationship between oral history and health.

Rationale

Health research within Australia requires open and inclusive dialogue regarding the methods of identifying and researching Indigenous social determinants of health. This scoping paper enters this discussion by supporting the process of listening to Indigenous peoples’ viewpoints on social determinants that impact upon our health. We suggest that many of these determinants are linked to effects of colonisation and decolonisation within Australia.

Often the only way to understand people’s experiences is to ask (OHAA 2002). While listening may appear easy, the method being put forward here involves listening and learning with respect. This method is Australian Indigenous oral history. It is a powerful research method of inclusion that gives Indigenous people a voice in regard to our own health. It is also part of a time-honoured practice within Indigenous Australia of knowledge transmission. It can provide invaluable insights into the changing issues of Indigenous health over time, and the impact of health determinants upon individuals

and communities. Indigenous oral history encompasses a multifaceted definition of Indigenous health, as well as providing ceremony, healing and decolonisation for us as Indigenous people (Vickery 2004).

Very little has been written on social determinants of health that has originated from Indigenous people or our research methods. Instead, the current determinants are predominantly informed by data from the Australian Bureau of Statistics and broader population research (Anderson 2001; ANTaR 2004; Eades 2000; Thompson *et al.* 2003). We believe Indigenous voices have been missing from this area.

Australian Indigenous oral history

Indigenous oral history is the telling of a story through words, culture and identity (Vickery 2004). It consists of three different forms of oral knowledge transmission (Faulkhead & Russell 2006). The first of these is the oral history research method of 'gathering and preserving historical information through recorded interviews with participants in past events and ways of life' (OHAA 2002).

A limitation of oral history research is that it has a tendency to remove the flow and identity of the story. This is created through requesting answers to topic-based questions, followed by the possible reinterpretation of the story through another culture's worldview creating cultural bias. Oral

tradition and oral records¹ (Faulkhead & Russell 2006) are two other areas of Indigenous oral history—these do not have this problem, as they recognise the complex responsibilities that come with receiving oral knowledge, as Albert Mullett explains:

When the stories were told to me by the old people, when I was learning from my Elders, in those days you didn't ask them for information, they would call you and tell you. They wouldn't tell you everything at once, just some of the things and you would have to keep coming back to them to get the full story. This was because you had to understand respect and the meaning of the word. The old people would know that you were seeking information

but they had to see if they could entrust that information within you. Over a period of time that trust was built up between you and them along with mutual respect and understanding (in Taylor 1992:75).

Oral tradition is the continuous cultural practice of transmitting knowledge orally (Atkinson 1984) and is vital within Australian Indigenous culture. It is through oral tradition that, as Indigenous Australians, we maintain the oldest living culture in the world (Atkinson 2002). Oral tradition is expressed and supported through dance, song and images such as paintings and rock engravings, drawings on bark, carved designs on tools and weapons, paintings and etchings on cloaks, engraving on trees, and stone arrangements on the ground (KHT Inc. 1991). In more recent times Indigenous people have drawn on technology for oral knowledge transmission and storage. This recognises that Indigenous culture has never remained static.

Oral records are records of Indigenous knowledge, with the use and access dictated by the knowledge holder. This is an action of decolonisation—where the story is told the way the person would tell it and not presented through another culture's lens. This knowledge is recorded for various reasons such as educating the Indigenous, Australian and international communities; storage of information, which is feared to be lost, for future generations; personal stories for family members; and stories that the knowledge holders do not want to share until after their deaths.

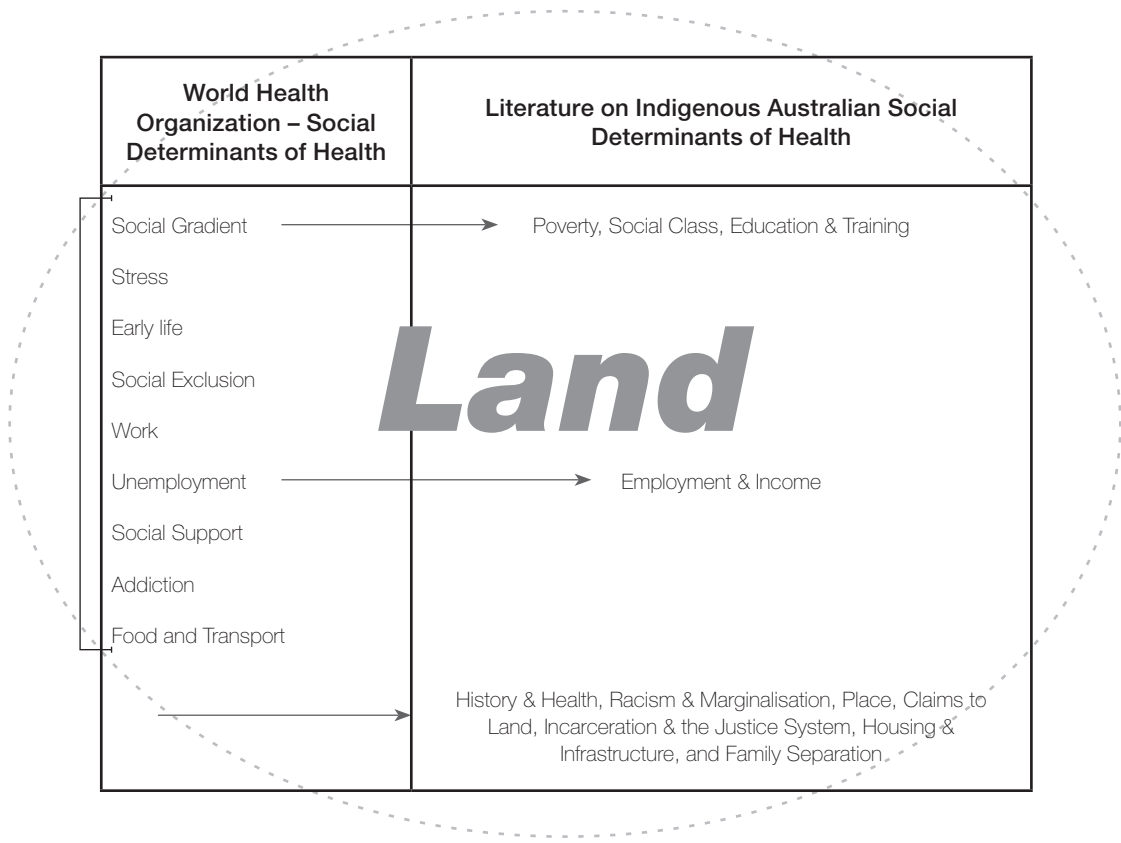
Social determinants of Indigenous health

Social determinants of health are related to aspects of people's social environment such as living and working circumstances and their lifestyles (Wilkinson & Marmot 1998). The ten main social determinants for health identified by the World Health Organization (WHO) are social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport (Wilkinson & Marmot 1998).

While the ten social determinants listed by WHO are relevant to Indigenous Australians, they are not framed from an Indigenous viewpoint and omit some important Indigenous social determinants. The few authors who have engaged

¹ Oral records is a term referring to Indigenous-controlled recordings of their knowledge.

TABLE 1: Social determinants of health identified by WHO and their relationship to literature on Indigenous social determinants of health



in and added knowledge specifically to the discourse about Indigenous social determinants have identified the following social determinants of health for Indigenous people: history of health, racism and marginalisation, poverty, social class, education, training, control over our own health, powerlessness, employment, place, income, incarceration and the justice system, housing and infrastructure, family separation, land and reconciliation (Anderson 2001; ANTaR 2004; Eades 2000; Menzies School of Health Research 2004; Thompson *et al.* 2003; Tsey *et al.* 2003) (see Table 1).

What literature on Indigenous social determinants recognises is that Indigenous health is inextricably linked to processes of colonisation (Anderson 1988). We wish to take this discourse one step further to suggest that the social determinants of Indigenous health arise from the processes of colonisation and decolonisation.

Methods

There are two aims to this literature review.

Aim 1: Colonisation and decolonisation

The first is to identify Indigenous social determinants of health arising from colonisation and decolonisation.

The Indigenous social determinant concepts, identified under the themes colonisation and decolonisation, have been collated from a number of sources. These sources include the oral histories reviewed for the paper, other literature used for this paper and our own knowledge and experiences gained from working in the area. This is not a definitive list of social determinants of Indigenous health; however, it is our contribution to the discussion in this area.

Aim 2: Listening to oral history

The second is to explore through published Indigenous oral histories what has been described about the social determinants of health outlined in Aim 1.

Identification of oral histories

A sample of published oral history narratives of Indigenous Australian people was identified through a search of Monash University and the KHT Inc., both of which house extensive collections of Indigenous Australian oral history literature.

A total of 100 oral histories—thirty-seven men and sixty-three women—were reviewed from eleven books published between 1977 and 2003. The representation across the States and Territories was Tasmania, three; Victoria, forty-six; New South Wales, eighteen; Northern Territory, eleven; Western Australia, three; South Australia, eight; Queensland, seven; Torres Strait Island, one; and three unknown.

Review

Each oral testimony was reviewed for information regarding the social determinants of Indigenous health identified in Aim 1. Information on each of these areas was then collated for emerging themes and issues.

Use of quotes

The importance of oral history does not rest in the production of a factual record of the past, but in the production of a record of what the event meant, or means, to the individual or community who experienced that event (Portelli 1981:96–107).

Oral history research allows the ‘feelings of those exposed to these experiences’ to be recorded (Hamilton 1994:96). For this reason a selection of quotes has been used throughout the paper to illustrate aspects of people’s experiences throughout the review.

Results

Aim 1: Colonisation and decolonisation

Colonisation ‘shame’

‘Shame’ is a strong indicator that Indigenous people knew that the treatment they were receiving was detrimental to their wellbeing, and we believe it is an apt Indigenous description of colonisation.

There are three distinct phases of colonisation: invasion and frontier violence, intervention by well-meaning paternalistic religious and philanthropic groups, and the reassessment of government responsibility to Indigenous needs. The last phase is as damaging as the first two, with the State intruding into Indigenous lives and creating dysfunction, dependency and traumatising people further (Atkinson 2002). These phases of colonisation continue to shape and determine quality of life, even after the ‘colonisers’ formally pulled out (Tuhiwai Smith 1999) and the Australian State assumed the role in 1901 (DFAT 2001). The literature specifically on Indigenous social determinants of health clearly focuses on colonisation. Certain features of colonisation, which we assert should be included, were absent in this literature. These are assimilation, cultural genocide and collective trauma from previous generations. In the Indigenous community ‘shame’ is often used to mean that something stupid or embarrassing has happened, or that something wrong has occurred or is occurring.

Decolonisation, ‘too deadly’

‘Too deadly’ is an Indigenous term that indicates a person has done ‘good’ and should take pride in the achievement. Decolonisation occurs when Indigenous people, through self-determination, show we are ‘too deadly’ in our ability to reverse impacts of colonisation and improve health. We believe this is an apt Indigenous way to describe decolonisation.

Decolonisation is where Indigenous culture and colonisation intertwine. Revisiting and rewriting the past is an integral part of the process of dealing with the unfinished business of colonisation (Tuhiwai Smith 1999). Decolonisation involves us assessing how colonisation has affected our business by telling our stories and doing things our way. Through decolonisation we change the colonising order, which often creates disorder of colonising concepts (Tuhiwai Smith 1999) (see Table 2). The Indigenous social determinants of health

TABLE 2: Colonisation and decolonisation social determinants of health present and not present in literature on Indigenous social determinants

Decolonisation Present In Literature	Decolonisation Not Present In Literature	Land	Colonisation Present In Literature	Colonisation Not Present In Literature
<ul style="list-style-type: none"> • Reconciliation • Land • Control over our own health 	<ul style="list-style-type: none"> • Cultural Survival • Affirming Cultural Ceremony • Oral History • Family Support & Connection • Spiritual & Emotional Well-being • Native Title & Sites Recognition 			<ul style="list-style-type: none"> • Poverty • Social Class • Education & Training • Employment • Income • Racism • Marginalisation • Incarceration • Justice system • Housing • Infrastructure • Family Separation • History & Health

Source: Anderson 2001; ANTaR 2004; Eades 2000; Menzies School of Health Research 2004; Thompson et al. 2003; Tsey et al. 2003

for decolonisation identified in the literature are reconciliation, land and control over our own health. We believe these determinants insufficiently reflect decolonisation, and should also include cultural survival, affirming cultural ceremony, oral history, family support and connection, spiritual and emotional wellbeing, native title, sites recognition, and self-determination and community control.

Aim 2: Listening to oral history

Colonisation ‘shame’

Effects of colonisation are reflected predominately through negative events that occurred to our people despite their resistance. The majority of the social determinants under this section are linked to racist beliefs and practices. Because of this, racism overhangs colonisation in such a way that if it was treated as a separate social determinant in this paper it would become repetitive. Instead, racism is addressed where needed under each social determinant.

It is inconceivable that such a closely connected community would not carry the experiences and memories of past

generations, especially when all of the above occurred over a period of four to six generations. The collective trauma of past generations in relation to colonisation continues to influence the decisions and actions of Indigenous people and communities today.

Social class, poverty and income

Through their oral testimonies, Indigenous people frequently mentioned that they were often considered the lowest class in Australia (Dyer 2003; Gilbert 1977; Randall & ABC 2003: xi; Rintoul 1993). This assignment of class led to situations where racism towards Indigenous people was considered acceptable, further compounding the situation of low income and poverty.

They were all right when they'd come to your place and they'd always do you a good turn, because Dad worked. He was a good working man. A good man. Mum was a good woman. But it was only if there was a dance or a ball, that's when they'd show their true colours. It would be all the big heads sitting up on the stage if the Governor came across, or any politician, and there would

be the second class further down and then the riff-raffs, the white people, and then the half-castes, as they used to call us, with the policeman standing at the door. That was the dance. Closest to the door (Ida West, Hobart, in Rintoul 1993:9).

According to the testimonies, 'racism' was not a term recognised or used earlier in our colonial history; however, different treatment and prejudice was obvious (Dyer 2003; Rintoul 1993). This was evidenced by refusal of service (Rintoul 1993) and the unscrupulous practices of some businesses. An example of this was a company that endorsed the practice of specifically signing up Indigenous families to hire purchases that they could not afford, resulting in the repayments only covering the interest (Dyer 2003).

Anyone who was really, really fair they didn't mind so much. It was only prejudice and racism. I never realised it, but that was there then. It's only over the past few years in my age now that I've realised that there is a lot of racism against us and that they despise the Kooris and, reading and listening to people, that they class the Aborigines as the lowest people in the world (Joyce Ingram, Redfern, in Rintoul 1993:23).

Prior to colonisation anything that could not be sourced from the land was traded from other communities. Indigenous people never viewed themselves as poor; this was indirectly supported through the testimonies. Poverty and income are shown as hardships in regards to money, food, clothing and housing (Dyer 2003; Gilbert 1977; Harvey 2003; Tucker 1983; Zola, Gott & KHT Inc. 1992), and through stories of making do with what was available (Lovett-Gardiner & KHT Inc. 1997). The testimonies also evidenced another struggle that occurred with moving into 'houses'. Despite the hardships experienced with their previous homes, many of them had no rent or household bills. With moving into houses they were suddenly expected to pay for rent, gas and electricity (Gilbert 1977)—bills they could not afford to pay.

Employment, education and training

Poverty, social class and income are related to the type of work that Indigenous people undertook. Much of their work was as labourers, some of which involved moving around, for example

as seasonal workers (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991); timber industry (Harvey 2003; Lovett-Gardiner & KHT Inc. 1997); boxing tents, showgrounds and rodeos (Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002:xvi); shearing (Jackomos, Fowell & Museum of Victoria 1991); fishing, railway work, station and farm work, and mines (Gilbert 1977); and the armed forces (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997). Other work included cleaning; domestic work; working in hospitals (Dyer 2003; Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997); factory work (Dyer 2003; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991); gardening (Randall & ABC 2003); and cutting firewood (Jackomos, Fowell & Museum of Victoria 1991). Some women also trained for secretarial work and nursing (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991).

My Dad was always away working. He worked wherever he could get a job—on the roads and in the forestry. He didn't get paid much, nobody got much in those days (Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:51).

Employment difficulties not only included hard work and long hours (Jackomos, Fowell & Museum of Victoria 1991), but also racism, such as being turned down for employment (Harvey 2003; Rintoul 1993) or being sacked due to community pressure (Gilbert 1977). Other difficulties caused families to be separated for long periods of times, such as having to move around for casual or seasonal work, and to find employment, especially during the depression (Dyer 2003; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991).

I tried to get a job in an insurance company and there was no way I could get a job there. And that was purely on the grounds that I was black and an Aboriginal on top of that (Gary Murray, Vic., in Gilbert 1977:66).

Despite being forced to undertake manual or unskilled employment, the testimonies spoke of aspirations for trained employment areas such as nursing (Dyer 2003; Rintoul 1993). This employment pattern continued until about the 1970s, when the expansion of educational opportunities led to greater employment opportunities for Indigenous people. Through their testimonies people spoke of the improved opportunities for Indigenous employment through the

establishment and development of Indigenous organisations (Dyer 2003; Jackomos, Fowell & Museum of Victoria 1991).

Some Indigenous people treated non-Indigenous education with distrust and little faith. It was viewed as only being successful for the middle class or as a system that contributed to the destruction of tribal ways (Gilbert 1977). Distrust and lack of faith are supported in the testimonies, with accounts of children being prevented from attending school because of their Aboriginality (Jackomos, Fowell & Museum of Victoria 1991; Rintoul 1993); students feeling isolated due to being the only Aboriginals at school (Dyer 2003; Harvey 2003); students leaving school feeling as if they had not learned anything (Rintoul 1993); and students rarely being allowed to go beyond seventh grade into high school in the 1940s and '50s (Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Rintoul 1993), let alone university (Gilbert 1977).

To receive an education, Indigenous students attended segregated schools (Rintoul 1993), correspondence schools (Harvey 2003), private or boarding schools (Dyer 2003; Purcell 2002) or mission schools (Lovett-Gardiner & KHT Inc. 1997), which usually involved travel or living away from their families. There were also various overt and covert forms of racism occurring within the schools, such as name-calling (Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002; Rintoul 1993); disputes erupting into physical violence (Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002); teachers discouraging Indigenous children from continuing with education despite high marks (Gilbert 1977; Rintoul 1993); and Aborigines being recorded negatively in the curriculum (Dyer 2003; Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997). Testimonies also talked about racism from parents and others towards Indigenous children (Dyer 2003; Gilbert 1977; Randall & ABC 2003; Rintoul 1993). These issues contributed to school being a less than enjoyable experience for many Indigenous people.

Then he asked why my father was kicking the system because there was no hope for me anyway. My father said, 'That girl is going to university.' The teacher said, 'No hope, no hope. If you must, spend money on a boy. She's just going to end up with seven kids anyway.' My father was really angry (Gloria Brennan, WA, in Gilbert 1977:80).

Marginalisation

Indigenous people were put on the outer of Australia's society from the start. Despite Indigenous ownership, the British declared *terra nullius* with their invasion of Australia. This action allowed Indigenous people to be viewed as of no consequence and non-existent by the colonial government. It prevented them from having a say in their destiny, and allowed the colonisers to control Indigenous people by whatever means (Dyer 2003; Gilbert 1977; Randall & ABC 2003).

The old habit of whites wanting to do things for us remained. Many whites still believed that they were the best people to decide what was in our own best interests (Mollie Dyer, Vic., in Dyer 2003:35).

Through the assumed Christian superiority inherent in the colonisation process, Indigenous people were placed at the lowest rung of society (Randall & ABC 2003). Colonisation created policies and procedures about Indigenous people that involved their institutionalisation and dependence on government (Gilbert 1977; Randall & ABC 2003).

Now in fifty years the missionaries and the whites have assisted the Aboriginals into becoming second-rate people who can't survive without white man's assistance. They've forgotten that they survived for thirty thousand years before that without white help (Elizabeth Pearce, NT, in Gilbert 1977:6).

These practices included moving Indigenous people onto missions and reserves (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997), the control of activities and movement—including who to marry, having no free choice, requiring a certificate of exemption or passport to move around or apply for jobs and associate with the non-Indigenous population, exclusion from the census, restricted access to services and welfare and so on—and segregation (Gilbert 1977).

We weren't allowed to shit in the white man's toilet, we weren't allowed to sit in the theatre; there were black seats, white seats... that doesn't happen any more nowadays. A few things have stopped (Allan Black, WA, in Gilbert 1977:164).

Some Indigenous families began living on the edge of towns, either in an attempt to avoid interference in their lives or due to force (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Tucker 1983). Further examples of marginalisation include the separation of part-Aboriginal people from their communities, and the unfair treatment of Indigenous returned servicemen and women (Dyer 2003; Gilbert 1977). While fighting for Australia they were treated the same as their comrades—only to return to Australia as second-class citizens with no access to the benefits provided to other returning service personnel, such as land grants. Such treatment led to some people not identifying as Indigenous, as it was seen as being shameful (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991).

Marginalisation was not a term used in the oral histories; however, when groups and individuals started fighting to have a say, marginalisation is part of what they were fighting against.

Incarceration and the justice system

Even though Indigenous people are supposed to receive the same treatment as the rest of the population in regard to the legal system, the oral histories make it evident that Indigenous people do not view this as so.

There was a particular incident in my life when I was twenty-one. Two policemen went onto a reserve at Mareeba one Friday night... they used to go down there and their sport was to sexually assault women. These guys went down there, one was plain-clothes and one was a uniformed guy, and the women that they picked: one was only fifteen, but physically very mature. They ran into their fibro hut and the policemen broke down the door and burst in and really severely assaulted these women, raped them. Those women came to the Advancement League and Joe McGinness and I were the only ones who were in Cairns that weekend, and I had a car and we went up to Mareeba and we went to the reserve and we talked to the people there. They were really, really up in arms; they were distressed and they were angry. We took that matter up and eventually charges were laid against these two guys and I remember sitting through the court case. It was eleven days in the Court of Petty Sessions in

Mareeba and those women treated as though they were the perpetrators of the crime, and I remember being so angered by that experience and wanting to do something about that... (Patricia O'Shane, Cairns, in Rintoul 1993:40-1).

Indigenous people have recorded their treatment through their testimonies of unnecessary police raids (Dyer 2003; Gilbert 1977; Rintoul 1993); of being treated as criminals instead of victims of crime (Rintoul 1993); of being the first to be accused of a crime (Dyer 2003; Jackomos, Fowell & Museum of Victoria 1991); of groups of Indigenous people being picked up for the same crime and of an increased chance of being arrested for being drunk than a non-Indigenous drunk (Gilbert 1977); of police refusing to respond to domestic violence situations (Dyer 2003); and of racism by local police (Gilbert 1977).

The police could go into your home... into a tribal or non-tribal Aboriginal's home without a warrant and search it any time they felt like it. And the police used this to the extent where in 1968 I had to tape a conversation between a policeman and woman and threaten police with it (Vi Stanton, NT, in Gilbert 1977:9).

The situation was no better in the court system. Indigenous people did not have explained to them, or did not fully understand, their rights in regard to the legal system and its procedures. Examples include being given the right to appeal or the right not to be coerced into pleading guilty despite being innocent (Gilbert 1977). Other inequalities included non-Indigenous statements being given more credence than Indigenous statements and the law generally favouring the non-Indigenous population, which has led to many of our people ending up in and out of prison (Gilbert 1977).

Mum felt that all the apologies in the world would not compensate for the indignity of having our house searched and her being taken away in a police vehicle while the neighbours looked on. There were many racist implications circulating that the thief could only have been an Aboriginal worker. That hurt us all the most. So despite pressure from our co-workers to stay on, Mum and I gave notice. Many things had happened in a few short years to make me realise that Kooris had a struggle to overcome racism. Despite all of our attempts to fit in and try to contribute positively to the society we lived in, we were still made to feel like second-class citizens. We had become strangers in our own world (Mollie Dyer, Vic., in Dyer 2003:33).

Housing

Although Indigenous housing varied, depending on place and time, there were two commonalities. The first was that there were two types of housing: that provided by the government—missions and reserves (Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997) and housing commissions (Dyer 2003; Gilbert 1977)—and homes built on the outskirts of towns, missions or stations from whatever materials could be salvaged or taken from the tip. This second type of housing usually consisted of flattened kerosene tins and hessian with earth floors, or were bag or bark huts (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Rintoul 1993).

The other commonality was that there was never enough housing, with many houses being overcrowded (Dyer 2003; Gilbert 1977; Harvey 2003; Lovett-Gardiner & KHT Inc. 1997) or unaffordable (see poverty). This also led to people living in houses that had no running water or sewage and were leaky (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Rintoul 1993).

With the mission and housing commission houses there are testimonies relating to ridiculous waiting lists for houses (Gilbert 1977); to not being able to have family over (Jackomos, Fowell & Museum of Victoria 1991) due to the mission rules or, when in town, due to the attention it caused with the local police; and to having no experience in living and caring for a house so that houses were not repaired (Gilbert 1977). With mission housing there were also situations where, despite rent being paid, the occupants also had to pay for the maintenance repairs (Gilbert 1977).

There are testimonies regarding the various housing loans offered by the government at different times (Dyer 2003). Some of these have been described as being set up to fail, with people paying more than the house was worth or the house being repossessed when payments fell behind.

We just lived in a shack. We lived in a house when I first started school. My father is white. What I know now is that my father had a lot of trouble finding accommodation. We ended up living in a tent for a long time in this isolated place at San Remo and had to carry our water in buckets. He used to cut down kerosene tins and we used to carry buckets of water a mile (Patricia O'Shane, Cairns, in Rintoul 1993:41).

Infrastructure

The other sections have already mentioned the difficulties with housing, education and employment. Because of the disadvantaged situation of Indigenous communities, they did not have the infrastructure required to maintain their own organisations successfully. The testimonies indicated that the main problem they had with the government was that the Aboriginal Affairs departments were run by non-Indigenous people who did not consult with communities or employ Indigenous people until the late 1960s and early 1970s (Dyer 2003; Gilbert 1977).

With the government having little connection with Indigenous communities, it is not surprising that Indigenous people talk about programs that were set up to fail. Examples of this included the purchase of capital items such as buildings and equipment, but no provision of funds to run them adequately with trained staff or for upkeep (Dyer 2003; Gilbert 1977). In addition, program funding was only provided for a year at a time (Dyer 2003).

Family separation

Family separation is where families have been separated due to government policies and practices.

Stolen children happened all over the place. They were taken because they never lived like white people and the Government wanted to turn them into white kids. The welfare people were judging them by the white man's standard—you had to have clean sheets and pillowslips on your bed. They were too poor to have all that so they'd make pillowslips and sheets out of calico bags that you got flour and oatmeal in (Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:63).

Many of the testimonies spoke of the trauma caused by children being stolen. The themes included mothers being coerced into giving their children up (Dyer 2003; Randall & ABC 2003); families learning to hide when they knew the welfare was coming (Dyer 2003; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Rintoul 1993; Tucker 1983); children being removed from schools and hospitals (Dyer 2003; Harvey 2003; Tucker 1983); and the removal of children because there was no food in the cupboards (Zola, Gott & KHT Inc. 1992).

Other themes included children not being taken away when the men were home (Dyer 2003; Rintoul 1993; Tucker

1983); the use of police to remove the children (Dyer 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003); and the fear and heartache experienced by the children who were removed, and by the families left behind (Dyer 2003; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Randall & ABC 2003; Rintoul 1993; Tucker 1983).

One day some men came from the Aboriginal Protection Board. They said they wanted to take my children away. I said my children are well cared for. They said they were taking all the clever children to educate them. It was the most terrible thing that ever happened to me when they took my two daughters. They rounded up some other girls from Cummera at the same time. Some escaped by swimming to Victoria.

I heard later that a policeman resigned after the incident. He said if taking children from crying mothers was a policeman's job, he did not want it...

Only those who had experienced the agony of such events can truly know the depth of despair those Aboriginal mothers felt. It is estimated that every Aboriginal family has [been] touched by those removal policies and many Kooris today in their sixties are still searching their origins to try to find lost relatives (Theresa Clements & Mollie Dyer, Vic. and NSW, in Dyer 2003:8–9).

The testimonies told of the abuse that the children experienced in homes (Dyer 2003; Harvey 2003; Tucker 1983); children running away from the homes (Randall & ABC 2003; Tucker 1983); and the children being told their parents were dead (Lovett-Gardiner & KHT Inc. 1997).

Other stories also looked at different forms of separation, such as family members not being able to visit their immediate families on missions (Jackomos, Fowell & Museum of Victoria 1991), parents leaving children with family members in order to find work (Dyer 2003; Tucker 1983) and children being taken away by a non-Indigenous parent (Purcell 2002).

History and health

Indigenous health has not been terribly good since colonisation introduced diseases and diets that Indigenous people could not cope with.

There were normal things we were taught—where things were and how to collect them. Manna was one, and the mistletoe fruits that we loved to eat. We had the buckabuns and the sour-grass and all the things that you get vitamins from. That was how the Aboriginal people had a lot of health—they didn't have sicknesses. They got all the natural foods, they picked them in the wild.

Aboriginal people living in towns and cities get all processed food and they have all sorts of sickness such as diabetes and high blood pressure. We didn't suffer from those sorts of things (Liz Hoffman, Vic., in Zola, Gott & KHT Inc. 1992:24).

The oral testimonies spoke of poor Indigenous health being linked to the change in diet from traditional to mission food (Lovett-Gardiner & KHT Inc. 1997) and the destruction of native foods (Zola, Gott & KHT Inc. 1992) during colonisation. Health has also been linked to European methods of separating health issues, and only dealing with the physical and ignoring the traditional and spiritual health (Randall & ABC 2003). They also tell of not needing doctors due to bush medicine and the belief that many of the illnesses today did not seem to exist back then (Gilbert 1977).

The white people came here and they wanted that grazing land for stock. The Aboriginals were pushed off their land—they didn't understand why. All the native food was being destroyed. They destroyed everything native as no good (Uncle Banjo Clarke, in Zola, Gott & KHT Inc. 1992:1).

Health issues have also been linked to the way hospitals and medical professionals treat Indigenous people, such as mothers not having their situations explained to them (Dyer 2003). The oral testimonies speak of the poor health situation of Indigenous people in general (Gilbert 1977; Rintoul 1993), diseases (Dyer 2003; Gilbert 1977; Randall & ABC 2003), high infant mortality and tuberculosis, and drugs (Jackomos, Fowell & Museum of Victoria 1991).

Drug addiction has been a health problem in our community for a while. First it was tobacco (DDBBB & Ivers 1999), and then later alcohol (Gilbert 1977; Purcell 2002), yamdi

(cannabis) (Purcell 2002), petrol sniffing (Gilbert 1977), and other drugs (Jackomos, Fowell & Museum of Victoria 1991). Drug addictions have been linked to various illnesses and, in some situations, to domestic violence (Jackomos, Fowell & Museum of Victoria 1991). The testimonies also speak about tobacco being part of the government rations or used as payment for work, especially on the stations (DDBBB & Ivers 1999).

Indigenous people through their testimonies tell of high stress and depression (Gilbert 1977; Purcell 2002; Randall & ABC 2003), including suicide and mental illness. They also talk of people being locked in mental institutions even when they have not had a psychological problem (Gilbert 1977).

Cultural genocide and assimilation

Assimilation was a government policy that attempted to absorb Indigenous people into the Australian community. Indigenous people were viewed as heathens, so the theory was that they would adopt the coloniser's way of life and discontinue their own culture—in effect destroying Indigenous culture. Assimilation included being moved onto missions and reserves (Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997), having to relinquish control over their children's education and needing a certificate of exemption or passport (Gilbert 1977).

The oral histories refer to cultural genocide as the destruction, or the preventing of practising or passing on cultural knowledge and tradition (Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Rintoul 1993; Zola, Gott & KHT Inc. 1992). These testimonies describe the loss of culture (Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Rintoul 1993), language and land (Gilbert 1977); loss of belonging (Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997); and non-recognition that Indigenous people belong to their land (Gilbert 1977; Harvey 2003; Lovett-Gardiner & KHT Inc. 1997).

I used to watch the manager come down and inspect Nan's house, come right through the house. They put the houses up pretty quickly and they'd do this patrol in the morning and the matron would come around and make sure everybody's eyes were treated with bluestone and whatever, and Gran, one day I remember, was talking the lingo to us, she was really cranky with us about something, and the manager came around the corner and blew his top because he'd caught her talking the lingo to us. And so, I sort of witnessed our lingo being

taken away from us that day, because Nan never ever spoke it again (Isabelle Flick, Collarenebri, NSW, in Rintoul 1993:57–8).

Other forms of cultural genocide include the desecration and destruction of physical culture such as sacred sites and cemeteries, turning Indigenous people against each other through divisions of tribal versus town and part-Aboriginality (Gilbert 1977).

Mum spoke Nunglebie as child and people on the island also spoke it and they used to talk to her but it wasn't allowed. It was part of the divide and conquer rule, to split tribal people from parts or half. It's interesting thing that in Darwin you hear a lot about 'part-Aboriginal'. It's a big thing here, whether you're part or full-blood (Elizabeth Pearce, NT, in Gilbert 1977:8).

Collective trauma from previous generations

Collective or communal trauma refers to traumatic experiences which are experienced by large groups of people, who may therefore share some of the psychological, cultural, physical, spiritual, social and mental distress that results (Atkinson 2002:53).

Although all of the social determinants listed under colonisation have produced collective traumas, there are a couple that have not been listed. These include massacres (Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003); wars (Lovett-Gardiner & KHT Inc. 1997); sexual abuse, loss of freedom and feeling beaten (Gilbert 1977); alcohol addictions (Gilbert 1977; Purcell 2002); family violence and children whose parent/s were taken away (Purcell 2002); and the effects of two or more stolen generations in one family (Jackomos, Fowell & Museum of Victoria 1991).

Decolonisation is 'too deadly'

While colonisation is the negative social determinant of Indigenous health, decolonisation is the positive. Much decolonisation has been achieved through Indigenous communities taking control of their culture and health. Although the cultural genocide caused destruction and loss, this does not mean that Indigenous culture ceased.

Decolonisation has been occurring throughout colonisation and, in many ways, as a response to colonisation. Individuals and communities have continually found ways of retaining Indigenous culture, while locating their place within a new

community—Indigenous culture within a new context. Many of these actions went unnoticed by some but were often the beginning of something bigger. All of the determinants listed under decolonisation are a part of cultural survival—culture, people and land as one. Since this is such a broad area, we have divided it into smaller components, while retaining cultural survival as the overall theme.

Being ‘too deadly’ in achieving cultural, community and personal survival is recounted within the oral histories.

Control over our own health

Colonisers had much control over every aspect of our life. However, Indigenous communities view control over our own health as important. This includes the continuation of traditional health practices and the use of bush tucker (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Randall & ABC 2003; Zola, Gott & KHT Inc. 1992).

Aborigines were very clever people. Their medicine and ways of living were simple to them (Colin Walker, NSW, in Zola, Gott & KHT Inc. 1992:52).

With the recognition that Indigenous health outcomes were appalling, Indigenous individuals and groups set about establishing Aboriginal health services (Dyer 2003; Harvey 2003), dental units (Jackomos, Fowell & Museum of Victoria 1991). They also developed nursing and Aboriginal health worker courses (Dyer 2003; Harvey 2003), started teaching non-Indigenous health professionals how to relate to Indigenous people (Randall & ABC 2003) and established social worker services (Gilbert 1977), health education (DDBBB & Ivers 1999) and support groups such as Alcoholics Anonymous (Gilbert 1977).

Cultural survival

Cultural survival is the continuation of culture and people, despite the effects of colonisation. Although many of the testimonies speak of the destructive nature of colonisation, they also tell of survival. The main strength of survival has been identity: maintaining knowledge of who we are and where we are from (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003); knowing

that culture is more important than colour (Dyer 2003; Gilbert 1977; Harvey 2003; Purcell 2002); interconnectedness of land, family and community (Harvey 2003; Randall & ABC 2003); respect for people, land and Elders (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Randall & ABC 2003); and celebration through events such as NAIDOC (Dyer 2003; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003).

Down at Lake Condah and at Eumeralla Creek our people fought wars against the white settlers to keep their culture, not the way that we express it today but their very living in the way that they existed was the culture to the clans. Everybody has to realise that they weren't only fighting invasion, they were fighting for their culture as well because the invaders had a different way of thinking about things (Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:13).

As Koories, we see ourselves in terms of connections to land and family and culture, not by skin colour, as Gubbahs [non-Aboriginals] tend to do (Dianne Phillips, Vic., in Harvey 2003:97).

Indigenous people continue to share what they have with family and community (Dyer 2003; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003; Zola, Gott & KHT Inc. 1992), and to face oppression with humour (Gilbert 1977).

Some families never had enough, but they all shared. Everyone helped one another. If someone had a better food than someone else in the bush, they'd share with the rest (Uncle Banjo Clarke, Vic., in Zola, Gott & KHT Inc. 1992:33).

Despite the barriers placed in the way of education, there are testimonies of happy memories of school (Dyer 2003; Harvey 2003; Purcell 2002); students who excelled at school and/or sports (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002); parents encouraging their children to continue with education (Dyer 2003; Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002; Randall & ABC 2003; Rintoul 1993); students going on to university (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002), night school (Randall & ABC 2003) and community colleges (Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003); and Elders going back to university later in life (Lovett-Gardiner & KHT Inc. 1997; Purcell 2002).

However, cultural survival has not been easy. It has taken protests (Dyer 2003; Gilbert 1977; Purcell 2002; Randall & ABC 2003; Rintoul 1993) such as the Cummeragunja walk-off (Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991), the fight for Indigenous rights and the creation of Aboriginal organisations (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003) to address the social, health and legal inequalities and to regain community control (Gilbert 1977; Purcell 2002). These actions have involved a lot of hard work, including fundraising and volunteering long hours to establish the organisations (Dyer 2003; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002). Even today there is a lot of work being undertaken through the Community Development Employment Projects (CDEP), which is basically working for the dole (Jackomos, Fowell & Museum of Victoria 1991).

After years of being told that being Indigenous was something to be ashamed of, these achievements have developed a sense of pride, self-esteem and identity in Indigenous people (Gilbert 1977; Purcell 2002). They have also led to self-determination for Indigenous people, a cultural revival (Gilbert 1977) and initiatives such as Indigenous tourism (Purcell 2002). Music and sports are areas that have continued to thrive, with Indigenous communities claiming numerous musicians and sportspeople (Dyer 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Randall & ABC 2003; Tucker 1983).

Affirming cultural practices and oral tradition

Cultural practices involve the reinterpretation of knowledge in relation to each generation, and the passing on of that knowledge to the next generation. This is affirming cultural practices (Dyer 2003; Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Randall & ABC 2003; Zola, Gott & KHT Inc. 1992) and affirming knowledge through respecting the past. This affirmation is also achieved through continuing practices that are still known to our communities and recovering those that have been misplaced—oral traditions are an important part of this process.

We do not separate the material world of objects we see around us. With our ordinary eyes and the sacred world of creative energy that we can learn to see with our inner eye. For us, these are always working together and we learn how to 'see' and 'hear' in this inner way from a young age. It took me a long time to understand that white people do not experience the world in this way.

We work through 'feeling'. But we are not using this word feeling to mean ordinary emotions like anger, desire or jealousy, or our sense of physical touch. When we use the English word 'feeling' in this way we are talking more about what white people call intuitive awareness. We use this to feel out situations, to read people, and to talk to country (Bob Randall, NT, in Randall & ABC 2003:3).

Aboriginal cultural education (Gilbert 1977; Randall & ABC 2003; Zola, Gott & KHT Inc. 1992) continues through the teaching of languages (Dyer 2003; Gilbert 1977; Harvey 2003; Purcell 2002), dance (Harvey 2003), family (Lovett-Gardiner & KHT Inc. 1997; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991) and cultural history (Dyer 2003; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Randall & ABC 2003).

You hear a lot of stories about the tribal people rejecting their children, the half-castes. It's not true. It's incredible what my mother learnt about herself when the tribal people weren't even supposed to come near her. My mother was in the compound, huge wire fence, concentration camp fence and the tribal people, old tribal women would come up to the fence and call the little children over. When the children came over they would hold their little hands through the wire and tell them who they were, who their mothers were, where they'd come from, what their skin was, what their totem and dreaming was. They were caught, belted by the authorities and told not to mix with the dirty blacks, told that they should drive the black people away. There was this constant battle for the children's minds (Vi Stanton, NT, in Gilbert 1977:11).

Our oral traditions continue with the passing on of knowledge relating to sites, food sources and bush skills (Gilbert 1977; Randall & ABC 2003; Purcell 2002; Zola, Gott & KHT Inc. 1992), family history (Lovett-Gardiner & KHT Inc. 1997; Purcell 2002), music (Jackomos, Fowell & Museum of Victoria 1991), and the Dreaming and Dreamtime stories (Dyer 2003; Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003).

I have written about 20 songs, about eight to ten are children's songs, the majority of them for my daughters. My children have been a great inspiration. I was looking at their future and I didn't want nursery rhymes to be the first impressions on them. I wanted to teach them Koori songs about things that really happened. Songs taken

from Dreamtime stories. I wanted them to make up their own stories, use their imagination and their ability to communicate and sing (Wayne Thorpe, Gippsland, Vic., in Jackomos, Fowell & Museum of Victoria 1991:50).

Spiritual and emotional wellbeing, and family support and connection

We have grouped these two determinants together, as we believe that spiritual and emotional wellbeing is dependent on family.

I can remember my grannies and grandfathers and uncles and aunts. There was extended family there and your aunts and uncles, they protected you like your mother and father. That was the way it was—your aunty was your mother when your mother wasn't there, your uncle was your dad when your dad wasn't there. They were looking after us children (Aunty Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:31).

Emotional and spiritual wellbeing involves the comfort and support provided by extended family and kinships (Dyer 2003; Gilbert 1977; Lovett-Gardiner & KHT Inc. 1997; Purcell 2002; Randall & ABC 2003; Rintoul 1993). This is what holds Indigenous society together (Randall & ABC 2003).

Testimonies also talk about the work undertaken to change the justice system so that family breakdown and the emotional trauma of incarceration is prevented; about incarceration being viewed as a last resort (Dyer 2003; Rintoul 1993); and about providing appropriate education to communities in regard to their legal rights (Dyer 2003; Randall & ABC 2003). Indigenous people also talk of the positive effects that working with the police has on the community (Gilbert 1977).

Connection to community is achieved through knowing family and culture (Harvey 2003; Purcell 2002; Randall & ABC 2003). Through connection comes self-respect and pride in heritage (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002; Rintoul 1993).

Land, Native Title and sites recognition

Throughout colonisation, Indigenous and non-Indigenous views of land have come in to conflict (Bowden & Bunbury 1990; Randall & ABC 2003). Oral histories speak of keeping their connection and spiritual relationship to the land to which they belong despite this conflict (Gilbert 1977; Harvey 2003; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003).

For instance, when visitors or tourists visit a site that is all they 'see', a mound or a pile of stones. But when the interpretation of the site is through communication, that place becomes a living thing in the mind's eye and can be clearly understood. Because we have the history of the place being born or raised there, that place becomes very dear to us and even though white man has claimed the land, we still say it belongs to us. We are the land and the land is us (Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:7).

Some Indigenous people have also talked about their continued connection to their homelands despite the adoption of a new home, and about having dual homelands—the place where their family is from and the home they have adopted (Randall & ABC 2003; Rintoul 1993). The land is our mother and family (Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003).

Cummeragunja that was where my family was from, that was my home. I looked up at the sky and I said:

My land, my land.

This is mine, this is mine.

This is my ground. This my place.

This is my country.

They can't take this away! (Olive Jackson, NSW, in Harvey 2003:23).

Oral histories talk about the importance of land to Indigenous people and the need to protect specific sites (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991). They also discuss the importance of site officers, the reclaiming of cultural items, legal battles over the desecration and destruction of sacred sites, and Native Title issues (Gilbert 1977; Jackomos, Fowell & Museum of Victoria 1991; Harvey 2003).

Indigenous people have always maintained special places: it is important to understand how this connection to land relates to the welfare of Indigenous people (Gilbert 1977).

Land rights is very important part of the Aboriginal welfare as a whole because everything reverts back to it (Ossie Cruse, NSW, in Gilbert 1977:59).

Reconciliation

Reconciliation (Lovett-Gardiner & KHT Inc. 1997) was a bit of a catch phrase for Indigenous and non-Indigenous people coming together to respect differences in viewing the world, sharing stories and, above all, healing (Randall & ABC 2003).

Reconciliation? The only time we can reconcile is when we all know what's happened and can say, 'Alright, that's happened and it's never going to happen again'. I don't think anything will change unless people get a proper aspect on who Aboriginal people are and how they've come to be this far advanced. Unless non-Aboriginal people realise what Aboriginal people went through, how can they reconcile with us? (Iris Lovett-Gardiner, Vic., in Lovett-Gardiner & KHT Inc. 1997:99).

Other forms of reconciliation have been the claiming of identity and history, and through activities promoting Aboriginal cultural survival (Dyer 2003; Randall & ABC 2003).

Aboriginal people, by and large, recognise this spiritual dimension to reconciliation in Australia. As one of my Aboriginal brothers from Queensland said:

'We talk about problems, we talk about healing, we talk about reconciliation. But it goes much deeper. Aboriginal to Aboriginal, Aboriginal to Australians, Australians to us, Aboriginals to the land. It's a deeper problem. It's a spiritual problem' (Bob Randall, NT, in Randall & ABC 2003:242).

Discussion

The reviewed Indigenous oral histories describe that our land, community, people and health are one—Indigenous people view everything as interconnected. It is therefore difficult to investigate Indigenous health without taking a holistic view and looking at the big picture, as opposed to the individual sections. Although most of the colonisation social determinants relate to cultural genocide and their effects on Indigenous health, it is gratifying to be able to note that cultural genocide was unsuccessful.

In saying this, it was not always easy to separate the experiences told in oral histories into colonising and decolonising (positive and negative) determinants as several could be viewed as both. An example of this was with 'employment, education and training'. While these determinants have been labelled as colonisation, there were references to improved employment opportunities with the introduction of increased education and Indigenous organisations, a method of decolonisation. So determinants labelled as colonisation can have a decolonising opposite of the same name.

The oral histories describe the struggle to create space and resources for decolonisation due to the effects of colonisation. Processes to promote decolonisation need to be well thought out and can be hindered by ongoing colonisation problems. For instance, an employment program may be established with an Indigenous reference group to steer it and increase self-determination. However, such a program may rely on funding with terms attached that may not be driven by Indigenous people.

The process of decolonisation may also be 'messy' and may need to change the processes or values of the colonisers' accepted 'norms'. An example of this is the acceptance of Indigenous students into health-related courses with different qualifications to their non-Indigenous counterparts, or by changing course delivery to blocks of study rather than full-time on-campus study to allow important community and family contact to continue. This recognises that equality is often based on meeting the needs of different people, while the norm may be to 'treat everyone the same'. 'Sameness' is nonsensical—one size shoe will not fit every foot.

The overall view of the oral histories is that colonising effects were disproportionately reported over decolonising. This may be due to the reasons for recording the oral histories, for instance, the purposes of the eleven books reviewed. Four

were autobiographies of Elders' lives (Dyer 2003; Lovett-Gardiner & KHT Inc. 1997; Randall & ABC 2003; Tucker 1983), five were thematically based collections (Gilbert 1977; Harvey 2003; Jackomos, Fowell & Museum of Victoria 1991; Purcell 2002; Rintoul 1993) and two were used to investigate a particular topic (DDBBB & Ivers 1999; Zola, Gott & KHT Inc. 1992).

Another limitation to the oral histories is the different methods used to record them, which means that the oral records varied in quality. In some instances little or no description of the method was provided for the oral record. The recording and editing will be affected by who actually carried out these roles. For instance, a non-Indigenous recorder may create cultural bias, in that cultural safety may be lessened and affect what the teller feels 'safe' to record. The relationship between two Indigenous people, such as family members, young person or Elder, may also affect what the teller is able to record.

Conclusion

To ensure self-determination and successful decolonisation in Indigenous health, it is essential that Indigenous people lead the discourse. Indigenous people have different worldviews and experiences and these should be reflected in their social determinants of health.

Decolonisation and colonisation are an Indigenous method of viewing social determinants of Indigenous health. What this paper is suggesting is that social determinants of Indigenous health can be viewed as response-based—colonisation impacts negatively on Indigenous health, so a method of decolonisation can be developed to address this impact.

Indigenous oral history research is a valued decolonising methodology. For this to occur it is essential that Indigenous people are part of the research and analysis to prevent determinants being viewed through another culture's worldview, and to ensure that the cultural integrity of the oral history is retained. Improved documenting of methodology in this area would in turn improve practice and the quality of records. Further exploration of the relationship between the processes of successful decolonisation in the face of colonisation and improvements in health would enhance understanding and health practice.

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