

How Australia's Indigenous people are positioned within health services by our presence and by our absence

Bronwyn Fredericks

Native American and Indigenous Studies Association (NAISA) Conference
20-22 May, 2010
Tucson, Arizona, USA

Simple everyday activities are part of the process of appropriation and territorialisation (de Gerteau, 1984).

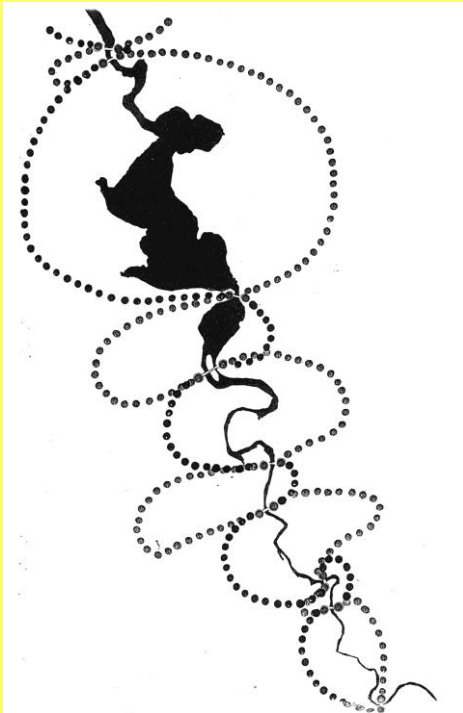
Based on the work of de Gerteau (1984), non-Indigenous people have developed an attachment and belonging to places based on dispossession of Aboriginal people and the everyday practices of the past two hundred years.

Places have become sites of struggle, where there can exist complex political realities of Indigenous /non-Indigenous relationships.

Many places are linked to white notions of Australian identity and citizenship which also includes control of who has citizenship and who doesn't. Thus, this is in part how we are seen as 'non-locals' and 'strangers'.

Some of us even belong to the Country where a health services have been built

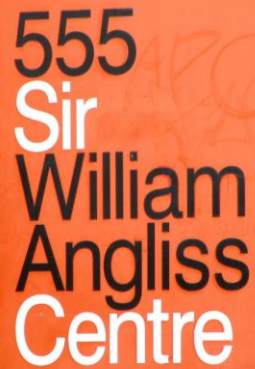
While the processes of colonisation have dispossessed Aboriginal peoples and may have altered Indigenous connection, access and control of place, it does not alter the reality of Indigenous place and Indigenous ownership of place.



Pamela Croft. 1990. *The Brisbane River*.



Bronwyn Fredericks. 2005. *The Brisbane River*.



555
Sir
William
Angliss
Centre



Colonial messages are re-enforced over and over again, sometimes covertly and sometimes overtly.

If we are not included, then we are reflected in our absence.

Places can enact feelings of welcome, belonging and inclusion or feelings of being unwelcome and excluded.

Places and spaces are not neutral, non-racialised and depoliticised arenas in which people live, work and act.

An Australian population that generally sees Indigenous people as 'out there in communities' or the 'real Indigenous people in communities'.

This type of thinking makes those in urban or regional locals like visiting 'non-locals' or 'strangers'.



This is not my backyard



This is my backyard – Brisbane & Ipswich



What does all this mean for health services?

Health services can also re-enforce colonial messages over and over again, sometimes covertly and sometimes overtly.

If health services do not include us, then we are reflected in our absence.

Health services can enact feelings of welcome, belonging and inclusion or feelings of being unwelcome and excluded.

Health services are not neutral, non-racialised and depoliticised arenas.

Aboriginal women are treated differently:

- Mainstream health services
- Women's health services
- Aboriginal health services

Indigenous engagement with some health sites is mediated and sometimes includes forms of surveillance and cultural guardianship by those who have assumed ownership.

Some Issues

- Lack of positive identity affirmation within broader society and health service environments.
- Problematic portrayals of Indigenous people.
- Exotic parts of culture wanted – dancing, painting, singing, reading stories.

Future

- New ways of working with Indigenous peoples in different contexts and different environments. Need to working from the basis that places and environments are not innocent nor neutral, they can work to marginalise and oppress or to include and engage.
- Need work done on issues - naming issues, the analytical and conceptual and not just the statistics of where we live and what our health needs are but how we need health services for us as Aboriginal women and Aboriginal peoples.
- Push to move away from “benevolence” and “goodwill” which masks the power differentials (Hage 1998) and denies the truth of Indigenous poverty and dispossession and non-Indigenous privilege.
- More of the same?

Thank you

&

Questions