

Winnunga News

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CEO Update

It was an honour for Winnunga AHCS to host the National Aboriginal Community Controlled Health Organisation (NACCHO) annual conference in Canberra earlier this month. NACCHO as the representative body for all Aboriginal Health Services in Australia plays a fundamental role in advocating for the need for continuous improvement in and support for the health care and welfare of Aboriginal people in Australia.

The conference dealt with a wide range of matters of importance, from the day to day operation of our health services, to issues relating to the governance of NACCHO and its constitution.

I was particularly pleased that the conference adopted a number of resolutions which I proposed for consideration and debate. These were:

1. That NACCHO and its members advise the Prime Minister, the Hon Malcolm Turnbull that they support the Uluru Statement from the Heart and express their profound disappointment in the Government's decision to reject the recommendation for a referendum on the question of the establishment of an elected Indigenous body.
2. That NACCHO and its members request the Prime Minister, the Hon Malcolm Turnbull, the Minister for Health the Hon Greg Hunt and the Minister for Ageing and Indigenous Health the Hon Ken Wyatt to support an amendment by the Commonwealth of the operation of section 19C of the Health Insurance Act to enable people detained in correctional facilities in Australia to access Medicare.
3. That NACCHO and its members call on all State and Territory Governments in Australia to commission independent reviews of their working relationship with the Aboriginal community controlled sector; the extent to which they have adopted a whole of Government approach to Aboriginal and Torres Strait Islander issues and the impact which Government policies have had on Aboriginal and Torres Strait Islander people in each jurisdiction.

I was very pleased that following discussion, the motions were adopted.



Julie Tongs OAM, CEO



CEO Update (cont'd)

I look forward to the response of the Prime Minister and respective Commonwealth Ministers as well as the ACT Government to the motions.

I was also very pleased earlier this month that Winnunga AHCS was asked to host the launch of 'Deadly Choices' in the ACT. Deadly Choices is an excellent initiative supported by Australian Rugby League with the aim of encouraging all Aboriginal people to undertake an Aboriginal health check and to seek and receive appropriate health care. It was fantastic that Mal Meninga, Steve Renouf, Dane Gagai and Cooper Cronk were all present at Winnunga for the launch.

I was very pleased..., the motions were adopted. I look forward to the response of the Prime Minister and respective Commonwealth Ministers as well as the ACT Government to the motions.



Winnunga AHCS CEO Ms Julie Tongs presenting at the NACCHO conference.

Fact: NACCHO is the national peak body representing 142 Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.

Deadly Choices, Deadly Event, Deadly Mob

'...already within two days, before the official launch of Deadly Choices, we've had over 40 health checks done and over 40 Deadly Choices tops handed out'

Just like the stars who took to the field at GIO stadium for the Rugby League World Cup, a star studded line up made their way to Winnunga AHCS for the Deadly Choices activation and our visitors loved what they saw. Both current day and former NRL and Kangaroos stars Dane Gagai, Cooper Cronk, Mal Meninga and Steve Renouf were very popular and kept busy signing autographs, getting their photos taken and chatting to the community.



Green and gold all the way

The activation followed an announcement in September by Indigenous Health Minister, Ken Wyatt AM, that legendary Kangaroos coach and one of Canberra's favourite son's Mal Meninga and other Indigenous and non-Indigenous players would become ambassadors for the Institute for Urban Indigenous Health's Deadly Choices program, to extend its message across Australia.

Deadly Choices aims to empower Aboriginal and Torres Strait Islander people to make healthy choices for themselves and their families – to stop smoking, to eat good food and exercise daily. Deadly Choices also encourages our people to access their local Community-Controlled Health Services and complete an annual 'Health Check'.

The Deadly Choices activation, which is usually a Queensland based initiative, was a first of its kind for Winnunga AHCS and the ACT, and the local ACT community didn't need much encouragement to take action for their health.

Winnunga CEO Julie Tongs was impressed by the community's response. 'Not only has a large crowd turned up today to support this great initiative but already within two days, before the official launch of Deadly Choices, we've had over 40 health checks done and over 40 Deadly Choices tops handed out' she said.

After each health check is completed, every eligible client scores the very eye catching, special edition Deadly Choices Kangaroos World Cup jersey. The Deadly Choices tops will be available for the duration of the Rugby League World Cup competition which ends on 2 December. If you think you or your family could be due for your Aboriginal health check – pop into Winnunga AHCS or give us a call on 6284 6222.

Fact: Steven Renouf (born 8 June 1970 in Murgon, Queensland) is a former professional rugby league footballer who played in the 1980s, 1990s and 2000s. He was known as one of the sport's greatest centres.

Deadly Choices, Deadly Event, Deadly Mob (cont'd)

Deadly Choices is a community-based healthy lifestyle campaign launched in 2013. There is particular focus on young people, as well as the importance of exercise, education, school attendance, quitting smoking, and regular preventive health checks.

Through media campaigns, sports carnivals and community events Deadly Choices has prompted:

- * almost 19,000 annual health check-ups in South East Queensland;
- * 1,155 smoke-free household pledges;
- * more than 3,300 smoker interventions; and
- * active patient numbers are expected to triple to over 330,000 in the next few years.



*Cooper, Aunty Lynette,
Dane and Julie*



New Winnunga AHCS recruits?



Chris Saddler checking Cooper's blood pressure

Is the Suspect Targeting Management Plan Racial Profiling by Another Name?

'The report found that almost half of all people on the list were under the age of 25 and that in a review of data from 10 local area commands 44% were Aboriginal.'

Reports of the use by police in NSW, including in Queanbeyan, of a claimed crime prevention program known as the Suspect Targeting Management Plan have caused deep concern within the local Aboriginal community and is the subject of a highly critical report, Policing Young People in NSW, by the Youth Justice Coalition NSW.

Under the plan, police target people who have committed offences in the past as well as people who do not have a criminal record but who the police have identified as being likely to offend.

Aspects of the plan causing most concern are that people who are on the list are not advised as such. Having been placed on the list, people are destined to interact and come into contact with the police and criminal justice system, when the whole thrust of programs relating to young and Indigenous people at risk of coming into contact with the justice system, is to divert them from punitive measures.

The report found that almost half of all people on the list were under the age of 25 and that in a review of data from 10 local area commands 44% were Aboriginal.

NSW Police have refused to explain how people are selected for inclusion on the list. The Aboriginal community has a fair idea of the chief criterion, if anyone is not sure.

When considered beside the alarming revelations of the massive disparity in Indigenous arrest rates in the ACT revealed by ANU researchers and reported in last months' Winnunga Newsletter, it is clear that there is a need for a national review of police practices in relation to the Aboriginal community.



Fact: Racial profiling is defined as 'the use of race or ethnicity as grounds for suspecting someone of having committed an offence.'

Anti-consorting Laws in the ACT Will Disproportionately Impact the Aboriginal Community

'It can also be virtually guaranteed that Aboriginal people will be massively over-represented among those slapped with a non-consorting order.'

Pressure is mounting in the ACT for the introduction of a range of new laws, many of which flirt dangerously with the rule of law and human rights, which are allegedly designed to assist the police in responding to so-called outlaw bkie gangs.

It appears that despite the existing and extensive array of police powers and criminal laws in the ACT, the bikies have managed to stay one step ahead of the police. The police insist that their failings are a consequence of inadequate laws and are demanding the introduction of non-consorting laws.

Based on the experience in NSW and elsewhere, if anti-consorting laws are introduced in the ACT they will be applied more often and regularly to people who are not and have never been a member of a motorbike gang, than to people who are. It can also be virtually guaranteed that Aboriginal people will be massively over-represented among those slapped with a non-consorting order.

If the Government or the Assembly does give in to the temptation to waive the law and order flag, it would be nice to think it might draft its new anti-gang laws in a way that ensures they cannot be used as a drag net in which to ensnare Aboriginal people.



Fact: 'If you want to restrict human rights you have to have a very good case for doing it,' Human Rights Commissioner Dr Helen Watchirs said in a recent Canberra Times interview.

‘That statistic alone should ring alarm bells, but if nothing else, it indicates just how much such a service is required’

Surveys Show After Hours Service Success

‘I am pleased to report our client community has welcomed Winnunga AHCS’s initiative to open up the five-day a week after hours service’, said CEO Julie Tongs, adding that the now eight months old initiative was going from strength to strength.

‘Many will know that the community and Winnunga AHCS’s Board – has for many years consistently identified the need for such a service. In fact, as a pilot program we operated an after hours clinic for several months a couple of years ago and it, too, was a considerable success but had to be discontinued when funding was no longer available’. Julie said once again 12 months funding has been made available through the ACT’s Capital Health Network.

‘In today’s world clearly many people cannot get to the clinic during ordinary nine-to-five working hours’ Ms Tongs said. ‘But even we underestimated just how much the community would appreciate and use the service’.

Since the after hours service opening in March 2017, Winnunga AHCS has sought ongoing feedback from clients through continual surveys. Survey results, for the first seven months – to the end of September 2017, have produced some remarkable results. Among the most startling was of the more than 16% of clients who completed survey forms, nearly 41% said had it not been for the Winnunga AHCS service they would not have gone to a doctor at all.

‘That statistic alone should ring alarm bells, but if nothing else, it indicates just how much such a service is required’ Julie said.

Other statistical outcomes over the first seven months include:

- * A total of 822 GP encounters, and 361 encounters with a nurse
- * 147 clients undergoing Aboriginal health checks
- * 258 clients being seen by a member of Winnunga AHCS Social Health Team
- * 498 females and 318 males attended the service
- * The biggest single number of clients had been in the 20 to 29 year old age bracket, closely followed statistically by clients in the 40 to 49 year old age bracket

Ms Tongs said there was a high level of client satisfaction identified from survey responses. In fact 93% of people who responded to the surveys stated their experience with the service as being either very good or good. No one rated their experience as being ‘not good’. ‘It is immensely encouraging and satisfying to be able to report that the service is being utilised by a vast range of individuals and families, and there is a high level of awareness within the community that Winnunga now has two GPs, one Nurse, two Social Health Team workers and one medical receptionist on board until 8pm.

'...this awareness extended beyond the Aboriginal community with The Canberra Hospital referring clients to the Winnunga AHCS after hours service.'

Surveys Show After Hours Service Success (cont'd)

Examples of this awareness extended beyond the Aboriginal community with The Canberra Hospital referring clients to the Winnunga AHCS after hours service.

'This has worked well as clients have said had this not occurred they would have left the hospital untreated due to their increased levels of agitation, frustration and anxiety. For these particular clients being able to access a trusted and culturally safe Aboriginal controlled health and wellbeing service had provided positive (including lifesaving) outcomes.'

'Clearly extending opening hours has been a considerable success and we will continue to seek community feedback on the future potential for offering this service on an ongoing basis.' said Ms Tongs.



Medical reception workers left to right, Minyaada Swan, Thomas Williams and Kylee Shea.

Fact: In 2016-2017 there were 52,844 occasions of service provided by Winnunga AHCS (excluding transport and administrative services). This was an increase of 17% from the 2015-2016 financial year.

'The Canadian program for the removal of Indigenous children from their families bears marked similarities to programs and attitudes in Australia...'

Canada to Pay Compensation to Indigenous Stolen Generation

The Canadian Government announced in October that it would pay \$750,000,000 in compensation to Indigenous people in Canada who had been forcibly removed as children from their families and put up for adoption by non-native families. It has been estimated that around 30,000 people may be affected by the payment.

The Canadian program for the removal of Indigenous children from their families bears marked similarities to programs and attitudes in Australia which culminated in the Stolen Generations.

It is clear, however, from the nature of the response of the Canadian Government to the injustices perpetrated against that country's Indigenous population that there are marked differences in the willingness of the respective governments to genuinely accept responsibility for the harm they have done.

ACT Government Commitment Should be Extended to People Who Die While in the Care of the Government

The ACT Government has introduced legislation to double the amount of compensation paid to families of people killed at work. If the bill passes families will in future receive a lump sum payment of \$540,000, an almost doubling of the current payment of \$217,000. In addition dependent children of a deceased worker would receive weekly compensation of \$145 per week.

The amendments would also enable workers to get compensation for a range of diseases including, for example, Hepatitis A, B, C and HIV/AIDS, if they can show their job is associated with that disease.

As commendable as these provisions are, and surely no one would argue against them, they do raise the question of the appropriate level of compensation that should be automatically payable to a person who dies while in the care and custody or under the control of the ACT Government.

Fact: In 2006, the Tasmanian Government established a \$5 million fund to provide payments to eligible members of the Stolen Generations who were removed from their families as children by the state government. The Scheme concluded in February 2008.

'Take for example the case of a person who dies in the AMC or Bimberi or who has been detained under a mental health order, or of a child who has been taken into care by child protection services.'

ACT Government Commitment Should be Extended to People Who Die While in the Care of the Government (cont'd)

Take for example the case of a person who dies in the Alexander Maconochie Centre (AMC) or Bimberi or who has been detained under a mental health order, or of a child who has been taken into care by child protection services. In all of these instances the Government has accepted a duty of care that is effectively absolute and if a death does occur then there is a strong case for arguing that the Government should accept responsibility and liability in the same way it is demanding of employers.

The expansion of the range of diseases that will automatically attract compensation if contracted at work, is also relevant in the consideration of compensation that should be payable to people in detention who contract diseases as a result of the management by the ACT Government of the facility in which they are detained. There is no disputing that a significant number of detainees in the AMC have contracted Hepatitis as a direct result of the refusal of the Community and Public Sector Union (CPSU) to allow access by prisoners to clean needles and the craven acceptance of that ban by management. That detainees have contracted Hepatitis in these circumstances was foreseeable, certainly preventable and compensation should be paid to those infected.



ACT
Government



Fact: The Community Services Directorate Core Principles include, *'To achieve outcomes for our community, in particular by intervening early to achieve the best outcomes for children, families and our community, by improving Aboriginal and Torres Strait Islander outcomes, and by promoting and supporting strong and safe communities'*. (http://www.communityservices.act.gov.au/home/about_us/business_plan)

Kim Davison, Part 2 (cont'd from October Winnunga AHCS Newsletter Edition)

'Mrs Davison has seen and experienced a lot of things that others wouldn't be able to recover from. The fact she can still remain positive about life despite this is a testament to her character.'

'I am a proud Bidjigal woman who has lived and raised my family on Ngunnawal country for the past 36 years. I grew up in a small country town in the Riverina with two amazing parents. Dad was a big figure across the Riverina due to his sporting prowess and personality. Mum grew up in the area and has fond memories of the earlier days when they first met' Mrs Kim Davison explains.

Mrs Davison is the eldest of two and even at a young age, she had a determination and vision to make a go of her life. 'I moved to Canberra when I was 17 for work. There was no way I was going to stay in Batlow picking apples. I worked at the Aboriginal Development Commission for a few years under Charlie Perkins' she said.

'I then met my husband, got married and we had our little family. To make ends meet I did family day care as I made the decision to not place my kids into care when they were younger' she shares.

Mrs Davison has seen and experienced a lot of things that others wouldn't be able to recover from. The fact she can still remain positive about life despite this is a testament to her character.



Dennis Davison

'When my husband was diagnosed with motor neurone disease, my whole life just fell apart. I still remember the day clearly when we went in to get the results off Doctor Pete. Doctor Pete got upset and I'm going, oh god this is serious and when he told us...I just ran out of that Doctors surgery, that's when Winnunga were based in Ainslie at the time' she recalls.

'Look my life hasn't been the same. He was only 40 years of age when he passed. To watch someone who you love die in front of you, it's horrendous. It's something I never wish on anyone. And yes it happened, and yes we are not the only ones who have ever lost a loved one but I think it made us stronger. And I was lucky because I had such a beautiful community who loved us and took care of us through that period - I'll be forever grateful for that. Only time can heal you. I am blessed to have shared my time with Dennis, and to have had the opportunity to have three children whom I love very much. For that, I am truly grateful. He still gives me strength every day. Dennis' memory will never fade in our hearts' Mrs Davison said.

Despite the heartbreak of losing her beloved husband Dennis to a horrible illness and at such a young age, Mrs Davison can still laugh and has a twinkle in her eye when she recalls how they met and the memories they shared.

Fact: 'It's the community who has built Gungan, our community has built this place', Kim Davison

Kim Davison, Part 2 (cont'd)

'Dennis was a culturally strong Yuin man from Wallaga Lake on the south coast of NSW. He was a soft man but also hard in his outlook. He cared about this community and the young people. He had a good heart - we just had a really great relationship. We wouldn't always see eye to eye, we'd argue at times, it was a teaching and learning relationship but we were there for each other and for our children' Mrs Davison said.

You couldn't find a more, prouder person whose face instantly lights up when she talks about her family. 'My kids are my life and my greatest achievement - I've got three kids. I am so proud of who they have become. They are beautiful young, promising, talented young people who I know will make the best out of their lives. I have two grandchildren so far – that's even better. Being a grandmother is the most special thing anyone can go through as every minute I spend with my grandkids is time well spent, it's special. I get quite emotional even talking about my grandchildren. I think I'm getting too emotional in my old age' Mrs Davison said.

Mrs Davison in her spare time loves listening to country music, old school RnB, and also enjoys reading and watching true stories and horror movies. She lists Morgan Freeman and Denzel Washington as her favourite actors. But what else is there to know about Mrs Davison that we may not know?

'Over the years I've adapted into this person who when I'm home – it's my time. I can just be me'. She also adds. 'I'm pretty boring. I like pottering around the house, spending time with my family and I like quiet – I need that time to get the energy to turn up to work week after week and to navigate life's challenges . I don't think you relax much as you get older'.



grandchildren; Kyra (4yo), Archie 2yo).

Just when you think you have worked out who Mrs Davison is, she mentions another one of her passions...Rugby League. 'I could talk Rugby League for hours. I miss talking to my dad about footy, I miss my dad full stop! My love of rugby league stems from watching my dad play from a very young age - his speed, agility, his brain for the game was outstanding. He was tough on the field and was sent off more times than I'd like to remember' she laughs. 'I love my Rabbitohs - I'm their number one supporter' she adds.

As for who, Mrs Davison's favourite player is? 'My favourite player of all time – that's hard to answer, I love them all. There have been so many great players at the Rabbitohs. I often think and look back at what Uncle Eric Simms and Uncle Kevin (Lummy) Longbottom did for the game – they paved the way for Aboriginal players joining the South Sydney Club' she reflects fondly.

'I will always have a special place in my heart for Nathan Merritt for what he gave to the game and the community, I just love his connection to community. I also admire and appreciate GI, the expectation on players these days, there are plenty that want to bring them down but he impresses me as an Aboriginal man who happens to be a very talented footballer. I look forward to witnessing his return to the game in 2018, following injury. I'm also just a bit excited to have Dane Gagai join this proud club – Glory Glory! Mrs Davison said.

Fact: 'As an Aboriginal organisation, you're constantly having to prove yourself daily. Nothing has changed', Kim Davison

The Indigenous Health 'Gap' is a Too Benign Term for a Shattering Reality

The Guardian, 9 November 2017, Ranjana Srivastava

Pick any health statistic and Indigenous Australian patients fare worse than the rest of us. We must do better than that.



A patient and health worker at Danila Dilba Health Service in Darwin, Northern Territory, Australia. Photograph: Jonny Weeks for the Guardian

'It took me the best part of the next two decades to reflect with embarrassment and regret at the insensitivity with which I, and the healthcare system I was part of, treated that patient.'

It didn't dawn on me until later but I must have seen a thousand patients before I met my first Aboriginal patient. The only thing I remember about him was that he was never in his bed, instead choosing to abscond every time we came on a ward round. I deliberately say "choosing to abscond". I know better now, but at the time my irritation knew no bounds because if the patient was always missing, I couldn't do any of the jobs a junior doctor was meant to do. Then, one day, he really did disappear. We all heaved a sigh of relief and moved on with the task of looking after people who "actually wanted to be looked after".

It took me the best part of the next two decades to reflect with embarrassment and regret at the insensitivity with which I, and the healthcare system I was part of, treated that patient. We had made no obvious attempt to understand his deeper needs or thought twice about what would happen to the untreated, festering wound on his elbow.

Aboriginal and Torres Straits Islanders make up 3% of the Australian population. Even a cursory glance at their health outcomes casts a shadow over Australia's otherwise glowing performance. Pick any statistic and Indigenous Australian patients fare worse.

Fact: In 2016-17 there were 1,015 clients registered as having chronic conditions who visited Winnunga AHCS. 22,821 occasions of service were provided for these clients.

Do it with us, not to us

The Indigenous Health 'Gap' is a Too Benign Term for a Shattering Reality (cont'd)

Infant mortality, childhood malnutrition, sexually transmitted diseases, cataracts, mental illness, suicide, diabetes, organ failure, the list goes on. In a country where a newborn can expect to live to age 85, 45% of Aboriginal men and 34% of women die before the age of 45. Nearly three quarters die before they reach age 65. More Bangladeshis reach age 65 than Aboriginals, leading the United Nations to rue Aboriginal quality of life as amongst the worst in the world.

Cancer is a difficult diagnosis to navigate for even the most well-placed patient but the few times I have looked after Indigenous Australian cancer patients I have been flabbergasted by their disadvantage. One of my patients was diagnosed with advanced cancer when she presented to her doctor with months of abdominal pain. I told her that while her cancer was not curable, it could be brought under control. Most patients balk at the thought of having chemotherapy but come around to the idea; her reaction was unprecedented. She went pale, began shaking, and then simply disappeared. She proved impossible to contact until an Aboriginal case worker tracked her down and coaxed her back to clinic. The hours of explanations required immense patience on my part but also consumed her precious time. Even after all of this, the treatment plan fell apart when she disclosed that she had no fixed accommodation, or regular transport, or anyone to lean on. Since she worked, I enquired whether she might have supportive colleagues. No, she said, which I found hard to believe because she was such a pleasant person. I think she secretly feared that no one would help, and in an unguarded moment she said as much. My heart sank. I was used to looking after gravely ill migrants who yearned to go home and be amid their people at the end of life but this was her home, these were her people. Where could she go?

Thanks to community services, problems with housing and transport were nearly resolved but what doomed us was something I had never before experienced. Our relationship as doctor and patient was marked by a complete lack of trust. My patient did not trust me when it came to discussions about chemotherapy, symptom management, and regrettably, end of life care. She was polite but evasive, unable to invest in me the kind of blind trust that patients are required to have upon entering the overwhelming world of cancer.

She didn't believe me when I said that chemotherapy could help. She didn't believe me when I said to let the palliative care team into her life. She didn't believe me when I pleaded with her to come into hospice. She was afraid of dying and no doubt needed the same consolation and advocacy that others do but her fear of the healthcare system, and her wariness of me, proved stronger than all her needs. Yet it never seemed personal, which made me feel even worse in a way. What historical experiences had led to such disengagement? What past encounter had fostered so much mistrust? What did an oncologist in a big city hospital represent to an Aboriginal patient, if not a figure of solace or hope? Week after week she would cancel her appointment and I would wring my hands. As she lay dying, I suffered too, at being a close witness to the Indigenous "gap". Such a benign word, I thought, for such a shattering reality. When she died, there was no closure. There was no funeral to attend. The "next of kin" space on her records had the case worker's number on it. I called and called. The case worker had probably moved on to other patients.

There was no comfort to be gained that she died well, only question upon question regarding what I could have done differently.

'I thought about how valuable it would be to learn from one of these doctors so our exchanges with Indigenous patients could be more empathetic and feel less foreign.'

The Indigenous Health 'Gap' is a Too Benign Term for a Shattering Reality (contd')

In a vexed attempt to understand my patient's death, I picked up Wiradjuri man Stan Grant's book, *Talking to My Country* – an honest, compelling and discomfiting meditation on Indigenous life, which shone some deeply needed light on my understanding. Soon afterwards, I found myself invited to a talk given by an international speaker, which had been billed as an educational event but turned out to be little more than drug advertising. This got me musing about what I would give to hear a doctor or a patient speak truth to the Aboriginal experience and help people like me become more complete doctors.

Medicine is bursting with "key opinion leaders" but there are about one hundred doctors of Indigenous background. I thought about how valuable it would be to learn from one of these doctors so our exchanges with Indigenous patients could be more empathetic and feel less foreign. Wouldn't this be a better way of "making a difference", the motto at the heart of all medicine? For as long as I have known, Indigenous affairs have been a political football but if countries like New Zealand and Canada can ensure better health outcomes for their Indigenous population, surely so can we.

On my way to work, I regularly pass a memorial dedicated to Indigenous Australians. I remember the day it was consecrated with much fanfare. Like many onlookers that day, I had felt a sense of promise in the air but years later, our misunderstanding of the Indigenous experience has remained as stubborn as that stone.

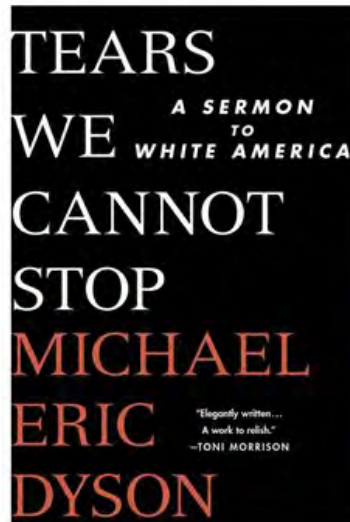


Fact: 86% of Winnunga AHCS clients with a chronic disease, whom visited the service in 2016-2017 were aged between 20 and 69 years.

Tears We Cannot Stop

'In the last three years of his life he grew sceptical of the ability or willingness of white folk to change. He concluded, sadly, that most whites are unconscious racists.'

Tears We Cannot Stop is a book written by Michael Eric Dyson, published earlier this year. The book is sub-titled 'A Sermon to White America'. Dyson is an African American and a Minister of the Southern Baptist Church.



The book clinically and at times brutally, dissects the state of race relations in the USA. There are of

course significant differences between the nature of the race divide in the USA and Australia, nevertheless Tears We Cannot Stop will resonate with Aboriginal and Torres Strait Islander people across Australia. It provides insights about white privilege that one would hope might cause white Australia to pause and reflect. The following brief excerpts are an example of the flavour of Dyson's sermon on race.

'Black and white people don't merely have different experiences; we seem to occupy different universes, with worldviews that are fatally opposed to one another. The merchants of racial despair peddle their wares in a marketplace riddled by white panic and fear.'

'But so much of what ails us-black people, that is- is tied up with what ails you- white folk, that is. We are tied together in what Martin Luther King called a single garment of destiny. Yet sewed into that garment are pockets of misery and suffering that seem to be filled with a disproportionate number of black people.'

'You know that a lot of the race problem grows out of the need that some people have to feel superior. A need that some people have to feel-that their white skin ordained them to be first.'

'Early in his career Martin Luther King believed in the essential goodness of white America. He trusted most whites to put away their bigotry in the face of black suffering. In the last three years of his life he grew sceptical of the ability or willingness of white folk to change. He concluded, sadly, that most whites are unconscious racists.'

'Oh God, we are near complete despair. How can we possibly change our fate? How can we possibly persuade our society that we deserve to be treated with decency and respect? How can we possibly fight a criminal justice system that has been designed to ensure our defeat? How can we possibly combat the blindness of white men and women who are so deeply invested in their own privilege that they cannot afford to see how much we suffer? '

Movember at Winnunga

Rod, the owner of Alive Health and Fitness in Narrabundah, and Ian (one of the Winnunga AHCS Social Health Team Managers) are having a bit of fun with growing a Mo, along with a few fitness challengers over the month of November.

As you know, it doesn't matter if you're a Mo Bro or Mo Sista, you can make a difference in a man's life. 'We are supporting the Movember Foundation again because they're tackling some of the most significant health issues faced by men' said Ian.



Learn about the important work and impact the Movember Foundation is having here: <https://au.movember.com/about/cause>

Come on and get involved for another year! Together we can stop men dying too young. Please go to the Winnunga Mo Bro link below if you wish to join or donate to a great cause. Winnunga Bro Mo: <https://moteam.co/winnunga-bro-mo?mc=9>

A poster for Gugan Gulwan's Christmas Party. At the top, there are two strings of colorful Christmas lights. Below them, the title 'Gugan Gulwan's Christmas Party' is written in a stylized, colorful font. Under the title are two small illustrations: one of two children's faces and another of a person in a yellow shirt. The event details are listed in a green, hand-drawn style: 'When: Saturday 9th December 2017', 'Where: Gugan Gulwan Youth Centre', and 'Time: 10am - 2pm'. Below this, the word 'presents' is written in blue, followed by a list of activities: 'BBQ', 'Santa Photos', 'Santa', 'Face Painting', and 'Children's Activities'. At the bottom, there is a green Christmas tree with a yellow star on top. The text 'Please Register your attendance via Gugan Gulwan Admin' is written in white, followed by the email address 'email ggyacadmin@gugan-gulwan.com.au'. The bottom of the poster is decorated with a row of black, yellow, and red dots.

Winnunga Dates

Save the date: The Winnunga Children's Christmas Party will be held on Friday 15 December 2017. More information will follow in the December edition of the newsletter.

Opening times over Christmas and New Year:

Winnunga will close at 5pm on Friday 22 December and re-open in a 9am to 8pm capacity on Tuesday 2 January 2018.

We will be open from 9am to 1pm on the days that are not public holidays for GP services (Wednesday 27, Thursday 28 and Friday 29 December).



Staff Profile

Name: Sid Eades

Position: Drug & Alcohol Worker

Who's your mob?

Noongar Nation

Where's your country?

My Country is located across the Wagyl
Kaip and Balladong Native Title Claimant
Groups southern regions of W.A.

Who is your favourite singer/band?

Warumpi Band.

What is your favourite song?

My Island Home.

What do you do on the weekends?

Spend time with family.

What is your favourite food?

Kangaroo and damper.



What do you like most about working at Winnunga?

Great place to work, strong grass root contact with community.

My favourite pet?

Rex – Sharpei mixed pitbull.

What is your pet hate?

Nil.

