

BECAUSE OF HER, WE CAN

*Extraordinary
stories of the often
unheralded Flinders
women improving
lives of Indigenous
Australians*



WELCOME

All too often we focus only on the enormous disadvantages suffered by Aboriginal and Torres Strait Islander peoples in Australia. This publication reminds us about the strength, knowledge, equanimity and wisdom of our Indigenous colleagues and friends. These are stories of quiet heroes who strive each day to make a better life for others. With great humour. Without fanfare.

The Uluru Statement from the Heart reads: "In 1967 we were counted, in 2017 we seek to be heard. We leave base camp and start our trek

across this vast country. We invite you to walk with us in a movement of the Australian people for a better future." At Flinders NT we are committed to listening and learning from Indigenous staff, students and community partners. We are committed to walking together.

This year we recognise the extraordinary stories and contribution of the Indigenous women who study and work across our Flinders NT sites. We are delighted to share these stories with you. I hope you enjoy them as much as we do.



Professor John Wakerman
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FLINDERS NT

For over 20 years Flinders University has played a leading role in providing highly innovative higher education and workforce development for the health sector in the Northern Territory (NT).

The Northern Territory Medical Program (NTMP) is a Flinders/Charles Darwin University (CDU)/NT Government partnership which delivers all four years of the Flinders University MD. The NTMP also coordinates all short and long-term clinical placements in the Northern Territory for medical students from a range of Australian and international universities.

The Centre for Remote Health (CRH) is a joint initiative of Flinders University and CDU. CRH has its primary location in Alice Springs, and satellite sites in Katherine and Darwin. Its catchment area includes the NT and cross border areas in South Australia and Western Australia. CRH delivers education that prepares health professionals to work in remote areas and is a world leader in remote and rural health services research.

The Poche Centre for Indigenous Health, headquartered in Alice Springs, forms part of a national network of Poche Centres, including its sister centre at Flinders in Adelaide. They were made

possible by a generous donation by leading Australian philanthropist, Mr Greg Poche, AO. The Poche Centre in Alice Springs works in partnership with Aboriginal communities, offering research and training in cultural safety, intercultural health communication and health literacy.



THE NORTHERN TERRITORY MEDICAL PROGRAM (NTMP)

Whether a school leaver or a university graduate, the NTMP is the only medical course that allows you to complete your entire medical course in the Northern Territory. Established in 2011, it has the specific goals of developing an appropriately trained medical workforce for the NT and increasing the number of Indigenous doctors in Australia.

The Flinders Doctor of Medicine (MD) program is contextualised to the NT, valuing the contribution of Indigenous knowledge. Highly experienced Indigenous and non-Indigenous staff teach students to practice competently and in a culturally safe fashion in this complex and challenging environment.



Dr Belinda Washington at Royal Darwin Hospital

EVERYBODY'S ROLE MODEL

The ophthalmologist in Alice Springs called Belinda Washington over, bewildered.

Every Thursday, she began to cry after removing the bandages from patients who had had cataract operations the day before.

She wanted to reassure the then medical student that the operations were successful each week and results were typically very good. Belinda explained the tears were an outpouring of emotion, recognising the enormous impact of the operation on the patient's life.

"I said 'You don't understand. This lady is like my grandmother or my aunty; she's been clinically blind for 15 years and this operation has given her life back; it's given her back her independence; she's able to keep an eye on her grandchildren whereas before she couldn't do that,'" Belinda says with a quiet smile.

"She said, 'Yeah, yeah, you're right. Thank you for that. I have done thousands and thousands of these surgeries and it's easy to forget what it means to each person.'"

It was the human need for care that drew Belinda to a career in health. She started out as a Transport officer for her local Aboriginal health clinic, then completed a certificate 4 qualification and worked as an Aboriginal health worker. Inspired by an Aboriginal nurse, she followed in the nurses' footsteps, qualifying as a registered nurse herself. After 16 years as a respected practitioner, she then started all over again, studying to be a doctor with the Flinders University Northern Territory Medical Program.

It's a pretty impressive result for a girl who never used to go to school very often – and who had to put school as a distant second to help raise her siblings as her mother become ill.

"When I was young my mum was diagnosed with breast cancer," Belinda says.

"I think I was about Grade 9, she didn't have access to the surgery needed and the treatment after the surgery. She was away about 18 months in total, so that had a big impact on me.

"As a girl with younger siblings, helping out in the house, we didn't know whether mum was going to return home or not. Just that distance and not having the funds to travel back and forwards for treatment made it really hard and was something I thought about as I got older.

"When my mother got back I asked her how she got through the process and she said it was the love and the care that the nurses had given her that made her feel like she could get back home to her kids and to gain hope to fight on.

"I think that's when it first sparked my interest and thought; I think that's a really good thing to do.

"I think it was a growing need for me to want to care for family – knowing the limitations of being remote and needing specialised health care.

"We also lost my eldest brother quite suddenly at 22, and I think I realised then that because we were remote, he didn't have access to the health services he would have needed at the time."

Belinda has observed first-hand the barriers for non-Indigenous health professionals when working with Indigenous people – but is quick to add that she has also seen many non-Indigenous doctors connect with Indigenous patients very well.

“Seeing my children grow and them watching me study medicine, I feel I am a role model for my children.”



Belinda has observed first-hand the barriers for non-Indigenous health professionals when working with Indigenous people – but is quick to add that she has also seen many non-Indigenous doctors connect with Indigenous patients very well.

“Because I am Aboriginal it gives comfort to some patients. The feedback I get from patients who come back and they say, ‘I’m glad you’re on, or we wouldn’t have come back,’ or ‘I’ll tell you this, but I wouldn’t have told that other doctor,’ and you think, ‘Hey, this is really important!”

Belinda graduated from the Flinders Northern Territory Medical Program in 2017 and is currently working in Darwin Hospital as a doctor.

“Studying with Flinders was definitely a challenge,” Belinda says.

“I think going into it I was prepared for hard work, I was prepared to learn about the text book science, I guess what I hadn’t prepared for is how much you learn about yourself, how much you learn about the people around you and what makes you resilient.

“I grew up feeling there was always limitations on what I wanted to achieve.

“Seeing my children grow and them watching me study medicine, I feel I am a role model for my children.

“They can look back and say mum didn’t really go to well at school, she wasn’t the best student, but she’s come this far and she had this passion to work hard to be able to help people.”



HOW FISHING SECRETS LEAD TO BETTER OUTBACK HEALTH CARE

Katherine's sole GP serves a region which has about 17,000 people scattered over an area the size of Victoria.

It can cost as much as \$300 to get a taxi from a community to come into town and seek medical care – and as a result, the medical students from the Flinders University Northern Territory Medical Program who rotate into Katherine end up seeing some of the most serious medical cases.

At the same time, students must navigate not just language challenges, but also a broad range of kinship and culture systems born of the many nations located within the area.

Medical students come to Katherine for a semester, while speech pathology students come for seven weeks – but no matter how long they stay, Maddy Bower, a lecturer in Indigenous health, makes it her mission to make them feel welcome.

“I know hot spots with fishing and sport and let the students know, so they feel a part of the community, so they aren't sitting at home doing too much study. A lot of the students are quite young and need to be keeping a balanced life,” Maddy says.

“The community engagement we do with the program is really important, because it gives students an understanding of our issues - there are still many nations and many languages here.

“Helping them link social determinants to what they are seeing and learning is really important in terms of the way they provide care and the potential for them to be trusted.

“There is no public transport here and a taxi from a community can cost hundreds of dollars – making it hard to travel and access health care. The students that come here are seeing the end scale of very sick Aboriginal people and so they need more time and assistance to understand why Aboriginal people are so ill.

“It is also really important for students who are nurses or doctors to know how the family kinship works, for example, who is making the decisions for a child when the child needs treatment, or when a family meeting is needed, who is to attend.”

Maddy has worked around the health system all her life – starting cleaning at the hospital, before taking on roles in administration, and as a community development Officer for a local health service, worked at the Gold Coast hospital as an OT assistant and studied in Brisbane doing her diploma in performing arts.

The spotlight didn't shine too brightly, but Maddy did use her performing arts skills in youth workshops for Aboriginal youth. After completing a degree in Indigenous Community Management and Development, she took on a range of roles in northern Australia, which in some ways all felt like a precursor preparing her for her current role at Flinders.

“I think this job is a part of the solution. The thing I do in orientation, providing some insights into our culture seems to help. The injustices that have been done to our people on a broad scale need to be corrected. Whatever way I can contribute to that I will.

“I used to see the challenges as really daunting, but being able to chip out the things that you can work with and then having the strength and resilience to work through and make progress even in a small way is really important.

“The community engagement we do with the program is really important, because it gives students an understanding of our issues”

“When the students learn, (even though they might not stay with us), hopefully they will remember a few things and can be the best advocates down the track to change systems and policies. When they graduate they have a foot in the door to change the system. We encourage that.

“We might be a minority as Aboriginal and Torres Strait islander people, but we have a lot to contribute.”



Maddy Bower



Kelly-Anne Browne

DESTINATION: INSPIRATION

Kelly-Anne Browne wants to talk.

By day, she is a passionate advocate for the Flinders University Northern Territory Medical Program, engaging with potential students, secondary students and communities to inspire and encourage a new generation of Indigenous doctors.

It's vital work, but long before she took on the role, she was born and raised as a Larrakia/Wulna woman, educated and inspired by successive generations of women in her family before her.

Kelly-Anne and her ancestors have been communicators and quiet reformers in strikingly different worlds over the past century.

Her Great Grandmother, Topsy Garamanak, was a ceremony woman, whose job was to walk hundreds of kilometres between Darwin and Arnhem Land carrying message sticks – critical for ceremonies held by the Larrakia.

Topsy had a number of children one with a Chinese man, Frank Moo. Kelly-Anne's grandmother Nancy was part of the stolen generation, taken away from her Mother to a farm to cook and clean as a servant. Despite community hostility, Nancy married Albert Browne, a Caucasian, in 1946. Albert was prohibited from working with the police force on the grounds of co-habiting with an Aboriginal person.

The stories and experiences of both women have been a powerful force in shaping Kelly-Anne's life. Their experiences and perspectives, passed from generation to generation, have been a vital part of her education which is often left unrecognised beside more formal qualifications – which is something Kelly-Anne wants to rectify.

"This year's NAIDOC theme 'Because of her, we can!' makes me extremely proud to celebrate all the beautiful women who have helped me grow into the proud person I am today," Kelly-Anne says.

"The women in my life have been great role models and have inspired me to be strong and courageous and believe in myself.

"I hope that my daughter one day sees how truly lucky she is to be so rich in cultural and as a mother I will guide her to be the very best she can be."

The women who have guided Kelly-Anne have also inspired a commitment to recruiting and training more Aboriginal health workers.

"We want to develop pathways that make a career in medicine more appealing for younger kids and graduates," Kelly-Anne says.

The support for Aboriginal people choosing to study Medicine at Flinders Northern Territory Medical Program is great.

The government is paying for the entire Medical Degree and in return, graduates get paid to work for four years in the NT Department of Health. We're the only program that I know about that has this incentive.

"We have got state-of-the-art facilities here, and every time secondary students come in for a school visit they are absolutely amazed by it"

Kelly-Anne has seen the benefits of Aboriginal health workers working with Indigenous people first-hand.

"I had a family incident where one of my uncles was in a terrible condition in hospital," Kelly-Anne says.

"There was an Aboriginal nurse looking after my uncle and having him there to explain to us what was happening.

Kelly-Anne and her ancestors have been communicators and quiet reformers in strikingly different worlds over the past century.

"That increased level of communication between the nurse and my family gave us all a really strong sense of relief.

"Having more Aboriginal Medical Doctors and Allied Health staff in the Northern Territory will be incredibly valuable to improving health outcomes for Aboriginal people, families and communities."

THE LISTENING LEADER

Usually 21st century stories are most popular when they have a hero, a villain and a complex, resolved plot that skates along the boundary of believability.

Kathleen Martin, a monumental soul who has dedicated her life to building trust and understanding where there was none, works without the requisite villain, but there are some aspects of history that even now seem like credulity needs to be extended - so rapid is the sweep of cultural change in central Australia..

"We see examples of racism across our society, but there is no point in being bitter, or angry – it's not a winning place to be," Kathleen says.

"We need to meet people as they come into our country and make them feel happy and comfortable, so that then we can have the conversations that will help people to understand."

Others have said her life story is so extraordinary that it sounds made up, but there can be no doubt about the veracity of a yarn from someone as grounded as Kathleen.

Born to a family of 10, she moved from Darwin to Alice Spring when she was young, spending as much time as possible in the bush with her grandfather, a local stockman and Elder, soaking up knowledge of language, customs and culture.

A procession of jobs followed across the top end of Australia – nurse, running night patrols for safety, cross-cultural training for police officers, finding scarce jobs in Darwin as an employment officer with CDU and serving as a youth worker.

The most remarkable of many stories in a diverse career is when she saved the life of a baby using two lamps and some towels.

She had moved to the community of Bidyadanga in 1989, as the only nurse in the community, picking up skills such as suturing and inserting drips on the job. One day, at the end of a long shift, they were told a pregnant woman, had moved a big TV across a room, triggering the premature birth of her child.

With services meagre, distances vast and time tight, the woman delivered her own baby, just before Kathleen's cousin, a midwife, arrived, with the baby covered over with a nappy.

"When I entered the room I asked where the baby was. When I lifted up the nappy, we heard a great scream – the baby was there, still alive after all," Kathleen said.

"It was a tiny little girl, struggling to stay alive and we didn't have an incubator, but we had two desk lamps, so we wrapped her up with towels and put desk lamps either side to keep her warm. I just sat there with the tiniest breathing mask we could find, keeping her alive.

"I watched the baby and every time she stopped breathing I would gently poke her, so that she would take a breath and that would get her breathing again.

"When I got on the phone to the Royal Flying Doctor Service that morning, and they asked about the condition of the young woman I told them she was fine and that they baby was also doing well. They were just silent – they couldn't believe it. Then they said 'Is the baby really fine?' and I said yep, they needed to come and get it.

"We got the community organised. The community guys went with the ambulance to meet the plane and bring back the doctor and the incubator.

"In the end we got the baby out. She is in her 20s now and when I go back to Broome or meet someone from there I ask how she is doing.

The most remarkable of many stories in a diverse career is when she saved the life of a baby using two lamps and some towels.

"It's really special to be involved at the start of someone's life like that."

In 2013, in recognition of both her wealth of local knowledge as well as her experience across northern Australia, Kathleen was appointed as a Lecturer in Indigenous Health by Flinders University, working at the Centre for Remote Health in Alice Springs.



Kathleen Martin

In recognition of both her wealth of local knowledge as well as her experience across northern Australia, Kathleen was appointed as a Lecturer in Indigenous Health by Flinders University, working at the Centre for Remote Health in Alice Springs.

"I've turned the course around so the students could meet an Indigenous person on a professional level. I try to make sure that there is an Aboriginal Lecturer for them to talk to each day. The students have come back and said we never worked with an Aboriginal person at that level," Kathleen says.

"We have always maintained that this course needs to be face to face. This is one of the only courses that I know of in Australia that provides this immersion into Indigenous culture and you have to see it, touch it, and experience it in order to understand it.

"I like challenging people. Here we are in the 21st century and we are still dealing with issues like racism. I try to set up the course to allow people to feel comfortable, so they can express their opinions and ask questions without being jumped on and feel like they are out of place.

"We need to allow them room to grow, so they can ask their questions and learn. Some of the questions might seem stupid, but you have to answer them and grin and bear it, so that people get a chance to understand – and that will help them work with Aboriginal people.

"I had one student from a military background, who seemed very rigid and I wasn't sure he was enjoying it.

"At the end of the week I ran into him in the shops with his wife and she came up and said, 'Thank you, this is the first time in a long time my husband has come home and enjoyed what he was doing in a course. To see him come back home inspired and reignite that passion for Indigenous health, that's amazing'.

"I knew then I had succeeded, I had changed one person's mind and got them thinking outside the box, realising Aboriginal health is not as simple as you might think it is. That's as good as it gets, hearing that."





Kathleen Martin

THE CENTRE FOR REMOTE HEALTH (CRH)

CRH is a joint centre of Flinders University and Charles Darwin University. Its purpose is to contribute to the improved health outcomes of people in remote communities of the Northern Territory and Australia, through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health

Since its establishment in 1999, CRH activities have grown and it is now a nationally and internationally recognised leader in Remote Health education and research. CRH is housed in its own landmark building in Alice Springs, part of the Remote Health precinct which has attracted a number of co-located research and professional organisations.

THE POCHE CENTRE FOR INDIGENOUS HEALTH AND WELL-BEING

Poche Centre staff and research students work in partnership with Aboriginal community-controlled health services, other health and research organisations and Aboriginal communities to:

- Educate health professionals about cultural safety;
- Lead the creation of educational and clinical resources for the Aboriginal health sector;
- Implement research important to Aboriginal people using appropriate and respectful methods;
- Recruit, sponsor and mentor Aboriginal people wishing to work or study in the health sector;
- Communicate our successful activities locally, nationally and internationally.



Colleen Hayes

UNLOCKING THE POWER OF BELONGING

Everyone has a mob, Colleen Hayes says – you just have to dig a little sometimes to find out who they belong to.

Underneath skin, language and the armour of personality, people have a lot in common, the Lecturer in Indigenous Health at Flinders University's Alice Springs Poche Centre tells her classes.

They arrive seeking to learn how to understand and work within Aboriginal communities, but need to start by examining themselves.

"You're going to meet people every day that are different to you, so what is different between you and me," Colleen says.

"I usually ask the students what their origins are and what they identify as, which is an eye opener. There are a lot of different origins within just one classroom, but you don't really know that until you ask that!"

Medical students coming to study through the Flinders Northern Territory Medical Program come to Alice Springs to embark on placements which frequently last several months and need to rapidly acclimatise so that they can best work patients, most of whom are Aboriginal.

Colleen pioneered the program to teach young medical students about Central Australian Aboriginal cultures, and in order for the students to understand how to operate in their new world, she first gets them to properly understand their own.

"I ask what you will bring to your placement – in terms of your background, your knowledge, the culture that shapes your behaviour and attitudes," Colleen says.

"Then I tell them about my cultural journey, to help them understand my culture.

"Because they have come here to help, I acknowledge that, and try to provide insights that will help them to work safely in their new environment."

Colleen grew up around Alice Springs and says it is only in retrospect that she has recognised how important education and also cultural learning have both been in her life. Traditional education has pushed her horizons for understanding and provided frameworks to try new approaches to work and to life – while her cultural learning has not only defined what she teaches, but also continues to develop as she observes the journey of others.

"I look back and realise education has been really important for me," Colleen says.

"If we don't teach for our own mob, who is going to be able to do it better?"

"We need more programs and more Indigenous workers in a range of sectors, but to achieve that, we need strong education programs."

Colleen says the biggest reward for her role is seeing direct results from the training and research delivered by Flinders staff in Alice Springs.

"Things are changing in the hospital that I'm hearing about. Different service areas are asking us to come in and do stuff around health literacy and communication with Indigenous people.

"I know that there are some changes within the hospital which is a really good thing."

"We need more programs and more Indigenous workers in a range of sectors, but to achieve that, we need strong education programs."

BEYOND GOOGLE – INSIGHTS TO OTHER WORLDS

Like many large-scale hospitals, the person you first meet at Alice Springs Hospital is most likely not a nurse, or a doctor, but a security guard.

The security guards are easy to overlook in the health system – they may be seen as intrusive or bossy, but their presence can also provide you with a sense of feeling safe while you wait for medical staff to see you.

There was no danger of Barbara Richards failing to notice the role of security guards, though. The genius of building educational experiences around the life experience of someone born as an outsider is that they can sometimes find obvious truths hiding in plain sight.

Every month or two, Barbara runs what she quietly calls ‘the intro day’ – an award-winning short course which provides an introduction to the culture of Central Australian Aboriginal peoples. The day is open not just to medical students freshly imported from east coast capital cities, but to all workers involved in health care – from surgeons to security guards.

“The health system is much more than band aids and needles,” Barbara says.

“There are so many other social factors that impact on someone’s life. Security guards play a really important role and if they understand why people want to visit, or what makes Aboriginal people more concerned, it can really help the families and the patients.

“At the intro day I bring my really personal experience to people who are coming to work in Central Australia and in our health systems across the regions.

“English might be the fourth or fifth language for the people that health workers meet when they get here, and there are many cultures that people will step into, when they treat an Aboriginal patient.

It is the security guards, at the frontline of health care administration and management, who need to understand why families want to try to visit their loved ones in hospital in large groups at all hours of the day. Once they have attended the intro day, they are better equipped to understand why family groups want to attend. This helps the guards to manage potential disruption and conflict, which frequently tends to arise from a lack of understanding and a breakdown in language/communication.

“After I have explained about kinship groups and cultures that are here, I try to explain that in fact we are a very multicultural peoples. There is not just one uniform Aboriginal culture and if you are going to help Aboriginal people to achieve better health outcomes, you need to understand about our culture and traditions.

“An Aboriginal person who gets medication that needs to be kept in the fridge won’t be able to take it if they live in a humpy down by the river with no electricity. In addition, if an Aboriginal person doesn’t understand about side effects of medication, because it hasn’t been explained to them, they might not trust the medical treatment and go to the traditional healer in their community for bush medicine instead.”

“There are other impacting social factors when you are dealing with Aboriginal people, you need to develop good communication skills, a willingness to think outside your comfort area. If you want to achieve the best health outcome for your client you need to have a holistic or world view approach to Aboriginal health”

An Anmatjere woman, Barbara was born in Alice Springs, in a separate building out the back of the hospital, defined as the ‘Native Ward’.

Despite the second-class sign, Barbara emerged into a world where segregation was the norm, but her identity was, if anything, strengthened by it.

“As an Aboriginal girl, I grew up understanding that I had a particular place in society, where the colour of my skin categorised me,” she says.

Forging a career in communications and then health education, Barbara demonstrated a steely dedication to improving understanding across a range of issues. As the world changed, the Native Ward sign came down and formal segregation ceased.

Barbara was appointed as a lecturer in Indigenous Knowledge’s and Culture, at the Centre for Remote Health– reflecting the new value placed on understanding Indigenous culture in order to unlock improvements in health.

“The knowledge from our people has built up over Millenia. You can’t find it on Google,” Barbara says.

“I like sharing my culture, a culture my mother taught me. I hope that I give each course participant a few pointers, so they work out how to deal with the culture shock – so they are better equipped to help.

“I like teaching the new students, the staff, the security guards. You can sometimes see the light switch on and you know they are getting it.

“There’s been good feedback from the families, as well, when they are visiting hospitals. There’s a long way to go, but we can see it’s helping.”



Barbara Richards

CHANGING THE STORY, ONE LIFE AT A TIME

Nothing would make Tanja Hirvonen happier than to make her position redundant.

As one of very few Aboriginal clinical psychologists in Australia, born to a culture with the world's highest rate of suicide, Tanja's phone appears to perpetually trill with requests to play a leadership role in talking, analysing and working on initiatives to reduce suicide.

Despite the demands, the Flinders University researcher remains relentlessly upbeat – driven not just by the overwhelming need for change, but also by the opportunities to improve mental health services in remote communities. Her capacity to visualise, work for and inspire change make her an exemplar of an Aboriginal person creating positive change for Aboriginal communities.

However, she is quick to point out that she cannot do it alone.

"I am not thinking that I am an angel or something – or that I have a grand plan which is going to solve everything," Tanja says.

"I am just trying to make my contribution, making the world better bit by bit where I can."

"Positive social change is absolutely possible, but we need to achieve it by enabling people and communities to own their solutions."

The challenge of being recognised for her success and attracting a profile on the basis of her work and insights has also carried the burden of professional jealousy – where she has been questioned and placed under additional scrutiny on account of her race.

"At one of my very first professional development functions as a provisional psychologist, feeling nervous around fully qualified health professionals and slightly

proud at the same time, another medical health professional had asked me if my degree was a real degree and if I was fast tracked through."

"Early in my career I was talking to a young Aboriginal Australian woman after a significant attempt to end her life, and another mental health professional nearby told my supervisor I was not competent, on the basis of the way I was interacting. They had not understood the cultural bond I had with the patient – and as a result my work was reviewed for a period of time, without any real justification.

"It's essential to get more Aboriginal people working in mental health, not just as psychologists, but across the system, so that it won't be a novelty to meet an Aboriginal psychologist or mental health professional in the future." Tanja says.

Tanja grew in up Mt Isa, inculcated in the culture of a rough mining town before being shipped off to a boarding school in Charters Towers for a short time. School didn't necessarily agree with her, but the discipline of persisting, studying and overcoming adversity did – and has characterised her life since.

Years out of school, after a successful Government career, she found herself on an isolated cattle station with a small child and not much around for company.

"I looked at my son and just thought, what am I doing with my life?" Tanja says.

After experiencing the loss of a family member and noticing the lack of supports for people who suffer from grief and loss, she decided to embark on a career that would help others – and started searching options online.

"I went on the internet and I saw Professor Pat Dudgeon, the first Aboriginal Psychologist in Australia and I thought that is so great. If she can do it, maybe I can do it too," Tanja said.

"Sometimes you have to see it if you want to be it. You need a role model to realise that you can do it."

"Positive social change is absolutely possible, but we need to achieve it by enabling people and communities to own their solutions!"

Study was hard at the start. Tanja completed assignments and submitted them by mail, but because the post office was a four hour round trip away, study imposed huge demands on her time. After the first year, with the demands of juggling childcare, work and study, she moved to Normanton and received a scholarship to support her studies.

After an extraordinary effort, completing first her Bachelor degree and then Honours, Tanja was rewarded with a Valedictorian medal when she graduated in 2010, before completing her Master of Clinical Psychology degree.

Moving to Darwin in 2010, Tanja joined Flinders University's Centre for Remote Health as a lecturer in Mental Health and now divides her time between teaching, research, speaking to national and international

conferences and advising Boards and Committees on Indigenous mental health amongst a myriad of other responsibilities.

“When I qualified as a clinical psychologist, I wanted to only work providing clinical services, but because of the shortage of Aboriginal mental health professionals, there are a lot of other requests for help,” Tanja says.

“I feel obligated in a positive way to assist other emerging Aboriginal and Torres Strait Islander psychologists.”

Despite the challenges of having rarity value on account of her Aboriginal heritage amongst other mental health professionals, Tanja also appreciates that her culture and lived experience are a significant advantage in her work with Aboriginal and Torres Strait Islander people; drawing together the key tenets of western psychology with an Indigenous perspective that provides a more holistic perspective to social and emotional wellbeing.

“It is very empowering to be able to provide positive perspectives that other people don’t always have access to,” Tanja says.

“We need to own the good initiatives and achievements that are happening. If we only hear about the deficits about our culture and our people, we only have a negative perspective, and that is reflected to our people.

“I used to be nervous when carrying out public speaking, but the requests to talk to people just kept on coming and now, I have built considerable experience and found I had much to share.”

“My voice provides a different narrative, informed by a different point of view and a different lived experience. And I’m proud of that.”



Tanja Hirvonen



Veronica McClintic

PIONEERING ACHIEVER

She was a nurse in Darwin when there were only, in her words, 'three dark faces' on staff – boldly standing up for the rights of Aboriginal people in hospital.

Keen to contribute more, and heedless of her own ease, she tore herself away from Darwin to study law, becoming Australia's first Aboriginal prosecutor. She could have studied medicine, but the additional time away from her family was too great a price to pay, so she focused on reforming the justice system instead.

Veronica McClintic has founded charities, pioneered the use of interpreters to help Aboriginal people navigate the health and legal service, pushed the importance of cross-cultural training, and yet she barely rates a mention in the archives of the nation's history. She should be on a stamp, or at least have a Wikipedia page, but is far too busy taking on new challenges to waste a thought on her history.

As the Elder on Campus at Flinders University's Darwin headquarters, she is ready to be Aunty Veronica to everyone who arrives at her door, whatever their heritage.

"I feel I have a lot to give and as an older person, who has had a lot of different experience in life, I want to give back, which means I want Indigenous and non-Indigenous staff and students to build their understanding of each other and each other's cultures while they are here," Veronica says.

"Because here in the Territory particularly there is such a huge number of Aboriginal people in the health system and it is paramount that we understand the cultural differences and (we have to) be prepared to do things differently.

"We are going to be far more effective if we have cultural knowledge and understanding."

Veronica was born in Darwin and her passion for justice was fuelled as she and her siblings were torn from their parents when she was nine.

"We lived in an area where there was poor housing and there was a lot of inequality. I noticed that and I wanted things to be different. I wanted things to be better; I wanted equality," Veronica says.

Honest, but also compassionate and humble, Veronica elected to change systems from within. She worked as a registered nurse for many years at Darwin Hospital – and has since practiced as an Aboriginal Spiritual Healer for many years, providing another outlet for her drive to heal.

"When I was a nurse, I was only one of three dark faces – one of three aboriginal people - in the workplace. I think that's providing an education in itself, just to be there, to be represented," Veronica said.

"I felt the same when I was the only Aboriginal prosecutor in Australia and also when I was defending Aboriginal people as a lawyer.

"I contributed by making changes to the system where I could and always spoke my truth and spoke up for Aboriginal people. But I think one of the greatest contributions was simply to be there – to be an Aboriginal person in a professional role working with and for other Aboriginal people.

"I think the Flinders Northern Territory Medical Program is very important. Its not that every doctor who deals with an Aboriginal person has to be Aboriginal, but we need to increase understanding."

"Many of the patients in hospitals in the Northern Territory are Aboriginal and they have interpreters and Aboriginal Liaison officers now, but there are still communication issues that are getting in the way of improving people's health.

As the Elder on Campus at Flinders University's Darwin headquarters, she is ready to be Aunty Veronica to everyone who arrives at her door, whatever their heritage.

"Attitudes are changing but the improvement in health for Aboriginal people is very, very slow. I believe there has to be far more Aboriginal people employed in the health system at all levels to make a significant difference and to build a more understanding culture. That will deliver improvements in Aboriginal health much faster – and the Flinders NT Medical Program is an important contribution to that process."

MONICA'S NEW MISSION

As an accountant, wily with figures and astute with management, she pretended to be a teacher – as the many friends she met on weekends wouldn't believe she was from a finance-focused profession.

As a communication officer with the NT Police, Monica Barolits-McCabe never pretended to be anything other than Aboriginal, but continued to defy the stereotypes others used to categorise her.

"People would sometimes not realise straight away that I was Aboriginal and they would say things like, 'Aboriginal people shouldn't have the vote. So I would say, 'Do you think I shouldn't have the vote?'" Monica says.

"They would say, 'No, not you, I was talking about those other Aboriginal people.' I said, 'Just because I have a job and I come to work and I'm feeling healthy, does that mean I am not Aboriginal?'"

"You need to challenge the stereotypes people have and help them to understand the context, the long history of it all. At the same time, you don't want to be in people's faces and make them so uncomfortable that they become negative about Aboriginal issues."

Monica worked in a wide range of roles with police, health services, and the Department of Health, but when she recognised the impact of the shortage of Indigenous doctors in holding back treatment and health improvement, she chose to join the Flinders University Northern Territory Medical Program in 2013, determined to make a difference.

With a thriving program and a growing number of health outposts under her jurisdiction, Monica has clearly had great success but her latest challenge is to attract more funding to help support Indigenous students while they study.

"The Northern Territory Medical Program is the only one I know of that provides the education for free. In return, doctors have to work for four years in the Territory after graduation – but it's paid work, a guaranteed job – and

it provides some really interesting medical challenges along the way,

"It is really important to encourage Indigenous students to become doctors. There are seven places reserved for Indigenous students in the undergraduate pathway each year and it would be great to see more of our young people come through this pathway.

"Commencing university can put a financial strain on families. We need scholarships to support students through this pathway and encourage more young Indigenous students to participate.

"We have been successful with graduate entry pathways - but because the program is so intensive, and students are graduates who often have a family to support, we are always looking for additional scholarships to support the students.

"Indigenous doctors who have graduated from our program are already proving the value of getting more Indigenous people into the health system – particularly in a place like the Territory where the majority of patients are Indigenous people and there are clear benefits in getting culturally-familiar medical professionals into their care teams.

"Flinders covers bursaries to help cover the living expenses of students for the four years that they study, but it would make a big difference if we could get more donations to grow the program and better support our medical students."

"Flinders is making a genuine difference to the health of Aboriginal people in the Territory.

"We have got some of the worst health outcomes in the world. Aboriginal doctors and nurses, Aboriginal health

practitioners working with our people are improving health outcomes.

"When an Aboriginal person walks into a clinic and sees another Aboriginal person they can feel a little more at ease and they can feel ok, maybe that person can understand more about me and my culture.

"You feel that they are going to be able to understand a bit more about you, your culture and your background and you feel comfortable getting that treatment."

She is still defying stereotypes at Flinders – this time from her son. As a dynamic Territorian woman with accounting qualifications, Monica's skills have been keenly pursued by many organisations.

"I have been at Flinders for nearly five years and my son thinks it's so amazing because I have stayed in a job for so long," Monica says.

"Every time I think I am getting bored, you can't get bored, because there is so much going on.

"We are doing amazing work across the Territory, in research and in teaching, from Darwin through to Alice Springs. We have really good people working with the local community on some great projects in Nhulunbuy and Katherine and more recently in Tennant Creek.

"We provide a huge range of seminars, research and education, but it's really special when we get school groups here. They all say 'we can't be doctors,' because they are worried they are not smart enough, but when we bring them to campus and they meet students and see the state-of-the-art equipment that we have here, you can sometimes see the spark being ignited – so they know they can do it!"



Monica Barolits-McCabe



Lorna Murakami-Gold

THOUGHT FOR FOOD

Amidst the thousands of discussions about ways to Close the Gap between Indigenous and Non-Indigenous health statistics, there have been few mentions about hospital menus.

To improve Indigenous health outcomes, there have to be a myriad of initiatives to expand and enhance the health network, build support service capacity and improve infrastructure.

“Health is about so much more than clinical diagnoses,” says Lorna Murakami-Gold who has recently commenced at Poche Centre for Indigenous Wellbeing, Flinders NT as a Lecturer in Indigenous Health.

“Many Aboriginal people in Central Australia speak four or five languages, but they may speak little English.

Hospital patients are more likely to get better if they eat. While this sounds simple, the realisation that many Aboriginal patients were not making good food choices because they simply could not read the menus has triggered change.

“The Poche Centre and the Alice Springs Hospital are working together to translate hospital menus so patients can order food they will want to eat while they are in the hospital’s care.

“It’s really important that people eat while they are here in hospital.

“Health is about spirituality, good mental health and wellbeing. We need to get a holistic picture in order to improve health outcomes.”

“We [The Poche Centre] are also doing a project changing consent forms, so they are clearer and people can understand what they are agreeing to.

Increased focus on new projects to Close the Gap has resulted in many new valuable projects, but progress is frequently inhibited by a lack of understanding of the context for Aboriginal patients, Lorna says.

“The project that I am looking at for my PhD is about wellness for aboriginal participants on renal dialysis. It’s a big issue in Central Australia and if people don’t feel well they lose a lot of motivation to live,” she says.

Lorna’s work and research is informed by her experiences of life as an outsider.

Growing up as a teenager in Darwin in the early 1970s had meant walking to school without shoes, playing in the bush, spending time with family.

Cyclone Tracy, hitting the Top End city hard on Christmas Eve 1974, blew away a lot more than her home and school; it effectively blew away her childhood.

After the cyclone, Lorna, her mother and four siblings were transported in the back of a military cargo plane to a boarding school in Perth – and a new life.

“I had to wear shoes. I was away from my family. It was just my sister and me, with my brother at another school – we never saw him. It was a really tough environment for us, and it meant I didn’t do well at school,” Lorna says.

She trained as a nursing assistant then as an enrolled nurse and had some happy years on a ward in Perth. Moving back to Darwin Lorna worked in the hospital but experienced an unpleasant encounter from a colleague, who didn’t want to socialise with her because she was an enrolled nurse and culturally different, and these limitations on what she was allowed to do made her realise that further study was the only way to get past the glass ceiling.

“I realised if I was to have autonomy and agency I needed to take control of my education. It is the ones who get an academic education who are listened to more than most,” Lorna says.

With the help of a range of women who mentored, encouraged and supported her, Lorna trained as a Registered Nurse, developing specialist qualifications as an intensive care nurse before heading into academia; where the girl who didn’t fit in at school has now become the woman who teaches others the importance of giving everyone a way to fit in, if health outcomes are to improve.

“If you come to hospital and you are in pain and feel isolated, you are at the mercy of somebody else,” Lorna says.

“When the doctors do their ward rounds and stand at the end of the bed and tell you what is wrong with you, it is very hard for patients and especially for an Indigenous patient to look at them and say ‘I don’t understand what you are saying’, or ‘I can’t eat any of this food, because I don’t understand the menu’.

“If we can make people happier, it does affect their wellbeing, and people will get better quicker, they won’t feel so alienated and isolated and they will finish their treatment.

“There is a lot of satisfaction in coming to the hospital and seeing that change being implemented, to see Aboriginal Liaison Officers feel like they are achieving their job and to see Aboriginal patients looking at ease in the hospital system and able to feel assertive enough to ask for help.”

HEALTH SECRETS UNLOCKED FROM THE DESERT'S 'LITTLE POCKETS OF JOY'

Art centres in remote Indigenous communities can play a critical role in driving improved health outcomes – without ever dispensing a bandage or offering a diagnosis.

World-first research conducted by Flinders lecturer Maree Meredith has demonstrated a strong link between effective community-led arts centres and health, because of their powerful effect in building social links, providing employment and fomenting hope.

Maree had long heard about the success of art centres and after a career in public health, decided to immerse herself in remote communities to study just why arts centres were so successful.

"Amongst the crisis and chaos of Indigenous communities and governments changing, policies changing, arts centres stood out as these little pockets of happiness in the remote desert," Maree says.

"Some had been going 80 years and I wanted to know what kept them going, there was something compelling me to find out what is working there.

"What I found out showed the power of arts centres in community life, not just as a place where people paint or create, but making a really significant contribution to people's health, by connecting them with activity, with employment and with the beauty and meaning of art."

Maree's research demonstrated the importance of art centres at the heart of life in remote communities, but she emphasises that while more art centres are required, they must be seen as a complement to, rather than a replacement for health services.

"Art centres can be a really important driver of health outcomes and they should be funded to promote the arts

and also health outcomes. But they shouldn't be relied upon to deliver health services," Maree says.

"There is a crisis in Indigenous health. With Closing the Gap and this constant deficit discourse we need to reframe the conversation around health - and why not do it with an art perspective?"

"With any analysis of health you need to examine social relationships to understand the health context. You can't go into a doctor's clinic and ask to use the phone so that you can call Centrelink to find out why you didn't get your benefits that day – but you can do that at an arts centre.

"The arts centre meets the needs of people and it is working for reasons that we might not consider to be important, but are very important to the community. We can certainly learn from the success of that model."

Arts centres are providing a place where everyone is accepted and everyone has a right to participate, Maree says. The model of community-controlled organisations playing a pivotal role in improving health outcomes has relevance across Australia – and a beacon of hope in environments where it can be easy to only notice despair.

"You go to the communities and it can be really confronting. People are really sick and there are some terrible problems," Maree says.

"But against that backdrop, there is this vibrant celebration of life in the colours of the art, which is a really extraordinary juxtaposition against this backdrop of despair.

"If you don't have your health you don't have anything.

"My commitment to working on analysis of the link between art and health is about contributing to these communities in some way.

"My research has changed my perspective on my own health. A lot of the artists I worked with had diabetes or end stage renal disease. The urgency of people's situations was really confronting for me and it made me look at myself and think about my own mortality.

"I've got no time to waste. We need to make change. Some of the ladies I worked with have passed away during the time I took to complete the project. That really brought it home to me - this is not just a piece of research - this is actually real. This project is tapping into the experience and lives of communities and there really is an opportunity to learn from it and change."

One consequence of building a career researching arts centres is the art that now adorns her walls – selected not just for aesthetics, but also her personal connection with the artists she has worked with.

"The first paintings I bought were from the APY, mainly from the ladies I worked with because I knew them, there was a kind of connection there. Just the colour you know, I love the colour. You have to get a bit of colour in your life, you know."



Maree Meredith



Shanaya Swan-Castin

FACE OF THE FUTURE

She's been with Flinders in Alice Springs for a year and a half, but the buzz of turning up to work with the team still hasn't worn off for Shanaya Swan-Castine.

"When I wake up and realise that it's time to get ready for work, I still feel really happy that I am heading in to the office," Shanaya says.

"The staff here are the best people to work with – they are very helpful and they just want the best for me."

Growing up in Alice, Shanaya watched the career of her father, who has been an Indigenous health worker for many years, and has a burning ambition to walk in his shoes.

"I want to study and do nursing. I have an interest in helping people – and it just seems fun! I think it would be a good career."

The existence of a range of strong, successful Indigenous women working for Flinders in the NT has created an valuable cohort of role models for young people like Shanaya.

"I like coming here, waking up and thinking I've got to go to work today. The staff just want the best for me," she said.

The existence of a range of strong, successful Indigenous women working for Flinders in the NT has created an valuable cohort of role models for young people like Shanaya.



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