OUR LAND IS OUR LIFE...

"God goes down deep", by Gaumana Gauwrrrain

AND OUR HEALTH
INTRODUCTION

The World Council of Churches is preparing for its Seventh Assembly, to be held in Canberra, Australia in 1991. The Assembly is sure to draw the attention of the world’s churches to the plight of Australia’s Aboriginal citizens, who over the 200 years of colonization of that continent have suffered severely.

In April 1989 I visited three Aboriginal health services, where I was introduced to Aboriginal health workers, community development workers involved with various population groups, and advocates for land rights and sovereignty issues. In our discussions, the Aborigines made clear the indissoluble link between health and land rights and sovereignty. In fact, they feel their work to be fundamentally based on the sacredness of the land, which is to them the provider of all life.

Together we visited not only their health services, but also former reservations, such as the Framlingham (Kirrae Whurrong) and Lake Condah missions, historic sites in their long-standing struggle to reclaim their lands.

Recognizing that the same principles apply to the search of other indigenous peoples of the world for regeneration, CMC has provided this issue of Contact as a forum for the Aborigines to voice their plea to the churches and the world. They speak of their dreams and the concrete ways in which they are implementing their goals, including that of health. In their words also lies the challenge that we minister to the least of our brothers and sisters.

Erinda Senturias
LAND RIGHTS, SOVEREIGNTY, AND HEALTH

Adapted from a statement submitted in 1988 by
the Victorian Aboriginal Health Services Co-operative Limited to
the National Aboriginal Health Strategy Working Party.

Land rights and sovereignty are basic to the full
restoration of Aboriginal health. This is a chal-
lenging statement. Yet the individual is doomed
b0 failure who seeks to establish a strategy for
lasting positive change in the health status of
Aboriginal people but ignores their relation to
land and their struggle to maintain and restore
this relationship. To place this statement in
context, we must examine the reality of history
and the reality of today.

Freedom of choice is a revered principle of
democratic countries, and essentially, there is
unanimity within Australia on this point.

In accord with this principle, then, it is recog-
nized that there are individuals of Aboriginal
descent, who have been voluntarily assimilated
[into non-Aboriginal culture] in varying degrees.
That has been their choice, and they have the
right to that choice.

There are also many Aboriginal people who
were forcibly removed from their families and
communities and raised in non-Aboriginal insti-
tutions or families. Some were aware of their
Aboriginal descent, but in their formative years
were unable to "run away" from what was being
done to them. Others were too young to know.
Many of these individuals have since sought out
their Aboriginal families and communities, where possible, or have been adopted by Ab-
original communities. This also is their right and
their choice.

Then there are those Aboriginal people who
have been fortunate enough, in the midst of an
alien society, to have remained part of Aborigi-
nal communities and families. They have cho-
sen to remain so, and that is their right.

In our approach to health regeneration, we must
also recognize that, fortunately, even after 200
years there are still Aboriginal people living a
traditional life-style, almost untouched by the
invasion [of Australia by white settlers in 1788].
And there are others who are part of the home-
lands movement and are moving back to their
lands, their country, taking with them those
elements of Western society that serve their
needs. They are re-establishing traditional
practices. That is their strong desire, their
choice, and their right.

It is a reality that the majority of Aboriginal
people has, at some point in the history of their
families, been dispossessed of their land and
dispersed against their will. In turn, the vast
majority of these people recognize the reality of
their dispossession but also the impracticality of
restoring all traditional lifeways and practices.
However, they do wish to regenerate most, if not
all traditional value systems for themselves and
their families and to regenerate those lifeways
that will restore their health and that of their
communities. That is their choice and their right.

Next we must recognize that, as a consequence
of the invasion, thousands of Aborigines are of
mixed genetic descent. Federal governments
and certain other authorities have wisely recog-
nized, as evident in their definition of the term
"Aboriginal," that "Aboriginality" is not depend-
ent upon degree of descent, nor is it dependent
upon descent alone. Again, regardless of de-
gree of Aboriginal descent, government or leg-
Adaptation of Aboriginal culture so that it might survive, generation by generation.

A resource for living — the land

Traditionally, life came from and through the land. Life was revealed in the land. The land was not an inanimate "thing." It was and is alive. Physical birth is a ritual, though unembellished, and death is a ritual celebration of the transformation of life back into the Dreaming, for eventual return. The process is comparable to the coming and going of the seasons, the environmental renewal of resources. Living men, women, and children are among those resources intimately bound up with the land. Land is thus pivotal to Aboriginal existence. Aboriginal spirituality was and is essentially land-centred.

Traditionally, Aboriginal people were utterly dependent on the land for survival, and their social organizations were related to this dependency, to the need to relate successfully to their natural environment. Traditional Aboriginal social systems are models — blue-prints for living — based on the interrelationship between people and land, people and creator beings, and between people themselves. Ideally, they stimulate interdependence within and between each set of relationships.

The general position

While much has changed, much also remains. The traditions carry on into the present. Even in areas of Australia where the right to land in terms of traditional relationships can no longer be demonstrated, what still exists is the idea of "my country," with all this implies in the way of a right to the land and its resources. The emphasis is placed, quite rightly, on the economics of such a claim, which is of utmost importance if, in the midst of an alien society, the Aboriginal people are to see a physical, mental, and spiritual regeneration, hence the full restoration of their health.

The facts since the invasion

For many years now, activists within Australian society have been advocating land rights for Aborigines. Most observers have perceived land rights as a vague term referring to social equality; to others it has appeared as a threat to...
GRANDMOTHER'S LAW

The Central Australian Aboriginal Congress, founded in 1973 and based in Alice Springs, is an organization of, for, and managed by Aborigines. It provides essential medical, welfare, dental, and rehabilitation services in a community context for the Alice Springs region and outlying areas in Central Australia. It is also a forum for the Aboriginal people.

In 1981, Central Australian women told the Congress:

We have lived by our Grandmother's Law for a long time now. Our Law has been violated since the white man came. Our babies die. Our women are shamed. We have no choice but to tell our story. We regret making known to all our sacred women's business. We talk in whispers about this Law, but we want healthy babies, and we want our Law. When you know our story, you will know our shame and our sadness.

The Grandmother's Law underlies traditional birthing practices, reaffirming Aboriginal women as part of a cultural whole. To these Aboriginal women, speaking of their experiences giving birth in hospital, each violation of their traditional Law is a form of malpractice:

It's really embarrassing for a man doctor to see old, middle-aged private part when she is having a baby. Before they didn't do that sort of thing. Like in the old days, some women used to sit behind her and rub her back while she is having a baby. We never need to look at her private parts suspiciously.

I had my grandmother and aunties with me the first two times. That felt very good. In hospital I was too shy. I was too ashamed. They left me by myself, and no one was with me, and they just let me sleep by myself.

When they go to hospital they get lonely. No mother sister or relations. In hospital thinking for grandmother and mother. Thinking they might die!

There's no interpreter in the hospital. There's only white people.

Sometimes they get shame in the big hospital when they are waiting for their appointments. And some of them go into the hospital and wait and wait.

Mothers from the outstations, they don't speak English. It's lonely for them.

Why all the blacks leave the hospital? Because some are frightened. She is frightened because she is all by herself there, and she don't know what to do.

Yes, I was crying in the labour ward, and my blood pressure went up. I thought I was going to pass away. I didn't know what was going on. Doctor comes in and says, 'Hey, what are you crying for?' I don't know what's going on.

Today in the big hospital, the man see that [placenta]. Before only woman see that thing.

We get shame when doctor see us when we having baby. Makes us feel no good!
their right to personal property. Neither perception is correct.

In espousing land rights, Aborigines have called non-Aborigines simply to recognize the Aboriginal right to land as part of their right to law. Non-Aboriginals have perceived this as a call for some kind of token action to satisfy Aboriginal demands. This has happened at all levels, individual, institutional, and governmental.

What Aborigines have, in fact, been on about is that we own this land and that nothing has been done, either by Aboriginal law or white man's law, at a national or international level, to change that status. The reality is that Aborigines own this land, and they have been denied use of it by non-Aborigines, for whatever reason, and this has continued for 200 years.

The demand for land rights now means that non-Aborigines 1) concede to our sovereignty over our lands and seas within what is now known as Australia and 2) begin to Pay the Rent.

We believe that we have grounds to challenge the legal basis of the invasion and subsequent occupation of Australia. At no time have we given consent to the occupation of our land and seas, and this occupation without consent directly contradicts the British Crown's instructions to [Captain] Cook. The fact that Cook did not obtain our forebears' consent makes the continuing occupation of our land illegal under English/Australian law, as well as under Aboriginal law. We are living in a society that is living the lie of Terra Nullius [an "empty land," as it was declared by Cook in his report to the Crown upon his arrival].

This lie — upon which was based the invasion, occupation, and subsequent cultural, legal, and spiritual imposition by the invader — has denied us our sovereign rights, has dispossessed us of our land, suppressed our culture, suppressed our identity, often sought to obliterate many of our languages, and sup-

pressed all and eliminated many of our ceremonies and spiritual practices and beliefs.

This oppression has continued, although varying in nature and design according to policy changes by colonial and successive state, territory, and federal governments.

This oppression is the cause of our disease, our physical and mental ill health as seen in our mortality and morbidity rates.

Requirements for health

We consider four elements to be necessary to an individual's mental health:

1. The assurance of his or her own identity.
2. A belief in something external to himself or herself.
3. The availability of options for future personal decision-making.
4. The possession of a language common to his or her group or community (particularly in an alien and threatening society).

All four of the above elements have been suppressed or eliminated by non-Aboriginal authorities in their "handling" of Aborigines throughout the past 200 years.

The need for sovereignty or power over our own lives

In modern Australian society, we have been unable to govern our own lives, to determine our own future, to live out sovereignty, and to claim our right to the land.

For almost 200 years, land rights (rather the retention of land rights) have been the focal point of our claim for cultural survival as a unique people. The Aboriginal claim to land rights is a collective term we use to cover the many other legitimate rights we, as the indigenous people of this land, possess.

In recent years, new words have been used to describe the unique position and status of Aboriginal peoples. The use of these new words should not detract from the reassertion of the Aboriginal relationship with the land, but should serve to articulate more clearly what Aboriginal peoples have been seeking for the last 200 years — the right to be who they are, the right to be Aborigines without physical or political interference and free of economic or religious manipulation.

Sovereignty for Aboriginal people is not the first step towards the destruction of the Australian nation state.

Sovereignty is the correction of a 200 year old lie.

Sovereignty is the recognition of the Aboriginal people's legitimate rights.

Sovereignty is the commitment of the Australian nation to the survival of this continent's indigenous people, representatives of the world's oldest surviving culture.

Sovereignty is self-determination for Aboriginal peoples. By definition, this includes the final say in the management of our economic, social, cultural, and political resources. Sovereignty will allow us to use resources to community needs in one move, independent of political or bureaucratic interference or threat thereof.

"Big brother" not trusting us, looking over our shoulder breeds distrust, resentment, and inaccountability. Accountability of Aboriginal people to their own communities, however, will lead to a restoration of traditional structures and traditional values. Community initiative, community participation and community control are the tools for implementing sovereignty.

In the context of a national health strategy, sovereignty is a practical response to Aboriginal needs in the areas of housing, education, employment, health, legal and judicial systems, child care, and care of the elderly. In addition sovereignty is an appropriate response to the complex causative factors underlying Aboriginal deaths in custody.

As borne out by past experience, programmes not in keeping with the goals, aspirations, and needs of Aboriginal people will fail, waste resources, and compound problems.

On the contrary, the assurance of our right to make decisions about our lives, without interference and without the threat of interference will be a collective leap forward for all Aboriginal people. Sovereignty is clearly the straightforward, honest, and most economically effective approach to meeting our health needs.
200 YEARS OF UNFINISHED BUSINESS

Adapted from a paper presented in August 1988 to the Mental Health Status of the Nation Conference of the Australian National Association for Mental Health by Pat Swan, Aboriginal Medical Service (AMS), Redfern. Pat Swan is Aboriginal and a registered psychiatric nurse currently employed by the AMS in its Public Health programme.

The Aboriginal Medical Service (AMS), Redfern is a community-controlled organization committed to the primary health care of the local [Sydney inner-city] Aboriginal community. Since its beginnings in 1971, the AMS has been absorbed in meeting the community’s most immediate physical health needs. Unfortunately, we have never had the resources to begin to address a major area of concern — the mental health problems that we know take a big toll on the health and lives of our people.

A survey conducted by the Victorian Aboriginal Health Service in 1987 demonstrated high psychiatric morbidity and poor utilization of available mental health services by the local Aboriginal community. This survey highlighted one aspect of the legacy of the last 200 years:

• 65% of respondents had been separated from a parent during childhood (estimated corresponding rate for non-Aboriginals 29%)

• 47% had been separated from both (estimated corresponding rate for non-Aboriginals 7%)

• 21% of the respondents had lived in an institution during childhood.

The reasons for these high figures lie largely in the [nature of the] Aboriginal experience since Europeans arrived in our country in the late 1700s.

History

Today, I will talk about recent Aboriginal history, with special focus on just one aspect of this history of "terrorism" — the systematic removal of Aboriginal children, which continued generation after generation, especially in the 20th century but right up until the late 1960s. This attempt at cultural genocide, justified by the government policy called "assimilation," is a major factor in the mental distress evident in the Aboriginal community today.

Since the invasion, Aboriginal peoples of different tribes, speaking their own languages and having their own cultural beliefs and practices, were forced from their country. Their rights and laws were totally disregarded. They were treated with contempt and forced into a sub-human existence.

All Aborigines were considered wards of the state and were not permitted to have any citizenship rights [Australian citizenship was granted to Aboriginals only in 1967]. They were treated in much the same way as prisoners of war.

They were herded onto missions and government reserves. The government and missionaries rationed out nutritionally inadequate foods — refined sugar, white flour, and tea.

Discriminatory legislation was passed that empowered government officials, police, welfare workers, and mission managers to force Aborigines onto reserves that were staffed and totally controlled by resident white managers. Reserve managers actively discouraged the use of Aboriginal languages and cultural practices. These managers had unlimited power over the daily lives of the Aboriginal people who lived there; that included power over freedom of movement, power over work, power over dollars, and power to take their children away.
Under the [so-called] protection act, non-Aborigines were paid much higher wages than Aboriginal workers, who received little or no salary; often Aborigines were paid in drugs such as opium, alcohol, or tobacco (nigger sticks). Employment could be terminated at the will of the mission managers.
With institutionalization came the forced abandonment of social practices, breakdown in culture and the line of authority and traditional law, has resulted in loss and bereavement: loss of land, loss of hunting grounds (resulting in starvation), social fragmentation and war, loss of health, enforced relocations onto missions and reserves, loss of freedom, loss of cultural and legal norms, loss of citizenship, loss of control over their lives and environment, forced removal of children. The punishment dealt out to those who dared express anger or hostility over such injustices is another mental health story.

resulting in a soul-destroying dependency. The differences in cultural beliefs and practices between groups caused social disharmony, which was recorded as anti-social behaviour.
For Aboriginal people, contact with European culture has been characterized by the denial of access to public facilities, to adequate housing, to education (even exclusion from schools), and to economic power or resources needed to play a meaningful role in the new culture. Contact

The theft of Aboriginal children by non-Aborigina ls in authority, in particular, was a systematic attempt at cultural genocide and has been the background for many years of horrific memories, distress, and mental health problems that continue to this day.
The devastating experiences of Aboriginal parents and their families brought on by the removal of their children, the loss of control over their own lives, powerlessness, prejudice, and
hopelessness have left many problems for us to deal with today. Very few non-Aboriginals realize that this process continued right into the late 1960s and still continues in some places.

The families who escaped the theft of their children by government officials still had their share of “missionaries” who thought that Aboriginal adults were too entrenched in their own culture to convert to the gospel. So they separated the children, denying the adults access and influence. This was another way of destroying the culture.

In New South Wales, the Cootamundra home for Aboriginal girls and the Kinchela home for Aboriginal boys are the best known of several institutions, while the Celbrook home in South Australia and the “half-caste” home in Alice Springs were the local equivalents.

Some children were fostered out and subsequently rejected by a succession of non-Aboriginal foster parents. It was government policy at that time to civilize these children and train them as unpaid domestic servants and useful non-voting citizens. They were raised in a foreign, regimented environment, loaded with negative messages about their Aboriginality. They were expected to work long hours and were often victims of physical abuse and sexual assault.

Children were moved around from one state to another. I have a friend who was four years old when she and her sisters were stolen from their parents. They were taken from around Alice Springs and placed with different non-Aboriginal families in Queensland. She found her way back home when she was 17, but so far has been unable to locate her siblings.

It would be difficult to maintain self-confidence and high self-esteem in these situations that were the norm for Aboriginal children. The strong and healthy bond that a child develops towards family in early years is the foundation for future relationships with others and for physical, social, and psychological development.

When a child has a strong and healthy attachment to family, both trust in others and reliance on self can develop. Children who are torn from family, abused, institutionalized, or neglected often lack attachment and have difficulties relating to others.

And that cycle has yet to be broken.

I’ve seen these children’s case histories recorded in departmental files where it was stated that they lacked a conscience and were said to be manipulative and not genuine in expressing their affection. Foster parents have told me, “No matter how much I give, this child still doesn’t show any emotion or seem to care about anything.” It is hard for unattached children to grow socially. They have great difficulty trusting others or maintaining relationships of any sort. They have not learned to care for themselves or others, having received little or no love themselves.

For generations, Aboriginal children were removed from their [families, communities, and traditions]. But, despite all odds, Aboriginal people have survived — though with the many problems that today must be addressed.

The unfinished business

Aboriginal people make up 1.5% of the Australian population. Today, Aboriginal men, women, and children are over-represented in custodial care. In 1988 in New South Wales, 8% of the male prison population [was] Aboriginal. The proportion is higher for women. Jails and children’s institutions are full of Aborigines who have been branded anti-social and many who have been diagnosed as having behaviour disorders.

Since the coming of Cook, we have been led to believe that Aborigines are a nation of sociopaths, or is there something wrong with the system by which we are judged?

The staff from AMS, Redfern think the following are important [elements] in maintaining good mental health. They are high self-esteem and
self-confidence; the freedom to communicate needs and feelings; the ability to love and be loved; a sense of belonging to family and community; ability to cope with stress; ability to relate, create, and assert oneself; having options for change (which help the development of a problem-solving approach); being comfortable with your environment; and believing in something (family, community, culture, religion). It is clear to Aboriginal people that those with unfinished business have low self-esteem, and those with high self-esteem don’t self-mutilate.

From what I have told you, you will understand why many Aboriginal people might be unable to maintain good mental health.

Aboriginal health workers recognize that mental health is a major part of ill health. While we have been aware of the needs in this area for over ten years, our requests for resources have always been judged “low priority” by government agencies. They seem to respond only to the high visibility needs that receive media attention.

Advances in the understanding and treatment of mental health problems have been impressive since World War II. However, this progress has yet to benefit Aboriginal people. Culturally appropriate services for Aboriginal people in the mental health area are virtually non-existant.

Many Aboriginal people have seen their brothers and sisters labelled as mentally ill (and hospitalized or incarcerated as a result) when they understand and know the problem as a social and political one. The diagnoses are always non-Aboriginal ones, and the solutions are seen as another form of oppression.

Mental health services are designed and controlled by the dominant society for the dominant society. The health system does not recognize or adapt programmes to Aboriginal beliefs and law, causing a huge gap between service provider and user. As a result, mental distress in the Aboriginal community goes unnoticed, undiagnosed, and untreated. Hopefully, this will change.

A list of ingredients for improvement, drawn up by the AMS, is as follows:

- It is important that mental health professionals listen to what Aboriginal people are saying and seek explanations from [other] Aborigines when they don’t understand.

- It is important that mental health professionals understand the unfinished business I have
been speaking about — the real-life situations of alienation, poverty, and powerlessness.

- A framework (cultural and historical) needs to be developed by Aboriginal people, within which problems can be defined and understood from an Aboriginal perspective. Without this framework, services treat only the symptoms (with poor results) and tend to blame the victim without comprehending the problem.

- Out of this framework, programmes need to be developed and resourced. They must be Aboriginal community-based and controlled, e.g. assertiveness training and reculturalization and reparenting programmes, support and self-esteem programmes, drug rehabilitation programmes, etc.

- Community-based and controlled Aboriginal Mental Health Worker teams that can go into the home in crisis should be trained and supported.

- Adolescent services should be established, specifically designed to address the deep despair, the hopelessness and tendency to depression and self-mutilation of this “at-risk” group.

- Resocialization and enculturation services should be set up along the lines of Link-up, an organization established by Aboriginal people to trace and re-unite the “stolen” generations.

- Link-up should then be adequately supported. Link-up currently has only two staff to cope with the extensive national workload.

For 200 years, non-Aboriginal Australia has made many mistakes on our behalf, and there is no Western model that can address the Aboriginal situation. Aboriginal people must be empowered by education and resources to control decisions affecting our lives.

We Aboriginal people must be given the opportunity and the resources to address this area of need in our community, so that we can, as we have successfully shown in other areas of health care, find the way, through Aboriginal community control and participation.

If Australia is to show that it is genuinely interested in the mental health status of the nation, with quality and justice for all citizens, the authorities need to deal honestly with the causes underlying Aboriginal mental ill-health.

---

A CASE HISTORY

Adapted from the foregoing paper, "200 years of Unfinished Business," by Pat Swan.

This case history is typical of what happened to many, many Aboriginal Australians. The majority of Aboriginal people in Australia today have at least one family member or friend who is living with the repercussions of such a situation.

In the early 1960s, a mother was at her home on a New South Wales mission with her five children, John (9), Sally (7), June (6), Normie (3), and Ruth (6 months). Her husband was away working. She had just put her children to bed.
ments there are....Aah, I always wish I'd never left there. It was my home. Sometimes, I wish I'd been born black as the ace of spades, then they'd never have took me. They only took half-castes. They took Albert and they took me and Katie, our friend. She was put in Parkerville. She had a big doll with her when she went, Albert had me. Others went, too. I was about eleven or twelve....

They told my mother and the others we'd be back soon. We wouldn't be gone for long, they said. People were callin', 'Bring us back a shirt, bring us this, bring us that.' They didn't realize they wouldn't be seein' us no more. I thought they wanted us educated so we could help run the station some day, I was wrong.

When they came to get me, I clung to my mother and tried to sing them [to sing an incantation...believed to have the power to kill...]. I wanted them to die. I was too young. I didn't know how to sing them properly. I cried and cried, calling to my mother, 'I don't want to go, I don't want to go!'. She was my favourite. I loved her. I called, 'I want to stop with you, I want to stop with you!' I never saw her again.

Aboriginal Boys' Home and the youngest to Bomaderry Children's Home.

The girls were taken to the Aboriginal Girls' Home at Cootamundra. On arrival they were deloused and their heads shaved. The two older girls, June and Sally, were separated and placed in separate dormitories, each with 50 other girls.

The youngest child, Ruth, was placed with a staff member. The following week, June was sent to the school classroom, but Sally and nine other girls were told to stay behind. After school, June was told that her two sisters and the other fairer skinned girls had gone to live with "nice families."

Sally was fostered with a Dutch family. She learned to speak Dutch fluently. She said that she first noticed her "difference" at her new school while playing games. Other children refused to join hands with her, and they called her names.

Her foster parents said she was well behaved until she was about 13 years old, when she started smoking, getting around with the wrong crowd, and running away from home. At 16, she ran away from home definitively, and little else is known about her except that at the age of 22 she was battered to death in Sydney.

An Aboriginal organization was notified of her death. Her natural mother was contacted for the first time since her removal, and her body was taken back to the mission for burial.

June was in Cootamundra for 10 years. She describes life in the home as one of sadistic regimentation, where cleanliness, "godliness," and domestic duties were substituted for love and affection.

There she received clear negative messages about her Aboriginality, Aboriginal culture, and her "no-good black family." At 14, she was placed as a domestic servant on a farm where, for over 12 months, she was physically and sexually assaulted by the station owner. She tells of occasions when she was in bed and the station owner would walk into her room and masturbate on her face and body. She became pregnant and was sent back to Cootamundra.
She was then sent to an unmarried mothers home in Sydney. Her son was taken from her at birth and put up for adoption.

From there she was given accommodation at the Parramatta Girls' Home and had several "placements" with Corrective Services.

Today June has problems coping with her two children, who have been placed in care by Youth and Community Services. She has been told that, if she wants her children back, she must "get her act together" or her children will be made wards.

Ruth was fostered to a white family, who changed her name. At the age of eight, she was placed with another family for one year while her foster mother received psychiatric care. At the age of 12, her foster family returned her to her belongings, packed in plastic bags, to the local office of Youth and Community Services. Her step-family said they felt Ruth had always been "weird" and that her behaviour was now quite strange (she talked and made noises into a tape recorder while crouched in a closed wardrobe).

She was then fostered by another white family and, again, her surname changed. This young woman, today in her early 30s, is attempting to work through an assortment of problems.

After seven years in Kinchela Boys’ Home, John was sent to work at a dairy farm where he stayed until he was 18. Little else is known about him. He died at the age of 27 of liver disease caused by excessive alcohol consumption.

Normie was in Bomaderry until he was nine years old, when he was transferred to Kinchela. Normie will not talk about the time he spent in these institutions. He has been diagnosed as an alcoholic. With the help of Alcoholics Anonymous he remains sober, but suffers episodes of depression and often becomes emotional and withdrawn.

I hope I have told this story the right way.

The three survivors in this family are Aboriginal Australians of this generation, and they are in this audience listening....When their records were examined, the reason for their removal was recorded. It read...Aboriginal.

**AN ANANGU STORY**

The ill health of the Anangu people of Aboriginal Australia is well documented. Anangu children suffer a complex of infectious diseases, together with mild to moderate growth failure in the first three years of life. Such an illness profile is similar to that of children in developing countries. The Anangu Pitjantjatjara (A.P.) lands are home to a population of approximately 2000 Anangu, but the level of disease prevalence and morbidity requires health service resources appropriate for a much larger population, states the Report of Uwankara Palyanyku Kanyintjaku - An Environmental and Public Health Review within the Anangu Pitjantjatjara Lands (December 1987), produced as a co-operative initiative by the Nganampa Health Council Inc., the South Australian Health Commission, and the Aboriginal Health Organization of South Australia. With specific reference to Anangu Pitjantjatjara community, the report draws up a list of "healthy living" practices and their necessary health "hardware."

A major finding of the review is the crucial role of management in the maintenance of public health on Aboriginal lands. Every utility in the community relevant to public health is dependent on community management for its functioning. Generators, water systems, waste disposal, clinics all need to be paid for, installed, and maintained. Once services break down they actually become a threat to public health. These services fail whenever management fails.

Healthy living practices are impossible without the necessary health "hardware," concludes the report, but the bottom line is behavioural change, such as that being made by the once-nomadic Anangu as they adapt to living in permanent camps and houses.

The Anangu story, given below as it appears in the report, illustrates how many small factors combine to have an impact on the day-to-day lives of Anangu living in the A.P. communities. It does not present a complete model of life on the lands, but illustrates the interdependency of health, management, and environmental factors.
It is late summer and the temperature is 40 degrees. You are walking home from the community store carrying the food you need for dinner: a pack of meat, a bag of sugar, a bag of flour, and four cool drinks for your kids. You hope that your youngest child, two years old, is feeling better since visiting the health clinic this morning. She may need a trip to Alice Springs. You pass a group and recognize frequent visitors to the community: Commonwealth Department of Aboriginal Affairs, Aboriginal Development Commission, and South Australia Aboriginal Housing Board advisers who have come to meet with the community council. They are now arguing about the use of housing grants and what types of houses to build.

In the yard of your house you see neighbourhood children playing and all your family sitting under two old shade trees. You tell them how you spent your week's left over money (after paying for food, clothes, and petrol) on a cassette on special for $9.

Two of the kids are playing in a pool of smelly water near the back of the house, and the other two are playing with the dogs under a dripping yard tap. Two older relatives are starting a fire for dinner under the shelter of a bed frame covered with an old tarp.

You remember the clinic sister's advice, explained to you by the health worker, to wash your two-year-old child in the evening, so you go into the house and to the bathroom. There is a bad smell, and you feel the heat the minute you enter the house. The bathroom floor is covered with water and the toilet is blocked. One shower tap has fallen off, so you decide to use the basin. It is too small to wash the baby in. It is only after you start that you find there is no hot water. There is no soap and a towel either, so you use your shirt and make do. You go into the next room to get clean clothes for the baby. The sun is streaming in, making the room extremely hot, and you discover that water seeping from the bathroom has soaked your bed and the clothes on the floor. Later, after dinner, you set a small fire in the yard and make camp for the night.

Another Pitjantjatjara day has come to an end.

The National Aboriginal and Islander Health Organization (NAIHO) was formed in 1974 by the various community-controlled and community-based Aboriginal health services for the purpose of providing coordination and support for each other’s ideas and activities. More information on Aboriginal health services may be obtained by writing to the NAIHO co-ordinator, Shane Houston, at the following address:

NAIHO
Riverside Drive
Airds 2560
P.O. Box 290 Campbelltown
New South Wales, Australia
THE VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LIMITED (VAHS)

Established in 1973 as a cooperative by the black community of Melbourne, the VAHS is operated, managed, and staffed entirely by Aborigines, with the exception of the medical and dental professionals (there are no Aboriginal graduates in these professions). In sharp contrast to state health services, the VAHS operates seven days a week, 24 hours a day. Care is provided free of charge.

VAHS adopts a holistic approach to treatment and sees itself as an Aboriginal "survival programme." VAHS believes that the ultimate answer to the so-called Aboriginal problem is in land rights and that the alleviation of Aboriginal ill health alone treats only part of the problem. Land rights would give Aboriginal people the economic independence (through the control of resources and facilities) and the self-determination necessary to solve their own health problems. In the interim, however, a service to provide a reasonable standard of health care is needed.

With the immediate aim of providing primary and preventive health and dental care to all Victorian Aboriginal people, the VAHS offers various services:

- a health and dental clinic
- an "under-fives" clinic
- an obesity clinic
- an audiometric service
- a hearing programme (screening and follow-up, including speech therapy and liaison with the state eye and ear hospital)
- regular specialist clinics (paediatric, ophthalmological, gynaecological, obstetric, ENT, surgery, nutrition, and physiotherapy)
- a mobile dental clinic
- a weekly mobile medical clinic serving at least ten Victorian country centres with large Aboriginal populations
- specific health and dental care (in the form of advice and assistance) to individual Aboriginal communities, at their request
- a 12-month health worker education programme for 26 community-selected Aboriginal health workers in medicine, the politics of health, community organization, and communications (see Koorie Kollij, page 16).

In addition to the above conventional services, the VAHS undertakes a range of health-related community support and development activities:

- occupational therapy and skills extension training for disabled people, chronically unemployed people, and alcoholics
- child placement in emergencies
- distribution of clothing and food parcels in emergencies
- funeral funding, to assist economically deprived Aboriginal families
- transportation of patients to sources of PHC and to appointments with specialists and para-medical workers
- home visits to encourage early treatment of health problems (secondary prevention)
- follow-up of individual cases, e.g. after dismissal from hospital
- welfare rights counselling (to inform people of their right to sickness or unemployment benefits, for example).

Almost as a by-product, but a very important one, the VAHS functions as a model of Aboriginal achievement, thus helping to sustain individual and community self-esteem. It also functions as a social and information centre, where people drop in for many reasons other than the need for health care. Homeless Aborigines from the surrounding inner-city area, for example, receive their mail at the VAHS. The service is one of the few places off the street where they can rest, find shelter, and be with their friends.

Funding difficulties continue to be a source of frustration for Aboriginal medical services and the VAHS in particular because of increasing numbers of patients, escalating costs, and its choice not to charge patient fees.

Should you wish further information on the work of the VAHS, their address is:

Victorian Aboriginal Health Service Co-operative Limited
136 Gertrude Street
Fitzroy 3065
Melbourne, Victoria, Australia
THE TRANSFORMATION OF A EUROPEAN AUSTRALIAN — THE SHAPING OF A COMMITMENT

Recognizing the injustice suffered by the Aborigines, which has contributed directly to their ill health today, non-Aborigines often feel themselves to be helpless bystanders. On her visit to the VAHS, Linda Senturias met Dr William Roberts, a second-generation European Australian and one of many non-Aborigines who have joined the Aborigines in the struggle to better their situation. She tells his story briefly below.

Dr Roberts trained in dentistry and practiced for several years in the elite area of Collins Street in Melbourne. He served mainly those who could afford his services. During this time, as he recalls, he treated only two Aborigines.

Things began to change for Dr Roberts when he became involved in the Action for World Development (AWD), a solidarity organization that supports third world people’s movements and speaks out on issues such as apartheid. He says, “It is easier to support third world movements outside Australia than to support the Aborigines in Australia who are part of the third world. I remember that at the age of 11 my parents took me on a vacation at an Aboriginal camp in the outbacks. It was quite unpleasant. We were observing Aborigines as if they were in a zoo. At school we were not properly educated on the Aborigines, and the history of Australia was taught from the European Australian perspective.”

In 1975, Dr Roberts read that VAHS was looking for a fee-for-service dentist. He phoned the VAHS and said that he wished to help set up a dental service for Aborigines. He was commissioned to undertake a two-week dental survey, aided by two Aboriginal women (with only primary school educations). The survey revealed a dental problem so severe that the VAHS was prompted to submit a proposal for funding the dental service to the Department of Aboriginal Affairs.

The fund was granted, and Dr Roberts was asked to join the VAHS as a full-time dentist. Leaving his lucrative Collins Street practice was a difficult move to make, but in the end conscience prevailed. Dr Roberts has since been doing not only curative dental work but has also initiated preventive dental care as part of the Aboriginal Health Workers Education programme. Dr Roberts says that he has never regretted this major decision in his life. He is an active member of the VAHS Executive Board.
KOORIE KOLLIJ

Eriinda Senturias also visited Koorie Kollij, a community-oriented educational programme for and managed by Aborigines. She reports on her visit. Aborigines use the word "Koorie" to mean Aborigine.

Koorie Kollij was started in 1982, when the Victorian Aboriginal Health Service set up its own Health Worker Education Programme with the aim of producing community health workers who would take their skills back to their communities. Its students are selected by their own communities.

Across Australia there are only 51 Aboriginal health services, so a community health worker trained at Koorie Kollij will not necessarily go to work in the treatment room of a health service. A student may come from a community where there is no existing health service and is at Koorie Kollij to learn how to set one up. A health worker might go back to the community to work for the Aboriginal child care agency, helping to re-unite families or keep them together. A health worker might return to work for a housing cooperative to help Koories improve their housing. Health workers are trained at Koorie Kollij to become involved in the many activities that contribute to a healthy community.

The Health Worker Education Programme is a 12-month, full-time programme of study that covers the subjects of health, Aboriginal history, politics and community organization, and communication.

Health

Half of the health course timetable is devoted to developing appropriate knowledge, skills, and attitudes in regard to health. The course includes 10-weeks of St John's First-Aid training, as well as theoretical and practical paramedical studies in all aspects of Aboriginal health, with emphasis on nutrition and preventive health care. Specialized areas such as children's health, care of the elderly, diabetes and other common Koorie diseases are also covered.

Aboriginal history

Taught by Aboriginal elders using oral tradition, this history course covers all aspects of Koorie life on their land, including the dreamtime, the traditional ways, colonization, and recent historical events. Students learn history by tracing their family trees in relation to the issues for which their families have struggled or suffered in the past. "In the school, everyone is equal. Aboriginal teachers are teaching from life experience; they pass on what they've learned. The students teach the teachers [see box]. We're learning new things everyday," says Alan Brown, Koorie Kollij administrator.

Politics and Community Organization

In Koorie Kollij, health and politics are considered to be so interrelated that they are taught as a unit. The course in community organization and politics creates awareness of many current problems, such as oppression of the Koorie culture and community. It is designed to strengthen the students' political stand on various issues, e.g. land rights and sovereignty.

Communication

The oral history tradition is the oldest and most accessible communication system in Australia. The communication course covers oral, written, audio, and visual forms of communication. It involves plenty of practical work such as poster design, running a student newspaper, public speaking, basic video production, and radio programming.

Koorie Kollij take a comprehensive approach to medical education. It prepares its students to deal with real people and their environment.
KOORIE TREATMENT OF ILLNESS AND PAIN

As part of the Koorie Kollij approach, students are encouraged to share what they know of their Aboriginal heritage. A student, identified simply as Billie, contributed an article on traditional "bush" medicine to the Koorie Kollij student magazine Kembaki (Speak Loudly) (1984).

In Queensland over 40 plants or trees were used for curing illness. Leaves or bark were pounded and soaked in water to prepare the medicine. Our people drank this medicine to make them well again. This medicine was used for nausea, headache, constipation, dysentery, stomach-ache, rash, snake bite, and wounds. One medicine might be used for several ailments - as a lotion for sore eyes, as drops for earache, and as an ointment for painful parts of the body.

The Lower Murray communities used wild geranium leaves to stop the sting of insect bites. Chewing the inner bark of a eucalyptus helped against a chest cold. The Pitura tree, or dhandi, was used as tobacco and as an anaesthetic. A special drink, called moora, made from a vine that grew around the lakes after the wet season, was used to control birth. Burns were smeared with animal fat or with sap from certain trees.

In Central Australia seed cakes were an important part of our people's diet and tended to cure constipation. Or the people ate greens in the form of leaves and young shoots. The stinging green ant and its larvae were eaten to cure diarrhoea. In Arnhem Land the greens were mixed into a medicine for stomach-ache. Along the northern coastline, a young sting-ray's liver, mixed with water, was taken for constipation.

Eye diseases were common among our people. They were caused by dust, flies, wind, and the glare of the sun. In Queensland, treatment was by putting on the leaves of the plant Alphitonia excelsa, and in the Arnhem a lotion of native plum tree leaves and salt water was applied. In the western desert, breastmilk was used to soothe sore eyes.

Many ailments, such as toothache, earache, rheumatic and muscular pain, fever, swelling, and colds were treated with heat. Either a hot stick or a stone was held against the aching part. In the Kimberleys, a poultice made of green leaves that had been steamed over the ashes of the fire was put on the stomach to ease pain. Among the people who lived along the Murray River, the patient would lie on a bed of damp grass laid over burning bark so that he would be in a sort of steam bath. In Central Australia the patient was covered with hot sand and would lay for several hours on dampened leafy branches spread over hot ashes. After childbirth, hot stones or coals were placed in a hole in the ground, and the mother squatted over the heat, which relieved the pain and helped general recovery.

A broken leg or arm was a serious matter to our people, who were on the move all the time. In some regions, no treatment was attempted. The broken limb was left to knit as best it could, perhaps leaving a limb severely twisted and the person a cripple. Some of our people used wood to set a broken limb in a jacket of mud or clay. My people in New South Wales would bind the break tightly between two sheets of bark. In North Queensland, splints of sticks were bound around the broken arm or leg.

Bleeding was a common cure for snake bites among our people. The victim squatted down and pinched the wound to make the blood flow and then put a heated possum skin on the bite. The treatment was continued for two hours. After that the poisonous blood was sucked out. On the Lower Murray River, among other places, ligatures were tied above and below the bite, and the vein was opened. After the ligatures were tied, the patient was given a steam bath.

Some groups disinfected a wound by burning it with a firestick.
THE STRUGGLE FOR LAND RIGHTS OF THE INDIGENOUS PEOPLE OF AUSTRALIA

The following outline, adapted from information booklet No. 25 (1989), entitled Land Is Our Life, published by the World Council of Churches Programme to Combat Racism, provides a brief history of land rights legislation in Australia, to help put Aboriginal statements in context. The original text was prepared by Anne Gray and Robyn Coleman of the Aboriginal and Islander Commission of the Australia Council of Churches.

In 1975, Senator Neville Bonner (the first Aboriginal senator) moved "that the Senate accepts the fact that the indigenous people of Australia, now known as Aboriginal and Torres Strait Islanders, were in possession of this entire nation prior to the 1788 First Fleet landing at Botany Bay, urges the Australian Government to admit prior ownership by the said indigenous people and introduce legislation to compensate the people known as Aboriginal and Torres Strait Islanders for dispossession of their land." The motion passed unanimously. After some delay, the government set up the Aboriginal Land Fund Commission (later replaced by the Aboriginal Land Development Commission) to buy lands for Aboriginal communities across Australia with Australia Commonwealth funds.

There is no land rights legislation in Western Australia. The government does not allow Aboriginal communities to hold freehold title to land. The Aboriginal Land Trust (an advisory committee appointed by the Minister for Community Welfare in 1972) holds title and issues 99-year leases to Aboriginal groups. Leaseholdings are classified as Crown Land and are under the control of the Minister, thus effectively preventing Aborigines from completely controlling their resources and affairs.

South Australia, as early as 1966, established the Aboriginal Lands Trust of South Australia to hold title and manage existing reserves. In 1984, the Pitjantjatjara people were given freehold title to their lands in the Great Central Reserve. This was the first settlement ever negotiated between a government and an Aboriginal community. A similar act was passed in 1984 to return to the Maralinga people their traditional lands. Recent events, however, show a weakening of the pro-land rights position in favour of mining interests.

In 1976, the Aboriginal Land Rights (Northern Territory) Act became the first legal recognition of prior Aboriginal ownership of land. Reserves and mission lands thus came under Aboriginal control, although much of this land is desert or otherwise unsuitable for farming. The majority of Aborigines in the Territory are still without land.

Since the first reform initiatives of the Whitlam (Labour) Government in 1972, the Queensland State Government has resisted the principle of land rights. Thus there is still no prospect of Aboriginal land rights outside the reserves, and Aborigines living on reserves or similar areas have no legal status as title holders.

In 1974, the New South Wales Land Trust was established by the State Liberal Government, and in 1975 title to all inhabited reserves was transferred to its control. The Aboriginal Land Rights Act, passed in 1983, became the first legislation enacted by any Australian Government which acknowledged and paid compensation for the theft of Aboriginal lands. The Land Rights Act, now under attack by the new Liberal Party government, is a test case for land rights across Australia.

The Labour Government of Victoria, under special legislation, has returned only a small area of land to Aboriginal ownership. Pro-lands rights legislation is under attack from the mining industry and the conservative coalition parties.

Tasmania does not recognize Aboriginal land rights. An effort at land rights legislation in 1982 lapsed with a change in government.
RESOLUTION ON CHURCHES AND INDOMENOUS LANDS

In May 1989, the World Council of Churches Programme to Combat Racism convened a consultation on land rights of indigenous peoples. Co-sponsored with Australian Aboriginal organizations, the meeting produced two documents: the Darwin Declaration and Petition. We present one of the resolutions below.

We call upon the [churches] to recognize that indigenous lands have been taken by the church, without the consent of the indigenous people of that land; and that the church open dialogue with the indigenous people for tenure over current land held by churches; and to make strong recommendations to the churches of Australia that they make an immediate handover of church lands to Aborigines so those people have a means of survival.

We request church members [everywhere] to support the indigenous peoples in their struggle for land rights.

The churches should be required to:
• return land they have taken from indigenous people
• pay compensation for Mission Lands they acquired
• observe the "pay-the-rent" concept
• observe the "Zacchean Principle" [by giving] a percentage of their income to the indigenous people
• take action against those pushing church religion in Aborigine communities to the detriment of the indigenous culture.

Regarding Aboriginal land issues:

a) We ask [all churches to inventory] all lands owned now, and formerly by the churches.

b) We ask [all] churches of the Australian Council of Churches (ACC) to guarantee 20% of all positions within their various agencies and committee to Aborigines and Torres Strait Islanders.

c) We believe that each denomination within Australia must have an Aboriginal body which will be given decision-making powers, finances, and resources to carry out the decisions made.

d) We...request ACC to convene a meeting of Aborigines and Torres Strait Islander Christians of Australia to enable them to form a unified indigenous church.
CHURCH SUPPORT OF THE ABORIGINAL CAUSE

Church support of the Aboriginal cause over the years has taken the form of action by the National Missionary Council of Australia (NMCA), which in 1965 became the Australian Council of Churches (ACC). The following historical highlights of church action in support of the young Aboriginal movement were recorded in a paper by Frank Engel, ACC’s general secretary from 1969-1975.

In 1959, the NMCA issued a general policy statement, proposing, *inter alia*, that Aboriginal reserves be made Aboriginal land.

Two pamphlets, published by the NMCA in 1963, declared Aborigines to be a distinct ethnic group with rights that must be recognized and safeguarded. It was proposed for the first time that "corporate freehold ownership of remaining reserves" be guaranteed as the rightful heritage of certain tribes and that a National Aboriginal Capital Fund be set up by the federal government. The pamphlets stressed the importance of preserving and using Aboriginal languages in maintaining Aboriginal identity.

A 1965 ACC pamphlet, *The Land Rights of Australian Aborigines*, further developed the ideas of the 1963 pamphlets. It was distributed within churches and to all state premiers, opposition leaders, ministers in charge of Aboriginal Affairs, and members of state parliaments. In 1966 it was circulated again in the South Australian Parliament, when the Bill for Land Rights was before the Houses (the bill was passed).

In 1967, an ACC document proposed the "development of indigenous local government" on mission stations. It urged "permanent title and tenure" for Aborigines on reserves. Also in 1967, the ACC supported the Commonwealth referendum for the recognition and citizenship of Aborigines.

The 1970s saw a general heightening of awareness of racism. In 1972, the ACC established a Commission on Aboriginal Affairs and a Commission on Racism. An Aboriginal and Torres Strait Islanders Development Fund was established.

USEFUL PUBLICATIONS

**Koorie Health in Koorie Hands: An Orientation Manual in Aboriginal Health for Health Care Providers** by Ian Anderson

Written by an Aboriginal medical student, highlights the value of self-determination and self-management in creating a framework for meeting Aboriginal health needs. Provides an overview of Koorie history, modern Koorie society, and the current health status of Koorie communities in illustration of the interrelatedness of health, socio-economic, socio-cultural, political, and environmental issues. Appendices contain health-related statistics specific to the Aboriginal population and a section giving useful addresses.

Published by the Koorie Health Unit, Health Department Victoria (June 1988) and available at the following address:

- Koorie Health Unit
- Eighth Floor
- Health Department Victoria
- 555 Collins Street
- Melbourne, Australia

**Health Business: A community report for the Central Australian Aboriginal Congress and its people** by Pam Nathan and Dick Leichleitner Japanganka

Presents the history of Aboriginal contact with European health care delivery in Central Australia. Provides an interesting insight into the lives of Aboriginal people as they share their traditional "bush" health care. Written as a resource for planners at all levels in the development of an Aboriginal-controlled health service.

Author Pam Nathan worked with highly knowledgeable (illiterate) Aborigine Dick Leichleitner Japanganka, who introduced her to and instructed her in the lives of Aborigines in eight types of communities: a settlement, a mission, European-owned cattle stations, Aboriginal-owned cattle stations, selected outstations, town camps both with and without leases, and the Gap area of Alice Springs.

Published by Heinemann Educational Australia (1983) at the following address:
Bush Food by Jennifer Isaacs

A well written, richly illustrated book on Aboriginal food and herbal medicine. Illustrates Aboriginal methods of hunting/gathering and preparing their food, and presents the use of flora and fauna in traditional Aboriginal medicine. The book draws on the author's depth of experience (Ms Isaacs lived with the Aborigines for over 15 years and is an adopted daughter of the two Aboriginal communities).

Published by Weldon Publishers (1987). Available at the following address and in commercial book stores (A$45):

Weldon Publishers
Kevin Weldon and Associates Pty Ltd
372 Eastern Valley Way
New South Wales 2608, Australia

Land Rights News

Produced by Pat Dcdson and John Ah Kit for the three Northern Territory Land Councils to serve as a national voice for the land rights movement. Covers news events and provides useful information in the form of feature articles on history, contemporary issues, and related overseas solidarity movements. Also contains book reviews. If they wish, Contact readers can support the land rights movement by subscribing to Land Rights News at the following address:

Land Rights News
P.O. Box 3321
Alice Springs, NT 0871, Australia

Video material

A number of videos have been produced on the subject of Aborigines and health. Health Today presents what Aborigines are doing and saying about their health. It uses a series of interviews punctuated with songs to communicate messages such as "Keep your culture" and "It's a killer [AIDS]." The video G.T.K. (Getting to Know) targets Aboriginal youth and also uses "bush hip" music to put across anti-alcohol, anti-tobacco, pro-fitness, and AIDS-awareness messages. Spread the Word provides specific information on AIDS transmission and its prevention among Aborigines.

For information, please write to the following:

Congress [For G.T.K. and Health Today]
P.O. Box 1604
Alice Springs
Northern Territory 0871, Australia

 Aboriginal Medical Service
[For Spread the Word]
Redfern Co-operative Ltd.
36 Turner Street
Redfern 2016, Australia

CMC NOTES

Contact 107 reported the passing of legislation in the Philippines to make generic prescribing part of a comprehensive national drugs policy. We should like to up-date our readers on recent developments.

There was initial resistance to the Generics Act by several pharmaceutical manufacturers (represented by the Drug Association of the Philippines) and certain of the medical profession (represented by the Philippines Medical Association). The government of the Philippines reports that certain drug manufacturers are now trying to delay its implementation by not complying with the requirement for generic labelling, that is the prominent display of the generic name of the active ingredient on all containers and packages of medicines. In September of this year, the Secretary of Health of the Philippines, in a statement to the press, reminded the companies involved to respect their welcome to do business in that country. He identified their action as an attempt "to subvert democratic processes" and wished to inform the Filipino people accordingly.

We should like to recall to our readers the advantages of generic prescribing, as explained in Contact 107.
This month people around the world will celebrate the anniversary of the birth of Jesus of Nazareth in Palestine nearly 2000 years ago.

We believe that in Jesus, God came to live among us in human form. His life as well as his teaching showed us God’s special concern for the poor and oppressed. His execution by the authorities and subsequent resurrection demonstrated that unselfish love, although not easy or popular, is the only power that will last. He calls each of us to follow him in building a world where all creation is able to achieve the full potential given by God.

It is in this spirit that the Christian Medical Commission staff and commissioners around the world join in wishing you a

MERRY CHRISTMAS and a

HAPPY, HEALTHY NEW YEAR!