

# The Meares Oration: Access and Equity for People with a Double Disadvantage

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Before I commence this oration I bring greetings from the Bundjalung people and the Koories of NSW, to the spirits of the Nyoongañ people, and thank them for allowing me the honour of being in their country. Chairman, DACA members and guests, I thank you for allowing me the privilege of presenting this oration to you.

When I was first asked to deliver this oration, I thought 'what a wonderful idea', but then later I began to have those feelings of doubt, 'Can I do it? Am I up to such a task?' especially when I remember what little formal education I had as a child, 'Well here I am before you'. I will commence by telling you about myself.

I was born into an Aboriginal community in the Box Ridge Aboriginal Reserve in northern NSW, the home of my people, the Bundjalung people.

My early childhood was spent attending the Reserve school and then the school at Tweed Heads, arriving in Brisbane in the mid to late 1940s where I finished my primary schooling. With a small group of other families we lived as a small community on vacant crown land where all of the homes were made out of bush poles, flattened tin and lined with tar paper, in what was then the very outskirts of the city. Remember, this was at the end of World War II in the late 1940s. Growing up in this environment and attending the local primary school was an experience I will never forget.

Housing was very hard to come by for my parents, and the negative attitude of teachers and the other children at that school made life difficult. We then moved into temporary government housing of a former World War II naval base, and from there we moved to the State Housing Commission estate at Acacia Ridge which was then on the outskirts of Brisbane.

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I tell you this because I want you to understand my life growing up as a young Aboriginal teenager in Brisbane and having the usual battles against discrimination and racism which was very much practised at that time.

It was during the early 1950s that I commenced to play sports and like all teenagers got into trouble with the local police. If one was Aboriginal one was more noticed by them, but it was my sporting ability that helped me to survive those early years.

During the mid 1950s I was playing rugby league with the local Aboriginal Community football club. A promising football career was cut short through an accident. After about 9 months in hospital I came out with an amputated right leg—that was in 1956.

It was from this point that my whole life changed. Not only did I have to adjust my lifestyle but my whole way of thinking. It took me many years to come to terms with a change of lifestyle from an outward going active sporting person to a feeling of the fact that I would have to go through life with one leg. This was very devastating for me as a person. I went through a time of coping with people around me, especially with personal relationships with people who were close to me. I was lucky that I had a close, loving and extended family who were a great support to me during those very difficult times.

As a way of coming to terms with my own disability, I became very much involved in the Aboriginal Rights Movement. During the last 25 years I have been active in some of the major events that have taken place in the civil rights movements in Australia and over the last 10 years I have been involved in the development of Aboriginal radio and television.

If we look at this period of Australian history, especially over the last 20 to 30 years, and the changes that have taken place in this country, plus the changes that have taken place in my life, I believe we must all try to change the Australian attitude towards us as people.

### **Mortality rates**

Many of the questions I would raise with you today in some sections of this oration we could find comparison with in other sections, such as what do we mean when we talk about access and equity of the double disadvantaged? These are some of the questions I would like to raise.

As well as the more widely known disabilities of physical, intellectual and mental impairments there is another type of disability and that is cultural disability, or disabilities caused by cultural dissemination. To begin with, the report of Aboriginal mortality in rural regions of NSW. This report looks at the mortality rate among Aborigines in NSW. Here are some significant points extracted from that report:

- The average life expectancy for Aborigines is 52.7 years.
- Infant mortality rate is estimated at 52 per 1000 live births, compared with 12.2 per 1000 in non-Aboriginal population (that is, more than 4 times higher).
- Aboriginal adult mortality is similar to levels found in the poorest third world countries.
- Aboriginal childhood mortality is similar to that in countries in transitional development stages (that is, between developed and under-developed countries).

### **Service delivery**

When we look at the health status of Aborigines we find it is far below that accepted by the general Australian population as normal health. There is very little reference material available that categorises Aborigines as having some form of disability.

The Sydney based Aboriginal Medical Service, in their paper on Aborigines and Disabilities, tell us of their health workers gathering most of their material by word of mouth when travelling in rural and remote Aboriginal communities.

It was found that many Aborigines with disabilities do not recognise that they are disabled, and Aborigines view themselves as a whole community and see such categorising as attempts to erode their community solidarity and cultural identity.

Aborigines find it difficult to cope within a non-Aboriginal environment unless there are other Aborigines around them for social and cultural support, and in many cases

the staff employed at these facilities are ignorant of the social and cultural needs of Aboriginal people. Often it is the simple things of filling out forms and documents and understanding forms written in the English language that could add to the Aborigines' feeling of being isolated within this non-Aboriginal environment which can often be seen as more traumatic than the actual disability.

When dealing with Aboriginal people every effort should be made to ensure that Aborigines have access to rehabilitation and other medical facilities services, that Aborigines are employed at these facilities, that staff and other personnel are informed of the special need of Aborigines, and that Aboriginal family and community services members are informed of the available services and their rights to these services.

### **Aboriginal health**

Aborigines suffer from a large range of acute and chronic diseases that are not generally seen in other sections of Australian society. All of these diseases have the ability of causing physical, intellectual and mental damage. Alcohol, drug addition, petrol and glue sniffing plus other substance abuse, all cause brain damage and other recurring infections, with the ability of causing mental and physical impairment, which inflicts damage to all sections of Aboriginal society, men, women and children.

With no adequate culturally acceptable detoxification and rehabilitation facilities to service the community, Aborigines continue to be under-served, creating a higher than acceptable mortality rate.

Crop spraying and other high chemical usage in the rural industries cause many Aborigines to suffer from skin, kidney and neurological disorders. More people than we realise suffer from kidney disease, needing to go onto kidney machines. There are many cases of Aborigines whose disease is chronic, who often remain forever on the waiting list for kidney donors.

Many Aborigines suffer from limb loss and other forms of trauma associated with working at manual and often isolated rural industries. Back injuries and head injuries are common particularly for those living and working in more remote and isolated regions of Australia, with the lack of access to adequate rehabilitation services.

Much publicity has been given to people suffering from asbestos related diseases,

yet very little is known of Aborigines who still live in dwellings built on mine tailings and are affected by this disease long after the asbestos mines have been closed. As is the case of the people of Baryugal in northern NSW, many of these people still suffer from this acute physical disability and the mortality rate in these communities is very high.

Aboriginal children in rural and remote areas of Australia suffer from partial hearing impairment due to recurring ear infections. When not treated effectively these infections lead to hearing loss that carries well into adulthood. Most Aborigines do not bother with hearing aids, plus the cost is prohibitive, and with most people living in poor conditions the maintenance of hearing appliances is virtually impossible.

What has been outlined here are just a small number of disabilities and impairments that Aborigines suffer from. Add to this other diseases such as hepatitis B, leprosy, and other diseases that are supposed to be eradicated in most parts of the world.

Then there are the new diseases such as AIDS, and the devastating effect that such a disease is beginning to have on the Aboriginal people where there is a very strong cultural philosophy of sharing. We add to this disabilities caused by motor vehicle accidents, industrial accidents, domestic violence, street violence, plus such diseases as diabetes and other related illnesses.

With domestic violence on the increase many women and children are suffering from both (temporary and permanent) physical and mental disabilities due to this cause. These disabilities and impairment cross all social, racial and cultural boundaries.

We find that many people of Aboriginal and ethnic background, with English as a second language are unaware of the facilities that are available to them. There is a need to educate and inform them of their rights, and that they can qualify for assistance. It's important that this information be delivered by people from their own communities.

### **The human experience**

After more than 40 000 years of human existence on this continent Aborigines developed a culture that identified with the land and environment, with a cultural heritage and civilisation that pre-dates many other civilisations in the world. This co-existence

with the land and the environment was disrupted with the mass arrival of the first Europeans just over 200 years ago. Since that time Aboriginal people, as a distinct and racial group has suffered attacks from all sides.

Because of these attacks, commencing with the mass slaughters and upheaval to their natural environment through to cultural decimation and the eradication of their languages, 'there are very few of the many languages that were spoken still alive today'. Remember that as a racial group the Aboriginal people are the only indigenous Australians in the world. Yet people of other racial backgrounds in Australia, no matter how many generations they have been in this country, do have a country that is their ancestral homeland with which they can identify, where they can revive their culture and language. However, once the Aboriginal people as a race have been eradicated there is no other country in the world they can go to where their language and culture can be revived.

As I have said previously in this oration, with the high mortality rate, as a people we are continually under pressure. We add to this the other historical facts of attempts to break down the social fabric of Aboriginal society. Remember, as a distinct racial group Aborigines were not accepted as citizens of this country until 1967, when a referendum for citizenship rights was enacted.

The land rights debate and the death in custody issues of today all add to the attempts of breaking down the social fabric of Aboriginal society. Also, many of my people are living in economically deprived third world conditions especially those in the rural and remote regions of Australia.

As I have said earlier we suffer from the many diseases and impairments that have been eradicated in other parts of the world.

We should go back in history to the time of the first settlement in Sydney from 1788, which began the genocide practices and the decimation of the Aboriginal people commencing with the early tribes of Sydney being eradicated within the first 30 years of European settlement.

This destruction progressed from mass slaughter through to cultural decimation beginning with the taking of the children to the first Aboriginal institution that was established by Governor Macquarie at Parramatta, west of Sydney in the 1820s. This practice of taking the children did not end until well into the 1970s.

Aborigines have experienced a long history of their children being taken away from them and placed into institutions where over the generations they have become the most institutionalised group of people in Australian society. This institutionalisation and the policies of cultural decimation have led to generations of physical, mental and intellectual disabilities.

On the question of service delivery to Aborigines with disabilities, they seem to be caught between program services as administered for mainstream groups and those services administered for differently able people, to the point that there is no real service delivery for Aborigines with disabilities.

Up to this point I have concentrated mainly on Aboriginal issues and their plight. This is because as a people they are the lowest common denominator and are doubly disadvantaged. When it comes to the servicing of the disabled for access and equity in this country and when it comes to funding for service delivery Aborigines are at the bottom rung of the service ladder.

With this lack of service delivery to adult Aborigines I find there is very little in the way of services for Aboriginal children, especially for those in the remote and rural areas who seemed to be ignored when we look at service delivery in Australia. While we are on the subject of service delivery to our children, a large number of children from the remote areas no matter what their ethnic background or racial origin all suffer from this same lack of service delivery.

### **Women's issues**

When dealing with this issue I feel as a male person delivering this oration I cannot speak with the authority that I have in the previous section of this paper. Female sexuality and feminism are issues that I would not attempt to discuss here. I will leave that for people with more authority than myself on the subject.

What I will say is that although there have been great advancements made for the equality and rights of women over the last few decades, women still have to battle against attitudes that give an image of low esteem and chauvinism that is practised in most sections of Australian society.

We find that women with disabilities are at the lower rungs of the social ladder. Firstly they have problems being accepted as women, and as individuals. There are

many areas in the public and private sectors of Australian society that still don't give recognition to women with disabilities as being able to take their place in that society.

Access to the workplace and allowing for facilities to cater for special needs of women in the workplace, and especially women with disabilities, are still issues that employers and section managers are coming to terms with. Many managers have a reluctance to innovate new programs and are inflexible and have a lack of commitment to anything new or different from their perceived view of the world.

Because many of the business leaders are so conditioned by social indoctrination on their attitudes to women, we find there are very few women at decision-making levels of business and Government services. To my knowledge there are no 'differently able women' at these higher decision-making levels who can be sensitive to the special needs of women. There are many facilities that are not available to women with disabilities and lack of access to these places can at times be very traumatic. There are many cases of not having access to simple things like public transport, buildings and other facilities.

### **Ethnic issues**

It is estimated that four out of every ten Australians now come from an ethnic background, yet many people from this background find it difficult to gain access to appropriate service facilities. Non-English speaking migrants have a 'double disadvantage'—they not only have language difficulties, but they have further difficulty in utilising the services available to them. With the special needs of people from non-English speaking backgrounds, government agencies and other service providers have found it difficult to provide for them.

In recent years there has been a change in migration population, where under the previously selective White Australia Policy of the Selective Immigration Act the large migrant influx came from the European countries, especially during the period from the 1950s to the 1970s.

Now the present migrant population comes from south east Asia and the Arabic countries. Therefore there has been the change from Anglo-Celtic population, and then to a European Judaeo-Christian society to where today a large number of mi-

grants come from a Muslim and Buddhist religious and socio-economic background.

Many migrants have language difficulties, and having English as a second language as well as suffering from similar disabilities that have been mentioned in other parts of this oration, they require special care in service delivery. As I have said in previous sections of this oration, at times just the simple things of filling out forms and documents that are written in English can be a traumatic experience, but then if you have a disability or impairment the task can be made more difficult.

A large number of workers from the ethnic community suffer from disabilities caused by industrial accidents due to cultural factors and having English as a second language. In addition, the negative attitudes of management are a major cause of many of these industrial accidents. Yet many Australians of ethnic background have difficulty in access to service providers especially when there is a negative attitude by staff to their particular needs.

Having access to service is one thing but having information that is understood is another. In many cases, medical information is relayed to the patient through their children or other family member who is more fluent in the English language which can cause embarrassment. In some cases, such a situation could be against the cultural practice of a particular ethnic group.

As I have said previously, people of ethnic background suffer from the same types of disabilities that Aborigines and other minorities have in Australian society and in many cases the causes of these disabilities are from a similar cultural decimation and coping with a strange environment.

### **Double disadvantage**

Because of the lack of general information on people with disabilities, it is difficult to identify people who are doubly disadvantaged, such as people of Aboriginal and Ethnic backgrounds who have English as a second language or those who have a strong cultural identity. There have been a number of surveys and reports on people with disabilities of ethnic background and some information is known of their issues and needs, but there is a very little documented information on the Aboriginal people who are disabled.

Information about Aborigines seems to be hidden under the banner of the multicultural policies, and researchers and health workers have found it difficult to identify the Aborigines who are disabled. When we look at the 'Multicultural Agenda' and other such policy documents we find there is very little reference to Aborigines and almost no reference to Aborigines who speak a language other than English. As I have said before, although Aborigines on the eastern seaboard of Australia and in other major urbanised cities and towns have been culturally decimated, Aborigines, in the remote and rural areas still speak a language other than English as their first language.

Although Aboriginal service providers have made some attempts to collect information on Aborigines who are disabled, they seem to be constrained by funding resources in their research, and many Aborigines don't see a place for themselves in the service delivery area. We find that many of them are not serviced by the service delivery agencies and there is little funding resources made to these agencies and information about Aborigines with disabilities is very limited.

When we look at access and equity to service agencies and access to the workforce, Aborigines are at the lowest rung of the servicing ladder. Remember that most Aborigines and Torres Strait Islanders who need access to services are from the rural and remote area of Australia. When people are planning programs they tend to forget that Australia is a continent first and a country second, so servicing for access and equity for people in remote communities can be very difficult.

Although the ethnic community is in a similar situation to Aborigines, and Torres Strait Islanders, they are not as badly off in their access to services, as most live in the major cities and towns. Although there are similar problems of language and cultural decimation, more information is available for them in their particular languages.

Unlike the Aboriginal community, there are more professionally trained medical resource personnel such as doctors and other medical professionals in the ethnic community who can relate the particular medical needs to their community.

On the question of women's issues, many of the points I have made in other parts of this oration when dealing with Aboriginals and ethnic people include women, but there are many issues that particularly concern women such as attitudes to love, marriage,

divorce, sex, children and child-bearing, plus the relationship with people around them and how they relate to their own emotions as people. Many of these questions I expect will be discussed in more detail by others who are more expert in the field.

### **Images and labelling**

In preparing this oration I have spent many hours going through reference notes so the point I would like to make now is the question of stereotyping and labelling of the disabled.

There are many stereotypical images of disabled people which we have to fight against daily. Many of these images and negative attitudes are perpetuated by the media. The ABC in their paper on 'The Guide to Non-discriminatory Language' has outlined a media guide to combat this negative image, and in my role as the then Aboriginal Co-ordinator at SBS, as well as writing the SBS 'Guidelines on Aborigines and the Media' I was a contributor to the ABC's guidelines on non-discriminatory language.

People with disabilities are disadvantaged in many ways, with varying negative views from being super achievers, or brave and heroic figures, to a tragic image of being the victim of society. All of these images give a stereotypical negative view. None of these views consider us as human beings with human values and human dignity.

I believe that one way of overcoming these negative images of people with disabilities is to have awareness workshops similar to the cross-cultural workshops that are run for Aboriginal and ethnic groups, making people aware of their particular needs so similar workshops could be run in the workplace to make others aware of the needs of people with disabilities. Many of these workshops could be conducted by para-professionals who are trained in this particular field.

### **In conclusion**

I could go on with many more comments on all of the issues covered in this oration, the more I look at what I have covered the more I could go on. Before closing I just want to make some final comments about access and equity for people who are doubly disadvantaged.

The people in my view who have the most need of access to service delivery are the Aboriginal people, especially those from the remote and rural region of Australia, plus those ethnic Australians who have English as a second language. I also believe that women and men who are doubly disadvantaged because of their ethnic background as well as their disability need to have access and equity into the workforce and therefore into the Australian society.

If just a few services and facilities were installed then people who are doubly disadvantaged would be in a position to make a contribution to the economy of the country, plus many in the mainstream of Australian society would be able to overcome their own prejudice about people who are 'differently able'.

I would now like to leave you with a quote from the United Nations Charter of Human Rights. Principle 7 of the United Nations Declaration on the Rights of Disabled People states that:

Disabled persons have the right to economic and social security and to a decent level of living. They have the right, according to their capabilities, to secure and retain employment or to engage in a useful, productive and remunerative occupation and to join a trade union.

I do hope that what I have presented to you during this oration has given you some food for thought. I would like to take this opportunity to thank DACA, their staff and members for their support and for inviting me to present this Meares Oration to you, and I would like to thank you for sharing with me these concerns and hope for the future that I have presented here.

Finally I would like to thank the Nyoon-gah people for allowing me the honour of being on their lands and sharing with them the spiritual exchange of our cultural beings.