

# Mainstream response to Indigenous health care

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## INTRODUCTION

The authors of this paper believe some of the principles behind the writing of the book *Ngangkari Work – Anangu Way* are an excellent reflection of what mainstream health in Ceduna is trying to achieve, and these include:

- To provide information about the role and practices of ngangkari in order to encourage greater collaboration and understanding between non-Anangu health workers and ngangkari.
- To promote understanding of the great value and importance that traditional ngangkari practices have in contemporary Anangu life.
- To promote discussion among funding bodies and local organisations about ways of supporting ngangkari, including issues of payment and transport. <sup>1</sup>

Ceduna is a rural coastal township on a major arterial road link between Australia's eastern and western states. It is known as a place where the desert meets the sea. Ceduna provides services to surrounding towns in a total catchment area of approximately 5432 square kilometres. <sup>2</sup>

The town is 800 kilometres (km) by road from Adelaide and 460 km from the Western Australian border. Ceduna is 250 km from the Aboriginal community of Yalata and 600 km from the Oak Valley community.

A population of around 3500 people occupies the prescribed Council area with an additional 450 people residing in the unincorporated lands to the west. The population of these areas is made up of 23% Indigenous persons, whose numbers vary depending on seasonal and cultural events.<sup>2</sup> An additional 400 000 people travel through Ceduna annually.

The mainstream health service at Ceduna is governed by a Board of Directors through the Chief Executive Officer and is part of the Eyre Regional Health Service, which covers an area from Port Lincoln in the south to the Western Australian border.

The health facility provides acute, emergency, low and high level aged care services, community health, renal dialysis and visiting medical and surgical specialties. The visiting specialist services to Ceduna include gynaecology, orthopaedics, gerontology, general surgery, ear, nose and throat, adult psychiatry, child and adolescent psychiatry, paediatrics and cardiology.

There are 25 acute, 10 long stay, 28 hostel style beds and 22 independent living units. 50% of admissions to the acute area are Aboriginal clients.

In early 1998, as part of the Evaluation and Quality Improvement Program (EQuIP) under Australian Council of Healthcare Standards process, CDHS undertook an inpatient client survey to determine local community needs and ways of improving services. The survey was sent to clients as a mail out and unfortunately, the Indigenous client participation was minimal as the process was obviously inappropriate.

It was suggested by Indigenous staff that the best way to seek feedback was to go out to the Aboriginal communities and hold an informal social gathering. A bar be que was organised at Yatala community, in September 1998. The Director of Nursing and the Aboriginal Liaison Officer (who speaks the local language) attended, and the survey was conducted.

The survey consisted of 6 questions related to people's access, level of comfort at the hospital and cultural appropriateness of the services at CDHS.

The response to these questions indicated that Aboriginal people were not comfortable accessing mainstream health through CDHS for a variety of reasons and the following recommendations were made to address the concerns:

- removal of spirits of deceased persons from the hospital
- access support through accommodation for Aboriginal patients and their families/carers having to travel to Ceduna for health related care – Step Down Unit commenced in early 2002
- include Aboriginal art work and posters – in consultation with local people aboriginal art work and posters were purchased and displayed
- provision of traditional foods – this is done regularly with the catering staff guided by our permanent Aboriginal residents in a fire pit of the hospital grounds
- cultural awareness training for all staff – this is undertaken as mandatory training on an annual basis
- implement renal dialysis service – this was commenced in 1999 in partnership with Queen Elizabeth Hospital.

The Aboriginal controlled communities suggested the use of an Ngangkari to remove the spirits and provide services to inpatients be addressed as a priority.

As CDHS, Ceduna Koonibba Aboriginal Health Service (CKAHS) (covering Ceduna, Koonibba and surrounding homelands), Tullawon Health Service at Yalata and Oak Valley Health Service, north of Maralinga, were participating in a joint funding submission with the Commonwealth Department of Health and Ageing, Department of Health and Eyre Regional Health Service, it was decided to use this opportunity to gain funding for the provision of services by a ngangkari.

The agreement included the sharing of costs in engaging an appropriate ngangkari for all of the communities. The shared costs included transport to and from the communities for the ngangkari, an interpreter, accommodation and fee for service.

Mahar identifies that mainstream health professionals “often experience difficulties with providing care to Aboriginal people because of the cultural distance between mainstream culture and Aboriginal culture”.<sup>3</sup>

This is one of the reasons CDHS felt that difficulties existed with provision of cross-cultural health services, as we were not providing proper medical support. “As sorcery and supernatural intervention are part of the perceived reality of aboriginal life” we needed to provide the appropriate medical intervention to address these needs.<sup>3</sup> Therefore the RHS gave us an excellent opportunity to introduce ngangkari services as part of mainstream health.

## WHO ARE NGANGKARI?

There are many definitions in the literature about ngangkari but the consistent theme surrounds their ability to “remove the influence of sorcery and evil spirits and to restore the wellbeing of the soul or spirit”.<sup>4</sup> *Ngangkari Work – Anangu Way*, provides many examples that describe ngangkari as either male or female.

Elsie Wanatjura, Women’s Council Emotional and Social Well-being Project Officer, explains in this book that Anangu people call healers ‘ngangkari’ and that they are regarded as very effective because they carry strong powers within themselves to eradicate emotional and painful problems.<sup>1</sup>

Ngangkari, or Anangu doctors “work with the spirit of the sick person, both when he or she is aware and when he or she is asleep”.<sup>1</sup>

Andy Tjilari and Rupert Peter, who are well-respected ngangkari, advise that traditional healers were originally found all over Australia and usually start working when they are children. They are given the powers by their grandfathers and there are many ngangkari, both men and women.<sup>1</sup> Tjilari and Peter explain that “Ngangkari work the same as doctors”. They go onto clarify that ngangkari are perceived as equal to doctors in the work do, and they state the difference between ngangkari and doctors and nurses is that doctors and nurses learn their skills in a university.<sup>1</sup>

## CEDUNA DISTRICT HEALTH SERVICE NGANGKARI

CDHS has the fortune of having two ngangkari who visit and provide services. This has occurred on 7 occasions over the last 2 years with increasing attendance by both Indigenous and non-Indigenous community members.

When a number of deaths or high incidence of illness occurs, we usually contact CKAHS who facilitates the visit of the ngangkari. We may get a weeks notice of his arrival or he may arrive unannounced from his visits up north.

Word of the ngangkari visiting spreads rapidly via bush telegraph, even before he arrives in Ceduna and between CKAHS and CDHS the ngangkari is booked out from the day he arrives until the day he departs.

The ngangkari visits the health service during the day to cleanse the building and rooms of any spirits that may be creating mischief or illness. Sometimes this may necessitate him visiting in his spirit form during the night. Otherwise he disposes of the spirits as he meets them during the day – this is done differently by each ngangkari, but is no less powerful as this is evidenced by the increased presentations to the hospital after he has finished.

Word spreads very quickly around the community that the ngangkari has visited and cleansed the hospital of spirits and the last visit was written up in the local paper to demonstrate the importance of his work and the results it achieves.

Often the ngangkari will consult within the hospital itself seeing both inpatients and those who have made appointments to see him privately. This process has become more and more interesting over the 2 years CDHS has been providing the service, as the numbers of non-Indigenous patients increases.

The ngangkari consults at various sites around the town, both within health services and people's homes. The Step Down Unit has been utilised extensively for the consultations. The ngangkari may during the one on one consultation recognise the need to visit the patient's home or workplace, as the spirit that is causing the illness or sorcery may be found there.

Staff at the health service have seen some wondrous examples of ngangkari work and the success that has been achieved. These have included the massaging of flesh to remove sticks or stones, which are the manifestation of the illness or sorcery and the burial, chasing or destruction of spirits, which caused emotional or physical disharmony within the hospital. Some of these sticks and stones have been placed in a sealed glass cabinet in the entrance to the hospital at the request of either the ngangkari or the patient. These practices and beliefs are explained more fully in Maher's paper "A review of 'traditional' Aboriginal Health Beliefs".<sup>3</sup>

We have also learnt that the ngangkari are not able to help those people whose illness is caused by emergent or western behaviours. Maher lists some of these as being:

- alcohol-related illness
- substance misuse<sup>3</sup>

which Reid explains have been introduced since the colonisation of Australia.<sup>4</sup> It is an interesting point to note that both ngangkari have also advised us of the limitation of their skills to treat substance misuse problems and are easily able to identify a patient whose problem is associated with any of the above and will often decline to see and treat them.

At CDHS, we have been challenged by the red tape and auditing requirements when payment of fee for service and reimbursement of travel and accommodation expenses are made to the ngangkari. For all other visiting specialists payment is initiated after receipt of a tax invoice with Australian Business and Tax File Numbers. This has resulted in innovative practices to ensure that the ngangkari are "treated with respect and financially remunerated by the health service as health specialists".<sup>5</sup>

## CONCLUSION

CDHS has attempted to work in collaboration with the Aboriginal Controlled Health Communities and Ceduna Koonibba Aboriginal Health Service to develop strong liaisons and deliver services appropriate to the needs of their communities.

The collaborative work has resulted in:

- implementation of a renal dialysis service
- consultation with local Aboriginal people for the purchase of artwork and posters
- staff undertake cultural awareness annually
- introduction of traditional foods cooked ie outside in a fire pit with resident Aboriginal clients providing advice to catering staff
- the success of the RHS program
- regular visits by ngangkari's to mainstream health and the Aboriginal communities

- development of an Aboriginal Services Improvement Plan with involvement from all the communities, including Aboriginal Services Division. The plan is currently being evaluated
- increased employment of Aboriginal staff into nursing positions
- increased access to scholarship support for Aboriginal staff wishing to access nursing training
- understanding and involvement of visiting specialists with ngangkari.

Sam Watson in the book *Ngangkari Work – Anangu Way* tells us that it is important we give as much training as possible to the young people in the old ngangkari ways. He says, “We need all the old powers and skills to be kept alive and not get lost.”<sup>1</sup>

Mainstream health has an obligation to support this concept by continuing to incorporate ngangkari practices with western medicine. We need to do this not only for the benefit of our clients now but also for the future. This means funding bodies recognising that ngangkari may not possess Australian Business Numbers, Tax File Numbers or even bank accounts into which they can be paid.

Whilst the community and staff are embracing the concept of working with traditional healers it is obvious that our finance systems are still having difficulty adjusting to the process.

## REFERENCES

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- 4 Reid J. The Encyclopaedia of Aboriginal Australia. Horton D (ed) Canberra, Aboriginal Studies Press for Australian Institute of Aboriginal and Torres Strait Islander Studies: 1994; 457–461; Retrieved on 20 September 2004. [http://www.flinders.edu.au/kokotinna/SECT02/HIS\\_HLTH.HTM](http://www.flinders.edu.au/kokotinna/SECT02/HIS_HLTH.HTM)
- 5 Bebbington S. Challenges for a Rural Health Chief Executive Officer: providing cost-efficient services that address local needs in an appropriate, ongoing, timely fashion. Aust Epidemiologist 2004;11(2):50–52.

## PRESENTER

**Sandra Tesoriero** is the Chief Executive Officer with Ceduna District Health Services and has a strong health management background. Her qualifications include a Masters of Health Service Management as well as several nursing certificates. She is currently undertaking her PhD with the University of South Australia, which is researching skills required by rural and remote health managers and if they are different from urban health managers. Sandra is a strong advocate for Indigenous health through developing partnerships to improve increased usage of mainstream health services.