

# *Health is a State of Mind*

*Jeff McMullen*

For the third year in a row the OECD has ranked Australia as a world leader in quality of life. This version of the happiness index is broad and deep and should be a cause of national celebration.

Yet at the same time Australian children are warned that they may be the first generation in history to have a shorter life expectancy than their parents. The obesity epidemic challenges our complacency, a tendency to rest on our good fortune, as expressed in Donald Horne's ironic phrase, *The Lucky Country*.

The state of Indigenous health in Australia also should challenge each one of us. Why am I often the oldest man as I walk the red dirt streets of the remote communities? Why do Aboriginal people here in the Northern Territory have a life-expectancy gap about 50% higher than the national Indigenous average of 11.5 years for men and 9.7 years for women?<sup>1</sup>

You cannot come here to Darwin to discuss Australian health without facing this deeply disturbing truth. The life expectancy gap for Aboriginal men in the Northern Territory is improving way too slowly. The official estimate of a 15-21 year gap here almost certainly underplays the scale of a genuine health emergency.

We may go on talking about *our quality of life* and *Closing the Gap* but most Aboriginal men here know from a very young age that their lives are not going to be healthy or happy. Many feel trapped in poverty and are constantly reminded that their lives will be cut short by a cluster of chronic illnesses. The procession of funerals seems never ending. Diabetes, renal illness, cancer, strokes, hypertension and heart disease is cutting the heart out of another generation.

This health emergency for Indigenous Australians and the increasing threat to the life expectancy of all younger Australians is occurring at the same time as Australia celebrates its top ranking in the quality of life index.

I want you to draw the connection here. Totally preventable, treatable, life-style illnesses are the common threat. There are also some important differences and we will explore them. But to improve health for all Australians, to build a truly healthy society, we need to recognize that *health is a state of mind*, as well as of body.

As General Practitioners maybe you have mastered the duality of mind and body. Or have you? Let me be the doctor for a moment, invite you into my room and ask you to settle back in the chair and tell me about your health.

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<sup>1</sup> Australian Bureau of Statistics 2013

I am delighted to hear that less than 5% of you doctors are smokers now. This compares very favorably to the 19% of other workers who still smoke.<sup>2</sup>

We also know that most of you do not abuse your health by drinking more than two standard drinks of alcohol a day, just 13% of you do, compared with about 23% of other Australian workers. But we will look closer at why some of you are drinking at riskier levels as we move on with this assessment of the profession.

Well, just as some of you might be getting very comfortable, stretching out with a smile on my couch, I must ask you, delicately, why 58% of doctors are overweight or obese? This is only slightly less than the 63% of workers generally who are overweight or obese.

I also need to bring up the recent landmark survey of 14,000 doctors and medical students by *Beyondblue*<sup>3</sup>. This indicates that 1 in 5 medical students and 1 in 10 doctors had suicidal thoughts in the past year, compared with 1 in 45 people in the wider community. Those under 30 often working 50 hours or more a week and your levels of high psychological distress and milder depression and anxiety are far greater than among the general population. The *Beyondblue* survey also indicates that there is a considerable degree of *stigma* towards doctors with depression and that many of you also experience *racism* and *bullying*.

What is happening here? Even for the profession with the most scientific training to understand the serious health risks caused by obesity and overweight, one trained to understand the nature of depression and the impact of alcohol on fuelling mental illness, we can see very clearly that for doctors too, health is a state of mind and body.

Your attitudes, your crucial lifestyle decisions, your education, all of the social determinants and your work/life balance, clearly are shaping your own health outcomes. This I believe should provide life-changing and life-saving insights for you and your patients.

Let's start by examining a significant health behavior where doctors show a positive lead over the rest of us. Your lower smoking rates are impressive. Yet smoking has a devastating impact on Aboriginal health and so many of these patients seem beyond the reach of your advice. The Western Australian Indigenous Health Survey<sup>4</sup> and research in the Northern Territory<sup>5</sup> establishes the crucial links between Aboriginal smoking patterns and devastating health consequences. For example, about half of all young Indigenous women smoke even during pregnancy. This habit or addiction, combined with their extraordinary poverty and poor nutrition, increases the risk of a dangerously low birth-rate baby.

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<sup>2</sup> *Doctors and Nurses. Are they Taking Their Own Advice* Australian Bureau of Statistics.. 2013.

<sup>3</sup> *Beyond Blue National Mental health Survey of Doctors & Medical Students.* October 2013.

<sup>4</sup> *Western Australia Aboriginal Child Health Survey.* 2004-2006. Dr Fiona Stanley & Professor Ted Wilkes. Telethon Institute. <http://aboriginal.childhealthresearch.org.au/kulunga-research-network/waachs.aspx>

<sup>5</sup> *Decomposing Indigenous Life Expectancy Gap by risk factors.* Yueien Zhao, Jo Wright, Stephen Begg and Steven Guthridge. *Population Health Metrics* 2013.

According to Professor John Bertram's research team at Monash University<sup>6</sup>, a global study of patients dying of the Syndrome X cluster of chronic illnesses had one striking common factor. It was being born a dangerously low birth-weight baby whose kidneys, even in utero, had not developed the required number of nephrons. By early childhood, according to Professor Bertram, the shortage of these filters was causing the kidney to overcompensate, leading to an increased risk of scarring and premature renal illness.

So this returns us to the urgency of understanding the mind/body connection. While smoking has been on the decline for most groups of Australians, Indigenous people have been heavily hooked on tobacco smoking since the habit was spread by Europeans in colonial times.<sup>7</sup> Traditionally Aboriginal people had used the narcotic of the *pitjuri bush*, the pipe arrived with the Macassans and then it was European colonists who began trading tobacco for safe passage, sex or labour. Tobacco smoking is one of the most damaging aftermaths of colonization contributing to about 20% of Aboriginal deaths today. One in two Indigenous people smoke compared with one in six of the rest of Australians. This prompted Dr Tom Calma, champion of the *Close the Gap* campaign, to lead an Indigenous anti-smoking effort nationally. In the past we knew that about half of young Indigenous mothers surveyed had never heard of the QUIT campaign. It is now hoped that the Australia-wide television and print campaign with messages delivered in a different style, a focus on the impact on the Aboriginal family, may impinge. Doctors or anyone working with Aboriginal people need to consider the factors that make it difficult to change this smoking pattern.

Understanding the mind/body factors and the social context is essential. Impoverished people continue to smoke in many parts of the world. For many people addiction may appear to bring an intense stimulation, like a junk-food diet or alcohol intoxication. Taking steps to break old habits are harder if you don't understand the habit or are so depressed that you don't care what it is doing to your health or to the health of your unborn child.

For this reason, I find that talking to young women about how *not-smoking* can give you a much stronger chance of a beautifully healthy child is a game changer. Explaining how extra years at school can add years to the life of their baby is an equally strong boost for their confidence. Life-skill education is powerful prevention.

Motivating Aboriginal men to kick bad health habits requires a different logic. I tell young fellers that water is one of the miraculous ingredients of life here on earth and that there is no better drink than cold water from a clean waterfall. The older men have been frightened into believing that somehow just being born *black* is the health curse that sets them up for an early death. I explain why this isn't so and then share what I have learned from wise doctors in many cultures. I let them in on the secret of Aboriginal men and women I know who have lived into their nineties. They all avoided the white man's poisons.

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<sup>6</sup> *Preliminary Findings in a multiracial study of kidneys in autopsy.* Hoy, Douglas-Denton, Hughson, Cass, Johnson, Bertram. *Kidney Journal International*. 83, 31-37. June 2003.

<sup>7</sup> *Smoking Kills : The Introduction of Smoking into Aboriginal Society with a Particular Focus on the Hunter Region of NSW.* Greg Blyton. University of Newcastle. *International Journal of Critical Indigenous Studies*. Vol 3.No 2. 2010.

As doctors you will have your own pattern, no doubt better informed than mine. Australia was silent about the declining health of Aboriginal people for so long, that we all need to constantly refresh and assess carefully our success in bringing life-changing health advice to the patients most at risk from smoking and alcohol abuse.

This will be very difficult when many Aboriginal people rarely see a GP. Although the Northern Territory has Australia's highest per capita ratio of doctors to patients, there is a crucial shortage in remote communities.

Aboriginal medical services, the front line service in many remote communities, need your skills. Various incentives including financial bonuses, have failed to build a rural health service adequately equipped to handle the front lines of Australia's health emergency. We need men, women and whole families to invest themselves in bringing about a health revolution for all of Australia's children.

It may be, as Professor Stephen Duckett of the Grattan Institute proposes, that we can strengthen the remote area health force by using physicians assistants<sup>8</sup> who have completed two to three years of medical training. There have been local trials of this approach in Queensland and South Australia. The United States uses doctor assistants in this fashion in response to similar shortages of rural doctors. Professor Duckett's proposal is that the assistants work under the supervision of doctors, taking down patient's histories, conducting examinations, diagnosis and prescription of treatment or referrals to specialists.

In Britain and Canada pharmacists already are performing some of the same work as Australian doctors, immunizing children, re-issuing prescriptions for long-term conditions and managing a care plan for the patients. Professor Duckett has proposed that pharmacists could take on up to 5% of doctor's workload in rural areas, freeing up at least 225,000 GP visits.

Isn't this the crucial issue here? Who is visiting or managing the care plan for tens of thousands of Aboriginal people who do not access adequate health care from the youngest age until they are bed-ridden with chronic illness?

The Aboriginal remote communities and rural areas generally have the lowest rates of medical bulk billing. This further reduces the chances that these patients will even make it to your office to hear you impart that life-changing and potentially life-saving preventative advice. The challenge is to activate a health workforce that can help move all Australians into an early intervention and prevention state of mind. Are we prepared to make changes that can move us from the sickness industry to genuine national wellbeing, perhaps unprecedented anywhere in the world?

If we all look in the mirror we can see that a majority of Australians, the affluent and battling families, are struggling with the own work-life balance, with the inability to find time to exercise and with limited success in modifying the modern diet that is killing too many of us way before our natural time. I fully appreciate that this struggle involves a majority of doctors as well.

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<sup>8</sup> *Radical Plan to Fix Health Crisis*. Dan Harrison interviewing Professor Stephen Duckett of Grattan Institute. Sydney Morning Herald. September 30<sup>th</sup> 2013.

How much more difficult is it then for Aboriginal people when living in extreme poverty in a rich country is a hammer blow to that mind/body health duality?

According to a brilliant analysis published this year by a team from the Northern Territory Department of Health<sup>9</sup>, up to one half of the Indigenous gap in life expectancy is due to this crippling poverty. Global studies indicate that between 70 and 80 per cent of health for all of us is a consequence of the social determinants. However Indigenous poverty is a striking sickness trap, existing in the very midst of a prosperous nation with the highest quality of life in the world. This accentuates the disorientation and compounds the downward spiral. Many Aboriginal people feel that they are lost in a maze, unable to find their way towards wellness because they are not in control of their destiny, clearly uncared for and even unrecognized in their own land.

If 58% of doctors and 63% of the population are afflicted by obesity or overweight condition, how much harder is it for Indigenous people to access good nutrition and a balanced life of work and exercise when life for so many is out of kilter?

Dispossession, disempowerment and disrespect are the persistent themes of most Government policy. Government has been attempting to control Aboriginal people for more than two centuries.

When this loss of control is combined with the arrival of new and disastrous health threats, physical and mental illnesses, we have the makings of Australia's current Indigenous health emergency.

Here in the Northern Territory there is a contagion of Indigenous youth suicide in many but not all remote communities. We need to look closely at the pattern and appreciate why in some communities where there is stronger Cultural authority there is hope but where tradition is undermined by new factors there is so often despair.

Even just twenty years ago Indigenous suicide rates were at the same rate as for all Australians. In the Northern Territory the percentage of all age Indigenous suicide has increased from 5% of total suicides in 1991 to 50% of the total in 2010<sup>10</sup>.

The most alarming increase, however, is among young Indigenous people aged 10 to 24. Indigenous youth suicide in the Northern Territory has increased from 10% of the total in 1991 to 80% of the total in 2010.

In January 2013 the Australian Human Rights Commission reported a 160% increase in the rate of Indigenous youth suicide and a more than five-fold increase in self-harm during the years of the Northern Territory Intervention.

Cases of child neglect are mounting rapidly. Currently one third of the 40,000

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<sup>9</sup> *Decomposing Indigenous Life Expectancy Gap by risk factors.* Yueien Zhao, Jo Wright, Stephen Begg and Steven Guthridge. *Population Health Metrics* 2013.

<sup>10</sup> *Strategies to minimize the incidence of Suicide.* Closing the Gap Clearinghouse.

<http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs18.pdf> Australian Government. February 2013.

Australian children living in out of family care are Indigenous children.

Clearly the policy of control and assimilation is having a catastrophic impact on Aboriginal life. The Northern Territory Intervention without doubt is the most damaging policy aimed at Aboriginal people since Government policy created the Stolen Generations.

The crash in Indigenous wellbeing has been accelerating over the last three decades because of the gathering disaster of the chronic illness plague. The historic pattern, including profound dislocation of Indigenous people, cultural obliteration in some cases as a result of invasive westernization and so-called modernization, has seen the shift of hundreds of millions of First Nations people around the world from a balanced diet to one based on too much fat, processed flour and sugar. The abandonment of the traditional balanced Indigenous diet has been well chronicled by the likes of California's Weston Price Institute<sup>11</sup>. There are new factors, however, global changes to nutrition patterns that are fuelling the obesity epidemic and causing so much harm to Indigenous people.

Dr Robert Lustig<sup>12</sup>, an endocrinologist at the University of California, is among many scientists who argue that the rising rates of obesity and heart disease are not only due to cholesterol caused by too much saturated fat in the diet. Dr Lustig contends that the rapid change is triggered largely by an increase in sugar, particularly fructose.<sup>13</sup> Many people around the world are now consuming up to twenty teaspoons of added sugar a day because food manufacturers have added sugar to sweeten the taste in compensation for a reduction in fat.

In Aboriginal communities where fresh fruit and vegetables come at a premium cost, the junk food diet and especially sugary drinks takes a terrible toll on health. Infants display high rates of anemia, failure to thrive and stunting but at a very young age will find their way to the cheapest food in the community shop, the tasty fats, the sweet cakes and ice-creams, and all of those sugar-loaded drinks.

Ahh...sugar...another white man's poison! Except we all know that it was our northern neighbours in Papua New Guinea who domesticated the sugar cane plant and gave the world the sugar hit.

The great tragedy of the scourge of poor nutrition and global sickness, I have witnessed this in Africa, Asia, Central America and South America, is that it usually hits the poorest members of our human family the very hardest. This is true of the modern cluster of preventable, treatable, life-style illnesses decimating Aboriginal life.

As doctors you cannot change the social determinants for Aboriginal people on your own. But you can raise your voice.

Yours is a powerful profession with the health of this nation in your hands and I urge you to use this power.

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<sup>11</sup> Weston A. Price Institute. <http://www.westonaprice.org/>

<sup>12</sup> *The Truth About Sugar*. Dr Robert Lustig. University of California. <http://thetruthaboutsugar.org/>

<sup>13</sup> *Sugar – Why We Can't Resist It*. Rich Cohen. National Geographic Magazine. August 2013.

We need to convince the new Prime Minister, Tony Abbott, who wants to be “the Prime Minister for Indigenous Affairs”, and also the new health Minister, Peter Dutton, that only by addressing the social determinants urgently can Australia make even incremental advances in closing our gaps.

When *Close the Gap* was a political campaign challenging government to do better and to invest strategically in primary health care, I wrote some of the language to sharpen the case in that unifying national campaign. I shudder when I see Government spin doctors appropriating the phrase *Close the Gap* in truly Orwellian fashion to disempower Aboriginal communities under the crushing assimilation of the Intervention policies.

To genuinely close the gaps we have to shift trust and control to Aboriginal communities.

Instead of trust, there is a very old pattern of treachery in Australia’s relationship with its Indigenous people. Every time a promise is made, a law passed or a hand held out in friendship, we seem to betray those good intentions.

Australia took such a very long time to recognize the most fundamental human rights of its Indigenous citizens but soon after we abandoned them to second-class citizenship. We may have stopped classing Aboriginal people as flora and fauna but we forgot that they were human when we removed their children from their families. It took Australia almost two centuries to recognize Aboriginal ownership of the land but as fast as we could we unpicked the Wik and Mabo High Court judgements and appealed against the Native Title settlements. We treated Aboriginal people like lowly domestic servants and then quibbled over the stolen wages. We paid lip service to the right of Indigenous people to speak their languages and pursue their ancient Cultures but relentlessly for more than a decade government policy and so much media have waged war, the Culture War, aimed at discrediting the extraordinary value of Indigenous Cultures. As the Aboriginal education reformer, Dr Chris Sara puts it, there is one prevailing narrative in which “Western influence is seen as progressive and good, and the enemy is Culture and tradition.”

The great danger of this relentlessly negative assault by one party against the other in the Australian black-white relationship is that it avoids the truth. One side is blindly refusing to look at the evidence. One side is still refusing to listen.

There is overwhelming evidence both here and in the most hopeful Indigenous societies overseas that an essential facet of well being for everyone is creating the strong and positive environment of Cultural security. An indispensable feature of the social determinants that constitute our health status is that sense of control over our destiny, the knowledge of who we are and the feeling that we are valued.

Consider the magnificent body of evidence on Native American problems and progress. After more than three decades of research led by Professor Stephen Cornell and Joe Kalt, the Harvard Project on American Indian Economic Development concludes that “perhaps the greatest development asset Indian nations possess is

sovereignty, the power to make decisions about their own futures.”<sup>14</sup> I have witnessed many of the rapid advances made by some First Nations tribes and this form of empowerment is as crucial as education.

While Australian Government continues to deny even a local form of sovereignty and self-determination it fails to recognize the evidence that Indigenous control is essential for Indigenous advancement.

Look closer at the massively expensive Government interventions and you will see that most of them are disempowering for Aboriginal people and therefore ultimately unsustainable and even counterproductive. The public will tire of the cost of these interventions but it is the approach itself that dooms this policy.

Why have we faltered so badly here in the Northern Territory to build a home for every family that calls this country home, especially the First Australians?

The enormous inefficiency of building remote area houses under the Northern Territory Intervention shows the folly of the alliance/contractor approach. Many of the houses that cost in excess of half a million dollars will be the fringe dwelling slums of tomorrow, poorly designed, shoddily built and often located on the wrong sites. I have seen concrete slabs poured onto partly filled mangrove swamps, sweatboxes erected with little cross ventilation, electrical fittings and plumbing poorly installed. All in all the Intervention housing program has bungled a great opportunity.

We could have begun by empowering Aboriginal communities and paying real wages to involve local teams in the kind of urgent repairs advocated by Dr Paul Pholeros of the Health Habit<sup>15</sup> movement. The slow pace of new housing construction is not alleviating the dangerous overcrowding and it has taken far too long to get around to home repairs. Yet Dr Pholeros produces convincing proof that wellbeing and safety is advanced rapidly by first reducing hazards such as leaking sewage in areas where children are playing and eliminating dangerous electrical faults.

Instead of the Government’s social engineering that pressures families towards the twenty growth towns in the Northern Territory we should be recognizing the research by Dr Paul Burgess and others at the Menzies School of Health<sup>16</sup> confirming what Aboriginal people have always told the Government. Aboriginal wellbeing is clearly superior on the homelands.

In the age of global warming and with increasing population pressures in the crowded eastern cities, Australia needs to embrace a state of the art decentralization that develops and fully utilizes new technologies.

The digital advances are coming so rapidly that the future will only be glimpsed now by the brightest scientific imaginations.

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<sup>14</sup> *Sovereignty and Nation-Building : The development Challenge in Indian Country Today*. Stephen Cornell and Joseph P. Kalt. Joint Occasional Papers 2003 No 33. University of Arizona and Harvard University.

<sup>15</sup> Health Habitat. Dr Paul Pholeros. <http://www.healthhabitat.com/teams/directors/paul-pholeros/>

<sup>16</sup> *Beyond the Mainstream. Health Gains in Aboriginal Communities*. Dr Paul Burgess. Published in Australian family Physician. Volume 31. No 12. December 2008/

Information, education, health, business and communication as a whole are collectively shifting new emphasis to the individual consumer. We need to understand how this matrix works.

I have visited some remote communities where doctors may take a blood test and then send the ‘bloods’ three hours by four-wheel drive on dirt roads to be diagnosed in town before the results allow treatment to proceed. You all know that an I-Stats machine, a portable clinic analyzer, can handle that task in any remote community. Aboriginal medical services need support to utilize the very best of the digital age diagnosis, including tracking patients when they move between remote communities.

Teachers, also, now drive many exhausting hours to spend two days a week visiting Aboriginal students on isolated homelands. Yet connected classrooms can provide a personal learning experience using Aboriginal teachers skilled at communicating with these children. Currently there is little continuity of education for many Indigenous children because of high staff turnovers. You don’t have to round up the kids and this nation will never find the funding to send all 160,000 Indigenous students off to boarding school. We need to employ new and more stimulating mediums of education that recognize Aboriginal children have knowledge and skills wherever they live. As part of a global human family all children will soon be accessing more learning in ways we can barely imagine.

Look at the big picture and we should be mightily encouraged. According to the World Bank,<sup>17</sup> global poverty and illiteracy is rapidly retreating. In Australia’s case we need to show creativity and conviction to address the poverty and illiteracy that remains in the heartland. Fundamentally, we need to understand the logic of David Gonski’s education report and appreciate that to drive towards equity, we must address disadvantage.

This means embracing policy based on sound global evidence and clear analysis here at home that shows us where and how to start by ending the poverty and changing forever those crippling social determinants.

Don’t be deterred by the numbers. I have come home from encounters with global challenges including war, environmental ruin and plagues of illness, so often with a renewed determination that all of our children here in Australia can have a far brighter future.

In fact, stop thinking of statistics. Look at the challenge as if each one of these patients is one of your own children. I say, these are *our* children.

We have agreed on the big threats. We know too what has to be done to improve their chances of a healthy future.

The research by Canada’s Doctor Fraser Mustard<sup>18</sup> shows us how to build on those mind/body health factors. For every year of education we add to a whole community

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<sup>17</sup> *Poverty in retreat Worldwide*. Nicholas Kristof. *The New York Times*. October 2<sup>nd</sup> 2013.

<sup>18</sup> *Investing in the Early Years : Closing the Gap between What we Know and What We Do Now*. Dr Fraser Mustard. <http://thinkers.sa.gov.au/fmustard.html>

of teenage Indigenous girls we add up to four years life expectancy to their first child. This is certainly one powerful way to close the life expectancy gap.

Ken Wyatt, now a two-term Federal Member of Parliament on Health and Human Rights Committees, gave me added scientific incentive for this life-skilling approach some years ago when he shared research which indicates that for each of those extra years of education added to that young Aboriginal mother we also reduce infant mortality by seven to ten per cent.<sup>19</sup> Remember that Indigenous infant mortality is still double that of the rest of the population.

Instead of slashing the number of teachers in bush schools as we are told will be happening here in the Northern Territory over the next two years, we should regard the education of all Aboriginal children as one of our most important national investments. According to several Nobel laureate economists it is certainly the investment with the greatest national return.

High quality early learning programs for Aboriginal infants could bring extraordinary gains in health and education. Very few of them exist despite the previous government's pledge to create early learning for all Australian four year olds. In the United States, thirty years of evidence from the Carolina *Abecedaria Project* shows that participating children and their parents have greatly reduce the health threats of obesity and heart disease through this clever mix of education and health checks.<sup>20</sup>

The early learning for 3 year olds supported by *Ian Thorpe's Fountain for Youth* at the large remote community of Bidyadanga, near Broome, Western Australia, was praised by former Prime Minister Julia Gillard in her final *Close the Gaps Report*. Culturally supportive, contemporary and engaging early learning is life changing, as it not only prepares children for learning it helps deal with the disadvantages before they become crippling.

Literacy, I believe, can literally mean life.

I have observed this in many countries through my work as a journalist but nowhere more closely than in the twenty remote communities where Aboriginal students, parents and teachers have taken part in the Literacy Empowerment Program supported by *Ian Thorpe's Fountain for Youth*. Despite frequent changes in Government policy this not-for-profit effort of which I am Honorary CEO has gone on raising funds and building programs like our Literacy Backpack. In communities that had no public library and generally bookless homes, the Backpack allows kids to carry home reading for the whole family. Newspapers and magazines, including articles about healthier eating and exercise programs, were described by many of the families and teachers as a once in a lifetime opportunity. The Literacy Backpack, simple but striking in the colours of the Aboriginal flag, is a powerful tool to create learning communities. This was an idea I brought home from the Navajo but it responded to Aboriginal parents and the teachers who wanted to close the space between the home and the school.

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<sup>19</sup> *When Literacy Can Mean Life*. Jeff McMullen article, *The Griffith Review*. Edition 11. <http://griffithreview.com/edition-11-getting-smart/when-literacy-can-mean-life>

<sup>20</sup> *Lifelines for Poor Children*. James J. Heckman. *New York Times*. September 14 2013.

One of Australia's leading health researchers, Professor Fiona Stanley, has underscored this link between literacy and life<sup>21</sup>. For this month's Melbourne *Festival of Ideas: The Art and Science of Wellbeing*, she argued compellingly that while Cuba is one of the world's poorest countries, its literacy rate is close to 100% and its free education and health systems lead to a better life expectancy and less infant mortality than in its superpower neighbor, the United States. Saudi Arabia, on the other hand, is a very rich country but has strikingly low literacy rates, especially for women, and as a consequence there is high infant mortality and low life expectancy.

The quality of life or happiness index in all three of these countries clearly does not equal what so many people enjoy here in Australia. So says the OECD, which bases its ratings on eleven separate types of well-being: health, safety, education, housing, jobs, income, environment, community, civic engagement, life satisfaction and work life balance.

The important lesson we can draw from global assessments, however, is that literacy is a major tool to empower children, families and whole communities to build better health. I would urge the Indigenous Chief Minister of the Northern Territory, Adam Giles, to consider education as first priority here in the Top End. The Chief Minister's vision of new ports, new enterprise and new engagement with our Asian Pacific neighbors surely can only be effective if we have realized the full potential of all the people living here in northern Australia.

Conversely, unless we invest in the educational empowerment and wellbeing of all of our citizens, no amount of mining, agriculture, trade or defense agreements that bring in American troops, will compensate for the worsening social conditions for Indigenous people who make up over 30% of the population here.

The unrealized shining talent, the intrinsic value of all of Australia's children, is an asset far more important than the mineral wealth that dazzles so many people. When we nurture all of our children, mind and body, we grow a greater society.

And so I return to my opening thesis.

Australia is closer to greatness and happiness as a society than anywhere I have been in over fifty years of world wandering.

We need to believe in our egalitarian tradition, our almost mythical sense of mateship and equality, because inequalities of all kinds undermine the health of our society.

We should be proud of our fine education and health systems but realize that they are not yet providing services equitably.

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<sup>21</sup> *Let's Treat the Social Causes of Illness, Rather than Just Disease*. Professor Fiona Stanley. *The Conversation*. University of Western Australia. October 1<sup>st</sup> 2013. <http://theconversation.com/lets-treat-the-social-causes-of-illness-rather-than-just-disease-18276>

The well-being of Aboriginal and Torres Strait islander people, especially children, is the single most important test of whether or not Australia becomes a great society.

We can and we must create well-being for all of our citizens. So use every breath.

It's your life's work.

*Keynote Address by Dr Jeff McMullen AM to Royal Australian College of General Practitioners. Darwin. October 17<sup>th</sup> 2013.*