Ross Ingram memorial essay competition

“You’re not like other black people”

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I was raised by my mother with my two older sisters and attended the local state schools, where I did it all — sport, music, even public speaking competitions. I’m not really that different, although I do remember clearly being told by some of the other kids, “You’re not like other black people”. I find that comments like this are made more commonly than they should be. They are generally unsettling and, ultimately, amusing for a number of reasons. What is it about me that was different to “those other black people” that I would stand out?

My education is unexceptional in modern Australia: 12 years of school followed by an undergraduate degree in medical science. I have recently completed the Master of Applied Epidemiology through the Australian National University, which has started me on a career in health research. Why should anyone regard this as “different”?

Many times when I was starting out in research I felt a deep sense of obligation to work in Aboriginal and Torres Strait Islander (hereafter respectfully referred to as Indigenous) health. I thought my career would only ever be in Indigenous health or involve Indigenous “issues”, and my growing expertise would only ever be appreciated in that arena. I do feel compelled to be somewhere at the forefront of Indigenous health research trying to rectify the history of colonisation that, let’s face it, is always the crux of our peoples’ issues.

> “I do feel compelled to be somewhere at the forefront of Indigenous health research”

Over the past few years I have been involved mainly in cancer research projects. Cancer provides a typical example of the inequity experienced by Indigenous peoples. Compared with non-Indigenous Australians, our cancer incidence rate is similar, if not lower, for all cancers combined,[1-3] and yet our mortality rate is estimated to be 50% higher for many cancers.[4] Our cancer patients have more comorbid disease;[5] their cancer is more advanced when diagnosed[3,5,6] and they are less likely to take up and complete treatment.[5] These factors contribute to their poorer survival, but they do not fully explain the disparity. This disparity is almost absurd in our modern times but, sadly, is our country’s reality.

The most profound moment of my career so far took place in a small remote community. I had the privilege of conducting an interview with an Indigenous cancer patient who was receiving palliative care. I had an almost out-of-body experience as I sat intently listening to this person share her cancer journey. As a researcher and as an Indigenous person I was powerfully moved by her story, her family history and the circumstance of what she and her family were facing. She told me she had to leave her community, on her own, to go to two different cities for chemotherapy and radiotherapy when she was first diagnosed. The doctor at the local hospital in their community “didn’t do that much” even when the patient “knew it came back”. When the doctor did do something, he said, “Don’t like the look of that”. The most heartrending part of our interview was hearing firsthand about the stigmas within that community — “There is no community support, people are scared to visit”. To me, this person embodied the documented literature describing the many barriers that are experienced by Indigenous people in response to their dire health issues: living remotely, having to travel for treatment, and enduring social and even cultural isolation. Until that time, I had thought my obligation towards Indigenous health came from outside pressure and expectations; after that interview, I knew that these feelings were deeply personal.

In recent years, our governments have given much greater attention to improving Indigenous health. I believe now is the time to reflect on how we conduct research with Indigenous people, to adapt with changing times and to maximise the application and benefits of research findings across the continuum of health. We can take no more chances with the health of our Indigenous peoples. The right methods, the best practice and the leading researchers and health professionals must be involved in rectifying the health and livelihood of our first nations.

We know that the interconnection between health and its social determinants — housing, education, opportunity for employment, socioeconomic status and the like — is central to health improvement. The interconnected web of social habits and social status reflects the health of all people. As a society we seem slow to be shocked by the disparity in health issues, even life expectancy, for Indigenous peoples, and much quicker to blame individuals for not taking responsibility for their own health. While this can be true, it’s not central to the reasons why Indigenous peoples’ health is so poor. We seem to “forget” that there are many social problems that exist that stem from years of oppression, including fear of having to access mainstream health services, low socioeconomic status, disease from poor housing conditions and overcrowding, and lower levels of education that lead to lower rates of employment. We need to reconsider our approach to research to properly account for these factors and not just describe them as a fact that will remain unchanged. Indigenous health research remains Westernised — the “one disease at a time” approach. I believe that, until we move towards the holistic health approach with which Indigenous people identify, we will lessen the impact of current research by underselling the outcomes to government, thereby failing to secure future funding, making research findings non-transferable to policy and practice. This is where the next generation of researchers can take us, to enforce the inclusion of those social determinants and look holistically at research. I don’t know the “ideal” way of performing such research, but I believe there is a tangible method that we can find. In a perfect world, I see great health research being performed with good policy and practice outcomes that directly influence change in other social determinants, such as education.

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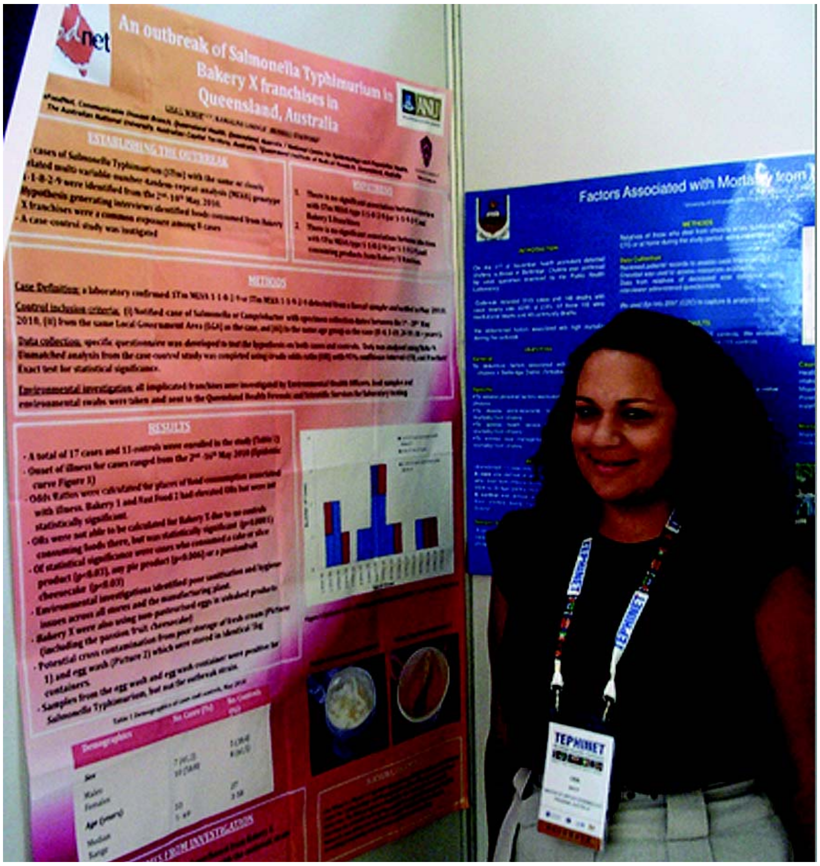

In essence, everything fundamental to my opportunity and progression contributes to "not being like other black people". Some still consider my opportunity and success in education rare, or against the norm. Statements like this are not only made by non-Indigenous people. In fact, I find the most unsettling and upsetting comments are made by other Indigenous people. It saddens me when I hear them dismiss or denigrate the value of education. As more Indigenous people achieve a level of education equal to other young Australians, these attitudes will change, as they must if all Indigenous Australians are to overcome educational, economic and social disadvantage. We will then no longer be seen as different, but as skilled and educated people who bring a wealth of knowledge and inner culture that only an Indigenous person can have. Our skills will be valued and respected and our contribution will not be considered tokenistic. The achievement of education for Indigenous people and their employment in health-related roles is essential to improving health among the Indigenous population.

> "It saddens me when I hear them dismiss or denigrate the value of education"

My primary reason and motivation for working in Indigenous health is because it is the greatest area of need in Australia — it's morally the right thing to do, regardless of what my cultural heritage is. However, when I reflect on my inner driving force to work in Indigenous health, I believe it comes from an inner obligation of personal connection and contribution. This obligation is not something I have always felt at peace with. I have never wanted to be boxed into thinking that I could or would only work on Indigenous issues, as I am made to feel when I hear other people comment that only Indigenous people should conduct Indigenous research. In some situations, this is very true, appropriate and culturally safe, but in other ways this is a perfect example of resistance to change. We have a long way to go, and I believe that it is a step in the right direction for as many people as possible to come on board and offer their skills. We have a lot to learn, but we also have a lot to teach.

I'm sure any other Torres Strait Islander or Aboriginal person can relate to the sense of pride inspired by our community occasions — not pride in oneself, but in our community. What an incredible journey our people have had and are still on; after the years of oppression we can still come together and be proud of what we have achieved together. The list of health problems is long for our Indigenous peoples. They can appear overwhelming and sometimes disheartening to someone working in the health field. However, if any population is resilient enough to overcome these health issues, it certainly is the Indigenous population of Australia. Now we need to use that same sense of community pride and dedication to drive improvements in better health outcomes.

I often think about the woman I interviewed a little while ago. Her story alone is a motivator for working in Indigenous health; from diagnosis, to treatment, to palliation, there are improvements to be made. Indigenous health needs commitment. It needs focus and continuous drive. So, where can I be the most useful and make the biggest contribution for Indigenous health? I don't know the answer yet, but I feel privileged to be part of it.

And I will have a story to tell.

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