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Please cite this case as:

Padula, Marinella. (Writer and Producer). (2020). Healing from the centre: Taking Traditional Aboriginal Medicine Mainstream (2020-V02) [Video Transcript]. Australia and New Zealand School of Government, John L. Alford Case Library: Canberra.

VIDEO TRANSCRIPT

HEALING FROM THE CENTRE: TAKING TRADITIONAL ABORIGINAL MEDICINE MAINSTREAM (2020-V02)

An ANZSOG Teaching Case by Marinella Padula

Keywords: Collaboration, Networks, Co-production, Culture, Health, Healthcare, Disability, Indigenous Issues, Race Relations; Integrated Services, Service Design.

Original article access: Video can be accessed here- https://www.anzsog.edu.au/resource-library/case-library/healing-from-the-centre-taking-traditional-aboriginal-medicine-mainstream/?searchword=&_content-type=Resource+Library&published_date%5B%5D=&published_date%5B%5D=&_resource-library=Cases&ordering=published_date+desc&searchmodule=131&limitstart=0

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Summary

Improving health outcomes for Indigenous Australians remains an ongoing challenge. However, an innovative South Australian program is encouraging better engagement with the health system by offering culturally appropriate care. In 2019, the North Adelaide Local Health Network (NALHN) entered into a partnership with the Anangu Ngangkari Tjutaku Aboriginal Corporation (ANTAC) to deliver traditional Aboriginal treatments to patients in primary and acute care settings. Ngangkari (traditional healers) registered with ANTAC provide a variety of services which have been vetted by clinicians to ensure safety.

Key Findings/ Learning Outcomes

This case illustrates how:

- Indigenous organisations can adopt elements of conventional structures and processes to fit within mainstream government systems while still retaining cultural values and integrity;
- Government agencies can bring about change in a traditionally (and often necessarily) conservative environment such as health by bringing other stakeholders (like doctors) into the service design process;
- Embedding culturally competent services into mainstream medical settings can help foster cultural awareness and safety with benefits for patients and staff; and
- Services which address the totality of patient needs (mental, physical, social, spiritual) have the potential to increase health seeking behaviour and treatment compliance amongst marginalised groups.

This case can be used to:

- Discuss topics relating to collaboration between the not-for-profit sector and government;
- Explore what it means for mainstream healthcare to be culturally competent;
- Consider the potential implications/challenges of taking traditional medicine out of its usual community-based context;
- Consider the potential implications/challenges of bringing two very different healthcare approaches under one roof;
- Explore issues such as decolonisation in relation to medicine and the health system.



**HEALING FROM THE CENTRE:
TAKING TRADITIONAL ABORIGINAL MEDICINE MAINSTREAM
(2020-V02)**

Written and produced
by Marinella Padula for
the Australia and New
Zealand School of
Government.
December 2020.

This video case montage was
created for educational
purposes.

Aboriginal and Torres Strait
Islander people are advised
that it may contain names
and images of persons since
deceased.



Images: J. Ratcliff

Aboriginal and Torres Strait Islander people overall experience poorer health than non-Indigenous Australians, including higher rates of chronic disease, mental illness and co-morbidity.

One reason is inadequate access to appropriate health care. Logistical obstacles, financial constraints, and an often complex system, play their part. So too does distrust of authorities and lack of cultural competency - for example, clinicians not appreciating the ongoing impact of colonisation and intergenerational trauma.

Having providers that understand their needs and respect their identity and values, influences people's willingness and ability to receive treatment. Community led healthcare services regularly outperform mainstream providers for Indigenous patients.

Institutional racism - which includes discriminatory policies, practices and structures - is another driver of health inequality. Even in the absence of interpersonal racism.

Governments can point to some improvements in cultural responsiveness. Today, more than 40% of clinical workers at Indigenous primary health care services are Indigenous. National surveys suggest that most Indigenous patients report respectful interactions with doctors.



However, government data also indicates that one in five have experienced unfair treatment from health care workers. Aboriginal and Torres Strait Islander people are more likely to leave emergency departments before being seen, experience preventable admissions, or self-discharge from hospital early.

Numerous policies and programs, including COAG's 2007 'Closing the Gap' initiative, have only produced modest gains in health outcomes. There is still an 8-year disparity between Indigenous and non-Indigenous lifespans.



COAG STANDS FOR COUNCIL OF AUSTRALIAN GOVERNMENTS

One group believes the answer resides within the heart of the country
- amongst the Ngangkari (traditional healers) of central Australia.



NGANGKARI IS THE TERM USED BY THE PITJANTJATJARA, YANKUNYTJATJARA AND NGAANYATJARRA PEOPLES. DIFFERENT TERMS ARE USED AROUND AUSTRALIA.

BRIDGING THE KNOWLEDGE GAP

When Italian human rights academic Francesca Panzironi began looking at Indigenous healing practices in Australia, she was surprised by a paucity of information. She was also surprised that Aboriginal medicine had no formalised role in national health policy, unlike traditional medicine in Canada and New Zealand.



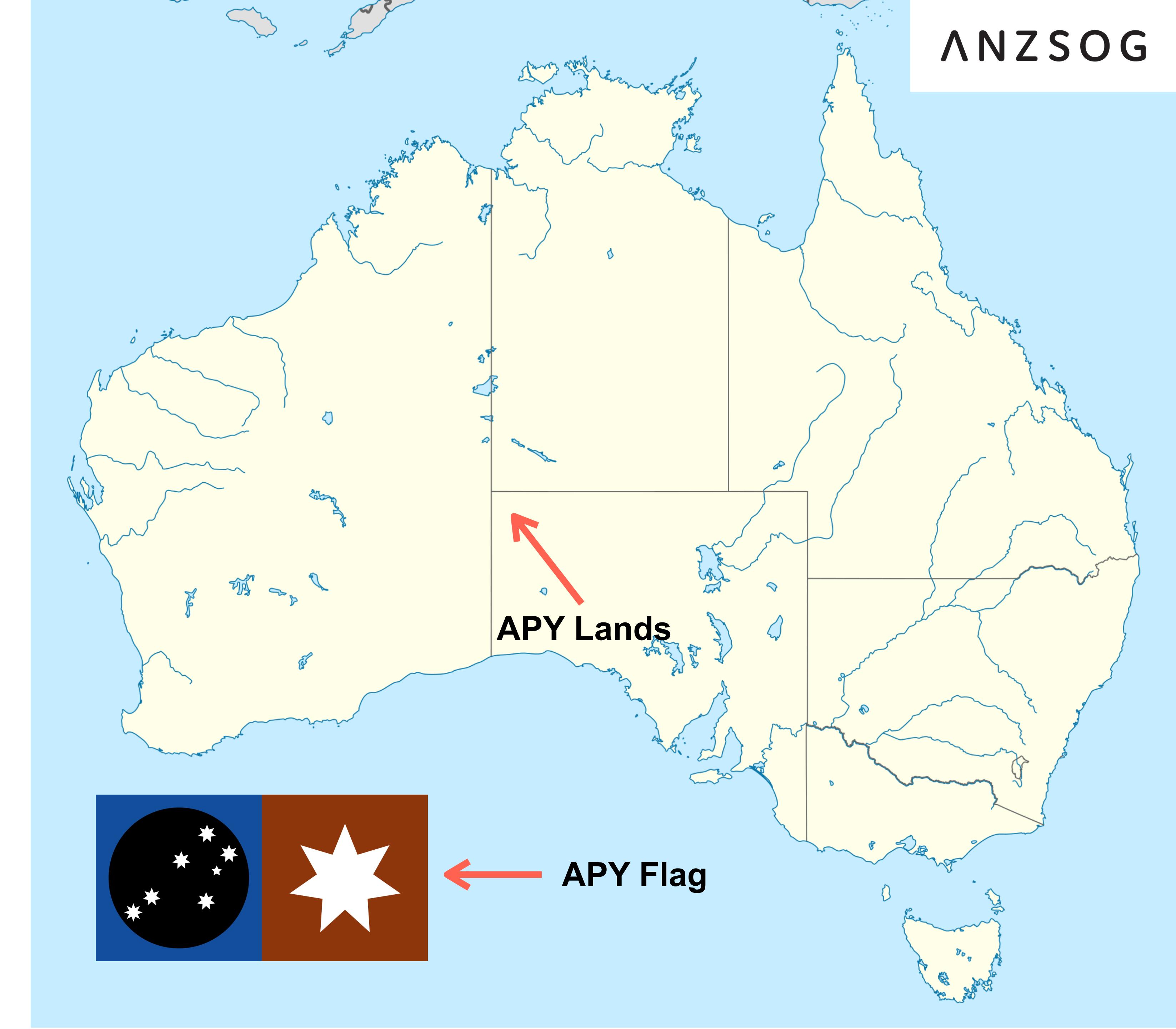
Dr Francesca Panzironi, NITV October 2013

'INDIGENOUS PEOPLES HAVE THE RIGHT TO THEIR TRADITIONAL MEDICINES AND TO MAINTAIN THEIR HEALTH PRACTICES, INCLUDING THE CONSERVATION OF THEIR VITAL MEDICINAL PLANTS, ANIMALS AND MINERALS'

ARTICLE 24.1: UNITED NATIONS DECLARATION ON THE RIGHTS OF INDIGENOUS PEOPLES

In 2008, Dr. Panzironi embarked on a 4 year journey which took her to the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands of South Australia.

There, she saw 60,000+ years of accumulated knowledge in action. She describes the *Ngangkari* as 'kind of like a mixture between a general practitioner and a psychiatrist all in one.'



For the Ngangkari, physical health is indivisible from mental and spiritual health which is underpinned by connectedness to kin, country, community and culture. Issues in one area can manifest as problems in another. Illness and dysfunction may have natural causes or be induced by malevolent spirits and curses.



Ngangkari stone

THOUGH PRACTICES VARY BETWEEN REGIONS, INDIGENOUS HEALERS SHARE A HOLISTIC, CULTURALLY CENTRED VIEW OF HEALTH AND WELLBEING

Ngangkari treat a wide range of conditions, including infections, injuries and viruses.

However, they are especially known for their ability to deal with mental disturbances such as anxiety and depression.

Ngangkari speak of seeing and communicating with spirits in order to diagnose ailments. Most patients report feeling relaxed, positive and 'unburdened' after Ngangkari sessions, often with a lessening of symptoms. However, some experience quite dramatic results, including relief of chronic pain and restoration of mobility.



Debbie & Shaun (sic Sean) Watson, NITV, October 2019



**Mother and son, Debbie
and Sean are Ngangkari
Traditional Healers.**

Treatments involve at least one of several techniques: touch (e.g. massage), breath (e.g. blowing), bush medicine (e.g. herbs) and sacred rituals (e.g. smoking ceremonies). The goal is to restore the spirit, banish negative energies, or remove 'blockages', which alleviates discomfort and promotes healing.

Interventions might also require treating the patient's family or ritual cleansing of spaces.



Ngangkari treatment

'If someone lost their spirit, the healers, Ngangkari ... they grab it, bring it back, and we always put it back in their body, so they can feel okay,' explains APY Ngangkari Cyril McKenzie. He began his healing apprenticeship aged 5, mentored by Ngangkari relatives.

Ngangkari are often selected to become trainees in early childhood. Elders spend many years with their protégés, transferring sacred knowledge and skills through song, ceremony and hands-on experience.



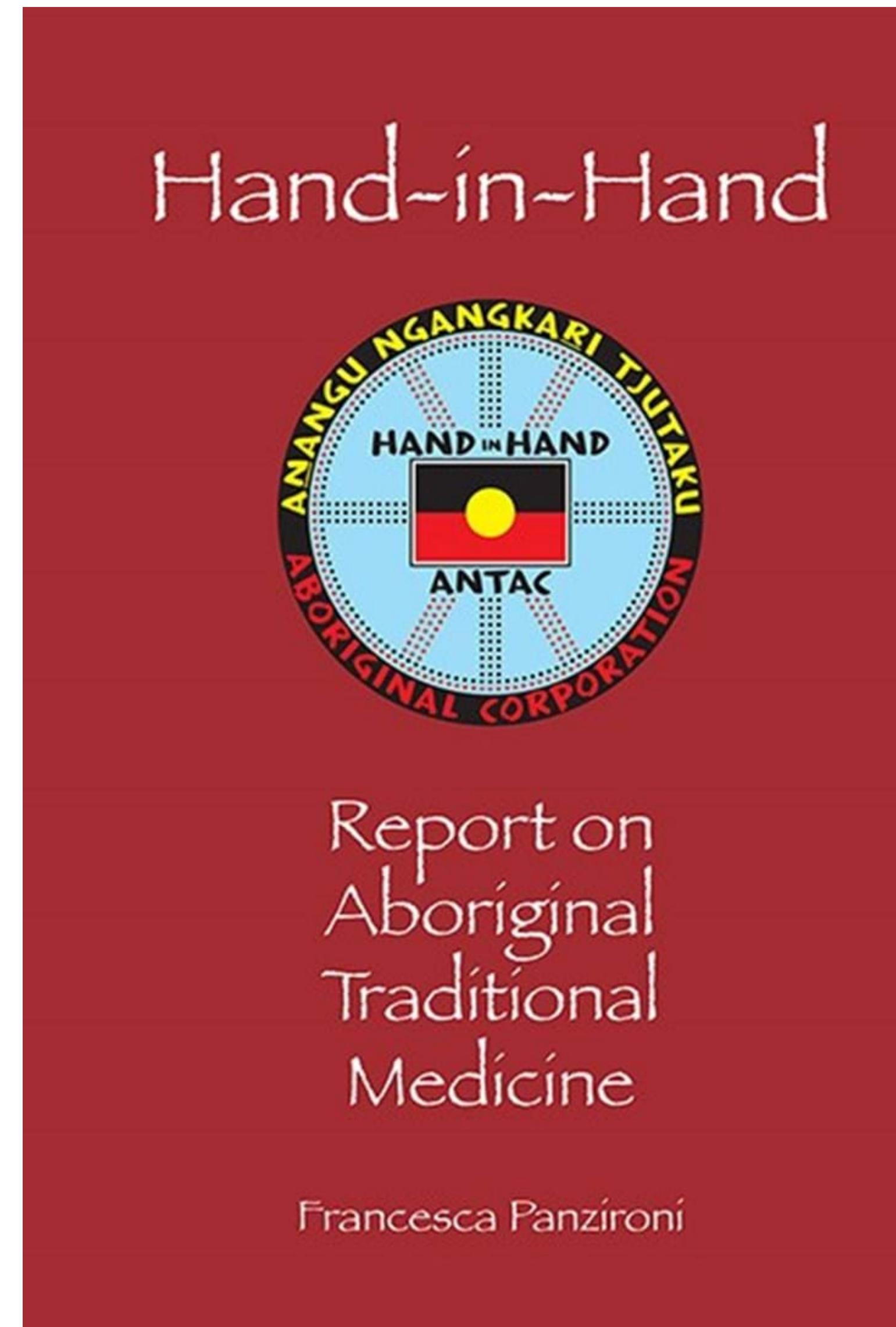
Cyril McKenzie

MOST NGANGKARI ARE BASED IN THE CENTRAL DESERT REGIONS OF SA, WA AND NT.

GETTING ORGANISED

Dr. Panzironi's research concluded that a holistic two-way health care model incorporating conventional and traditional medicine would have many benefits for Indigenous Australians including, 'a more comprehensive assessment of patients' ailments, a reduction of cases of misdiagnosis, calming effects on patients, and enhancing compliance with western medical treatments.'

She also discovered widespread demand for Ngangkari amongst metropolitan and rural health services in South Australia. Clinicians who had seen Ngangkari at work valued their presence. Meanwhile, Panzironi saw little evidence of adverse events or conflict.



Dr. Panzironi instead found that the biggest obstacles tended to be bureaucratic. Healers, for instance, had no official status or fee schedule. Some *Ngangkari* didn't even have bank accounts. Said one Senior Administrator:

[Payments] open a very big can of worms. Because you have to talk about the accreditation, the registration of *Ngangkari*, how do you apply the western model to traditional use?

Said another:

The treatments are... I guess you need to have a pretty open mind about some of the things that a lot of people experience because you can think that's just magic or wonder how that actually happens... but it is not a rational model, it is very alternative.

IF CHARGED, *NGANGKARI* FEES RANGED FROM ~\$55-\$120+ P/H DEPENDING ON LOCATION AND SERVICE. ADDITIONAL TRAVEL (AND OTHER) EXPENSES COULD APPLY.

But there were already examples of how a two-way model could work - a notable one being the Ngangkari program established by the NPY Women's Council (NPYWC). It provides traditional healing to people in a variety of care settings across the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) region of central Australia (which encompasses APY Lands).

As well as complementing standard treatments, Ngangkari also work with conventional medical practitioners to develop services specially for Anangu patients. The program has been acknowledged nationally and internationally, garnering multiple awards.

NPY WOMEN'S COUNCIL (NPYWC) IS A SERVICE DELIVERY, ADVOCACY AND SUPPORT ORGANISATION CREATED AND LED BY ANANGU WOMEN FROM THE REMOTE COMMUNITIES BORDERING SOUTH AUSTRALIA, WESTERN AUSTRALIA AND THE NORTHERN TERRITORY.

ANANGU IS A TERM OFTEN USED TO DESCRIBE THE PEOPLES OF THE CENTRAL WESTERN DESERT REGION.

By the early 2010s, South Australia's health department recognised the Ngangkari's role in Aboriginal wellbeing and developed a referral program. However, implementation was limited, as was usage data. Individual organisations did engage Ngangkari on an ad hoc basis but reliable access to healers was difficult. Consistent funding was another barrier and costs were often prohibitive, especially in urban areas.

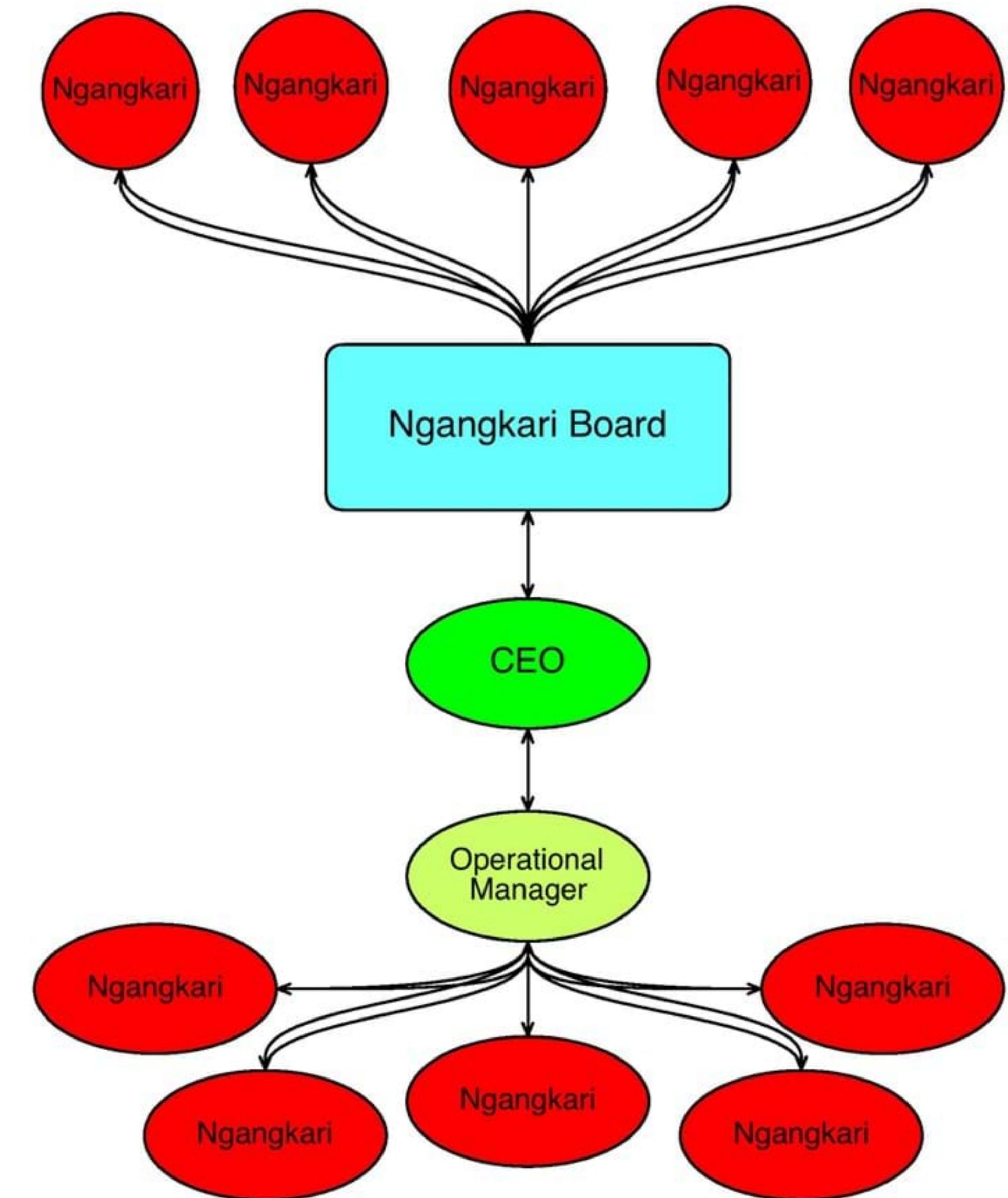
After extensive consultation, Panzironi, along with Ngangkari Debbie Watson, Taylor Cooper, Witjiti George, Margaret Winton and Mukayi Baker, founded ANTAC: the Anangu Ngangkari Tjutaku Aboriginal Corporation. Established in 2013, it became the first organisation of Aboriginal traditional healers in Australia. Healers are credentialed according to Ngangkari law - the traditional knowledge system passed through the generations that sets out treatment methods, ethical standards and training requirements.

TO BE ELIGIBLE FOR ANTAC MEMBERSHIP, APPLICANTS MUST BE APY, AT LEAST 15 YEARS OLD, AND RECOGNISED AS A NGNANKARI BY THEIR COMMUNITY.

The founders developed a hybrid Aboriginal/Australian governance model featuring five Ngangkari directors. ANTAC created a register for recognised APY healers, a payment structure for services and an Adelaide based clinic which is open to Indigenous and non-Indigenous clients.

In addition to private consultations, ANTAC offers workshops and site visits to places such as correctional facilities, health centres and hospitals.

ANTAC IS A NOT-FOR-PROFIT SOCIAL ENTERPRISE



GOING METROPOLITAN

Having a central organisation enabled the *Ngangkari* to forge partnerships. In 2019, the North Adelaide Local Health Network (NALHN) entered into a formal agreement with ANTAC which allowed healers to practice at network sites. ‘We need to trust the bloodlines are in place and *Ngangkari* healers are [recognised] by their community and trained on the job,’ explains Executive Director of Aboriginal Health, Kurt Towers, ‘We accept traditional credential methods that allow them to work as professionals in their own right with our doctors, nurses and other health care workers.’



NALHN’s Kurt Towers with *Ngangkari* Margaret Richards & Gerard Watson

Indigenous patients wanting to see a Ngangkari could now simply request an appointment. 'As you might refer to social work for psychosocial needs, you refer for spiritual and traditional healing needs,' Towers says.

Initially offered in primary care settings, Towers discovered a desire to extend Ngangkari services into hospitals as well. Towers, a Wiradjuri man, has personal insight into the issue. He had seen how Ngangkari helped his mother during her treatment for cancer.





Aboriginal health worker Kelly Matthews knew many clients who were hesitant to visit a clinic: ‘It’s a fear,’ she says, ‘It’s how a doctor communicates...Sitting in the sitting room they feel self-conscious. I hate it myself and my skin is pale.’ But after the Ngangkari began visiting her Riverland centre, bookings surged.

Panzironi, now ANTAC CEO, routinely hears similar stories. ‘I remember once the manager of the hospital said to me: ‘Oh my god, I have never seen so many Aboriginal people in the hospital smiling and being so happy to be here’.’ ANTAC healers also went on the road, taking their skills to health services and Aboriginal communities in Victoria, New South Wales and Western Australia.

Despite the Ngangkari's very different approach to healthcare, medical staff have been supportive. Says Towers: 'There's been a real want and need from our clinicians in the hospital and the mental health centre to want to incorporate traditional beliefs and spiritual care to complement the mainstream medicine.' Towers has heard of certain cultural phenomena (like seeing visions) being mislabeled as psychosis. The Ngangkari presence in hospitals helps doctors better understand patients but also fosters greater appreciation of Aboriginal culture.



Cyril McKenzie at Royal Adelaide Hospital

Another benefit, Dr. Panzironi notes, is the creation of sustainable employment for Ngangkari. In 2020, ANTAC had a register of 14 practitioners in different locations around the state. It also helps support the next generation of Ngangkari and preserve the kinds of ancient knowledge and traditions already lost to many parts of Australia. Connection to culture is recognised as an important protective factor and source of resilience for Indigenous peoples.



Preparing bush medicine

TO BE ELIGIBLE FOR ANTAC MEMBERSHIP, APPLICANTS MUST BE APY, AT LEAST 15 YEARS OLD, AND RECOGNISED AS A NGNANKARI BY THEIR COMMUNITY.

Clinicians increasingly appreciate the impact of psychological, social and cultural factors on health and wellbeing. However, care is often rushed and fragmented, making it hard to delve beyond the physical. But not everyone embraces the idea of embedding spiritual healers in medical settings.

Complementary and alternative medicine (CAM - which includes traditional modalities) is popular amongst Australians. However, many therapies have been criticised for promoting pre- or unscientific ideas and treatments. Patients avoiding or delaying conventional care in favour of CAM also risk poor outcomes. In 2019, the federal government excluded most alternative therapies from health insurance rebates after the majority were found to be clinically ineffective.



However, Towers and Panzironi are clear that Ngangkari treatment is not a substitute for conventional medicine. Far from being opposed to “whitefella” healing, Dr. Panzironi found that Ngangkari endorsed modern methods, particularly for conditions that were unknown pre-colonisation. In fact, they often advised clients to consult a doctor. NALHN and ANTAC also devised their program with clinical input to ensure that treatments would not interfere with prescribed therapies.

Outside ANTAC though, not all Ngangkari embrace the idea of working within the system. Nor do they understand how spiritual healing can be ‘regulated’. Professionalisation also reignites questions concerning who should have the ‘right’ to monetise traditional knowledge and medicinal products. Another view is that addressing dispossession and economic disadvantage is the real key to fixing health inequality, and that progress will be limited until then.

ON THE HORIZON

So far, the Ngangkari appear to be having a positive impact at clinics around the state and country. However, ANTAC is also keeping track of treatments to provide an evidence base for Ngangkari care. Ultimately, ANTAC hopes to see federally funded traditional Indigenous healing made available across Australia, to all patients.



In 2019, lack of progress on ‘Closing the Gap’ prompted a major overhaul. This time, however, Aboriginal peak bodies partnered with COAG to redraft the framework. A report by member organisation, the Lowitja Institute, noted the centrality of culture to Indigenous health and called upon the government to:

Recognise and restore Indigenous wellbeing methods and practices, including healing, plant-based medicines and ceremony, through development of social enterprise. These should be utilised within healthcare service settings and provided appropriate intellectual property protections.

But, wrote the authors:

The challenge for health systems committed to achieving positive change is: how to shift institutions and thinking beyond embedded medical models of health towards a model that puts culture as the foundation for good health and wellbeing?

ACKNOWLEDGMENTS

Many thanks to Francesca Panzironi, ANTAC and Kurt Towers, SA Health for their input.

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