

Not Part of the Public: Non-indigenous policies and practices and the health of indigenous South Australians 1836–1973

Judith Raftery

Adelaide: Wakefield Press, 2006, 278pp. AUD \$39.95

Not Part of the Public is a very important book that fills a large niche in South Australian history. The author, Judith Raftery, describes how the process of public policies and practices adversely impacted on indigenous health over a 137 year span: from the beginning of South Australian settlement, in 1836, until the Commonwealth Government assumed responsibility for indigenous affairs in 1973. The book title, *Not Part of the Public*, reflects Raftery's primary thesis that chronic ill-health and limited life opportunities for indigenous people originate, historically, in successive political and social policies that increasingly exclude them from mainstream society.

A History graduate of both the University of Adelaide and Flinders University, the author currently teaches in the discipline of Public Health. The focus of Raftery's research, publications and her teaching have been in the area of public health history and policy and, more specifically, the consequences of colonial and post-colonial history on the health and well-being of indigenous South Australians as well as the continuing legacy of those policies over time. Her extensive teaching experience in this field demonstrates a real inadequacy of contextual material in order to give her (mostly non-indigenous) students a better understanding of the impact of historical processes on indigenous health.

There are few publications that come anywhere near covering the same ground as Raftery's *Not Part of the Public*. In 1993, Ernest Hunter's book, *Aboriginal Health and History*, focused on the distribution of power and prejudice in remote Australia and analysed how the effects of social disruption and cultural dislocation experienced by most Aboriginal people manifested in particular behavioural patterns. In 2003, Gordon Briscoe wrote a demographic history of Aboriginal health within a comparatively limited time frame in *Counting Health and Identity: A History of Aboriginal Health and Identity in Western Australia and Queensland 1900–1940*. A more general overview of public health in Australia, supplanting Douglas Gordon's *Health, Sickness and Society* (1976) and JHL Cumpston's *Health and Disease in Australia* (1928 and 1989), is a

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major work in two volumes by Milton Lewis titled, *The People's Health. Vol. 1: Public health in Australia, 1788–1950; Vol. 11: Public health in Australia, 1950 to the present*. Although a very important longitudinal study of Australian public health in general, there is relatively little information on the state of indigenous health within the same time frame. Raftery's *Not Part of the Public* is, therefore, the first attempt to link the historical impact of public policy and practice with the decline of indigenous health, albeit in South Australia, over a significant period of time.

In the book's introduction, Raftery points out that at the time of colonisation the health of the indigenous population compared quite favourably with the settlers, but the rapid progress of settlement led to a concomitant breakdown in traditional lifestyle, dispossession as well as cultural and social dislocation for Aboriginal people and the inevitable decline of their health status. She sets out to offer a unique and critical analysis that illustrates, very successfully, how South Australia's political, social and economic policies and practices over time have inevitably led to the poor health outcomes and restricted life chances of the state's Aboriginal people today. Following the introductory chapters, the author has structured the book chronologically into five eras.

The first chapter covers the period from 1836–1858, in which the early colonial government appears oblivious to indigenous attachment to both land and kin. As the land surveys are completed and settlement spreads further from Adelaide, there is increasing displacement of the original population. Within one generation Aboriginal health and survival were 'put at grave risk' by a government which had initially promised them 'protection, justice and advancement' and then essentially abandoned responsibility for the rapidly decreasing indigenous inhabitants. The chapter ends with the implementation of self-government in South Australia.

The Missionary and Protector period, from 1858–1911, explores some of the major activities, 'often intertwined and symbiotic' of the missions and government in South Australia, where concern for Aborigines varied between neglect and apathy on one hand to a degree of compassion and a sense of duty towards 'a hapless race, who, although assumed to be dying out, nevertheless deserved to be offered the benefits of Christianity and 'civilisation'. By this time, the Aboriginal people were considered by

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most colonists to be intruders in their own land, particularly in the towns, and they became increasingly dependent on the government's practise of distributing rations at various depots around the state. This also proved to be an effective method of controlling and restraining their movements and activities and severely undermined their capacity to live healthy, independent and productive lives by engaging in mainstream society, thus reinforcing their status as 'separate' and 'other' and, therefore, *not part of the public*.

During the 1911–1939 era of protection and segregation, *The Aborigines Act, 1911* signified the actual beginning of non-Aboriginal policy and practice over Aboriginal people, providing the administrative and legal framework to control every aspect of their lives. During this period, Aboriginal people occupied restricted and marginal places and were considered 'a dying race' of 'pure bloods'. The indigenous population was now numbered less than 3,000 souls—approximately one fifth of the 1836 estimate, only a century previously. Aboriginal activists began urging for opportunities to be incorporated into civic life and demanded recognition of their rights which led to the enactment, in 1939, of new legislation that reflected 'the emerging assimilationist discourse'. According to Raftery, recent anthropological and scientific theories now undermined the old ideas of 'race' and 'evolutionary determinism' and, fuelled by 'a sharpened humanitarian conscience', the new policies would soon have a significant impact upon the lives and futures of the state's Aboriginal population.

The fourth period, from 1939–1962, the assimilation era, came into effect as the Australian Federal and State Governments reacted to reproaches from other countries regarding the 'passing of the aborigines to racial degeneracy and death' and in response to the growing numbers of mixed-race people. Ironically, miscegenation became the means by which this problem could be addressed and, by 'breeding out the colour', successive generations would become progressively lighter and more easily merge into the white community. Unfortunately, the assimilation policies paved the way for the removal of mixed-race children from their families—a heartless and cruel practice that continues to have repercussions in the Aboriginal community today. By the early 1960s, the Aborigines Protection Board was forced to admit that forced assimilation was not practicable—nor had it been successful—and formulated further policies to

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modify the assimilation project to give Aboriginal people more autonomy and opportunities while encouraging them to take some responsibility for their life choices.

The final era, that of 'integration', from 1963 until 1973, was heralded by the passing of the *Aboriginal Affairs Act, 1962*, which acknowledged that most indigenous people had reached the stage of requiring guidance rather than protection and gained bipartisan support in the SA House of Assembly. The bill finally conceded that some Aboriginal people 'might have other ambitions apart from absorption into the general community, and that being '...assimilated to some aspects of non-Aboriginal culture need not mean the loss of traditional bonds with kin and country or constitute a relinquishing of Aboriginal identity' (p.222). It was the rejection of a double standard that had been in place since the beginning of settlement of South Australia that assumed Aboriginal people were not entitled to the same resources as white people. By accepting them as members of the community, in principle, the process had begun by which the indigenous population would eventually become part of the public and, therefore, qualified for the same privileges and rights as white people.

This period was one of major transition for the remaining Christian missions and, following the 1967 referendum when Australians voted overwhelmingly for constitutional change for Aboriginal and Torres Strait Islander people to be included in the census, it then became possible to gather statistics and regular analyses of the indigenous population that confirmed significant and persistent disadvantage in most areas including high poverty levels and relatively poor health and reduced life expectancy. The author discusses the question of allowing Aboriginal people the right to choose a unique place for themselves and maintain a distinctive indigeneity, while also being part of the Australian public and suggests that the challenge is to find ways of supporting those choices while respecting and accepting their autonomy and distinctiveness 'as reconcilable with their membership of the Australian public' (p.278). Until then, she concludes, there is little chance of Aboriginal Australians, in general, experiencing better health outcomes.

Apart from a few irregularities with the footnotes and bibliography, this book is very well written and fills a large void in the sphere of indigenous public health and history. *Not Part of the Public* contains a wealth of information on the evolution of South

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Australian historical and political policies and practices, explaining clearly and logically the processes of colonisation and systematic dispossession of our indigenous South Australians over 137 years, and it is no coincidence that such a history, documenting the steady decline in indigenous health between 1836 and 1973 also reflects the social, political and economic impact of white settlement.

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