IN THE BEGINNING ABORIGINAL HEALTH SOVEREIGNTY 30 minutes

**Pauline Vetuna:** I'm Pauline Vetuna, 3CR's Disability Day worker and I acknowledge the Wurundjeri people of the Kulin Nation as the custodians of the land from which today's programming is being broadcast. I extend respect from me and my ancestors to Kulin Nation ancestors and elders and all Indigenous peoples tuning in today.

You're listening to In the Beginning, Aboriginal Health Sovereignty, a special program for 3CR's Disability Day Health Sovereignty Broadcast.

(Music break)

**Pauline Vetuna:** That was King Stingray. We are looking out. I've been thinking about the theme for this year's broadcast, which is health sovereignty, for many years now, even when I didn't know the term, because like many disabled people, I have been tethered to the medical system for most of my life.

And I want to acknowledge the many disabled people who have been tethered to public medical systems for all their lives, including thousands, if not millions, of disabled people who, From cradle to grave, or from prenatal to grave, had to be in state run medical systems, whether they wanted to be or not.

So I don't think it's possible to think effectively about health sovereignty as an idea that can be realised. Without centring the demographic of people who have no option than to seek treatment within or be controlled by colonial, capitalist, carceral medical systems. I'm speaking of all marginalised disabled people and particularly economically marginalised disabled people.

**Pauline Vetuna:** But this is even more true in the context of the settler colony we still live in for Aboriginal and Torres Strait Islander people with disabilities and chronic health conditions. It's also true for Black and brown migrants with disabilities, refugees with disabilities, trans people with disabilities, people with disabilities who are on precarious visas or undocumented, disabled people who are incarcerated, just to name some of the multiply marginalised disabled people impacted by the whole edifice of colonial medicine.

Speaking of colonial medicine, a few months ago, after the idea for this year's broadcast theme popped into my head. I happened upon a video on YouTube of an event held in the Wheeler Center featuring Professor Dr. Chelsea Watego, Carumba, where she gave a presentation in response to the question, Can we decolonize health and community care?

**Pauline Vetuna:** I really recommend watching that entire event, which was filmed in March, but right now I want to share some things I took away from the presentation and the panel discussion that followed it. Not as a healthcare worker, nor as an Aboriginal person, because I'm neither of those, but as a visibly Black disabled queer person who has settled on Aboriginal land, as a migrant, who interacts with the medical systems within which the Indigenous Black people of this land experience much violence.

And I watched it as someone who has experienced violence within that same system. So to begin, in answer to the question, Can we decolonize health and community care? Posed by Monash Faculty of the Arts Dr. Watego says, no, no, we can't. And in the course of the presentation, she explains how she arrived at this position.

**Pauline Vetuna:** Dr. Watego talks about her background as an Aboriginal health worker and in her earlier career, being motivated by what she witnessed in state run Indigenous health settings to build a community health initiative outside of that work. It was after this time that she also started getting into health research because of what she observed as the violence of the knowledge production of settlers and their systems.

Watego talks about the colonial health system's insistence on its own knowing of Aboriginal people. A knowing that is incommensurable with the ways Aboriginal people know themselves. She talks about being trained with texts by non-Indigenous epidemiologists and clinicians.

A time when the gap, as they call it, between the health statistics of Indigenous peoples here and the settlers was deemed a national shame. However, Watego notes that the degree program she studied actually emerged out of Black activism, following the Royal Commission into Aboriginal Deaths in Custody, the rise of a new wave of Aboriginal controlled medical services, and the first National Aboriginal Health Strategy in 1989.

Which makes it clear that Aboriginal health is to be understood in the context of ongoing colonisation, and that a strategy for health outcomes by and for Aboriginal people must contend with this root political cause of bad health. So that's one thing I would like disabled people in particular to think about.

**Pauline Vetuna:** In regards to our negative and violent experiences with the medical system and even the negative health impacts of disabled society, understand that system and the society in the context of the global colonial project, the colonial project that it was formed within and for, and the settler colony this still is.

Now with regards to knowing, knowing oneself, and one's own people. Dr. Chelsea Watego also tells the story of the 1986 Aboriginal Health Conference in Alice Springs, where Aboriginal delegates to the conference called for many structural changes that would ensure Aboriginal health was in Aboriginal hands and would put an end to a number of ethically dubious practices in health research of Aboriginal people.

In response, they were apparently accused of trying to take over, by non-Indigenous delegates, at a conference about their own people's health. Some of who thought the Aboriginal delegates just didn't understand research. I'm thinking about the violence of that. That violence is one perpetrated against Indigenous populations around the globe, as well as other racialised peoples.

**Pauline Vetuna:** But it is also a violence perpetrated regularly. Upon the most marginalised disabled people in the settler colony we live in. Dr. Chelsea Watego also tracks the emergence of the Aboriginal led movement of strength based approaches to Aboriginal health in the early 2000s, and the hope that existed at the time.

But she says something devastating in its clarity. This strategy rests on the assumption that a society built on not seeing us would be capable of suddenly seeing our strengths. She also goes through a couple of other approaches that she argues do not deliver the transformative outcomes required, and it always comes back to the foundation of the system being ignored in favour of pursuing individual change.

Either change in the behaviour of individuals, like in cultural change in workplaces, or through individual excellence. For example, thinking advancing individuals from marginalised backgrounds to positions within administrative hierarchies will transform those hierarchies in some way. I won't go into these approaches further, except to say that genuine disability justice advocates understand the limitations of these approaches, even as we engage with them.

**Pauline Vetuna:** I've been thinking more and more about disability justice as public health, and what people in this space know is that health justice for multiple marginalised disabled people really cannot be achieved without uprooting both the anti-Indigenous, anti-Black racism inherent in colonial systems of medicine, or the eugenicist ableism at the core of even the conceptualisation of what health is.

**Pauline Vetuna:** Dr. Watego's argument is that the medical system cannot be decolonized. Given its foundations and purpose has been to serve the colonial project with Indigenous health research conducted by non-Indigenous people being one manifestation of that service to colonialism. However with like minded colleagues.

She has founded Indigenous health humanities, as a field of knowledge production to challenge these colonial foundations of medicine and the harm Indigenous people here experience by the state. There's another thing that I want to mention in regard to Watego's presentation and that's her explanation of the Inala Manifesto.

Now, the Inala Manifesto was written by Watego and her community of like minded colleagues who founded Indigenous Health Humanities as a field of knowledge production that will challenge colonial health research. At least that's my regular person understanding of it.

The Inala Manifesto sets out what this group of researchers realised are the values that unite them and will explicitly inform their work and be a benchmark to hold themselves accountable to.

**Pauline Vetuna:** Why I'm mentioning it here is that Dr. Watego explains how these values can translate to a health and community care context. And I think these will resonate strongly with true disability justice advocates. I'm not going to go through them, because that will take up the entirety of this 30 minute show.

And truth be told, you can literally just watch it on YouTube anyway. I will say, though, that together, their stated values all point to a paradigm challenging set of principles that uphold the whole humanity, and self-knowing of Aboriginal people at all times in a way that I think will be familiar with true disability justice advocates.

But I would also like non-Indigenous disability justice advocates to think about how to more deeply embed challenges to the colonial paradigm in your work by learning from things like the Anala Manifesto. One more thing I wanna mention before we move on from this. So this was in the panel discussion that happened after Dr. Watego's presentation. Which was a conversation with Peter Atkinson and Robyn Newitt. The panel were in consensus about the kind of impossibility of decolonizing a system. That was basically born from the same logics of settler colonialism, and the need for anyone who is employed by state run health services to be clear that they are agents of the state, and need to have some self awareness around that.

**Pauline Vetuna:** Robyn Hewitt, who has a long background in Aboriginal controlled health, then talked about opportunities for actual so called decolonisation, based on her experience. That Aboriginal Controlled Health Services were created because Aboriginal communities were refused health services, refused good health services.

So communities organised to train health workers to practice on country, on their own land, serving the needs of their own people in the way only they can. Governed by and accountable to community. As part of this, using local medicines, which is something I think about and explore a lot for my own disabled well being in my spare time.

Alternative modalities of healing from Indigenous lineages outside of the medical system, not as a replacement to it, but as complementary to any other healing program. So, I've been thinking a lot about the example of care and sovereignty and knowledge these organisations embody, and what disability justice advocates interested in health justice can learn from that as well.

(Music break)

**Pauline Vetuna:** Welcome back to 3CR's Health Sovereignty All Day Broadcast, a special broadcast for International Day of People with Disability. You just heard Lutruwita, a track by artist Denny from so called Tasmania. I want to close now with some words that were originally broadcast as part of Grounding Disability Justice.

Which was 3CR's 2021 Disability Day Special. I also created that with all the incredible disabled people who took part that year. The audio that I'm going to share was in Elena McDonald's show, Manifesto for Rest and Survival. Elena is a Paredarerme person from Lutruwita, and a brilliant writer and thinker.

I'm sharing this excerpt because I think it really speaks to the topic of this show, which is Aboriginal health sovereignty, and it also serves as a reminder to all of us committed to a disability justice that contributes to the end of settler colonialism in this location.

**Elena Macdonald:** Another core point when you know a lot or know more about disability justice seems kind of self evident but is important to talk about all the same is abolition.

Disability justice is abolition. Abolition, when practiced properly, and with full recognition of the structures of oppression, is disability justice. Do not confuse this with disability rights, which seeks to negotiate piecemeal with the state alone. There is a reason disability rights is a favourite location of white disabled settlers.

Disability justice is abolition. I want to pause here to share a great poem by a sib of mine, Mali Hermans, called A Haunting on the Ward. This was a poem Mali wrote as part of her wider piece for Overland Mag, issue 239, called On Hospitals. And I want to share this poem because it speaks so well to why abolition is a core part of disability justice.

**Elena Macdonald:**

**A haunting on the ward**

*Antiseptic rips nose, hangs heavy on the senses  
bottles of it  
marker of passage, movement, boundary,  
cling to me like smoke*

*Sterile corridors are littered with us  
behind curtains and charts  
held down by bleached linen  
many hands have toiled at*

*The oppressed are a sick people  
not in soul or in spirit, but in heart and lung  
and mind and every other bit of body  
they*’*ve taken from us too*

*Here death is armed with pager and jargon  
with a million different words  
that all end up meaning  
you ain*’*t human enough for us*

*Outside nurse become warden  
become master  
surveil and swarm beds  
whisper secrets and write code*

*I think these wards are haunted, mumma  
the way this place holds pain.  
There ain*’*t much healing to be done  
when you can*’*t get away from them ghosts.*

**Elena Macdonald:** I love that poem. This is the space in which community and networks of relationality and care are essential. To build up the disabled imaginary, a concept my dear sis Mali has theorised on greatly among many other disabled people. This is a space of making and knowing, not constrained or trapped by the structural limits where disabled mob are often held within.

I am talking of institutionalisation, poverty, homelessness, abuse, medicalisation, incarceration, among many other forms. We envision a future and a space we are already creating, one beyond the carceral state and its complexes, in which responses to crisis and harm are defined by regenerative processes, not greater harm and devastation, in which institutionalisation is no more, in which disabled bodies are un medicalised, held as normal and great and wonderful.

**Elena Macdonald:** In which we are granted the power of definition. What is treatment? And what is healing? An illness or disability that is not deviant or bad, but simply is. The hospital and the medical industrial complex must be held as a form of the carceral structure.

Too many ignore the powerful role this plays and the roles of doctors and nurses as agents of the state, as compliance officer, prison guard, or presiding judge. Pay attention to this, see it through this lens, and you will understand what I mean.

Responses within medical spaces, medical institutions, are always carceral. All of this is reliant upon the lived experiences of those who have been within, and especially those who have been brushed through the prison system, or who still reside there, or who have not made it out.

**Elena Macdonald:** The medical is part of the castle, but it is not the primary site, and we cannot ignore those voices. Disabled mob deserve to have their voices heard on these subjects, if they wish them to. To be supported within community and their illness or disability and all the struggles it produces heard and acknowledged.

Deaths in custody are a disability justice issue. The deaths in custody of mob are almost always related to illness, to disability. The actions of medical practitioners play key roles in these deaths. In far too many, they are the deciding factor of living or dying.

To challenge the carceral complex and to end these deaths is also to require the action of disability justice, which recognises the role medicalisation and racism and institutionalisation and carceral medical frameworks play in these deaths. These incarcerations, these injustices.

One cannot be separated from the other. Abolition is, and always has been, a disability justice direction. One is not possible without the other, though disability, let alone disability justice, is often ignored in mainstream abolition movements. This has come from the prioritisation of abled experience at the ignorance of all others.

**Elena Macdonald:** But do not be mistaken, abolition is the core principle and a key part of the future we work towards. It is not a fantasy or an impossible dream. In our work, together as community, we make it possible.

One of the final key points I want to talk about today that defines an Indigenous form of disability justice is country and time. Country as reminder. Country as guidebook. Country as medicine. Country cannot be ignored. Its role within disability justice is just as important as any other part, if it is to succeed.

Country is reflected within the forms of care and healing, of nurturing, we take towards one another. It is, after all, the guide and informer, the reminder, the medicine. Locating disability justice within country and the responsibilities we owe to it and its peoples is vital. Place and the sovereignty and roles it brings, is an essential recognition. A disability justice uprooted from place is justice only in name. Consider the audio groundings example I talked about before. They represent the importance of grounding in country and of the healing and care it can provide to community, to kin. It is a small example, yes, but it's important all the same.

**Elena Macdonald:** This is again a part of the disabled imaginary. Much of what we know and envision is held within this space, and it is no less real, no less useful to community. Country informs this and our practice, and the knowledge that time is no strict, linear thing. Tied to country within an Indigenous defined form of disability justice is the challenging of the colonial conception of time.

This is moving beyond the rigidity of colonial time, an essential part for the disabled imaginary to take shape and flourish, to move into concrete ideas. Too frequently have I encountered and many other disabled people around me. The problem within organising spaces of settlers desperate to enact all the change now, here, right this minute.

The sustainability of the movement and work is essential. And within this, the process and speed that is taken. Time is not a line, but here and now, and then, and maybe. It is a process of all at once, and also slow, steady time. Learning and building up this movement, this work, is a process that must be done right, and so we move steadily and surely.

**Elena Macdonald:** Make no mistake, it is not worth being held off or delayed. All the time, regardless, we work away and change slowly develops. But the demand for colonial understandings of what action looks like is the ruin of a movement so distinct and separate from this way, their way of time and movement.

Action is being underdone in the yarns we undertake, in the aid and care we provide to our community members and our kin, and in the slow steady unpicking of ableist thinking and the building up of communal strength and understanding. In the steady continual processes of moving away from the state.

There is no space here for organisational work and movements tied to the state. All our efforts are made in the hope to separate, to create space on the margins that speaks back and goes beyond. The disabled imaginary, in all its glory, underpinned by the power and wonder of Indigenous knowledge, knowledges and ways of being.

**Elena Macdonald:** We learn and grow from the work done by others, as my manifesto today is built with such voices and pushed towards the future visions and actions and material aid that our kin can expand and develop. Not all is going to be done today or tomorrow, but that is the nature of a disability justice grounded in country and deep time.

It cannot be achieved as soon as we would wish and whilst the future is uncertain and hope unclear, the work will never begin if we don't start it now. This is, after all, sick form, Black yarn, crip space, deep place.

So this is in part a very small snippet of what Indigenous disability justice is. I have referenced prior, and I will say it again. There can be no other form of disability justice. It cannot succeed without its rooting in the ways of being of the sovereign peoples of this country or elsewhere across the globe.

**Elena Macdonald:** It is the power of the collective. Learning, sharing, guiding, healing, supporting, fighting, surviving, resisting.

I have another quote from Audre Lorde to share, which captures the power and importance of this work. Though Audre Lorde mentions poetry, it is still much the same thing.

*"Poetry is not a luxury. It is a vital necessity of our existence. It forms the quality of the light within which we predicate our hopes and dreams towards survival and change. First made into language, then into idea, then into more tangible action. Poetry is the way we help give name to the nameless so it can be thought. Poetry is not only a dream and a vision, it is the skeleton architecture of our lives. It lays the foundations for a future of change, a bridge across our fears of what has never been before.".*

**Pauline Vetuna:** That was Elena MacDonald. You've just listened to In The Beginning, Aboriginal Health Sovereignty. Stay tuned for more Disability Day Programming on 3CR.